Conclusions mFI and high complexity surgery are predictive of Severe and Overall Complications. Patients' pre-operative care profile evaluation may guide specialists in reducing, preventing and managing complications correctly. mFI seems to be effective in identify high-risk patients and represent a valuable tool to help health professionals in providing risk counseling and discussion of management for women undergoing surgery for gynecologic cancer.

Breast Plenary

IGCS19-0175

65 MRI-BASED PREDICTIVE FACTORS OF AXILLARY LYMPH NODE METASTASES IN BREAST CANCER

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Objectives To determine the accuracy of MRI in detecting axillary lymph nodes (ALNs) metastases preoperatively and to define predictive characteristics of ALN involvement in patients with invasive breast cancer.
Methods Breast MR (3 Tesla) examinations of 169 patients with invasive breast cancer were reviewed at Hôtel-Dieu de France Hospital. Morphological parameters in addition to apparent diffusion coefficient (ADC) value were compared with pathological nodal status.
Results The sensitivity and specificity of MRI in detecting ALN involvement were 87.5% and 55.6% respectively. The negative and positive predictive value of MRI was 81.64% and 66.34% respectively. The mean size of metastatic ALN was larger than that of negative ALN (13.9 mm vs. 10.9 mm, p = 0.000). ALNs larger than 12 mm were associated with higher risk of metastases (p = 0.000). The asymmetry of size between ipsilateral and contralateral ALNs was more significant in positive ALNs on pathology (p= 0.008 vs. 0.043). In a univariate analysis, the round shape of ALN, loss of fatty hilum, irregular contours and hypo-intensity/heterogeneous intensity on T2-weighted sequence were significantly predictive of lymph node metastasis (p = 0.000 for the four characteristics). In a multivariate analysis, only the round shape of lymph node and the hypo-intensity/heterogeneous intensity on T2-weighted sequence were significantly associated with lymph node metastasis (p=0.01 and p=0,018 respectively). The ADC value of ALN did not aid the differentiation between benign and metastatic lymph nodes (p= 0.862).
Conclusions Conventional MRI using the ALN shape and the signal intensity in T2-weighted sequences can evaluate the axilla with high sensitivity.

IGCS19-0128

66 SHOULD WE OFFER MULTI-GENE TESTING TO ALL PATIENTS WITH BREAST CANCER: A COST-EFFECTIVENESS ANALYSIS

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Objectives To estimate incremental lifetime-effects, costs, cost-effectiveness and population impact of multigene-testing all BC patients compared to current practice of family-history/clinical-criteria based genetic (*BRCA*)-testing.
Methods Cost-effectiveness microsimulation modelling study comparing lifetime costs-&-effects of *BRCA1*/*BRCA2*/*PALB2* (multigene) testing all unselected BC-cases (Strategy-A) with family-history/clinical-criteria based *BRCA1*/*BRCA2*-testing (Strategy-B) in both UK and US populations.Data obtained from 11,836 population-based BC-patients (regardless of family-history) recruited to four large research studies in the UK (Predicting-Risk-of-Breast-Cancer-at-Screening (PROCAS: 1389 out of 57,000 women) & Prospective-Outcomes-in-Sporadic-versus-Hereditary-breast-cancer (POSH: 2885) studies); US (Kaiser-Permanente Washington Breast-Cancer-Surveillance-Consortium (BCSC) registry: 5892 out of 132,139 women) and Australia (Population-based BC-cases of the Australian-Breast-Cancer-Family-Study (ABCFS: 1670 women)). The main outcome measure was the incremental cost per quality-adjusted life-year (QALY) gained with a 3.5% annual discount. Parameter uncertainty was explored using one-way and probabilistic sensitivity analyses.
Results Compared with current clinical-criteria/family-history-based *BRCA*-testing, (*BRCA1*/*BRCA2*/*PALB2*) multigene-testing for all BC-patients would cost £10,470/QALY (UK) or $58,702/QALY (US) gained, well below UK/NICE and US cost-effectiveness thresholds of £30,000/QALY & $100,000/QALY. Probabilistic sensitivity-analysis shows unselected multigene-testing remains cost-effective for 98% UK/77% US health-system simulations. One year's unselected panel-genetic testing can prevent 1,776 BC/OC-cases and 557 deaths in the

UK; and 8,258 BC/OC-cases and 2,143 deaths in the US. Correspondingly, 7 UK/32 US excess heart-disease deaths occur annually.

