

potential in survivorship. We report our experience in fertility sparing management in ovarian tumours.

Methods Over a period of 30 months, 69 young women with suspicious ovarian masses were reviewed at the oncofertility clinic. Patients were jointly counselled by gynaecological oncologists and fertility specialists, elaborating fertility-sparing staging surgery (FSS) and fertility preservation (FP) options. FP was offered prior to completion surgery or adjuvant chemotherapy, and when the ovarian reserve was deemed diminished and at risk. Dedicated counselling and psychosocial support was provided by a specialty nurse.

Results The median age was 28 years. 88.4% of patients were nulliparous. Of 64 patients who underwent surgery, there were 23 borderline, 32 malignant, 1 Krukenberg and 9 benign ovarian tumours. FSS was performed in 90.6% of ovarian cancer (OC) cases. Among patients with borderline ovarian tumours (BOT), ovarian cystectomies and unilateral salpingo-oophorectomies were performed in 77.3% and 22.7% of cases respectively. The median stage was IC1 for OC and IB for BOT. 50% of patients had adjuvant chemotherapy. There were 6 suspected recurrences, 5 of whom underwent surgery with benign histology. Twenty-two patients were offered FP and 4 patients underwent oocyte or embryo cryopreservation. There were 4 spontaneous pregnancies with 2 livebirths, and 3 patients currently undergoing assisted reproductive therapy.

Conclusion/Implications Through multidisciplinary oncofertility care, young females with ovarian tumours can achieve favourable oncologic and reproductive outcomes with FSS and early FP counselling.

EP185/#904

KNOWLEDGE OF YOUNG WOMEN REGARDING THEIR REPRODUCTIVE HEALTH AT THE TIME OF BREAST CANCER SURGERY

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Introduction We aim to identify patients' knowledge about their future fertility and reproductive health at the time of breast cancer surgery in order to adapt the preoperative patients' counselling.

Methods This is a single-institution cross-sectional observational study based on in person interview with an Arabic questionnaire to collect quantitative and qualitative data from a cohort of young women diagnosed with breast cancer before the age of 40 between January 2022 and February 2023. All interviews took place within a month prior to the breast cancer surgery in patients that had no neoadjuvant treatment.

Results A total of 48 women took part in the study. The mean age of the patients was 35 [24–40]. Of the 18 married participants, 10 were childless. Fertility was not a spontaneous concern reported by women when asked about their greatest fears before breast surgery. Among the single participants, 80% think that their cancer will be an obstacle to and/or delay their marital project. Among the participants, 31.2% fear a negative impact on their fertility due to a delay to conceive related to the prescription of contraception. 20.8% were aware of the possibility of fertility preservation but had no information about the availability of such options for them. The main concerns raised by the possibility of fertility preservation were the delay of cancer treatment (93.7%), the safety

regarding the recurrence and/or flare up of their cancer (95.8%).

Conclusion/Implications Before breast cancer surgery, reproductive health and potential fertility issues are not spontaneously expressed by patients but are present in their minds.

EP187/#658

CHEMOTHERAPY-INDUCED AMENORRHEA IN PATIENTS WITH OVARIAN CANCER

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Introduction For young cancer patients, the possible impact on their fertility after treatment is important concern. If ovarian function is expected to decrease after chemotherapy, fertility preservation may be an option prior to treatment. We aimed to clarify the proportion of amenorrhea after platinum- and taxane-based chemotherapy.

Methods Twenty-eight patients who underwent fertility-sparing surgery for ovarian malignancies from 2000–2022 were included. Clinical information were collected retrospectively from medical records.

Results The median follow-up duration was 81 (6–252) months. Median age was 27 (range: 19–38) years. 15 patients had epithelial ovarian tumors, and 13 had germ cell tumors. Treatment details: no chemotherapy in 9 patients, BEP (bleomycin, etoposide, cisplatin) in 10, TC (Paclitaxel, carboplatin) in 7, DC (Docetaxel, carboplatin) in 1, PVB (Cisplatin, Vinblastine, Bleomycin) in 1. The median time to the resumption of regular menstrual cycle was 1 (1–4) M in the no-chemotherapy group, 4.1 (3–4) M in the BEP group, and 2.7 (1–5) M in the TC/DC group. While the proportion of amenorrhea at 3 months was 20% in the no-chemotherapy group, it was 68% in the chemotherapy group (80% in the BEP group and 50% in the TC/DC group). The amenorrhea at 6 months was found in only 1 patient in the PVB group.

Conclusion/Implications After TC/DC therapy, amenorrhea at 3 months was found in about half of the patients, but regular menstruation had resumed by 6 months. The impact on ovarian function after platinum- and taxane-based chemotherapy is considered to remain short-term.

AS06. Genetics and epidemiology

EP190/#845

IMPACT OF OBESITY AND MENOPAUSAL STATUS ON DEVELOPMENT OF GYNECOLOGIC CANCERS IN KOREAN WOMEN

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Introduction To investigate the risk of gynecologic cancers according to obesity and menopausal status using a nationwide cohort in Korea.

