

Young age seems to be a negative prognostic factor, with an increased risk of local recurrence and reduced overall survival. **Methodology** We carried out a retrospective study, based on files from the Medical Oncology department of the CHU Tlemcen, including patients aged ≤ 35 years old, treated for breast cancer during the year 2020 and 2021. Our objective is to determine the epidemiological, clinical, histological and molecular characteristics.

Results Eighteen patients were included, represent 6% of all cases treated during this period. They were between 30 and 35 years old (94.44%). The majority of patients (12) had a family history of neoplasia including 3 first degree, 11 second degree and beyond and 2 had a history of first degree breast cancer. The diagnosis was mainly made at a localized stage in 15 patients (T1: 4, T2: 12, T3: 2) and only 3 (16.7%) at a metastatic stage. Surgical treatment was performed in 17 patients (11: radical, 5: conservative, 1: palliative). The anatomopathological study revealed mostly invasive ductal carcinoma in 15 patients (83.3%), grade (II: 9 and III: 9), with lymph node invasion in 11 patients (N2: 8, N1: 3, N0: 6). The immunohistochemical study found positive hormone receptors in 13 patients (72.2%) and a HER2 score 3 in 3 patients (16.7%), a luminal B status in 8 patients (44.4%) and triple negative in 4 patients (22.2%). The majority of patients are still alive (16 patients).

Conclusion Breast cancer in young women is a separate entity due to the frequency of neoplastic family history, diagnostic stage and specific molecular profile.

2022-RA-1501-ESGO NEUROENDOCRINE TUMORS OF THE FEMALE GENITAL TRACT; A RARE ENTITY

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Introduction/Background Neuroendocrine tumors (NETs) of the female genital tract are a very unusual clinical entity, with most known cases involving the uterine cervix. Those tumors include small and large-cell neuroendocrine carcinomas and carcinoid tumors. Interestingly small cell cervical cancer is a non-pulmonary variation of small-cell lung cancer. Moreover, metastatic pancreatic NETs to the ovaries are exceedingly scarce, with only three other cases to be found in literature. We present five gynaecologic NET cases.

Methodology The first patient presented with advanced disease; biopsy revealed small-cell cervical NET. She received primary chemoradiation, systemic chemotherapy and immunotherapy. The second patient was diagnosed with cervical NET via biopsy, without having completed the prescribed imaging studies. The third patient was diagnosed with large-cell cervical NET, stage IVb. The fourth patient presented with an adnexal mass, ascites and diarrhea; biopsy of the ovary revealed metastatic VIPoma without visible pancreatic pathology in the imaging studies. The fifth patient, presented with frozen pelvis and distant metastases. Cervical biopsy yielded the diagnosis of cervical NET with both small-cell and large-cell component.

Results The first patient has had a progression free survival of 24 months despite metastatic disease at diagnosis. The second patient eventually sought for medical care elsewhere due

to long distance/personal reasons. The third patient was referred to palliative care, however she was lost to the follow up. The fourth patient was offered a left adnexectomy; nevertheless she did not follow through as she passed out due to cardiac problems. The fifth patient received chemotherapy, but succumbed to the disease 10 months after diagnosis.

Conclusion Diagnosis of a cervical NET at an early stage is of paramount importance, because of the worse prognosis of the disease compared to squamous cell cervical cancer. Moreover, VIPomas can metastasise to the ovaries presenting as an extremely rare diagnosis.

2022-RA-1507-ESGO GYNAECOLOGIC ONCOLOGY MEETS HEPATOBILIARY SURGERY; UNEXPECTED FINDINGS DURING SURGICAL EXPLORATION

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Introduction/Background Peritoneal carcinomatosis with/without lymph node involvement is a particularly common clinical scenario in gynaecological oncology. However, unexpected diagnoses may occur following an exploratory laparotomy. We present three exceptional cases of patients that were finally diagnosed with cancer of hepatobiliary origin.

Methodology The first patient, age 55, had a history of high grade endometrial cancer stage I that had been managed with surgery and brachytherapy. Three years post surgery, she presented with extensive paraortic nodal disease, which was surgically resected. The second patient, age 66, had a history of gallbladder cancer, that had been managed with cholecystectomy. She presented with an adnexal mass and omental metastases; she underwent exploratory laparotomy. The third patient, age 75, presented with tension ascites and peritoneal carcinomatosis; she also underwent exploratory laparotomy.

Results The first patient's pathology report revealed a poorly differentiated carcinoma with Hepar-1 expression; differential diagnosis had to be made between hepatocellular carcinoma and clear cell carcinoma (Hepar-1 expression is a very distant possibility in clear cell endometrial carcinomas). She has been receiving multiple regimens of adjuvant chemotherapy during the last four years. She had been in remission for the first two years; she has recently progressed with newly found metastases in the anterior abdominal wall. The second patient was diagnosed with metastatic adenocarcinoma of biliary origin and synchronous early stage primary ovarian carcinoma. She received adjuvant chemotherapy and remains in remission 1 year post surgery. The third patient was diagnosed with metastatic cholangiocarcinoma. She was eventually referred to palliative care due to poor performance status. She eventually died one month postoperatively.

Conclusion Gynaecological oncologists should be suspicious of non gynaecological diagnoses when tackling extensive abdominal disease. Multidisciplinary approaches and consultations are crucial for decision making, diagnosis and improvement of patient outcomes.