Objectives To evaluate the correlation between with mammographically detected 4 BI-RAD microcalcifications and histopathological findings in patientsto allow a better surgical planning.
Methods Eighteen patients who had a 4 BI-RADS micocalcifications on mammography were admitted to our hospital were analyzed retrospectively.
Results Our study included nine patients; all patients were women, Breastfeeding was noted in eleven patients. Physical examination was negative in all patients.The mammography showed microcalcification in 17cases, mass and microcalcifications in one case, it was localized on the upper outer quadrant of the breast in the majority of cases (12 cases). It had regional distribution in 10 cases, multiple in 4 cases, linear in the lumen (2 cases) and polymorphous microcalcifications in 13 cases. It was classified on BI-RADS 4 A (5 cases), BI-RADS 4B (9 cases) and BI-RADS 4C in 4 cases. One patient underwent a core needle biopsy, two patients had a macrobiopsy (VAB System) and 17 patients underwent a surgical excision in all cases. The histological examination revealed a ductal carcinoma in situ (2 cases), invasive ductal carcinoma with ductal carcinoma in situ (1case) and and benign lesions in 15 cases. Our study did not found a correlation between BI-RADs classification and histological finding because of the shortage of the study.
Conclusions Microcalcifications are actually indirect signs of pathological processes, some of which may only be correctly identified according to their morphology. This is true for the microcalcifications classified as typically benign in the 4th edition of the BI-RADS system.

EPV033/#626 THE IMPACT OF THE COVID-19 PANDEMIC ON BREAST CANCER PATIENTS AWAITING SURGERY: THE EXPERIENCE OF SALAH AZAIEZ INSTITUTE TUNISIA

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Objectives The aim of our study is to study the impact of covid19 on patients waiting surgery.
Methods We retrospectively reported 33 patients diagnosed breast carcinoma and underwent surgery at salah azaiez institute Tunisia between 18/3/2020 and 29/3/2020 (72 days).
Results During the first pandemic of COVID-19, 33 patients underwent breast surgery, the mean age was 51 years (ranging 34–82). 28 patients had Social insurance.28 patients patient belongs to urban environment.11 patients had neoadjuvant chemotherapy.Invasive ductal carcinoma is more frequent (30 cases), tumors had a high brad nuclear in 18 cases. In 16 cases the tumor had stade IIB, axillary lymph node metastasis were found in 20 patients. 11 patients underwent radical surgery and only one patient had plastic reconstruction.
Conclusions The COVID-19 pandemic has affected just about every aspect of life, including screening, diagnosis, treatment, and follow-up care for breast cancer. People who've been diagnosed with breast cancer and people who are at high risk for breast cancer have found themselves in a uniquely difficult and sometimes frightening position since the coronavirus crisis began.

EPV033a/#697 SIGNIFICANCE OF HISTOLOGY AND NODAL STATUS ON THE SURVIVAL OF WOMEN WITH EARLY-STAGE CERVICAL CANCER: VALIDATION OF THE 2018 FIGO CERVICAL CANCER STAGING SYSTEM

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Objectives To examine the prognostic impact of a node-specific staging system for stage IB cervical cancer based on the 2018 FIGO classifications and to assess the efficacy of postoperative adjuvant therapy for nodal metastasis in stage IIIC cervical cancer.
Methods This is a society-based retrospective observational study in Japan, examining 16,539 women with stage IB1 cervical cancer who underwent primary surgical treatment from 2004–2015. Associations between nodal metastasis and cause-specific survival (CSS) and postoperative adjuvant therapy and CSS were examined according to histology type (Squamous cell carcinoma [SCC] n=10,315 and non-SCC n=6,224).
Results The nodal metastasis rate for SCC was higher than that for non-SCC (10.7% versus 8.3%, P<0.001). In a multivariable analysis, the impact of pelvic nodal metastasis on CSS for non-SCC tumors (adjusted-hazard ratio [HR] 2.89, 95% confidence interval [CI] 1.93–4.31) was larger than for SCC tumors (adjusted-HR, 1.84, 95%CI 1.38–2.44). A propensity score matching analysis showed that women with pelvic nodal metastases had significantly lower CSS rates with non-SCC tumors than with SCC tumors (5-year CSS, 75.4% versus 90.3%, P<0.001). Postoperative chemotherapy improved CSS for women with pelvic nodal metastases (HR 0.65, 95%CI 0.44–0.95, P=0.024); however, the efficacy of postoperative chemotherapy on CSS for these was differ according to histology type.
Conclusions For stage IB1 cervical cancer, the node-specific staging system in the 2018 FIGO cervical cancer classification is more applicable to non-SCC tumors than to SCC tumors. The survival benefits of postoperative adjuvant therapy for IIIC1 patients likely differ between SCC and non-SCC tumors.

EPV034/#116 PREDICTING THE RATE OF ADJUVANT POSTOPERATIVE CHEMO/RADIATION OF PATIENTS WITH THE RECENTLY UPDATED STAGE IB2 CERVICAL CANCER: AN ISRAELI GYNECOLOGIC ONCOLOGY GROUP STUDY

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