disappeared in an analysis restricted to women of comparable ages (60–70 years). We found no objective cognitive differences between women with a RRSO between ages 41–45 and women with a RRSO before age 40.
Conclusion Reassuringly, approximately 18 years after RRSO, we found no association between premenopausal RRSO and objective cognition.

2022-RA-1496-ESGO EVALUATION OF CERVICAL CYTOLOGY IN WOMEN ON TAMOXIFEN THERAPY

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Introduction/Background Tamoxifen, a selective estrogenic receptor modulator, is used for hormonal treatment of all stages of hormone receptor positive breast cancer due to its anti-estrogenic effect on breast tissues. Estrogen receptors are also present in squamous and columnar epithelium of cervix and vagina and are responsible for the changes in cervico-vaginal epithelium.In view of the potential adverse effects of tamoxifen on cervical cytology, this study was planned to study those effects on cervical cytology.
Methodology This is a cross sectional study done in Deen Dayal Upadhyay Hospital on the patients of breast cancer taking tamoxifen therapy. Patients of breast cancer on tamoxifen therapy for more than 6 months and currently on tamoxifen are included. The results are compared with Papanicolaou smear of healthy adult females coming for screening in cancer screening OPD without any gynaecological problem. Data is coded and recorded in MS Excel spreadsheet program. SPSS v23 (IBM Corp.) is used for data analysis. Group comparisons for continuously distributed data is made using independent sample 't' test when comparing two groups. Chi-squared test is used for group comparisons for categorical data.
Results 50 patients of breast cancer on tamoxifen therapy were taken as cases and 50 healthy women were included as controls.Mean age for the cases and controls was 48.5 years and 46.88 years respectively. Mean parity for cases and controls was 3.84 and 3.48 respectively. There was no significant increase in the frequency of squamous or glandular abnormalities in the patients on Tamoxifen therapy.
Conclusion There is no significant deleterious affect of Tamoxifen on cervical cytology. More research is required to confirm a protective effect.

2022-RA-1498-ESGO URINARY INCONTINENCE IN WOMEN WITH PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY COMPARED WITH WOMEN WITH POSTMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY

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Introduction/Background Women carrying *BRCA1/2* pathogenic variants are advised to undergo premenopausal risk-reducing salpingo-oophorectomy (RRSO) to reduce their risk of ovarian cancer. Our aim was to study the impact of a premenopausal RRSO (before the age of 46 years) on urinary incontinence at least 10 years later, compared to a postmenopausal RRSO, at the age of 54 years or later.
Methodology Between 2018 and 2021, 368 women with a high familial risk of breast/ovarian cancer participated in the study (premenopausal group, n=226, postmenopausal group, n=142). Women completed the Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire short form (IIQ-SF). Differences between groups were analyzed using multiple regression analyses adjusting for current age, breast cancer history, use of hormone replacement therapy, BMI, hysterectomy, parity, delivery mode and type 2 diabetes. We defined symptomatic urinary incontinence (UI) as an UDI-6 score higher than 33.3.
Results Mean time since RRSO was 20.6 years in the premenopausal group and 10.7 years in the postmenopausal group (p<.001). In the premenopausal group, mean age at questionnaire completion was 62.7 years, versus 67.0 years in the postmenopausal group. Women with a premenopausal RRSO had an OR of 3.5 (95%CI 1.2;10.0) to have stress UI compared with age-matched women with a postmenopausal RRSO. The proportion of urge UI was similar between the two groups; 19.6% of the premenopausal RRSO group had urge UI compared with 22.7% in the postmenopausal RRSO group (p-value .48).

In the premenopausal group 23.6% had symptomatic UI compared with 18.9% in the postmenopausal group (p-value .31). After adjustment, women with a premenopausal RRSO had a borderine significantly increased risk of symptomatic UI according to the UDI-6 (OR 2.1 95%CI .93;4.78).
Conclusion More than 15 years after premenopausal RRSO, women more often experienced severe stress urinary incontinence compared with women who had undergone a postmenopausal RRSO.

