

Oral Abstract 15: Survivorship Experiences among Young Gynecologic Cancer Survivors: Clinical Implications for Practice

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Topic

Quality of Life/Palliative Care

Objectives

Rising incidence rates, advances in early detection and treatment, and improved five-year survival have contributed to a growing population of young gynecologic cancer survivors. This study aimed to explore the unique survivorship experiences and health-related quality of life among women diagnosed with gynecologic cancer before age 50.

Methods

Participants were recruited at UCLA Health. Eligibility criteria included women who were aged 18-49 at diagnosis with stage I-IV cervical, ovarian, or uterine/endometrial cancer who had completed treatment at least 6 months prior and were within 10 years of diagnosis. Participants completed an online survey via REDCap with an option to participate in a follow-up qualitative interview. Semi-structured interviews were conducted in English via Zoom, lasting approximately 60 minutes. Interviews were audio-recorded, transcribed, and analyzed using thematic analysis through an inductive and iterative coding process.

Results

Thirty young gynecologic cancer survivors participated in semi-structured interviews, including 10 cervical, 10 ovarian, and 10 uterine/endometrial cancer survivors. Mean age at diagnosis was 37.7 years (range: 24-49; SD=7.2). At diagnosis, 66.7% had early-stage and 33.3% had late-stage disease. Treatment-induced menopause was reported by 66.7% of survivors. Four themes with direct clinical relevance emerged. First, reproductive loss and disrupted identity represented a central unmet need, with survivors describing grief, altered self-perception, and challenges to femininity and intimacy following fertility loss and treatment-induced menopause. Second, survivorship was characterized as a lifelong clinical process, with survivors experiencing chronic physical symptoms, emotional distress, and persistent fear of recurrence. Third, survivors identified critical gaps in age-appropriate clinical support, particularly in menopause management, sexual health, emotional well-being, and long-term monitoring. Fourth, in the absence of adequate clinical resources and guidance, many survivors turned to peer networks and self-directed research for support.

Conclusions

These findings offer gynecologic oncologists and their multidisciplinary teams actionable insight into the clinical and psychosocial dimensions of survivorship that fall outside conventional oncologic endpoints. Young gynecologic cancer survivors require age-specific survivorship frameworks that address premature menopause, sexual function, and psychological recovery as core components of care. Integrating patient-centered survivorship care into gynecologic oncology practice is essential to advancing the quality of care for this growing survivorship population.