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.

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WEIGHT CHANGES AFTER TREATMENT IN A COLOMBIAN BREAST CANCER RETROSPECTIVE COHORT

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Objective: 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 67 kg 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.

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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