Conclusions Unselected multigene-testing for all BC patients is extremely cost-effective compared with family-history/clinical-criteria testing for UK and US health-systems. It prevents thousands more BC/OC cases and deaths. We recommend changing current policy to expand genetic-testing to all BC patients.

IGCS19-0496

67 WEIGHT CHANGES AFTER TREATMENT IN A COLOMBIAN BREAST CANCER RETROSPECTIVE COHORT

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Objectives The variability of weight during and after the treatment of breast cancer has been related to different disease outcomes. The objective of this study is to describe the weight variability in women with breast cancer and establish its relationship with the recurrence of disease in the 48 months following treatment.

Methods Descriptive retrospective cohort study with non-probabilistic convenience sampling of women with luminal A, stage IIIB invasive breast cancer, treated in two reference oncology centers in northeastern Colombia with surgery, chemotherapy, radiotherapy and hormone therapy during 2010 to 2017. An analysis of central tendency, univariate and bivariate measures was performed and comparisons of proportions with Chi-square ($p<0.05$) were assessed.

Results 1660 clinical records were reviewed, of which 74 patients met the inclusion criteria. At the start of the follow-up, 52 years was the mean age, and the average weight and BMI was 67kg and 26.9, respectively; none of the patients presented low weight, in fact, 68% of them were overweight. Also was noticed that no woman was classified as underweight at the end of the follow-up despite the treatment, actually increasing the number of patients in the overweight group ($p<0.05$). A possible relationship between the occurrence of metastasis and the weight variability subgroup was identified.

Conclusions This is the first study that analyzes the weight variability in women with breast cancer in Colombia. The results show a tendency to overweight in this population and its possible relationship to the occurrence of metastasis at the end of the follow-up.

IGCS19-0364

68 CLINICAL OUTCOME OF TRIPLE-NEGATIVE BREAST CANCER IN YOUNGER AND OLDER WOMEN

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Objectives To compare the histopathological features and survival of triple-negative breast carcinomas (TBNC) in younger and older women.

Methods We documented 300 patients with TBNC between 2009 and 2013. The histopathological and clinical features of women who were 35 years old or younger (N=) were compared to those of women who were 60 years old and older (N=). Patients were administered adjuvant or neoadjuvant chemotherapy, and adjuvant radiotherapy.

Results We diagnosed and treated a total of 300 patients with TNBC. The median follow-up was 38 months. The median age of the younger patients was 32 years (range:19–36) and of older patients 67 years (range:60–84). The tumor size in young patients was larger than in older patients ($p=0.001$). More comorbid diseases were observed in older patients than in younger ones ($p=0.001$). There was no difference in the histological grades, lymphovascular invasion, stage and nodal involvement between the two groups. Local/distant metastases were found in 11 (40.7%) patients in the young patient group and in 16 (59.3%) in old patient group ($p=0.704$). Three (5.4%) patients died from each group. No significant difference in terms of disease-free survival (DFS) and overall survival (OS) ($p=0.914$, $p=0.939$, respectively) was noticed.

Conclusions This study showed that older and younger patients with TNBC had similar survival with neoadjuvant and adjuvant chemotherapy and adjuvant radiotherapy, which may be due to similar histopathologic features and intrinsic tumors' characteristics.

Africa/Middle East Regional Plenary

IGCS19-0591

69 BEVACIZUMAB FOR ADVANCED STAGE OVARIAN CARCINOMA: A SINGLE CENTER EXPERIENCE

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Objectives Bevacizumab is used in combination with chemotherapy in advanced stage ovarian carcinoma. Clinical trials have shown improved progression-free survival in these patients. Nevertheless, its impact on overall survival (OS) remains unclear. Hence, we aimed to evaluate the impact of bevacizumab on OS in real-world patients, treated outside of clinical trials.

Methods A retrospective cohort study of all patients with advanced stage epithelial ovarian carcinoma (Stage III and IV) treated in one university affiliated medical center (2000–6/2017). Demographics and treatment outcome were compared between patients receiving bevacizumab in addition to standard chemotherapy to those treated with chemotherapy alone before the incorporation of bevacizumab into clinical practice. P value < 0.05 was considered significant.

Results Overall, 188 patients met inclusion criteria. Of them, 59 (31.4%) received bevacizumab and 129 (68.6%) received chemotherapy only. Median age and levels of CA-125 at diagnosis did not differ between patients receiving bevacizumab and those who did not (61 vs. 62 years, $p=0.75$ and 638 vs 561 U/mL, $p=0.78$, respectively). Rates of stage IV disease were similar between groups (16.9% vs 12.4%, $p=0.4$). Rates