studies (2.46, CI95% [0.57–4.36]), without detected heterogeneity (I2=0%).

Conclusions MRI is an accurate method in pure DCIS size assessment. Once the best MRI protocol is established, evaluation of the impact of pure DCIS size in predicting treatment outcomes will contribute to clarify intraductal breast carcinoma current issues.

EPVO10/#168 INFLAMMATORY BREAST CANCER PARTICULARITIES IN TUNISIAN PATIENTS

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Objectives Inflammatory breast cancer (IBC) accounts for 5 to 7% of breast cancers in Tunisia. The objective of our study was to report the therapeutic results as well as the prognostic factors of this entity.

Methods We conducted a retrospective study including patients with IBC treated in the oncology department of the military hospital of Tunis between January 2015 and December 2020. Results IBC represented 2.7% of all BC in our population. The median age was 49 years. Invasive ductal carcinoma was reported in 98% of cases and SBR III grade in 62% of cases. The disease was metastatisc diagnosis in 25% of patients. Metastasis were more frequently localized in brain (25%), liver (11%) and lungs (33%). Neoadjuvant sequential chemotherapy (CT) and mastectomy with axillary lymph nodes dissection and locoregional radiotherapy was delivered in all localized cases. Pathological complete response was noted in 29% of these cases. Patients received adjuvant Capecitabine CT in 53% of cases. Disease recurrence was observed in 66% of cases after a median time to progression of 15 months. In metastatic disease, FEC or Taxanes were used as first line therapy in 90% of cases. Median overall survival was 35 months for localized and 19 months for metastatic disease. 5 years disease free survival of our study was 29%. Inpatients with metastatic disease at diagnosis, TN and HER2 overexpressed status and the presence of visceral crisis significantly impaired overall survival.

Conclusions Treatment and therapeutic results remain limited in our country because of the lack of other therapeutic resources such as immunotherapy.

EPVO12/#171 ENDOCRINE THERAPY-INDUCED ALOPECIA IN PATIENTS WITH BREAST CANCER IN TUNISIA

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Objectives Despite their benefit, Endocrine therapies (ET) are known to have substantial adverse events (AEs) such as hot flashes, mood disorders and osteoarticular pain. ET induced alopecia (EIA) is less frequently noted by patients and is less reported in the literature. The aim of our study was to report ET alopecia characteristics and their influence on patient and treatment observance.

Methods We conducted a retrospective study including luminal BC patients treated in the oncology department of the military hospital of Tunis between January 2015 and December 2020. Patients treated with previous chemotherapy inducing alopecia were excluded.

Results 145 female patients were included. Median age was 59 years. EIA was reported in 44% of cases. Alopecia was attributed to aromatase inhibitors in 53% and tamoxifen in 21%. Severity was grade 1 in 80% and grade 2 in the remain cases. ET discontinuation because of alopecia was noted in 6.5% of patients. Moderate improvement of alopecia was observed with topical minoxidil and Thallium metallicum 9CH homeopathy during ET in 60% of patients.

Conclusions EIA is frequent in BC patients and should be considered to improve treatment observance and patients’ quality of life.