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 reccurence 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

[1]S Haddad*, [1]I zemni, [2]I Bettaieb, [1]J ben Hassouna, [1]M Hechiche, [1]R Chargui, [1]K Rahal. *[1]Salah Azaiez Institute, Surgical Oncology, Tunis, Tunisia; [2]Salah Azaiez Institute, Anatomopathology, Tunis, Tunisia*

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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 KaplaneMeier 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 Althought 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

V Jaimes*, E Cespedes, M Malca. *Hospital Nacional Edgardo Rebagliati Martins, Oncological Gynecology, 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 biopsy 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 stardards.

IGCS19-0178

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

[1]D Atallah, [1]M Moubarak*, [1]W Arab, [1]NEL Kassis, [2]G Chahine, [3]M Ghossain, [3]C Salem. *[1]Saint Joseph University, Obstetrics and Gynecology, Beirut, Lebanon; [2]Saint Joseph University, Oncology, Beirut, Lebanon; [3]Saint Joseph University, Radiology, Beirut, Lebanon*

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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