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 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.

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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).

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 conducted. Women 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.
EVALUATION OF INTRAOPERATIVE HPV TEST AS AN EARLY MARKER OF RESIDUAL DISEASE AFTER HSIL SURGICAL TREATMENT. A PROSPECTIVE MULTICENTER STUDY. PRELIMINARY RESULTS

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

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

Subsequently, patients 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.

PATIENTS WITH TP53 MUTATION FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT

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 II 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.

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.