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

disease would have been eligible for testing based on their FH.

Conclusion Family history should always be investigated and specific sets of criteria should be included in guidelines independently from a personal history of cancer.

2022-RA-1032-ESGO EVALUATION OF INTRAOPERATIVE HPV TEST AS AN EARLY MARKER OF RESIDUAL DISEASE AFTER HSIL SURGICAL TREATMENT. A PROSPECTIVE MULTICENTER STUDY. PRELIMINARY RESULTS

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Introduction/Background

Objective To evaluate if the intraoperative human papillomavirus (IOP-HPV) test has the same prognostic value as the HPV test performed 6 months after treatment of high-grade squamous intraepithelial Lesion (HSIL) to predict treatment failure.

Methodology

Design Prospective multicenter cohort studySetting: 22 Referral Hospitals in Spain.Population: 1824 women treated for cervical HSIL by Loop Electrosurgical Excision between May 2020 and December 2021

After LEEP an HPV test was performed immediately after excision using a Cobas (83%) or other genotyping test.

Subsequently, pacients were followed with citology and HPV test, 6, 12 and 24 months after treatment.

The IOP-HPV test was compared with HPV test 6 months after procedure and with surgical margins in order to detect residual disease.

Results We described results of the first 992 cases with the 6 month co-test performed. IOP HPV test was feasible (valid result 98,5%). IOP-HPV was positive in 40%, while only 25% at 6 month test. We observed association between the IOP and 6 month HPV test (ChiSquare p= 0.0001), IOP HPV positivity and abnormal citology at 6 months (p=0.063), and positive IOP HPV test and positive surgical margins. (p=0.0001)

Conclusion Preliminary results show that IOP HPV test could be a satisfactory prognostic factor of cervical HSIL treatment result.

2022-RA-1049-ESGO PATIENTS WITH TP53 MUTATION FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT

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Introduction/Background TP53 (Li Fraumeni syndrome, LFS) is located on the short arm of chromosome 17 and plays a fundamental role in the control of cell cycle and apoptosis. LFS (prevalence of 1/15,000–20,000 individuals) only represents 1% of hereditary breast cancer (BC), although it could be responsible for up to 5–8% of BC at early ages.

Methodology Retrospective observational study. Review of patients followed in the inherited cancer unit in a single tertiary centre between 1st January 2012 until 31st March 2022. The statistical analysis was carried out using SPSS 22.0.

Results During the indicated period, we followed 459 patients with confirmed genetic mutations that predispose to developing gynaecological cancer. Of the total, 1.5% (7/459) had LFS. Within this cohort of patients, 5/7 (71.4%) had family history of BC and 1/7 (14.3%) a sarcoma. 4/7 patients were diagnosed with a BC at 30, 35, 36 and 39 years old, respectively. The histology of the primary BC was invasive ductal carcinoma or invasive lobular carcinoma. Tumor stage was I in one case and IIB in three cases. Surgery treatment was: unilateral mastectomy (UM) with homolateral axillary lymphadenectomy (HAL) in 1 patient, conservative surgery with HAL in 1 patient (genetic study and confirmation was after surgery), UM with selective sentinel lymph node biopsy (SSLNB) in 1 patient and bilateral mastectomy with SSLNB and immediate breast reconstruction in 1 patient. Adjuvant treatment was needed in almost all of them: chemotherapy and hormone therapy in one case, radiation therapy in one case (it was before knowing TP53 mutation carrier status), hormone therapy in one case and unknown in one case. Characteristics of these patients are summarized in table 1.

Abstract 2022-RA-1049-ESGO Table 1

TP53 Mutation (n=7)		Frequency(%)
Family history of cancer	No cancer	1/7(14.3%)
	Cancer	6/7(85.7%)
Personal history of cancer (First tumour location)	No cancer	3/7(42.9%)
	Breast	4/7(57.1%)
Histology of the primary breast cancer	Invasive lobular carcinoma	1/4(25%)
	Invasive ductal carcinoma	3/4(75%)
	Stage I	1/4(25%)
	Stage IIB	3/4(75%)
Primary breast cancer treatment	Unilateral mastectomy with homolateral axillary lymphadenectomy	1/4(25%)
	Conservative surgery with homolateral axillary lymphadenectomy	1/4(25%)
	Unilateral mastectomy with selective sentinel lymph node biopsy	1/4(25%)
	Bilateral mastectomy with selective sentinel lymph node biopsy and immediate breast reconstruction	1/4(25%)
Adjuvant treatment	Unknown	1/4(25%)
	Chemotherapy and hormone therapy	1/4(25%)
	Radiation therapy	1/4(25%)
	Hormone therapy	1/4(25%)

Conclusion Patients carrying TP53 mutations have a high risk of developing breast cancer and should be followed in specialized hereditary cancer units, in tertiary hospitals.