

those patients presenting from September to November 2020 during the peak of COVID-19. Data collected included demographics, presenting smear, time to report, method of biopsy and biopsy result.

Results 158 patients were included in 2019 and 87 in 2020 (45% reduction). There was a mean increase of 5 days to report the presenting smear in 2020. The most common presenting smear result was a borderline result for both years however more patients presented with severe dyskaryosis during 2020 (7% increase). A smaller time interval was seen in 2020 for colposcopy review and a mean reduction of 36 days for reporting the cervical biopsy result was seen during 2020 but no significant change in biopsy results were seen.

Conclusion COVID19 has had an impact on the timings of reporting presenting smears, smear to colposcopy interval and cervical biopsy reporting. there is no statistical difference in the individual outcomes of presenting smear and cervical biopsy.

2022-RA-1481-ESGO SEXUAL FUNCTIONING MORE THAN 15 YEARS AFTER PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY

¹Lara Terra, ¹Maarten Beekman, ²Marian Mourits, ¹Flora van Leeuwen, HARMOny study group. ¹Psychosocial Research and Epidemiology, Netherlands Cancer Institute/Antoni van Leeuwenhoek, Amsterdam, Netherlands; ²Gynecologic Oncology, University Medical Center Groningen, Groningen, Netherlands

10.1136/ijgc-2022-ESGO.827

Introduction/Background Women with a *BRCA1/2* pathogenic variant are advised to undergo premenopausal risk-reducing salpingo-oophorectomy (RRSO), to reduce their risk of ovarian cancer. Our aim was to study long-term sexual functioning in women at increased familial risk of breast/ovarian cancer who underwent a RRSO either before the age of 46 years (premenopausal group), or after the age of 54 years (postmenopausal group).

Methodology Between 2018 and 2021, 368 women with a high familial risk of breast/ovarian cancer participated in the study (premenopausal group, n=226, postmenopausal group, n=142). Differences between groups were analyzed using multiple regression analyses adjusting for current age, breast cancer history, use of hormone replacement therapy, BMI, chronic medication use (yes/no) and body image.

Results Mean time since RRSO was 20.6 years in the premenopausal group and 10.6 years in the postmenopausal group (p-value <.001). In the premenopausal group, mean age at questionnaire completion was 62.7 years, versus 67.0 years in the postmenopausal group (p<.001). In the premenopausal group, 47.4% was still sexually active, compared to 48.9% of the postmenopausal group (p-value:.80). Current sexual pleasure scores were similar for women in the premenopausal group and the postmenopausal group (mean pleasure score 8.6, p-value.99). However, women in the premenopausal group more often reported substantial discomfort than women in the postmenopausal group (35.6% compared with 20.9%, p-value .04). After adjusting for confounders, premenopausal RRSO was associated with substantially more discomfort during sexual intercourse, compared to postmenopausal RRSO (OR 3.1, 95%CI 1.04; 9.4). Moreover, following premenopausal RRSO, more severe complaints of vaginal dryness were observed (OR 2.6, 95%CI 1.4; 4.7).

Conclusion More than 15 years after premenopausal RRSO, women experienced more vaginal dryness and more often had substantial sexual discomfort during sexual intercourse. This did not lead to less pleasure with sexual activity.

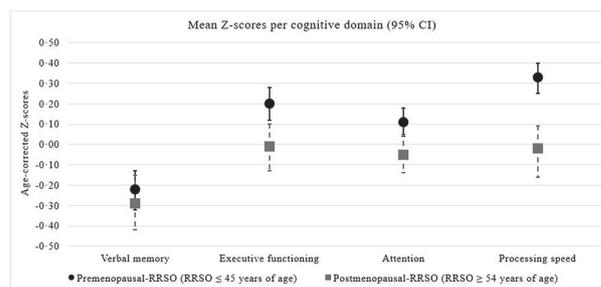
2022-RA-1488-ESGO LONG-TERM EFFECTS OF PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY ON COGNITION IN WOMEN WITH HIGH FAMILIAL RISK OF OVARIAN CANCER

