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

WEIGHT CHANGES AFTER TREATMENT IN A COLOMBIAN BREAST CANCER RETROSPECTIVE COHORT

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Methods Descriptive retrospective cohort study with non-probabilistic convenience sampling of women with luminal A, stage IIIIB 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 and establish its relationship with the recurrence of disease in the 48 months following treatment.

IGCS19-0591

BEVACIZUMAB FOR ADVANCED STAGE OVARIAN CARCINOMA: A SINGLE CENTER EXPERIENCE

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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.

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.
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

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

IGCS19-0133

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 hysterectomy 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: hysterectomy and non-hysteroscopy (curettage or office endometrial biopsy). Clinical, pathological, and survival measures were compared between the groups.

Results There were 335 patients in the hysterectomy 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).