CHEMO-INDUCED AMENORRHEA IN YOUNG WOMEN TREATED FOR BREAST CANCER

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 Twelve 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.

ROLE OF FERTILITY SPARING SURGERY IN PATIENTS WITH BORDERLINE OVARIAN TUMORS

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. Resulst Among 469 patients, 365 (77.8%) were identified with FIGO stage I and 104 (22.2%) with FIGO stage ≥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 factors.