

follow: T4b in four cases, T2 in 3 and T3 for the last case. The surgical treatment was radical in half of the cases and conservative for the other half. Three patients had positive lymph nodes. Locoregional radiotherapy was performed in 5 cases. Four patients received Six cycles of standard breast chemotherapy each. The median follow-up was 21.5 months. Five patients presented a locoregional relapse after an average of 8.8 months (IQR2–22 months). Distant relapses were encountered in 4 cases after an average of 20 months (IQR 3–46 months). The site of metastasis was liver and lung in 2 patients, brain in one patient and contralateral axillary node in the other one. Three women are still in remission, three had a progressive disease and the other two died.

Conclusions SCC is an aggressive entity, associated with a poor prognosis. The standard treatment is surgery. The place of adjuvant treatment remains debatable. Meta-analysis are warranted to for a better selection of prognostic factors and shaping the ideal course of treatment.

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131 TRIPLE-NEGATIVE BREAST CANCER: CORRELATION BETWEEN IMAGING AND PATHOLOGICAL FINDINGS

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Objectives OBJECTIVE: Although triple-negative breast cancer (TNBC) has been studied extensively in the oncology and pathology literature, there are few reports on imaging features. Emerging data suggest that imaging features of TNBC are substantially different from other primary breast cancer immunotypes. This study was designed to investigate the mammography and ultrasound findings of triple-negative breast cancer in a Tunisian population.

Methods From January 2009 to December 2013, mammography and ultrasound findings of 300 female patients with pathologically confirmed triple- breast cancers were retrospectively reviewed. We also reviewed pathological reports for information on the histological type, histological grade and the status of the biological markers.

Results Triple-negative breast cancers showed a high histological grade (Grade III =63%). On mammography, triple-negative breast cancers usually presented with a mass (97,6%) and a focal asymmetry was found in only 2 cases. A spiculated mass represented only 31% of cases. There were no cases of isolated micro-calcifications and associated microcalcifications were noted in 11% (N=33) of cases. The presence of microcalcification was not correlated with ductal carcinoma in situ associated to the infiltrating carcinoma. On ultrasound, the cancers were less frequently seen as non-mass lesions (14%), more likely to have circumscribed margins (66%), were markedly hypoechoic (79%) less likely to show posterior shadowing (12%) and with color doppler showing images of vessels within the tumor in 52% of cases.

Conclusions Our results suggest that the imaging findings might be useful in diagnosing triple-negative breast.

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132 POST-MASTECTOMY RADIATION THERAPY IN NODE-NEGATIVE BREAST CANCER

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Objectives The aim of this study is to identify the clinicopathological features that can possibly indicate PMRT.

Methods We retrospectively reviewed 175 patients with pT1-T2 N0 M0 breast cancer from 2001 to 2003, among them PMRT was delivered in 104 cases.

Results In the group of PMRT the mean age was 49 years old with 12.5% (N=13) young female patients (≤ 35 years old) where as only 2.8% young patients were identified in the group of mastectomy alone (p=0.002). Invasive ductal carcinoma adjacent to area of DCIS was found in 40% (N =71) of cases. Multifocality in the rest of the gland was identified in 32% (N =56) of cases and significantly influenced the indication of PMRT (p=0.03). unfortunately. Adjuvant chemotherapy was indicated in 65% 5 (N=114) of cases and it was based on anthracyclin (95%). OS at 3 and 5 years were 85.5 and 69.5% respectively. On univariate analysis, PMRT was not associated with a better OS compared to mastectomy alone. After a mean follow-up period of 62 months disease free survival DFS at 3 and 5 years were 88.1 and 83.6%, nine patients experienced LRR, five patients developed a bilateral tumor and 30 patients had distant metastasis. PMRT did not influence the locoregional and the metastatic status of our population.

Conclusions there is no increase in the risk of distant metastasis, locoregional recurrence, or death when PMRT was omitted in breast cancer patients with p T1-T2N0 M0 status.

IGCS19-0368

133 PT1-T2 N0 M0 BREAST CANCER WITH EARLY RECURRENCE

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Objectives Node-negative breast cancer patients have a low likelihood of cancer recurrence, and are often referred to as low-risk cancer patients. However some of these patients will experience early recurrence (within the first two years). Therefore, it is important to identify breast cancer traits that may predict the risk of recurrence in this subgroup.

Methods We retrospectively reviewed 331 female patients with pT1-T2 N0 M0 breast cancer treated in Salah Azaiez Institute from 2001 to 2003, among them 64 patients (19.3%) experienced recurrence. Most of the patients presented an early recurrence (N=57) within the first two years.

