EPV026/#548 SEXUALITY AFTER BREAST CANCER SURGERY IN POSTMENOPAUSAL WOMEN

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Objectives The main objective of this study was to evaluate the sexual function in married menopausal women after surgery for non metastatic breast cancer

Methods This is a prospective cohort-type study of 200 menopausal women diagnosed then operated on for breast carcinoma between January 2018 and March 2020. Patients were randomized after a multidisciplinary consultation in 2 groups: G1 with patients who had conservative breast surgery and G2 with those who had a mastectomy. Patients with immediate or delayed postoperative breast reconstruction were excluded. The data collection was done in an individual interview, in which 4 validated standardized psychometric assessment scales were used: The Arab Female Sexual Function Index (ArFSFI) for evaluation of sexual function The Locke and Wallace Marital Adjustment Test (MAT) for Assessment of Spousal Agreement The Hospital Anxiety and Depression Scale (HAD-S) for Assessment of Anxiety & Depression The Body-Esteem Scale for Adolescents and Adults (BESAA) for the evaluation of the body image

Results The two groups were comparable in terms of age and socio-economical characteristics of the patients and their spouses. The mean total FSFI scores were comparable (22 in G1vs 24.5 in G2, p = 0.084. There was a positive correlation between the husbands' education level and the feminine sexual function (p = 0.042) and between marital agreement and sexual function (p = 0.004).

Conclusions The technique of breast surgery for breast cancer does not influence the sexual function in menopausal women.

EPV027/#553 CONCORDANCE IN MOLECULAR PROFILES OF INVASIVE BREAST CANCER BETWEEN CORE NEEDLE BIOPSY AND DEFINITIVE OPERATIVE SPECIMEN ANALYSIS

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Objectives The core needle biopsy (CNB) is an attractive alternative to surgical biopsy for the purpose of characterizing completely a malignant breast lesion for a tailored management. The purpose of this work is to study the concordance of the molecular profile of invasive breast cancer between the CNB and definitive pathology examination.

Methods We conducted a case-control study where each subject was her own control, including all patients with primary malignant tumors of the breast, collected prospectively, in our Department of Pathology and Cytology and treated at the Department of Gynecology and Obstetrics of the same hospital from January 1, 2015, to July 31, 2017. The studied molecular profile parameters were estrogen receptors (ER), progesterone receptors (PR), HER2 receptors (HER2), and Ki67.

Results We included 521 patients. The concordance between CNB and definitive postoperative specimen analysis with regard to the molecular profile parameters in invasive breast cancer was respectively of 100% and 96.3% for ER and PR, with an excellent agreement (respectively, k=1 and k= 0.905). The agreement in the diagnosis of tumors HER 2 overexpression was strong (k= 0.679). There was a difference between Ki 67 tumoral status (cut off at 20%) in CNB versus definitive postoperative specimen analysis in 53.1% of the cases with a weak agreement (k= 0.193). Consistency between CNB and postoperative specimen analysis in the distinction of luminal A tumors was 72.8%, 66.7% for luminal B, 90.1% for Her2 type and 86.4% for the basal type.

Conclusions CNB was reliable in determining the hormonal receptors' status and the HER2 negative invasive breast cancer.

EPV028/#556 EVALUATION OF THE EXTEMPORANEOUS PATHOLOGICAL EXAMINATION OF AXILLARY SENTINEL LYMPH NODE DETECTED WITH BLUE DYE

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Objectives The evolution of the practice and recommendations regarding the axillary lymph node exploration in breast cancer patients tends toward promoting the sentinel lymph node as a gold standard in clinically N0 patients. This study aims to evaluate the accuracy and conformity of the extemporaneous pathological examination (EPE) with the definitive pathology examination (DPE) of the sentinel lymph node biopsy (SLNB) detected only with blue dye.

Methods We did a retrospective study including all the early-stage breast cancer patients (cT1/2N0) who underwent an axillary SLNB procedure with blue dye in our department of gynecology and obstetrics from 2008 to 2017. We did evaluate the performances of the EPE of the axillary sentinel lymph node by calculating the sensitivity, specificity, false positive, false negative, positive predictive value, negative predictive value, diagnostic efficacy, and the Youden index.

Results We have registered 441 procedures of EPE of axillary SLNB. When confronting the EPE response to the final response, we found that the sensitivity was 90.72%, the specificity 100%. There were no false-positive and 3.30% of false negatives. The positive predictive value was 100% and the negative predictive value 95.10%. The diagnostic efficacy of the EPE was 96.46% and the Youden index 0.91.

Conclusions The EPE is a good tool to evaluate blue dye-detected axillary sentinel lymph nodes during the surgery for early breast cancer.

EPV029/#569 PREDICTIVE FACTORS OF TOTAL RESPONSE TO NEOADJUVANT CHEMOTHERAPY (NAT) IN BREAST CANCER PATIENTS: A RESTROSPECTIVE OBSERVATIONAL STUDY

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