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

1| Melissa Bradbury, 1| Ursula Acosta, 2| Alfonso Quesada, 3| Jose A Lopez-Fernandez, 4| Jose Quiñé, 1| Cristina Centeno, 1| Antonio Gil, Multicenter VPH IOP Team. 5| Gynecology, Hospital Vall d’Hebron. Barcelona SPAIN, Barcelona; 2| Gynecology, Hospital Nuestra Señora de la Candelaria, Tenerife, Spain; 3| Gynecology, Hospital General Alicante, Alicante, Spain; 4| Gynecology, Hospital de Basurto, Bilbao, Spain

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 cytology 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 cytology 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

1| Amanda Veiga-Fernández, 1| Ainoa Sáez Prat, 1| Juan Manuel Pina Moreno, 1| Laura Pérez Burrel, 1| Mercedes Sánchez Rodriguez, 1| Rocio Aracil Rodriguez, 1| Isabel Echavarria Diaz-Guardamino, 1| Patricia Rincón Olbes, 1| Elsa Mendizábal Vicente, 1| Santiago Lizarraga Bonelli, 1| Obstetrics and Gynecology, Gregorio Marañon University General Hospital, Madrid, Spain; 2| Medical Oncology, Gregorio Marañon University General Hospital, Madrid, Spain

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 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.

Table 1: TP53 Mutation (n=7)

<table>
<thead>
<tr>
<th>TP53 Mutation (n=7)</th>
<th>Frequency(%)</th>
</tr>
</thead>
</table>
| Family history of cancer | No cancer 1/7(14.3%)  
Cancer 6/7(85.7%) |
| Personal history of cancer (First tumour location) | No cancer | Invasive lobular carcinoma 1/4(25%)  
Invasive ductal carcinoma 3/4(75%) |
| History of the primary breast cancer | Stage I 1/4(25%)  
Stage II 3/4(75%) |
| Primary breast cancer treatment | Unilateral mastectomy with homolateral lymphadenectomy 1/4(25%)  
Conservative surgery with homolateral lymphadenectomy 1/4(25%)  
Unilateral mastectomy with sentinel lymph node biopsy and immediate breast reconstruction 1/4(25%)  
Unilateral mastectomy with sentinel lymph node biopsy and delayed reconstruction 1/4(25%) |
| Adjuvant treatment | 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.