CHEMO-INDUCED AMENORRHEA IN YOUNG WOMEN TREATED FOR BREAST CANCER

Hanane Benzebida, Sourceyya Ghomari. Medical Oncology. Centre Hospitalo-Universitaire de Tlemcen, Medecine department-Laboratoire Toxicomed- Universite de Tlemcen, Tlemcen, Algeria

10.1136/ijgc-2022-ESGO.387

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 anthracyulin taxane -trastuzumab protocol (4AC/4TXT/12trastuzumab (1), 3EC/3TXT/12trastuzumab (1)). Its 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

1Timo Westermann, 1,2Florian Heitz, 1Beyhan Ataseven, 1Nicola Pauly, 1Malak Moubarak, 1Aleksandra Strojna, 1Sabrina Kaiser, 1Concin Nicole, 1Julia Welt, 1Vasileios Vrentas, 1Timoleon Dagres, 1Magdi Interat, 1Helmut Piett, 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, Universitätshospital Leipzig, Leipzig, Germany

10.1136/ijgc-2022-ESGO.389

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 ≥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.

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

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

10.1136/ijgc-2022-ESGO.388

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.