CHEMO-INDUCED AMENORRHEA IN YOUNG WOMEN TREATED FOR BREAST CANCER

Hanane Benzebida, Soumeya Ghomari. Medical Oncology. Centre Hospitalo-Universitaire de Tlemcen, Medicine department-Laboratoire Toxicolm. 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 anthracylin – 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 SAVING SURGERY IN PATIENTS WITH BORDERLINE OVARIAN TUMORS

Timo Westermann, Florian Heitz, Beyhan Ataseven, Nina Pauly, Malak Moubarak, Aleksandra Strjoga, Sabrina Kaiser, Concin Nicole, Julia Wetz, Vasileios Vrentas, Timoleon Dages, Majdi Interbat, Helmut Pietz, Alexander Traut, Andreas du Bois, Philipp Harter. Department of Gynecology and Gynecological Oncology, Evangélique Kliniken Essen-Mitte, Essen, Germany; 2Department for Gynecology with the Center for Oncologic Surgery Chariot Campus Virchow-Klinikum, Chariot – Universitätsmedizin Berlin, Berlin, Germany; 3Department of Obstetrics and Gynecology, University Hospital, LMU Munich, Munich, Germany; 4Department of Gynaecology, Universitätsklinikum 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-saving 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, 5331 (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.
PREGNANCY ASSOCIATED BREAST CANCER: ABOUT 10 CASES

Amal Chemiti, Hajar Bettaiab, Rahma Bouhmida, Nesrine Souayeh, Meriem Ouederni, Hadir Lamiti, Mohamed Filka, Wael Mbarki, Hadhami Rouiss, Hedhili Oueslati, Chaouki Mbarki. Gynecology and obstetrics, Regional hospital ben Arous Tunisia, Tunis, Tunisia

Methodology

Pregnancy-associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. While it is relatively uncommon (occurring in 1 per 3000 pregnancies), it represents a challenge to both the patient and the multidisciplinary team. We owe in this study to describe, the clinical, paraclinical and management of pregnancy associated breast cancer.

Methodology we conducted a retrospective single-center cohort study of 10 patients diagnosed and treated for breast cancer during pregnancy between 2005 and 2022 in the obstetric and gynecology department of Ben Arous hospital.

Results

Five patients were diagnosed during the second trimester, 3 during the first trimester and 2 in the postpartum period. A suspicious area was detected by ultrasound in 10 of 15 women. A recurrent abscess was present in 2 cases and the biopsy revealed the cancer. Five patients had positive hormone receptors and 7 sub expressed. One patient was in stage 0, 2 in stage 1, 2 in stage 3 and 5 in stage 4. Three patients decided voluntarily to legally terminate their pregnancies. Seven patients were treated with chemotherapy during pregnancy after the second trimester using anthracycline-based treatment. Three patients had gestation-related complications including preterm labor, intrauterine growth restriction dyspepsia and chemotherapy related granulocytopenia.

Conclusion

Pregnancy associated breast cancer is a rare entity. It is associated with a high number of complications. A multidisciplinary approach is needed and patients should be an integral part of therapeutic decisions.

ULTRASOUND ASSESSMENT OF PATHOLOGICAL LYMPH NODES IN GYNECOLOGIC CANCERS

Ahmed Elagwany. Alex uni, Alexandria, Egypt

Methodology

Lymph nodes can be affected in gynecologic cancers and they are uplifting the stage of cancer. They are a poor prognostic factor for cancers. They usually need radiotherapy if they are affected by metastasis. Usually they are detected by CT scan and MRI during assessing any pelvic malignancy. Ultrasound can be used for detecting suspicious nodes. We are aiming here to spot the light over this and showing a pictorial essay for nodes detected on ultrasound.

Introduction/Background

Lymph nodes are pathological on stage 3 cancer vulva (of inguinal ones and stage 4 if pelvis ones), stage 3 endometrial cancer (in pelvic ones and stage 4 if inguinal ones or scam- lene ones), Stage 3 cancer cervix (if pelvis and stage 4 if...