Results patients, and lymphovascular invasion (LVI) ratio were% 66.2, 46.8% and 10.6%, respectively. Estrogen receptor and progesterone receptor positivity were 46.9% and

41.9%. Breast conserving surgery was performed in 47% of cases (N=156) versus 53% (N=175) of patey type surgery. Overall survival at 3 and 5 years were respectively 83.7% and 68.2%. Univariate analysis showed that only radiation therapy had a significant influence on OS. Disease free survival at 3 and 5 years were 87.9% and 82.2%. On univariate analysis, tumor Grade and hormonal traitement appeared as the only factors to influence DFS.

Conclusions The results of this retrospective study shows that even in pT1-T2 N0M0 tumors, the risque of early recurrence is important and this population should benefit from a close follow-up, especially in some selected cases.

IGCS19-0374

134 OUTCOMES FOR PATIENTS WITH NON-METASTATIC TRIPLE-NEGATIVE BREAST

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Objectives We studied characteristics of patients with non metastatic TNBC and assessed survival outcomes and prognostic factors.

Methods We searched our Institute of Cancer registry database and identified patients with TNBC without distant metastatic disease. We retrieved demographic, tumour characteristic and treatment information. Locoregional recurrence-free survival, breast cancer-specific survival (BSS), metastasis-free survival (MRFS) and overall survival were determined. Predefined univariate and multivariate analyses were carried out investigating the association of survival outcomes with treatment and tumour characteristics.

Results In total, 275 patients were identified, with a median follow-up of 3.5 years. The median age was 55 years. Thirty-eight per cent were node positive and 79% were grade III. Mastectomy was carried out in 53%, adjuvant radiation delivered in 66% and chemotherapy in 69%. The significant predictive factors for overall survival, BSS and MRFS were radiotherapy, chemotherapy and neoadjuvant chemotherapy. The significant prognostic indicators were lymphovascular invasion, nodal status and tumour size. On KaplanMeier analysis, the 5 year overall survival was 72%. The median time to death for those who died was 3.55 years with 92% of deaths within 5 years. Seventy-four per cent of patients had distant metastasis as a first recurrence and isolated local recurrences occurred in only 4.5%. Metastatic disease occurred in lung (55.9%) and was in multiple sites in 51%.

Conclusions Although standard therapies are positively associated with survival outcomes particularly in the setting of recurrent disease the prognosis remains poor. Increased research into more effective systemic agents and the most effective timing of delivery of these may result in improved outcomes.

IGCS19-0312

135 VALUE OF THE BIOPSY OF NON-PALPABLE LESIONS IN THE DIAGNOSIS OF BREAST CANCER. ONCOLOGICAL GYNECOLOGY SERVICE. HOSPITAL NACIONAL EDGARDO REBAGLIATI MARTINS, LIMA, PERU

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Objectives Estimating the value of the biopsy of non-palpable injuries in diagnosis of breast cancer. Oncological Gynecology Service, Hospital Nacional Edgardo Rebagliati Martins, Lima-Peru 2018.

Methods Observational, transversal, retrospective and descriptive study. It analyzes a consecutive series of 99 women with non-palpable injuries from the service of Oncological Gynecology at the Hospital Nacional Edgardo Rebagliati Martins from July 2017 to July 2018. All women have had a previous radiological diagnosis expressed in BI-RADS, with non-palpable mammary findings suspected of malignancy. All biopsies have had histopathological diagnosis.

Results The rate of breast cancer detection non-palpable injuries using metal guide has been 32% (21% infiltrating cancer and 11% cancer in situ).

The positive predictive value of the Bi-rads 4a has been 38%, 21% Bi-rads 4b, 55% 4c and 60% Bi-rads5.

Metal guided biopsy is an effective surgical technique in the diagnosis of non-palpable breast cancer.

As the mammographic extension increases, they also increase (in a mild form): Age, Bi-rads score, cancer stage, nuclear grade and surgical margin commitment (No statistical significance).

As the size of the surgical piece increases, the previous associations disappear or are barely perceptible (No statistical significance).

Conclusions The biopsy of non-palpable lesions in the diagnosis of breast cancer in our hospital is within international standards.

IGCS19-0178

136 ROLE OF PREOPERATIVE MRI IN GUIDING THE SURGICAL TREATMENT DECISION IN PATIENTS WITH INVASIVE BREAST CANCER

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Objectives To illustrate the importance of preoperative MRI in the surgical treatment decision in patients with invasive breast cancer.

Methods We reviewed retrospectively the preoperative MRI (3 Tesla) of 169 patients operated at Hôtel-Dieu de France for