2022-RA-1554-ESGO PATIENTS WITH PALB2 MUTATION FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT

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Introduction/Background PALB2 is located on chromosome 16, it is essential for the function of BRCA2. It is a high-risk gene, although the risk of breast cancer (BC) in carriers is greatly affected by family burden. Overall, a cumulative risk of BC at 70 years of age is estimated at 35%. Pathogenic variants in PALB2 also increase the risk of BC in men, and are associated with an increased risk of pancreatic cancer, and a slight increase in ovarian cancer (OC).
Methodology Retrospective observational study. Review of patients followed in the inherited cancer unit in a single tertiary centre between 1st January 2012 until 31st March

2022. The statistical analysis was carried out using SPSS 22.0.

Results During the indicated period, we followed 459 patients with confirmed genetic mutations that predispose to developing gynaecological cancer. Of the total, 2.2% (10/459) were carriers of PALB2 mutation. Within this cohort of patients, 6/10 (60%) had a family history of BC. 2/10 were diagnosed with a BC at 54 and 36 years old. And other 2/10 with OC at 61 and 49 years old. The histology of BC was invasive ductal carcinoma in both cases. And the histology of OC was high grade serous carcinoma. Surgery treatment was: unilateral mastectomy with homolateral axillary lymphadenectomy, maximal effort cytoreduction in one OC case and interval surgery after neoadjuvant chemotherapy in the other. Adjuvant treatment was needed in all of them: chemotherapy (CT) and radiation therapy (RT) in one BC case, hormone therapy and RT in the other BC case, and CT in both OC cases. Three patients (3/10) underwent prophylactic breast surgery (bilateral nipple sparing mastectomy with immediate reconstruction).

Conclusion Patients carrying PALB2 mutations have a high risk of developing BC and should be followed in specialized hereditary cancer units, in tertiary hospitals.

2022-RA-1566-ESGO CYTOLOGY AND HPV TESTING IN CERVICAL CANCER SCREENING: FACTORS DETERMINING PERSISTENCE AND CLEARANCE

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Introduction/Background In our study, the factors determining persistence and clearance were questioned by cytology and HPV testing in cervical cancer screening. We tried to determine the relationship between persistence and variables such as gravida, parity, early sexual intercourse, multiple sexual partners, history of oral contraceptive use, history of condom use, history of smoking and alcohol use. Thus, by determining the factors affecting the persistence of HPV, it was tried to determine the patient groups that should be carefully screened and treated.

Methodology The study includes female patients who applied to our clinic and were screened by cytology and HPV test. Cytology and HPV screening were performed again in these patients. The patients were examined in two groups as persistent and non-persistent. Age, age at first intercourse, age at marriage, gravida, parity, education status, age at first intercourse, multiple sexual partners, history of smoking and alcohol use, history of sexually transmitted diseases, history of oral contraceptive and condom use, HPV vaccine history and history of multivitamin use were questioned with a survey.

Results There was no significant difference between the persistent and non-persistent groups in terms of age, age at first intercourse, age at marriage, gravida, educational status, oral contraceptive use, smoking and alcohol use, HPV vaccine and multivitamin use. However, there was a significant difference in terms of persistence in patients with multiple sexual partners (p:0.056). In our study, persistence was found to be significantly higher in women who gave birth 2 or more times (p:0.031). In addition, persistence was found to be statistically significantly less in patients who regularly use condoms (p:0.037).

Conclusion It is important to determine the ways of protection from cervical cancer and its precursor lesions by increasing the patients commitment to screening and follow-up, and reducing the factors that may cause persistence with lifestyle changes.

2022-RA-1605-ESGO PRECISION-PREDICTING RISK OF ENDOMETRIAL CANCER IN ASYMPTOMATIC WOMEN

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Introduction/Background Global endometrial cancer (EC) cases continue to increase, placing a significant health and financial burden on individuals and healthcare services. Effective primary disease prevention strategies are urgently required but remain under-researched. Identifying high-risk women for intervention would ensure therapies are targeted at those most likely to benefit. This study aimed to develop a well calibrated EC risk prediction model based on routinely collected data and to validate it in an independent cohort.

Methodology Data from the UK Biobank, comprising 222,031 females ages 45–60 years and 902 incident EC cases, were used to build a flexible parametric survival model using EC risk factors identified through a systematic review of the literature. Model fit was improved with variable transformation and stepwise backward selection. Missing data were dealt with using multiple imputation and bootstrapping (100-fold) was applied for internal validation. Model calibration was assessed using flexible calibration plots and discrimination through calculation of the C-statistic. The model is being externally validated in the Clinical Practice Research Datalink, using data from 3,094,371 women, of whom 20,882 have developed EC.

Results Age, body mass index, waist circumference, age at menarche, age at last birth, late menopause (≥55 years), current hormone replacement therapy or tamoxifen use, prolonged oral contraceptive pill use (≥5 years), type 2 diabetes, smoking and family history of bowel cancer were incorporated into the model. Based on these variables, the model had an adjusted C-static of 0.75 and was well calibrated, with a calibration slope of 0.97 after internal validation.

Conclusion Our model, using easily measurable anthropometric, lifestyle and reproductive variables alongside personal and family medical history, accurately identifies women at high-risk of EC. External validation will determine whether it can be