

manifestation are the chest wall and abdomen, but they can occur at the extremities and in the head/neck region. Due the high incidence of breast carcinoma, these cutaneous manifestations are the most common metastases seen by dermatologists. **Methodology** We retrospectively reported 20 cases of cutaneous metastasis from breast carcinoma diagnosed at salah azaiez institute Tunisia between 2015 and 2021.

Result(s)* there were a total of 20 cases of cutaneous metastasis from breast cancer. The average time interval between diagnosis of breast cancer and cutaneous presentation was 4years. The cutaneous sites of involvement included the head and neck (5) , the trunk (10), the extremities (3), and multiple sites (2). The age range was 38–83 <months, and the average survival following diagnosis was 3 years. The treatment consisting on surgical resection and chemotherapy in the majority of cases. Histological examination showed that in 4 cases skin metastasis change molecular profile.

Conclusion* Skin metastasis from breast cancer is frequent . The diagnosis is easy by biopsy or surgical excision. The molecular profile is variable according to the behavior and the aggressiveness of the primary tumor, an in-depth histological study is necessary to dictate the management.

Prevention of gynaecologic cancer

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PREDICTOR FACTORS FOR CONSERVATIVE MANAGEMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA GRADE 2: CYTOLOGY AND HPV GENOTYPING

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Introduction/Background* Cervical intraepithelial neoplasia (CIN) grade 2 is classified as high-grade intraepithelial lesion (HSIL) due to its potential for developing cancer. Persistent human papillomavirus (HPV) infection is an established risk factors to develop cervical cancer and its precursor lesions. The management of CIN2 remains under discussion,

spontaneous progression and regression rates are around 11-18% and 50-61% respectively at 24 months of follow-up. The purpose of this study was to evaluate the role of HPV genotyping and previous cytology result to predict the evolutions of CIN2 managed conservatively.

Methodology A prospective observational study was conducted at Hospital del Mar in Barcelona from January 2012 to May 2017. Women with new diagnosis of CIN2 were invited to undergo conservative management for 24 months. Complete regression, partial regression, persistence, and progression to CIN3 were defined as final outcomes.

Result(s)* 291 of the 300 included patients completed the 24-months follow-up. Of them, 214 patients (73.5%) showed regression; 43 (14.8%) persistence of CIN2, and 34 (11.7%) progression to CIN3. In multivariable analysis, HPV-16 infection (odds ratio [OR] 1.97 [95% confidence interval {CI} 1.13-3.43]) and previous cytology (OR 3.46, 95% CI 1.99-6.02) significantly increased the risk of persistence or progression of CIN2 lesions (CIN2+). All HPV-negative lesions regressed ($p < 0.001$). According to patients' age, no significant differences between age at diagnosis and final diagnosis were found.

Conclusion* The regression rate of CIN2 lesions supports conservative management in selected patients regardless of their age. Patients with CIN2 biopsy and negative HPV test had a high rate of regression and should be offered follow-up without excisional treatment. Women with HPV-16 and HSIL cytology had an increased risk of CIN2+, their treatment should be individualized, and excisional treatment should be considered.

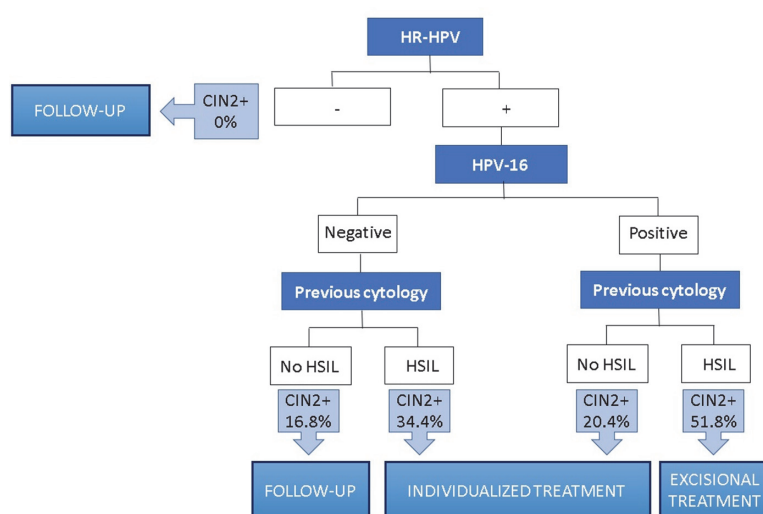
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"SEE AND TREAT": AN ADVOCATED PERSPECTIVE FOR PRE INVASIVE LESIONS OF THE CERVIX

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Introduction/Background* Secondary prevention of cervical cancer should remain a key priority for women's health globally for decades to come, especially in developing countries. A



