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.

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 these effects on cervical cytology.

Methodology This is a cross sectional study done in Deen Dayal Upadhay 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 centre. The proportion of women on tamoxifen therapy among the women who had undergone a postmenopausal RRSO between ages 41–40 was compared with women who had undergone a RRSO before age 40.

Results 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 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).

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