

<sup>2</sup>Hopital Cochin Port Royal, INSERM, Paris Cedex 14, France

<sup>3</sup>Hopital Cochin Port Royal, Service de Gynécologie Obstétrique II et Médecine de la Reproduction, Paris Cedex 14, France

**Study question:** To evaluate quality of life (QOL) in a cohort of women undergoing assisted reproductive technology (ART) and to identify predictive factors of poor QOL.

**Summary answer:** In French women, the risk of poor QOL is significantly increased with shorter infertility duration.

**What is known already:** Many published studies reported that assisted reproductive technology (ART) could be stressful and affect QOL in infertile women. Boivin et al. (2011) developed the fertility quality of life (FertiQoL) score. FertiQoL items were designed to translate QoL into quantitative items that could collectively indicate the impact of fertility problems. To date, no study has been performed in a large French cohort of infertile women requiring ART.

**Study design, size, duration:** Retrospective observational cohort study conducted between 01/01/2014 and 31/06/2014 in a tertiary care university hospital. A total of 166 patients who underwent IVF or ICSI programs were analysed. QOL was assessed using FertiQoL International evaluation before starting IVF treatment. The evaluation consists of two validated modules measuring QoL (the FertiQoL Core and the Optional FertiQoL Treatment module). We defined poor QOL as a Total FertiQoL score below the 25th percentile.

**Participants/materials, setting, methods:** A total of 166 patients completed the self-administered FertiQoL questionnaire. Women were allocated to two groups according to the situation of their total FertiQoL score towards the 25th percentile:  $\leq 25$ th ( $n = 40$ ) or  $> 25$ th percentile ( $n = 126$ ). Statistical analysis was conducted using univariate methods and multivariate logistic regression models. Statistical significance was obtained for  $p < 0.05$ . In the logistic model, results were given as odds ratios (OR) with their 95% confidence interval (CI).

**Main results and the role of chance:** Median Total FertiQoL score in our population was 65.44/100. The 25th percentile was 57.35/100. At univariate analysis, women with poor QoL (total FertiQoL score  $\leq 25$ th percentile) were significantly more often aged less than 38 years compared to the group of QoL higher than the 25th percentile (82.5 vs. 62.7%,  $p = 0.02$ ). Similarly, an infertility duration of less than 5 years was more often observed (82.5 vs. 62.0%,  $p = 0.02$ ). After multivariate logistic regression, only infertility duration of less than 5 years was associated with a Total FertiQoL Score below the 25th percentile (OR = 3.89, 95% CI: 1.26–12.01,  $p = 0.02$ ).

**Limitations, reasons for caution:** Young infertile women discover the difficulties of ART treatment, while older women, who have a long medical history of infertility, seemed to be more familiarized by care pathways, which could cause interferences between the answers.

**Wider implications of the findings:** Women with short duration of infertility were associated with worse QoL. These findings can be used to achieve a higher quality of care for patients, in order to increase their QoL. This may be added to the recent ESHRE guidelines on psychological counselling, according to women characteristics, published in 2015.

**Trial registration number:** Not applicable.

#### O-053 Fertility preservation brings hopefulness and wellbeing for young oncologic women

J. Assi<sup>1</sup>, S. Juliana<sup>1</sup>, B. Tatiana<sup>2,3</sup>, E. Motta<sup>3,4</sup>, P. Serafini<sup>4,5</sup>, M. Chehin<sup>3,6</sup>

<sup>1</sup>Huntington Medicina Reprodutiva, Nurse, São Paulo, Brazil

<sup>2</sup>Huntington Medicina Reprodutiva, Scientific Department, São Paulo, Brazil

<sup>3</sup>Universidade Federal de São Paulo – Escola Paulista de Medicina UNIFESP-EPM, Departamento de Ginecologia – Disciplina de Ginecologia Endocrinológica, São Paulo, Brazil

<sup>4</sup>Huntington Medicina Reprodutiva, Clinical Head, São Paulo, Brazil

<sup>5</sup>Faculdade de Medicina da Universidade de São Paulo FM-USP, Departamento de Obstetrícia e Ginecologia – Disciplina de Ginecologia, São Paulo, Brazil

<sup>6</sup>Huntington Medicina Reprodutiva, Clinical, São Paulo, Brazil

**Study question:** What are the feelings, worries, life's quality impact about fertility preservation in oncological patients?

