CHEMO-INDUCED AMENORRHEA IN YOUNG WOMEN TREATED FOR BREAST CANCER

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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.

ROLE OF FERTILITY SPARING SURGERY IN PATIENTS WITH BORDERLINE OVARIAN TUMORS

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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 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.
factors for recurrence. 35 patients were treated with a recurrence of a BOT. FSS was repeated in 11 (36.7%) patients. After FSS, the recurrence rate was 1/11 (9%). After complete surgical staging, 3/24 (12.5%) patients experienced a recurrence.

Conclusion Patients with BOT who receive a quality assured treatment have a very low risk of a malignant transformation. After individual consideration, FSS is safe in BOT in early FIGO stages. Patients should be counseled about a higher risk of recurrence in cases of FSS, especially in higher FIGO stages. In selected cases, FSS can also be reconsidered in the recurrence situation.

Introduction/Background In Argentina, cervical cancer is the second most frequent and 1,600 women die from this cause per year. Conventional fertility preservation surgical treatments are not viable treatment options in advanced stages. Uterine transposition was proposed by Dr. Reitán Ribeiro.

Methodology We present two cases reports of patients with cervical cancer FIGO 2018 stage IIIC1 despite this, they insisted on preserving fertility. Both nulliparous, 29 and 34 years old, the first case referred with Loop Electrosurgical Excision Procedure (LEEP): 0.7x0.5 cm with squamous no queratinizante carcinoma + HSIL in endocervix. The second case had LEEP: 1.3x1.2x0.3 cm with endocervical adenocarcinoma and compromised margins. Both had Magnetic Resonance (MR) without residual tumor; only finding: 44 mm and 8 mm obturator lymph node respectively. PET-CT: Distant hypermetabolic foci not seen. Oocyte cryopreservation in both. Subsequently, the first surgery: laparoscopic sentinel lymph nodes with intraoperative frozen-section confirming macrometastasis. The uterus and ovaries were transposed without the cervix to the upper abdomen. Ultrasound was used to guide the section on the uterus, leaving a uterine remnant of at least 1 cm suitable for cerclage. With the cervix in the pelvic position, primary treatment: concurrent chemotherapy with cisplatin (6 cycles) and brachytherapy was started on postoperative day 20. Subsequently, in the second surgery, a simple trachelectomy was performed and repositioning of the uterus in the pelvis with negative margin frozen section

Results After 18 and 10 months of follow-up with physical examination, images and cytology-HPV cotesting, no signs of recurrence.

Conclusion We emphasize the importance of strict informed consent, explaining risks and benefits, especially in this controversial case that goes against scientific evidence. They were carefully selected cases with tumours less than 2 cm, without residual disease by MR post LEEP, and the best treatment tested by stage was respected without delay. Pending longer follow-up in time.