Lara Terra, Philippe Lee Meeuw Kjoie, Joost Agelink van Rentergem Zandvliet, Maarten Beekman, Sanne Schagen, Flora van Leeuwen, HARMOny study group. Psychosocial Research and Epidemiology, Netherlands Cancer Institute/Antoni van Leeuwenhoek, Amsterdam, Netherlands

10.1136/ijgc-2022-ESGO.828

Introduction/Background Several studies reported that bilateral oophorectomy before menopause is associated with cognitive impairment. However, these studies had methodological limitations. We examined the effect of a premenopausal risk-reducing salpingo-oophorectomy (RRSO) in women at increased risk of ovarian cancer on objective and subjective cognition at least 10 years after RRSO.

Methodology The study population consisted of women (66% *BRCA1/2* mutation carriers) who underwent either a premenopausal RRSO (≤ age 45 (n=436) or a postmenopausal RRSO ≥ age 54 (n=205) and were older than 54 years at study. Participants completed an online cognitive test battery and a questionnaire on subjective cognition. We examined the influence of RRSO on objective and subjective cognition of women with a premenopausal RRSO compared to women with a postmenopausal RRSO, using multivariable regression analyses, adjusting for age, education, breast cancer, hormone replacement therapy, depression and cardiovascular risk factors. We performed subgroup analyses comparing an early premenopausal RRSO (RRSO ≤ age 40, recommended to *BRCA1* mutation carriers) versus a later premenopausal RRSO (RRSO between ages 41–45, recommended to *BRCA2* mutation carriers).



Abstract 2022-RA-1488-ESGO Figure 1

Results After adjustment, women with a premenopausal RRSO (mean time since RRSO 18.2 years) performed similarly on objective cognitive tests as women with a postmenopausal RRSO (mean time since RRSO 11.9 years). However, they more frequently reported problems with reasoning (odds ratio (OR) 1.8 (95% confidence interval (95%CI) 1.1–3.1)) and multitasking (OR 1.9 (95%CI 1.1–3.4)) than women with a postmenopausal RRSO. This difference between groups

disappeared in an analysis restricted to women of comparable ages (60–70 years). We found no objective cognitive differences between women with a RRSO between ages 41–45 and women with a RRSO before age 40.

Conclusion Reassuringly, approximately 18 years after RRSO, we found no association between premenopausal RRSO and objective cognition.

2022-RA-1496-ESGO EVALUATION OF CERVICAL CYTOLOGY IN WOMEN ON TAMOXIFEN THERAPY

¹Urvashi Miglani, ²Supriya Chowdhary, ³Maninder Kaur Chhabra, ⁴Neelam Sood. ¹*Obs and Gynae, DDU Hospital, New Delhi, India;* ²*DDU Hospital, New Delhi, India;* ³*Surgery, DDU Hospital, New Delhi, India;* ⁴*Pathology, DDU Hospital, New Delhi, India*

10.1136/ijgc-2022-ESGO.829

Introduction/Background Tamoxifen, a selective estrogenic receptor modulator, is used for hormonal treatment of all stages of hormone receptor positive breast cancer due to its anti-estrogenic effect on breast tissues. Estrogen receptors are also present in squamous and columnar epithelium of cervix and vagina and are responsible for the changes in cervico-vaginal epithelium. In view of the potential adverse effects of tamoxifen on cervical cytology, this study was planned to study those effects on cervical cytology.

Methodology This is a cross sectional study done in Deen Dayal Upadhyay Hospital on the patients of breast cancer taking tamoxifen therapy. Patients of breast cancer on tamoxifen therapy for more than 6 months and currently on tamoxifen are included. The results are compared with Papanicolaou smear of healthy adult females coming for screening in cancer screening OPD without any gynaecological problem. Data is coded and recorded in MS Excel spreadsheet program. SPSS v23 (IBM Corp.) is used for data analysis. Group comparisons for continuously distributed data is made using independent sample 't' test when comparing two groups. Chi-squared test is used for group comparisons for categorical data.

Results 50 patients of breast cancer on tamoxifen therapy were taken as cases and 50 healthy women were included as controls. Mean age for the cases and controls was 48.5 years and 46.88 years respectively. Mean parity for cases and controls was 3.84 and 3.48 respectively. There was no significant increase in the frequency of squamous or glandular abnormalities in the patients on Tamoxifen therapy.