**Summary answer:** Desire of motherhood is intrinsic to women, but cancers bring helplessness. Fertility-preservation brings hopefulness and safety; women would be disturbed if it wouldn't be performed.

**What is known already:** Infertility is a major consequence of cancer treatment. In young women the risk of ovarian failure after radiotherapy and/or

chemotherapy is of concern, as it can reach up to 80% of cases. Thus, the worry about reproductive future of those patients deserves increased attention. There is no doubt about the psycho-emotional gains of fertility preservation after cancer diagnosis, as the impossibility of biological conception is one of reasons for anxiety and can affect even the cancer recovery. In addition, FP for cancer women can positively influence a patient's overall wellbeing by lessening anxiety due the chance fertility loss.

**Study design, size, duration:** This is a qualitative cross-sectional study based on a questionnaire applied to a selected group of women diagnosed of cancer, who underwent fertility-preservation at least 6 months before the study (November–December, 2015). Twenty-three eligible women were contacted by phone and the questionnaire was applied and completed in 16 women. Seven women were to follow-up. The structured questionnaire contained 16 questions, 14 multiple-choice and 2 opened questions.

**Participants/materials, setting, methods:** The questions enquired about actual cancer conditions, decision-making process of fertility-preservation, feelings at fertility-preservation moment, actual feelings, possibility of using the oocytes/embryos cryopreserved, importance and impact of fertility-preservation in their life. Participants could choose more than one option for the multiple-choice questions. We excluded one teenager and 15 women ageing 23–39 years were included in the study.

**Main results and the role of chance:** Among women interviewed, 10 became disease-free and 5 are under cancer treatment. At the moment of fertility-preservation, no patient had a child, and most of them (73%) declared wish of having children. When they were argued about feelings at the fertility-preservation time, the most frequent answers were hope (26.3%), safety (26.3%), relief (26.3%) and peacefulness (15.8%). One patient (5.3%) reported suffering. Regards the decision about fertility-preservation, time (38.8%) was the main challenging point, followed by financial costs (33.3%). At the interview, all women declared the importance of fertility-preservation; 73.4% stated that it is warrant the possibility of a biological pregnancy, due to risk of infertility after chemo-radiotherapy. Finally, women were argued "if they had not done the fertility-preservation, how would they feel and what would be the impact in their lives?" The answers stated emotional impairment, low quality of life, relationship problem and uncertainty about the maternity.

**Limitations, reasons for caution:** The number of women interviewed is a limitation. However, those are preliminary results and we are continuing the interviews when women had completed 6 months after fertility-preservation. Also, opened questions make interpretation difficult, but an appropriated analysis method will be used when a higher number of patients are included.

**Wider implications of the findings:** Fertility-preservation strategy for oncologic patients is a positive approach, as it increases the chance of biological child in the future. Beyond this, all women felt the fertility-preservation is a worth process and the safety of had done FP brings peacefully for the oncological treatment and higher quality of life.

**Trial registration number:** Not applicable.

#### O-054 The association between endometriosis patients' quality of life and the patient-centeredness of their care

S. Apers<sup>1</sup>, E. Dancet<sup>2</sup>, J. Aarts<sup>3</sup>, K. Kluivers<sup>3</sup>, T. D'Hooghe<sup>2</sup>, W. Nelen<sup>3</sup>

<sup>1</sup>Leuven, Belgium

<sup>2</sup>KU Leuven, Leuven University Fertility Centre, Leuven, Belgium

<sup>3</sup>Radboud University Medical Center, Department of Obstetrics and Gynaecology, Nijmegen, Netherlands

**Study question:** Is quality of life associated with patient-centered care in women with endometriosis?

**Summary answer:** There was a trend towards a significant association between the quality of life of patients with endometriosis and the experienced patient-centeredness of their care.

**What is known already:** The physical symptoms of endometriosis can have a negative impact on women's quality of life. Qualitative studies suggest that endometriosis patients' quality of life is associated with the patient-centeredness of their health care. Quantitative studies showed a significant association between quality of life and patient-centered care in subfertile women but not yet in women with endometriosis.

**Study design, size, duration:** For this cross-sectional study, valid and reliable questionnaires were administered by postal mail in 2011. Non-responders received two reminders. In total, 109 out of 194 eligible patients responded (56%).