

Introduction/Background* Hereditary BRCA 1-2 mutations are known risk factors for the development of breast and ovarian cancer. Risk-Reducing Salpingo-Oophorectomy (RRSO) and bilateral mastectomy are the only effective risk-reducing strategies for these patients. Commonly these are two step surgical procedures performed separately. The aim of this study was to evaluate the feasibility and the efficacy of RRSO, combined with simultaneous mastectomy and breast reconstruction in BRCA 1-2 mutation carriers.

Methodology We conducted an observational retrospective study on patients with BRCA 1-2 mutation who undergone combined and simultaneous laparoscopic RRSO and mastectomy with breast reconstruction at the Gynaecology Clinic of Padua and Breast Unit of Veneto Institute of Oncology (IOV). Inclusion criteria: patients with BRCA 1-2 mutation, consent to simultaneous surgery. We collected data about age, menopausal status, history of breast carcinoma, pre-operative CA-125 levels, transvaginal-ultrasound features before surgery, operative times, intra and post-operative complications, follow up (FUP) information after RRSO and satisfaction about the simultaneous procedure.

Result(s)* We included 40 patients: baseline characteristics are reported in table 1. RRSO was performed in all patients. 37 women underwent to bilateral mastectomy and 3 to monolateral mastectomy (all with breast reconstruction). The mean operative time was 229.6 ± 50.7 minutes (48 ± 16.9 minutes for the RRSO, 147.1 ± 43.6 for mastectomy and reconstruction with a mean surgical team changing time of 34.4 ± 19.6 minutes). No operative complications were reported for RRSO; concerning breast surgery we reported 4 cases of prosthesis loss and one of breast hematoma with a median FUP of 20 months (6-95). The mean hospitalization days was 3.4 ± 2.3 . After one months after surgical procedure all patients expressed high satisfaction about the simultaneous surgery.

Abstract 743 Table 1 Patients general features

	BRCA 1 carriers (n= 23)	BRCA 2 carriers (n= 17)	TOTAL (n= 40)
Mean Age at RRSO*	46.1 \pm 6.6	49.7 \pm 8.1	47.6 \pm 7.3
Breast Cancer before RRSO*	16 (69.5%)	10 (58.8%)	26 (65%)
Negative Preoperative CA-125	23 (100%)	17 (100%)	40 (100%)
Menopausal Status			
Pre-menopausal	15 (65.2%)	5 (29.4%)	20 (50%)
Post-menopausal	8 (34.8%)	12 (70.6%)	20 (50%)
Familiarity			
Ovarian Cancer	12 (52.1%)	7 (41.1%)	19 (47.5%)
Breast Cancer	15 (65.2%)	13 (76.5%)	28 (70%)
Negative	3 (13%)	3 (17.6%)	6 (15%)

Legend: RRSO risk reducing salpingo-oophorectomy

Conclusion* RRSO combined with simultaneous mastectomy and breast reconstruction is feasible, effective and provides an intriguing option for BRCA 1-2 mutation carriers. A single time for anaesthesia, hospitalization and a not increased complication rate lead to high satisfaction of the patients. Nevertheless, patient's selection should be carefully performed and surgical teams have to be properly instructed and coordinated.

756

PROPHYLACTIC SALPINGO-OOPHORECTOMY IN BRCA 1-2 PATIENTS. PROFILE EPIDEMIOLOGICAL

E Felipe Pardo, MDLR Oliver*, J Montero Olmeda, LP Castillo Rabazo, A Sofia, A Laura, M Vega García, A Tejerizo. *Hospital 12 de Octubre, Gynecology and Obstetrics, Madrid, Spain*

10.1136/ijgc-2021-ESGO.555

Introduction/Background* Familial predisposition has been described in 5-10% of women who develop ovarian cancer. Women with germ-line BRCA1/2 mutations have an increased risk of breast and ovarian cancer as compared with the rest of the population. Women with BRCA1 mutation have a 44% lifetime risk of developing ovarian cancer, whereas, BRCA2 mutation has lifetime risks of 17%. These women often undergo bilateral prophylactic oophorectomy to reduce this risk.

The objective of this study was to analyze the epidemiological characteristics of patients with BRCA 1/2 mutation undergoing prophylactic salpingo-oophorectomy for adnexal high-grade serous epithelial carcinoma.

Methodology We performed a prospective cohort study between January 2013 to January 2021. Patients with BRCA 1/2 mutations who underwent prophylactic bilateral salpingo-oophorectomy were included. A descriptive study of epidemiological characteristics of these patients was performed. All statistical analysis was performed with Stata/IC 13.0 for Windows.

Result(s)* We analyze the epidemiological characteristics of 115 patients that were included. Of them, 50.4% (58) had BRCA 1 mutation and 49.6% (57) BRCA 2 mutation. Most occult ovarian carcinomas are found in women over 45 years of age. The median age at surgery was 49.2 (standard deviation, SD 5.8) years and 59.1% (68) of patients were postmenopausal.

Fifty (43.5%) of them were the family index case (first case of cancer) and sixty (52.2%) had a previous diagnosis of breast cancer. The most frequent family history was: two cases of breast cancer in their family of 1 or 2 degree whose sum of ages at diagnosis was less than 120 years. The median Ca 125 value prior to surgery was 29.4 u/L. Adnexal findings were described in presurgery ultrasound as normal (104, 90.4%) or benign cyst (11, 17.4%).

Conclusion* Most occult carcinomas are found in women over 45 years of age. Unfortunately, there is no screening test effective in detecting ovarian cancer at early stages. Therefore, the current recommendation is to undergo risk-reducing bilateral salpingo-oophorectomy after completing the gestational desire in carriers of BRCA1/2 mutations. Although, the main negative consequence of this surgery in premenopausal women is premature menopause. However, the risk is balanced by the morbidity and mortality associated with ovarian cancer, and these symptoms can be treated with some drugs.

824

DOUBLE HETEROZYGOTES FOR HIGH PENETRANCE SUSCEPTIBILITY GENES ARE NOT RARE AND REQUIRE SPECIAL CARE

M Zikan*, O Dubova, V Student, P Koliba, T Brtnicky, P Kabele. *Charles University – First Faculty of Medicine and Bulovka University Hospital, Dept. of Gynecology and Obstetrics, Praha 8 – Libeň, Czech Republic*

10.1136/ijgc-2021-ESGO.556