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 (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

IGCS19-0591

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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

Abstract 69 Figure 1 Overall survival Curve

of optimal cytoreduction (<1 cm largest residual disease) were comparable between groups (79.6% vs 84.1%, $p=0.48$). The median OS for the whole cohort was 5.9 years. Using Time-varying Cox model, the use of bevacizumab did not improve OS (HR 0.46, 95% CI 0.17–1.25, $p=0.13$).

Conclusions In our center, the addition of bevacizumab to standard chemotherapy in patients with advanced stage ovarian carcinoma had no impact on OS.

IGCS19-0349

70

IMPACT OF TIMING OF CYTOREDUCTIVE SURGERY(CRS) ON EPITHELIAL OVARIAN CANCER(EOC), PRIMARY PERITONEAL CARCINOMATOSIS(PPC), AND FALLOPIAN TUBE CANCER(FTC) AT AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER(AUBMC)

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Objectives To study the impact of timing of CRS weather done at diagnosis or following neoadjuvant chemotherapy (NACT) on progression free(PFS) and overall survival(OS) of patients with advanced EOC between 1997–2017 at AUBMC. Patients underwent either primary debulking (PDS) or received NACT followed by interval debulking surgery (IDS) in cases with extensive disease, multiple comorbidities, or poor performance status.

Methods A retrospective review of the impact of PDS versus NACT followed by IDS on PFS and OS.

Results Of 273 patients with EOC, PPC and FTC, 220 were found to have advanced epithelial cancer (stage IIIB, IIIC and IV). 63% had interval debulking surgery (IDS) while 37% had primary debulking (PDS). Results are shown in table 1. In stage IIIC, the PFS of patients who underwent PDS was significantly higher than patients undergoing IDS (table 1, Pvalue=0.003). In Stage IV, the PFS was not significantly affected by the timing of surgery (table 1, Pvalue=0.274). The OS was not affected by the timing of CRS in all stages.

Conclusions Timing of the CRS (PDS vs. IDS) significantly impacts PFS but not OS in stage IIIC but not IV EOC. This

Abstract 70 Table 1 Effect of timing on the PFS and OS in stages IIIC and IV

Stage	Timing	N	Median PFS (months)	P-value	N	Median OS (months)	P-value
IIIC	Primary	57	24.0	0.003	57	46.0	0.838
	Interval	100	20.0		100	48.0	
	overall	157	22.0		157	47.0	
IV	Primary	33	14.0	0.274	33	28.0	0.052
	Interval	14	17.0		14	22.0	
	overall	47	15		47	26.0	

difference in survival is explained by the higher tumor burden, higher morbidity, and worse performance status of patients who underwent IDS.

IGCS19-0133

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THE ONCOLOGICAL SAFETY OF HYSTEROSCOPY IN THE DIAGNOSIS OF EARLY-STAGE ENDOMETRIAL CANCER: AN ISRAEL GYNECOLOGIC ONCOLOGY GROUP STUDY

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Objectives To compare survival measures of women with early-stage endometrial cancer who underwent either hysteroscopy or a non-hysteroscopic procedure as a diagnostic procedure.

Methods An Israel Gynecologic Oncology Group multicenter study of 1324 patients with stage I endometrial cancer who underwent surgery between 2002 and 2014. Patients were divided into two groups: hysteroscopy and non-hysteroscopy (curet-tage or office endometrial biopsy). Clinical, pathological, and survival measures were compared between the groups.

Results There were 355 patients in the hysteroscopy group and 969 patients in the non-hysteroscopy group. The median follow-up was 52 months (range 12–120 months). There were no differences between the groups in the 5-year recurrence-free survival (90.2% vs. 88.2%; $p=0.53$), disease-specific survival (93.4% vs. 91.7%; $p=0.5$), and overall survival (86.2% vs. 80.6%; $p=0.22$).