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 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-rads 5.

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

invasive breast cancer. The sequences of 85 patients who underwent a radical treatment (mastectomy) were compared to those of 84 patients who benefited from conservative surgery. We estimated the tumor volume (TV) and breast volume (BV) on enhanced MRI and then we compared the tumor volume to breast volume ratio (TV/BV) in both groups.

Results We reviewed retrospectively the preoperative MRI (3 Tesla) of 169 patients operated at Hôtel-Dieu de France for invasive breast cancer. The sequences of 85 patients who underwent a radical treatment (mastectomy) were compared to those of 84 patients who benefited from conservative surgery. We estimated the tumor volume (TV) and breast volume (BV) on enhanced MRI and then we compared the tumor volume to breast volume ratio (TV/BV) in both groups.

Conclusions Our data suggest that preoperative MRI can aid the surgical treatment decision in patients with invasive breast cancer by assessing the tumor to breast volume ratio as well as by providing a full mapping of multifocal and multicentric lesions in the breast tissue.

IGCS19-0697

137 THE ALTERATION OF LIPIDS AND STEROID HORMONES IN BREAST TUMORS

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Objectives Breast Cancer (BC) is the mostly spread malignant disease among women worldwide. Lipids play important roles in several biochemical pathways on molecular and cellular level, such as synthesis of steroid hormones, which contributes to the development of BC. Therefore, we investigated levels following plasma lipids: cholesterol (TC), high-density lipoprotein (HDL), low-density lipoprotein (LDL), very low-density lipoprotein (VLDL) and triglycerides (TG), and sex-steroid hormones: progesterone (P), estradiol (E2) and testosterone (T) in pre-menopausal (20–45 years) women with benign or malignant breast tumors.

Methods We studied the lipid profile among the pre-menopausal (20–45 years) women with breast tumors. Venous blood samples were tested for investigation investigation. $P < 0.05$ was regarded as statistically significant.

Results According to our investigation, higher CHOL level were associated with benign ($P=0.0002$), and malignant ($P=0.0001$) tumors compared with control group. The level of HDL decreases in benign ($P=0.0002$) and malignant ($P<0.001$) tumor groups compared with the control group. LDL level was elevated in both groups, as well, in benign and malignant tumors respectively ($P=0.002$, $P<0.001$). VLDL level was also decreased in both tumor subtypes respectively ($P=0.0003$; $P=0.0007$) compare to control group. Similarly, TG level was increased in benign ($P=0.0025$), and in malignant breast tumors ($P=0.002$) compared with controls. E2 and T levels were elevated in tumors in tumor's group ($P<0.05$).

Conclusions Our investigation has shown the association between high levels of CHOL, LDL, TG, E2 and T with breast tumors. Lipid profile and steroid hormones may be used as relatively reliable prognostic marker for early breast cancer prevention and diagnostics.

IGCS19-0722

138 SELECTED TUMOR MARKERS AND SEX-STEROID HORMONES IN BREAST TUMORS

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Objectives Breast cancer (BC) is one of the tumors with the highest incidence among women worldwide. We have been investigating potential association between CA153, CA125, and CEA tumor makers, and sex-steroid hormones estrogen (E2), progesterone (P), and testosterone (T).

Methods For the assessment of hormonal status, we used the blood samples of women with benign (fibroadenoma) and malignant tumors of breast gland within patients aged between 20 and 45 years. Also, control group of women were age-matched. Enzyme-linked immunosorbent assay (ELISA) was used for the quantitative determination of hormones, with appropriate ELISA kits. $P < 0.05$ was regarded as statistically significant.

Results The investigations have shown the levels of CA153, CA125 and CEA tumors markers were high within patients with benign and malignant breast tumors. According to our studies levels of steroid hormones E2 and T were elevated in BC tumors (benign - $P<0.0001$ and $P=0.003$; malignant - $P=0.0003$ and $P=0.0424$, respectively).

Conclusions In conclusion, the present study suggests that higher levels of CA 15–3, CA 125, CEA tumor markers and sex steroid hormones (E2, T) may be useful as a reliable prognostic marker for early breast cancer prevention and diagnostics. The association between mentioned tumor markers and sex-steroid hormones provides a new perspective a identify new combinative markers for breast cancer.

IGCS19-0470

139 METASTASIS DESCRIPTION IN 227 PATIENTS WITH BREAST CANCER IN COLOMBIA

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Objectives Background: Describing individuals with advanced breast cancer allows identifying some factors that influence the course of care. The objective of this study is to describe