Conclusion RF/DO appears a safe and well-tolerated risk-reducing approach that avoids early menopause for HBOC patients. Furthermore, due to the absence of abnormalities at mesothelio-Müllerian junctions, simple total bilateral salpingectomy may replace RF

2022-RA-983-ESGO ANAL HIGH-GRADE INTRAEPITHELIAL NEOPLASIA IN WOMEN WITH CERVICAL HIGH-GRADE INTRAEPITHELIAL NEOPLASIA

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Introduction/Background Anal high-grade intraepithelial neoplasia (AIN2–3) is the precursor of HPV-related anal cancer. Although anal cancer is rare, its incidence is rising, especially in women. Women with high-grade cervical neoplasia (CIN2–3) or HPV-related genital cancer are at increased risk of developing AIN. Other risk groups include people living with HIV, immunocompromised patients, and Men who have Sex with Men (MSM).

Abstract 2022-RA-983-ESGO Table 1

Characteristics of the study population (*n=100*)	
Age	• Mean 37.4 ± 8.2 (Range 25-68)
Cervical histology	• CIN2 n=26 • CIN3 n= 74
Associated HPV-related disease	• Genital warts n= 8 • VaIN-HSIL n=1
Tobacco use	• No n=68 • Yes n= 32 ✓< 10 cigarettes/day = 19 (59%) ✓10-20 cigarettes/day n=12 (38%) ✓> 20 cigarettes/day n= 1 (3%)
Anal testing in CIN2-3 positive patients	
Anal Cytology	• Negative n=97 • ASCUS n= 3 • LSIL n=0 • HSIL n=0
aHPVDNA	• Negative n=27
Genotype	• Positive n=73 ✓ HPV-16 n=26 (35.5%) ✓ HPV 53 n= 14 (18%) ✓ HPV31 n=8(10.8%) ✓ HPV 66 n=8 (10.8%) ✓ HPV Others n=17 (12.4%)
Anoscopy	
Grading	• Negative n=50 • G1 n=6 • G2 n=2 • Warts n=4
Biopsies	• Negative n=7 • AIN 2 n=3 • AIN3 n=1
Questionnaire on sexual habits	
Anal sexual intercourse	• At least once in a lifetime n=53 • Never n=47
Condom in anal sexual intercourse	• Never n=31 • Sometimes n=20 • Always n=2

Methodology The objective of this monocentric prospective study was to analyze the prevalence of AIN2–3 among women treated for CIN2–3. Exclusion criteria were: age <25 years, previous HPV vaccination, immunosuppression, HIV infection and a history of anorectal cancer. All patients enrolled in the study underwent anal cytology and anal high-risk HPV-DNA testing (aHPV-DNA). If one or both tests were positive a high-resolution anoscopy with biopsy of suspicious lesions was performed. All women also completed a questionnaire on a sexual habit.

Results A total of 100 women were enrolled between 2019 and 2021. Among these, eight patients had a concomitant or past diagnosis of anogenital warts, while one patient had a previous diagnosis of VaIN-HSIL. Anal Pap smears were positive for low-grade lesions in three patients, while 73 women tested positive for aHPV-DNA. Histological examination revealed the presence of AIN2–3 lesions in four patients, who subsequently underwent excisional treatment. Although 50% of aHPV-DNA positive women reported having anal intercourse, as many as 45% of these declared they used condoms.

Conclusion Women with CIN2–3 are at high-risk of developing AIN2–3, although to date no recommendations regarding prevention and treatment of AIN in this group of patients are available. Barrier methods aren't always effective to prevent anal HPV infection, probably due to the fact that the cervix is a reservoir of the infection.

2022-RA-1020-ESGO FAMILY HISTORY IN BRCA MUTATION CARRIERS AFFECTED BY BREAST AND OVARIAN CANCER AND ITS ROLE IN IDENTIFYING SUBJECTS AT HIGH RISK

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Introduction/Background BRCA1 and BRCA2 mutations are the most common cause of hereditary breast and ovarian cancer, and are also associated with an increased risk of prostate and pancreatic cancer.Many guidelines have been provided over time to identify BRCA mutation carriers, and they are usually based on a suggestive personal and family history (FH) of cancer. Addressing affected patients to genetic counseling can lead to therapeutic benefits, however identifying healthy high risk individuals before they develop cancer could give them the opportunity to access appropriate surveillance and risk-reducing treatments.

Methodology We applied the family history (FH) criteria proposed by the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and the Italian Association of Medical Oncology (AIOM) guidelines to the FH of 157 women who found out to be BRCA mutations carriers after a diagnosis of breast or ovarian cancer.

Results A FH of BRCA-related cancer was found in almost 85% of women. NCCN and AIOM FH criteria would have detected 63.6% and 52.2% of patients respectively before tumor diagnosis (p<0,05). The most frequent criteria were a FH of ovarian cancer and of breast cancer diagnosed <45 years old. 65% of the women who died from progression of