HIGH-GRADE SEROUS CARCINOMA IN RISK-REDUCING SALPINGO-OOPHORECTOMY SPECIMENS OF ASYMPTOMATIC CARRIERS OF A BRCA1/2 GERMLINE PATHOGENIC VARIANT

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Objectives We investigated the prevalence and reproductive and clinical factors associated with high-grade serous carcinoma (HGSC) at risk-reducing salpingo-oophorectomy (RRSO) in asymptomatic BRCA1/2 germline pathogenic variant (gPV) carriers.

Methods BRCA1/2 gPV carriers who underwent RRSO between 1995 and 2018 were identified in the Hereditary Breast and Ovarian cancer in the Netherlands (HEBON) study. Pathology reports were reviewed and RRSO specimens with any reported epithelial abnormality and of women with HGSC after normal RRSO were histologically reviewed. Clinical characteristics of women with and without HGSC at RRSO were compared to estimate the association between risk factors and HGSC at RRSO.

Results 2557 women of which 1624 BRCA1, 930 BRCA2 and 3 women with both BRCA1/2 gPV were included. Median age at time of RRSO was 43.0 years (range: 25.3–77.9) for BRCA1 gPV carriers and 46.8 years (range: 27.6–77.9) for BRCA2 gPV carriers. At RRSO 24 (1.5%) BRCA1 and 6 (0.6%) BRCA2 gPV carriers had HGSC. In 73.3% the primary site of HGSC was the fallopian tube. For both BRCA1 gPV and BRCA2 gPV carriers, older age at RRSO was associated with an increased risk of HGSC at RRSO, while long-term use of oral contraceptive pill (OCP) was protective.

Conclusions HGSC was detected in 1.5% (BRCA1 gPV) and 0.6% (BRCA2 gPV) of RRSO specimens from asymptomatic carriers, with most HGSC lesions found in the fallopian tube. Our results support the fallopian tube hypothesis, highlight the importance of timely RRSO and total removal of fallopian tubes and show protective effects of OCP on HGSC.

E-poster viewing: Global health/economic challenges

WOMEN LEADERSHIP IN GYNECOLOGIC ONCOLOGY DEPARTMENTS IN ISRAEL AND IN THE UNITED STATES

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Objectives In Israel there is a scarcity of women in leadership positions in academic medicine despite their increasing numbers in medical training. We aim to study the proportion of women in leadership roles in Gynecologic Oncology in Israel in comparison to other places of practice.

Methods A cross sectional study of Gynecologic Oncology departments in Israel and the United States (USA) in 2022. We accessed internet websites information regarding personnel staff and leadership positions in Gynecologic Oncology departments. We searched all hospitals in Israel which reclaim to have a Gynecologic Oncology service and all USA medical centers which carry a Fellowship program in Gynecologic Oncology reported by the Society for Gynecologic Oncology (SGO). Data was compared using univariate analysis.

Results Overall, we included 21 medical centers in Israel and 49 Gynecologic Oncology departments in the USA. The representation of women in leadership position in Israel was lower as compared to the USA: 4 (19.0%) vs. 23 (46.9%), Odds Ratio 95% Confidence Interval 0.26 (0.07–0.90), p=0.028.

Conclusions The proportion of women in senior Gynecologic Oncology positions in Israel is significantly lower compared to the USA. Reasons for this gender bias should be thoroughly investigated and addressed. An effort should be made to overcome gender barriers and to reach gender equality in Gynecologic Oncology as well as all other fields of medicine.