Conclusion There is no significant deleterious affect of Tamoxifen on cervical cytology. More research is required to confirm a protective effect.

2022-RA-1498-ESGO URINARY INCONTINENCE IN WOMEN WITH PREMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY COMPARED WITH WOMEN WITH POSTMENOPAUSAL RISK-REDUCING SALPINGO-OOPHORECTOMY

¹Lara Terra, ¹Maarten Beekman, ²Anneke Steensma, ¹Flora van Leeuwen, HARMOny study group. ¹*Psychosocial Research and Epidemiology, Netherlands Cancer Institute/Antoni van Leeuwenhoek, Amsterdam, Netherlands;* ²*Gynecology, Erasmus MC, Rotterdam, Netherlands*

10.1136/ijgc-2022-ESGO.830

Introduction/Background Women carrying *BRCA1/2* pathogenic variants are advised to undergo premenopausal risk-reducing salpingo-oophorectomy (RRSO) to reduce their risk of ovarian cancer. Our aim was to study the impact of a premenopausal RRSO (before the age of 46 years) on urinary incontinence at least 10 years later, compared to a postmenopausal RRSO, at the age of 54 years or later.

Methodology Between 2018 and 2021, 368 women with a high familial risk of breast/ovarian cancer participated in the study (premenopausal group, n=226, postmenopausal group, n=142). Women completed the Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire short form (IIQ-SF). Differences between groups were analyzed using multiple regression analyses adjusting for current age, breast cancer history, use of hormone replacement therapy, BMI, hysterectomy, parity, delivery mode and type 2 diabetes. We defined symptomatic urinary incontinence (UI) as an UDI-6 score higher than 33.3.

Results Mean time since RRSO was 20.6 years in the premenopausal group and 10.7 years in the postmenopausal group (p<.001). In the premenopausal group, mean age at questionnaire completion was 62.7 years, versus 67.0 years in the postmenopausal group. Women with a premenopausal RRSO had an OR of 3.5 (95%CI 1.2;10.0) to have stress UI compared with age-matched women with a postmenopausal RRSO. The proportion of urge UI was similar between the two groups; 19.6% of the premenopausal RRSO group had urge UI compared with 22.7% in the postmenopausal RRSO group (p-value .48).

In the premenopausal group 23.6% had symptomatic UI compared with 18.9% in the postmenopausal group (p-value .31). After adjustment, women with a premenopausal RRSO had a borderline significantly increased risk of symptomatic UI according to the UDI-6 (OR 2.1 95%CI .93;4.78).

Conclusion More than 15 years after premenopausal RRSO, women more often experienced severe stress urinary incontinence compared with women who had undergone a postmenopausal RRSO.

2022-RA-1554-ESGO PATIENTS WITH PALB2 MUTATION FOLLOWED UP IN A HEREDITARY GYNAECOLOGICAL CANCER UNIT

¹Amanda Veiga-Fernández, ¹Juan Manuel Pina Moreno, ¹Laura Pérez Burrel, ¹Mercedes Sánchez Rodríguez, ¹Rocío Aracil Rodríguez, ¹Ainoa Sáez Prat, ²Isabel Echavarría Díaz-Guardamino, ¹Patricia Rincón Olbes, ¹Elsa Mendizábal Vicente, ¹Santiago Lizarraga Bonelli. ¹*Obstetrics and Gynecology, Gregorio Marañón University General Hospital, Madrid, Spain;* ²*Medical Oncology, Gregorio Marañón University General Hospital, Madrid, Spain*

10.1136/ijgc-2022-ESGO.831

Introduction/Background PALB2 is located on chromosome 16, it is essential for the function of BRCA2. It is a high-risk gene, although the risk of breast cancer (BC) in carriers is greatly affected by family burden. Overall, a cumulative risk of BC at 70 years of age is estimated at 35%. Pathogenic variants in PALB2 also increase the risk of BC in men, and are associated with an increased risk of pancreatic cancer, and a slight increase in ovarian cancer (OC).

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