Abstract 127 Figure 1

See-and-treat procedure is a step towards the same. The present study was conducted to establish the two-step approach of See and treat in preference to the conventional three-step protocol in the management of Cervical intraepithelial neoplasia

Methodology A Randomized controlled trial was conducted in AIIMS Rishikesh, Uttarakhand, India, from July 2018- July 2020. All women presenting to the outpatient clinic in the age group 25-60 were screened with per speculum examination and PAP smear. Colposcopy was performed on women with Abnormal PAP smear or clinically unhealthy cervix. Colposcopic guided biopsy was done when indicated. Women with CIN2/3 were randomized to a two or three-step approach. Women falling into the two-step approach (group a) underwent LEEP/Thermal Ablation/Cold knife conization in the same setting. In contrast, Group B was advised to follow up with histopathology reports for further management. The authors studied the final histopathological diagnosis to determine the adequacy of treatment.

Result(s)* Overtreatment rates were 22% in See and treated approach, distributed as 3.6% in HSIL + ASC_H group and 33% in LSIL patients. 39 out of 50 women in Group B needed definitive treatment after their biopsy results, and 48% of them were lost to follow up. 72% were adequately treated in group A while only 22% could be adequately treated in Group B.

Conclusion* It can thus be safely concluded that a two-step approach should be considered for preventive management, especially considering the rate of loss to follow up in a three-step approach despite the risk of overtreatment. This study thus advocates the use of the See and Treat protocol, especially in high-grade cytology lesions. In low-risk cases, too, the study proposes that see and treat protocol can be used, albeit with good clinical judgment. Offering opportunities to reduce the suffering associated with the eminently preventable cervical cancer is an ethical imperative. The SEE and TREAT approach is an attempt in that early preventive direction.

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CANCER WORRY AMONG *BRCA1/2* PATHOGENIC VARIANT CARRIERS CHOOSING SURGERY TO PREVENT TUBAL/OVARIAN CANCER

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Introduction/Background* High cancer risks, as applicable to *BRCA1* and *BRCA2* pathogenic variant (PV) carriers, can induce significant cancer concerns. We examined the degree of cancer worry and the course of this worry among *BRCA1/2*-PV carriers opting for surgery to prevent ovarian cancer, and identified factors associated with high cancer worry.

Methodology Cancer worry was evaluated as part of the multicentre, prospective TUBA-study (NCT02321228) in which *BRCA1/2*-PV carriers choose between the standard risk-reducing salpingo-oophorectomy or a novel strategy, risk-reducing salpingectomy with delayed oophorectomy. The Cancer Worry Scale was obtained before and three and twelve months after surgery. Cancer worry patterns were analysed using latent class growth analysis and factors associated with cancer worry were identified with regression analysis.

Result(s)* Of all 577 *BRCA1/2*-PV carriers, 320 (55.5%) had high (≥ 14) cancer worry pre-surgery and 70.2% had higher cancer worry pre-surgery than post-surgery. Based on the course of cancer worry, *BRCA1/2*-PV carriers could be classified into three groups: persistently low cancer worry (56.4%), persistently high cancer worry (6.3%), and fluctuating cancer worry that mainly declined over time (37.3%). Factors associated with persistently high cancer concerns were: age below 35 (*BRCA1*) or 40 (*BRCA2*) years, unemployment, previous breast cancer diagnosis, lower education and more recent diagnosis with the *BRCA*-PV.

Conclusion* High cancer worry is common among *BRCA1/2*-PV carriers and mainly declines after risk-reducing surgery. However, cancer worry remains high in 6% of the women and they should be identified and offered support. It should be realized that in this group, surgery does not reduce cancer concerns.

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CHALLENGES OF IMPLEMENTING HUMAN PAPILLOMAVIRUS VACCINATION AMONG WOMEN 15–40 YEAR-OLD IN A TERRITORY WITH LOW POPULATION DENSITY

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Introduction/Background* The World Health Organization called for the elimination of cervical cancer as public health problem and targeted the HPV vaccination coverage rate at 90% by 2030. HPV vaccines have not been uniformly adopted for a large-scale use in both low and high-income countries, and face multiple barriers. The main aim of the study is to learn about HPV vaccination (PVV).

Methodology Multicentre, retrospective and community-based study of women cohort aged 15-40 years. The study territory (Terres de l'Ebre, south Catalonia) is divided in four regions and has a low population density (52 inh/Km²). The public health service is made up of four regions, a total of 11 primary care teams, and referring Gynaecology Services in each region. It offers systematic PVV to girls in school sixth grade (11-12 years old) since 2008 and opportunistic cervical cancer screening without systematic HPV determination. Information was collected from the government-run healthcare provider