

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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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.

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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 (TNBC) in younger and older women.

Methods We documented 300 patients with TNBC 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

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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