

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.

EPV010/#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. Tumor was triple-negative (TN) in 22% and Her2neu overexpressed in 42% of cases. The disease was metastatic at 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 55% 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%. In patients 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

EPV011/#170

### ADJUVANT CHEMOTHERAPY-INDUCED AMENORRHEA IN LUMINAL BREAST CANCER PATIENTS: A STRONG PROGNOSTIC FACTOR IN TUNISIAN PREMENOPAUSAL WOMEN

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**Objectives** There has been conflicting data on the prognostic value of adjuvant chemotherapy-induced amenorrhea (ACIA)

in breast cancer (BC) patients. The aim of our study was to assess prognosis value of ACIA in Tunisian premenopausal patients with luminal BC

**Methods** We conducted a retrospective study including premenopausal patients with localized luminal BC treated in the oncology department of the military hospital of Tunis between January 2013 and December 2019. ACIA was defined as absence of menses for at least 6 months occurring during CT or within 3 months from the end of CT

**Results** 83 patients were included. Median age was 40 years. ACIA occurred in 60% of patients: 70% had luminal A and 30% had luminal B BC. Patients with higher BMI were more likely to develop ACIA (p=0.10). Median follow up was 67 months. Hazard Ratio for Disease-Free Survival (DFS) suggested that ACIA was associated with significant reduction in the risk of recurrence (HR=0.1, p<0.001). ACIA was also associated to prolonged Overall Survival (OS) (HR=0.32, p=0.032). OS and DFS benefit because of ACIA was associated with positive lymph nodes (LN) (HR=0.1, p=0.003 for OS) and (HR = 0.22, p<0.001 for DFS). LN involvement (p=0.043), tumor size ≥ 4cm (p=0.03) and ki67 ≥ 30% (p=0.08) were associated with lower DFS. ki67 ≥ 30% (p=0.023) and tumor size ≥ 5cm (p=0.052) were associated with lower OS

**Conclusions** ACIA in luminal BC was significantly correlated to better OS and DFS supporting the theory of indirect endocrine effect of CT in addition to its cytotoxic effect.

EPV012/#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.