**Introduction** The impact on socioeconomic status on survival in advanced ovarian cancer (AOC) is controversial. Whilst previous epidemiological studies suggested no socioeconomic differences in survival in AOC, more recent studies found that less deprived patients may have longer overall survival (OS) due to a greater utilisation of treatment and better outcomes from those treatments.

The aim of this study was to investigate whether any socioeconomic differences were evident in patients treated at a cancer centre serving a well-defined population and what impact, if any, the implementation of a change in surgical paradigm had on this disparity.

**Methods** A retrospective review of 679 patients with Advanced Stage 3 and 4 Epithelial Ovarian, Tubal and Fallopian tube cancer (AOC) diagnosed between 6th January 2003 and 29th March 2019. All patients were classified by UK postcode using the Index Multiple Deprivation (IMD) into five groups. Data was collected on OS, treatment approach and cytoreductive outcomes.

**Results** No difference was seen in access to surgery or cytoreductive outcomes obtained by IMD group. Across the entire cohort no significant difference in OS was seen across the five groups. When comparing the patients before and after a change towards extensive surgery in 2014, again, no significant difference in OS was seen.

**Conclusions** Assuming parity of exposure to treatment and outcomes can be achieved, we witnessed no disparity in AOC survival by socioeconomic group. Improving access to and quality of care in all patients is likely to reduce any socioeconomic differences in survival.

# IGCS20_1216

## 217 BREAST CANCER IN CAP BON: EPIDEMIOLOGICAL AND HISTO-PROGNOSTIC FEATURES

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**Introduction** Breast cancer is the most common malignancy in women around the world. In the Cap Bon, the epidemiological features of breast cancer are unknown.

We aim to identify the epidemiological, clinical, and histological characteristics of breast cancer in the Cap Bon.

**Methods** A retrospective study of 130 patients diagnosed with breast cancer from January 2014 to December 2017 and treated in Mohamed Taher Maamouri Hospital of Nabeul, Tunisia.

**Results** Five patients (3.8%) were male. The average age was 55.7 years. The young women (≤35 years) represented 4.6%. Stage T2 was predominantly observed (48.8%). The tumors were classified as N1 in 54.2% of cases. Four patients (3%) had Metastasis. The infiltrating ductal carcinoma was the most common histological type (80%). The average histological size was 27.7 mm. The most common molecular subtype was Luminal B (48%). The nodes were positive in 57.4% of cases. All the patients had breast surgery. It was conservative in 40% of cases. Radiotherapy was performed in 87.3% of cases. The chemotherapy was administrated to 73.8% of patients. The trastuzumab was administered to 76.4% of the patients. Hormonotherapy was administered to 90.3% of patients. Overall survival and progression-free survival at 3 years were 90% and 73.2% respectively. Prognostic factors were the N stage and the lymph node involvement.

**Conclusion** The epidemiological characteristics of breast cancer in the Cap Bon present a number of similarities to the other regions of the country. However, it differs from the high frequency of pejorative histoprognostic factors.

# IGCS20_1218

## 218 ROLE OF FROZEN SECTION IN SURGICAL STAGING OF EARLY – STAGE ENDOMETRIAL CANCER: EXPERIENCE AT HOSPITAL SOTERO DEL RIO

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**Introduction** EC has high incidence in Chile. Although most are diagnosed in early stages, some of them have ganglionar compromise at time of surgery. Taking in count morbidity associated with PPaLND, FS is determinant in staging.

Objective to assess the agreement rate between contemporary and definitive biopsy and how it affects our clinical conduct.

Methods retrospective analysis of clinical charts and pathology reports between 2005–2020 at Hospital Sotero del Río. Statistical analysis based on software R version 3.6.1.

**Results** 410 patients with early-stage EC and surgical treatment. Average age was 61 y-old (26–84), BMI 31 (17–56), 342 (83%) multiparous, most common comorbidities were hypertension and diabetes. We performed 282 (68.7%) FSs and 61 (22%) had a change in clinical conduct. Variables associated with it were histology, myometrial invasion and grade of differentiation($p=0.003$ and $p<0.0001$ and 0.004 respectively). Histology and differentiation agreement between preoperative biopsy and definitive report was 76.2% (Kappa 0.372) and 64.6% (Kappa 0.457). Agreement for histology, grade of differentiation and myometrial penetration between FS and definitive report were 74.9% (Kappa 0.279) 76% (Kappa 0.588) and 84.9% (Kappa 0.692) respectively. 7 patients (1.7%) were upstaged and 16 (3.9%) did not. The reasons for not performing it were high risk histologies, extrauterine disease, intraoperative complications, unnoticed neoplasia in TH and high surgical risk. Definitive pathology reports were endometrioid in 81% (331), serous 9% (38), sarcoma 2.6% (11), hyperplasia 2.6% (11), clear cells 2.4% (10) and others 2.1% (9).

**Conclusions** FS is a determinant and feasible tool in clinical decisions respecting surgical staging.