healthcare-access inequalities in low-and middle in countries (LMICs). The Trans-African digital e-Health network was established as a capacity-building partnership project between Mali, Morocco and Germany to improve the women´s cancer care.

The mainstay of this project is education and training of healthcare professional using digital solutions. A two-day summer school was held to strengthen this digital network.

We report on the event and analyse the results of the live-poll questions.

Methodology The hybrid summer school school event was held in May 2022, hosted by Charite. It covered the main themes of: Screening/Prevention, Treatment and Research/Innovation for cervical and breast cancer. Within each session, online participants were asked to fill out several poll questions. The results were used live as a basis for discussion.

Results A total of 314 participants registered for the event from nearly 100 countries worldwide. Germany was the country with the highest number of participants. Participation rate was 40.1%. A total of 13 poll questions were asked and discussed live. Based on the anonymous live answers majority of participating countries specified they had a national screening policy for cervical cancer and just more than half had an HPV vaccination program (82% and 56% respectively). In 64% of respondents HPV vaccination was not available for boys. 71% of respondents did not have official gyn-oncology training programs in their countries and 67% stated they could not/did not recruit to clinical trials due to lack of availability. Although 88% stated they would recruit if trials were more accessible in their country or region.

Conclusion Building sustainable digital pan-regional networks on the basis of clinical partnerships is an effective strategy for increasing knowledge exchange and long-term impact on the standards of care within LMICs regardless of local resources.

2022-RA-1684-ESGO PRIMARY NEUROENDOCRINE TUMORS OF THE BREAST: A SERIES OF FIVE CASES

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Introduction/Background Neuroendocrine neoplasms (NE) are uncommon heterogeneous tumors that arise from neuroendocrine cells all over the body. Breast primary NE tumors are sporadic and extremely rare entities, accounting for 0.1% of all breast cancers and less than 1% of all neuroendocrine tumors.

Methodology We report a series of five patients treated, at Salah Azaiz Institute of oncology, for primary neuroendocrine carcinoma of the breast from 2014 to 2021.

Results We present five cases with an average age of 59. 8 years. They presented with a single breast mass in four cases and multiple breast mass in one case. Physical examination revealed mobile, non-tender firm lesions. The average size of the tumor was 30 mm. In four cases, the mammography and ultrasonography revealed suspicious lesions classified as BIRADS 5. The tumor was classified as BIRADS 4c in one case. Chest, abdomen and pelvis scan revealed no evidence of distant metastases in all cases. Microbiopsy was performed prior to surgery in three cases. Breast conserving surgery was performed in three cases and modified radical mastectomy in the two others. In all cases, the final pathology study concluded to a neuroendocrine carcinoma with no metastatic lymph nodes. On immunohistochemical evaluation, the tumor cells stained strongly positive for estrogen and progesterone receptors (in two cases) and were positive for synaptophysin (all cases), also for chromogranin (in three cases). Two patients received adjuvant radiotherapy; one patient had chemotherapy only, while chemotherapy and radiotherapy associated to hormonotherapy were given to the two others. The mean time of follow-up was 21. 8 months, and there were no recurrence or distant metastases noticed.

Conclusion Due to their rarity and heterogeneity, primary breast neuroendocrine tumors are underappreciated. They have a poor prognosis. There are no specific treatment guidelines, and the available data is primarily based on case reports.

2022-RA-1686-ESGO PURE DUCTAL CARCINOMA IN SITU IN THE MALE BREAST: AN UNCOMMON ENTITY

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Introduction/Background Ductal carcinoma in situ (DCIS) in males is an uncommon occurrence that is usually associated with invasive carcinoma. Male breast DCIS is exceedingly rare, accounting for 0. 1% of all breast cancers and 5% of male ones. The aim of this study is to highlight the relevance of this condition in males and to assess the treatment options for this uncommon malignancy.

Methodology We retrospectively report four cases of pure ductal carcinoma in situ in the male breast treated at Salah Azaiz Institute from 2012 to 2022.

Results The average age of DCIS was 53. 5 years with a mean delay of consultation of 73 days (21–152 days). The symptoms were essentially a retroareolar breast mass (in three cases), nipple retraction (in one case) and unipore bloody discharge (in one case). Gynecomastia was observed in two patients. The main radiological findings were nodules. Microcalcifications were noticed on one case. The median size of the tumor was 25 mm. Two patients had an ipsilateral axillary lymph node. The left side was in 3 cases. All of the patients underwent surgery: three patients had mastectomy and sentinel lymph node and one patient had mastectomy with lymph node dissection. The definitive histopathological assessment showed DCIS associated with papillary, cribriform, and comedocarcinoma in situ. There was no evidence of invasive carcinoma. In one case, the DCIS was associated with Paget's disease of the nipple. Two patients received adjuvant hormonotherapy (Tamoxifen). The mean time of follow-up was 75. 5 months. One patient developed an invasive recurrence after 6 months of surgery.

Conclusion Treatments for males with DCIS have been mostly extrapolated from studies on female breast cancer due to the lack of data. Mastectomy with lymph node sampling is the standard treatment. Hormonotherapy can be recommended based on the hormonal receptors status.

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