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GYNECOMAMMARY CANCER IN YOUNG ADULTS, ABOUT 8 CASES AND A LITERATURE REVIEW

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Introduction/Background Almost all types of cancers can appear at any age. They are very often related to the aging of tissues and lifestyle habits (smoking, alcohol consumption, UV exposure…). However, some types of cancers are diagnosed in young adults (under 25 years old), and their number has increased by 5 to 10% over the last 20 years.How many cancers are diagnosed each year in young adults? How can we explain their occurrence? Are the treatments the same? What are the chances of survival in this age group?

Methodology Our work consists of a retrospective study carried out at the Hassan 2 University Hospital of Fez, between January 2016 and December 2021, involving 8 cases of gynecomammary cancer in young adults operated in our department aged between 15 and 25 years.

Results The average age was 22.37 years, with extremes between 17 and 25 years, these patients represented 10.95% of the total number of young adults operated on in our department during this period, 62.5% of these patients had breast cancer (invasive breast carcinoma), 12.5% had endometrial cancer (high-grade serous endometroid-like ADK of the ovary), 12.5% had cervical cancer (squamous cell carcinoma) and 12.5% had ovarian cancer (germ cell tumor).

Conclusion Early detection is the best way of the disease management, instead of proceeding to a systematic screening in a specific age group (mammography, smear…), we should be able to adapt the screening according to the risk indicators and allow women with an increased risk, regardless of their age, to be screened earlier.

Prevention of gynaecologic cancer

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INFLUENCE OF DEPTH OF EXCISION ON TEST OF CURE FOLLOWING LOOP EXCISIONAL TREATMENT FOR HIGH GRADE CIN

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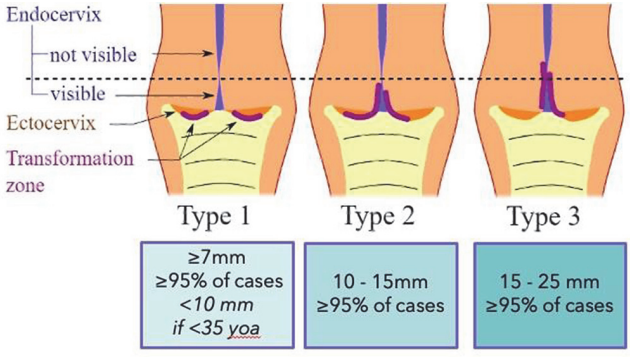
Introduction/Background National Health Service Cervical Screening Programme(NHSCSP) aims to reduce the incidence of, and mortality from, cervical cancer. Women with high-grade CIN are offered treatment, usually excisional. Depth of excision(DoE) standards for these women have been defined by NHSCSP according to their Transformation Zone Types(TZT)[1]. In women of reproductive age, excisions of >10 mm are not associated with improved recurrence rates, however are associated with an increased risk of preterm delivery[2]. Patients receive Test of Cure(ToC) smears at 6 months to determine if they are free of disease.Our aim is to determine success rates of ToC, in regards to DoE standards.

Methodology A continuous cohort of patients treated with loop excision for high-grade CIN were extracted retrospectively from MASEY Database, dated 01/01/2020–30/04/2020. Data was collected using OpenExeter/Telepath databases and analysed on Microsoft Office, Excel.

Results A total of 123 women received loop excision for high-grade CIN. We met DoE standards for 38%(n=47), did not meet standards for 50%(n=61) and TZT was not recorded for 12%(n=15). Of patients with TZT1, we met standards for 61%(n=39), for TZT2 this was 32%(n=7) and 5%(n=1) for TZT3. Overall success rate of ToC was 65%(n=80), failed ToC was 19%(n=23) and ToC was not recorded for 16% (n=20). For TZT1, when standards were not met, 80% (n=20) had successful ToC, compared to 70%(n=27) when standards were met. For TZT2, when standards were not met, 67%(n=10) had successful ToC, compared to 86%(n=6) when standards were met. For TZT3, when standards were not met, 48%(n=7) had successful ToC, compared to 0%(n=1). For patients of reproductive age (n=32), 75%(n=24) had excision depth <10 mm and 25%(n=8) had ≥10 mm excision.



Abstract 2022-RA-246-ESGO Figure 1 TZTs and Depth of Excision Standards

Conclusion Our unit is taking shallower loops than recommended. This only appears to adversely affect the success of ToC for TZT2&3. Different modalities of excisional treatment can be introduced to increase compliance.

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THE IMPACT OF COVID 19 ON CERVICAL CANCER SCREENING AND TRIAGE

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Introduction/Background Prior studies have demonstrated decreased rates of cervical cancer (CC) screening during the height of the COVID-19 pandemic. Delayed CC screening and management may increase incidence and mortality. This study examines the impact of the COVID-19 pandemic on rates of guideline-indicated colposcopy.

Methodology This study used retrospective data from a large, urban, academic institution-based clinic comprised of publicly-insured patients. Patients were non-pregnant, 21 to 65 years old without HIV or other immunocompromise. Three time periods were used: pre-COVID (pC) (3/1/2019–2/28/2020),