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CHEMO-INDUCED AMENORRHEA IN YOUNG WOMEN TREATED FOR BREAST CANCER

Hanane Benzebida, Soumeyya Ghomari. *Medical Oncology. Centre Hospitalo-Universitaire de Tlemcen, Medecine department-Laboratoire Toxicomed- Université de Tlemcen, Tlemcen, Algeria*

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Introduction/Background Chemo-induced amenorrhea represents one of the major toxicities which is a source of concern for young women suffering from breast cancer and treated with chemotherapy. It is defined by an oligo/amenorrhea for 4 months and a level of follicle stimulating hormone (FSH) > 25 IU/l twice at 4 week intervals before the age of 40 years.

Methodology We conducted a retrospective study on files, in the Medical Oncology department of the CHU Tlemcen over a period of 2 years, including young patients (≤ 35 years old) treated, during the year 2020 and 2021, by adjuvant chemotherapy for localized breast cancer to study the incidence of chemotherapy-induced amenorrhea (ICA).

Results Fourteen patients were collected. The average age is 33 years [27, 35]. Invasive ductal carcinoma was found in 11 patients (78.6%). Hormonal receptors were positive in 11 patients (78.6%) and with a luminal B molecular profile in 6 patients (42.9%). Chemo-induced amenorrhea was observed in 11 patients (78.6%), half of whom were 35 years old (45.45%). Four patients were treated with the anthracyclin based protocol (4AC 60) and 8 patients with sequential anthracyclin taxane protocol (4AC/4TXT (4), 3FEC/3TXT (2), 3EC/3TXT (1), 3EC/12 Taxol w(1) and, 2 patients with sequential anthracyclin – taxane -trastuzumab protocol (4AC/4TXT/12trastuzumab (1), 3EC/3TXT/12trastuzumab (1). Its was definitive amenorrhea in 9 patients. The treatment was completed by hormone therapy such as Tamoxifen in 9 patients (81.81%) and Tamoxifen + medical castration in 2 patients (14.3%).

Conclusion Young women with localized breast cancer are often candidates for adjuvant chemotherapy, which may be responsible for amenorrhea and have long-term consequences on fertility after definitive amenorrhea.

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MULTIDISCIPLINARY AND TAILORED MANAGEMENT IN YOUNG PATIENTS WITH BORDERLINE OVARIAN TUMOR RECURRENCE: A CASE SERIES

Maria Luisa Fais, Andrea Ungredda, Alfonso Altieri, Giulia Carboni, Giuseppe Deo, Giuseppina Fais, Valerio Mais, Stefano Angioni, Michele Peiretti. *Department of Surgical Sciences, Division of Gynecology and Obstetrics, University of Cagliari, Cagliari, Italy*

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Introduction/Background In young women with a recurrence of borderline ovarian tumor (BOT) a second conservative treatment for the preservation of reproductive potential and endocrine function should be mandatory. In our study, we reported three cases of ovarian BOT recurrences assessed to oncofertility consultation and underwent fertility sparing surgery (FSS), highlighting the importance of the tailored clinical management in the context of a multidisciplinary meeting.

Methodology From July 2020 to April 2022, we managed three cases of young women with contralateral ovarian BOT recurrence after unilateral adnexectomy. Median age at diagnosis was 26 years (I.Q.R 25–28). After multidisciplinary meeting each patient has been addressed to oncofertility consultation with the gynecologic oncologist and the reproductive physician. Two patients had strong desire to conceive furthermore they underwent a controlled ovarian hyperstimulation (COH) with concomitant letrozole and ovarian cryopreservation. In one case the ART (assisted-reproductive-technology) procedures has been performed with tumor onsite.

Results Second surgery consisted in unilateral laparoscopic cystectomy in all cases. In those patients who have undergone COH, two and five mature oocytes were cryopreserved, respectively. After 11 months of surgery one patient became pregnant spontaneously and she gave birth at 39 weeks with an excellent obstetrical outcome. In one case the oocytes cryopreservation has been rejected by the patient, but the endocrine function has been preserved.

Conclusion In young women, with BOT ovarian recurrence, a second conservative treatment should be always considered and an oncofertility consultation should be recommended. Clinical management must be tailored on a case-by-case basis by a gynecologic oncologist and reproductive physician meeting.

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ROLE OF FERTILITY SPARING SURGERY IN PATIENTS WITH BORDERLINE OVARIAN TUMORS

¹Timo Westermann, ^{1,2}Florian Heitz, ^{1,3}Beyhan Ataseven, ¹Nina Pauly, ¹Malak Moubarak, ¹Aleksandra Strojna, ¹Sabrina Kaiser, ¹Concin Nicole, ¹Julia Welz, ¹Vasileios Vrentas, ¹Timoleon Dargès, ¹Majidi Imterat, ⁴Helmut Plett, ¹Alexander Traut, ¹Andreas du Bois, ¹Philipp Harter. ¹Department of Gynecology and Gynecological Oncology, Evangelische Kliniken Essen-Mitte, Essen, Germany; ²Department for Gynecology with the Center for Oncologic Surgery Charité Campus Virchow-Klinikum, Charité – Universitätsmedizin Berlin, Berlin, Germany; ³Department of Obstetrics and Gynecology, University Hospital, LMU Munich, Munich, Germany; ⁴Department of Gynaecology, Universitätsklinikum Leipzig, Leipzig, Germany

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Introduction/Background Borderline ovarian tumors (BOT) are considered rare tumors of the ovary and often occur in young patients, which is why fertility-sparing surgery (FSS) is of great importance.

Methodology Patients treated with a BOT between 1999 and 2022 in our gynecologic oncology center were included in this analysis. In all cases, an external pathological review was performed.

Results Among 469 patients, 365 (77.8%) were identified with FIGO stage I and 104 (22.2%) with FIGO stage \geq II. 138 patients (29.4%) received FSS. Among those patients treated with complete surgical staging, 5/331 (1.5%) relapses and 4/331 (1.2%) malignant transformations were observed, with a recurrence rate of 0/258 (0%) in FIGO I and 5/73 (6.8%) in FIGO II-IV. FSS showed 17/138 (12.3%) recurrences and 1/138 (0.7%) malignant transformation, with a recurrence rate in FIGO I of 6/107 (5.6%) and in FIGO II-IV of 11/31 (35.5%). In the multivariate analysis, FIGO stages III-IV (HR = 22.7; 95% CI: 7.4–69; $p < 0.001$) and FSS (HR = 18.2; 95% CI: 4.8–69; $p < 0.001$) were identified as significant risk