2019. This sample includes 1 case of follicular lymphoma, 2 cases of large T-cell lymphoma, and 10 cases of large B-cell lymphoma.

**Results** All the patients were women and aged between 17–89 years (average age: 52.6 years). The mean symptom was a breast lump, only one patient consulted for inflammatory signs in the breast. The average clinical size of the tumor was 7.2 cm, with a maximum of 15 cm.

Mammography showed an oval mass with circumscribed margins in the majority of cases. Ultrasound showed in most of the cases a hypoechoic irregular mass or multilobulated mass with irregular margin and hypervascular on color Doppler. Magnetic resonance imaging (MRI) was performed in only three patients and showed a spiculated lesion with polycyclic limits. 8 patients underwent surgery. In our study lymphoma involved 10 cases of large B-cell lymphoma, one case of follicular lymphoma, and two cases of large T-cell lymphoma. 11 patients had localized stages (I + II) at diagnosis, and 2 patients had the disseminated stage (stage III) of primary breast lymphoma. Seven patients underwent chemotherapy treatment alone, and five had chemotherapy with radiotherapy. The median follow-up of our patients was 53 months, ranging from 1 to 177 months. Overall survival was 71% at 3 years and 51% at 5 years.

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**CAN CHEMOTHERAPY CHANGE TUMOR BRCA STATUS AND AFFECT SUSCEPTIBILITY TO TREATMENT?**

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**Introduction** Ovarian cancer (OC) development in BRCA-heterozygotes is due to somatic inactivation of the remaining BRCA-allele. For patients with a long history of systemic treatment, secondary tumor mutations are described in the literature, leading to a possible change in the response to the therapy. The objective of our study was to assess whether short-time chemotherapy can cause BRCA-molecular changes in the tumor.

**Material** Retrospective single-institutional study on HGSOC patients who had at least double tumor BRCA assessment during chemotherapy.

**Results** A total of 19 paired-tumor-BRCA (-tBRCA) were identified between January 2017 and December 2018 among HGSOC patients treated at primary diagnosis or recurrence.

Primary tumor BRCA assessment showed somatic wild-type variant (s-WT) in 14/19 (73.7%), pathogenic-variant (PVs) in 4/19 (21.0%) and variant of uncertain-significance (s-VUS) in 1/19 (5.3%). Twelve patients (63.2%) received secondary tumor BRCA assessment at time of interval-debulking-surgery (IDS) (Group A) and 7 patients (36.8%) at time of secondary cytoreductive surgery (Group B). Treatment consisted of standard carboplatin and taxol. Six (31.6%) cases received additional Bevacizumab or PARP-i. The median number of cycles was 3 (range: 3–4) for Group A and 6.5 (5–7) for Group B.

No reversal of tumor BRCA status was observed between two consecutive samplings.

**Conclusion** In a small cohort of HGSOC patients there is no plasticity of somatic BRCA-status after few cycles of standard chemotherapy. These results need to be confirmed in a larger sample-size and compared with those obtained after long biological treatments.

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**PROBLEM SOLVING USING THE A3 METHODOLOGY FOR COLPOSCOPY**

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**Aim** Cervical cancer screening services are offered to women in two ways—at the centre and in the community. For women.