Methods We identified 2,708,938 women from the National Health Insurance Service cohort, and obtained baseline body

mass index (BMI), waist circumference (WC), and other healthcare data, measured and collected during a health examinations and cancer-screening survey. By setting a normal weight/WC group (BMI, 18.5–22.9 kg/m² or WC, 80.0–84.9 cm) as the reference, we conducted multivariate analyses.

Results The total follow-up duration was 22389854.63 person-years. In post-menopausal women, as the BMI classification level increased from normal to class II obesity, the risk of endometrial cancer (aHR, 2.11; 95% CI, 1.81–2.46) and ovarian cancer (aHR, 1.38; 95% CI, 1.20–1.58) significantly increased. The risk of endometrial cancer also increased as the WC classification increased from <75.0 to ≥95.0 cm. With a WC of 80.0–84.9 cm as the reference, the lowest risk of endometrial cancer was observed in WC <75.0 cm (aHR, 0.75; 95% CI, 0.67–0.84) while the highest risk was observed in WC ≥95.0 cm (aHR, 1.56; 95% CI, 1.33–1.82). In premenopausal women, the trends of endometrial and ovarian cancer incidence in pre-menopausal women were similar to those observed in post-menopausal women. For cervical cancer, only class II obesity was significantly associated with increased risks in both post-menopausal women (aHR, 1.18; 95% CI, 1.01–1.39) and pre-menopausal women (aHR, 1.27; 95% CI, 1.02–1.57).

Conclusion/Implications In Korean women, the impact of obesity on the development of gynecologic cancers differs according to the malignancy type and menopausal status.

EP191/#664

FACTORS ASSOCIATED WITH UPTAKE OF RISK-REDUCING SALPINGO-OOPHORECTOMY IN BRCA 1/2 MUTATION CARRIERS: SINGLE CENTER EXPERIENCE

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Introduction Risk-reducing salpingo-oophorectomy (RRSO) is one of key prevention strategies for female BRCA1/2 mutation carriers. The purpose of this study was to identify the factors associated with uptake RRSO among patients with BRCA1/2 mutation.

Methods We reviewed the medical records of 786 patients who underwent BRCA1/2 gene testing at Ewha Womans University Mokdong Hospital from June 13, 2007 to July 28,

2020. Socio-demographic and clinical characteristics were compared between non-RRSO group and RRSO group, and the factors affecting the uptake of RRSO were analyzed.

Results Among the final study population of 70 patients with BRCA1/2 mutation, 39 (55.7%) and 31 (44.3%) were in the non-RRSO group and RRSO group, respectively. There were significant differences in age (41.38±13.65 yr vs. 44.35±7.78 yr, P=0.042), marital status (30.8% vs. 3.2% in single; 66.7% vs. 87.1% in married, P=0.002), parity (43.6% vs. 6.5% in nullipara; 53.4% vs. 93.6% in primi-/multipara, P<0.001) and employment status (41.0% vs. 32.3%, P=0.019) between non-RRSO group and RRSO group. However, no significant differences between the two groups were observed in personal and familial histories of breast or gynecologic cancer. Univariate analysis found significant associations between RRSO uptake and parity, marital and employment status. In RRSO group, the median time interval between BRCA1/2 testing and RRSO uptake was 8.8 (6.2–19.6) months. No subsequent cancer cases occurred in either group during the surveillance.

Conclusion/Implications RRSO uptake in patients with BRCA1/2 mutation was affected by parity, marital and employment status. These findings may be of useful assistance to clinicians when counseling patients with BRCA1/2 mutations receiving RRSO.

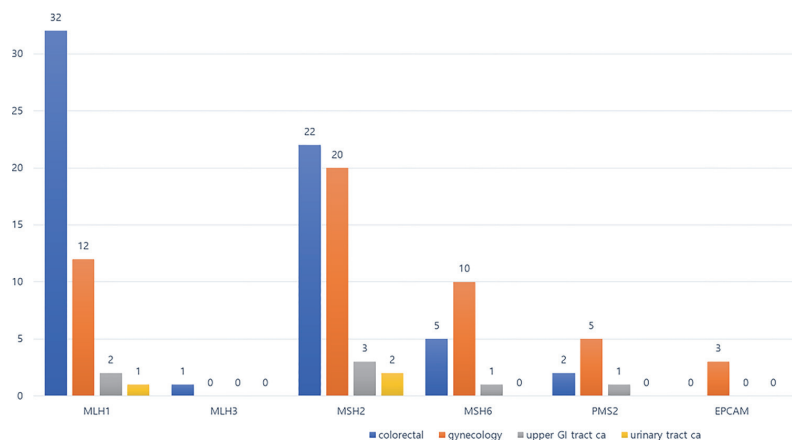
EP192/#809

CLINICAL FEATURES OF CANCERS DIAGNOSED IN PATIENTS WITH LYNCH SYNDROME-ASSOCIATED GENE GERMLINE MUTATIONS

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Introduction The purpose of this study is to determine the clinical features of comorbid cancers by gene (MLH1, MSH2, MSH6, PMS2, EPCAM) in patients diagnosed with Lynch syndrome (LS).



Abstract EP192/#809 Figure 1