

EPV019/#309 **OVARIAN METASTASES FROM BREAST CANCER: A SERIES OF NINE CASES**

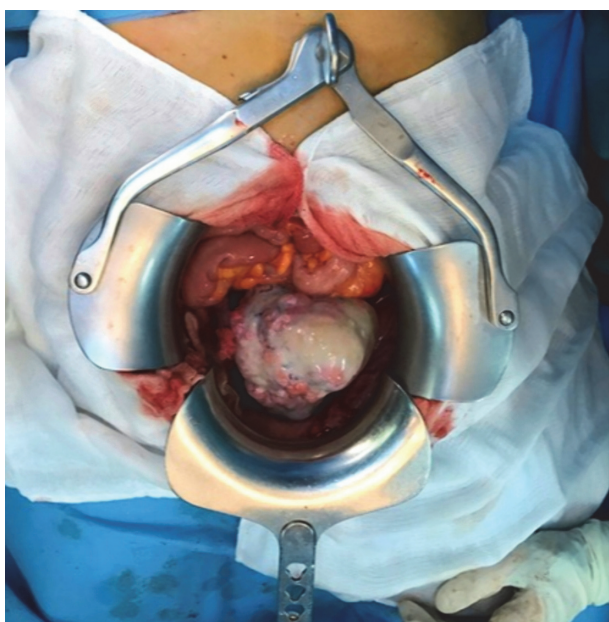
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**Objectives** Development of ovarian metastasis (OM) during the course of primary breast cancer (PBC) is uncommon and associated with poor prognosis. The objective of this study is to review the characteristic clinical and imaging features of OM from PBC.

**Methods** A retrospective study of nine patients treated in our institution, who had documented OM from breast carcinoma between 2005 and 2020.

**Results** At the time of PBC diagnosis, the mean age was 44 (range 31–64). In five cases, the PBC was unilateral. Histological subtypes were invasive ductal carcinoma in five patients and invasive lobular carcinoma in four patients. ER and PR were positive in eight cases. HER2 was positive in two cases. Five patients had locally advanced breast carcinoma. Four patients had synchronous ovarian metastases. Only three patients underwent breast surgery. Main symptoms of OM were pelvic pain and abdominal distension. An elevated CA 125 level was found in seven cases while CA 15–3 level was increased in eight cases. In four cases, pulmonary and bone metastases were simultaneously diagnosed with OM occurrence. All patients underwent ovarian surgery. Seven patients had bilateral OM. Ascites and peritoneal carcinomatosis were seen respectively in six and three patients. Time to occurrence of OM after PBC was a median of 25 months. The median follow-up period after OM assessment was 18 months.



Abstract EPV019/#309 Figure 1

**Conclusions** The evaluation of ovarian lesion years after breast cancer is challenging and rise the possibility of a metastatic lesion. Imaging, serum tumor markers and histology may provide valuable tools in the assessment of ambiguous cases.

EPV020/#311 **SIGMOID COLON METASTASIS FROM MEDULLARY BREAST CARCINOMA MIMICKING PRIMARY SIGMOID COLON CANCER**

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**Objectives** Solitary colorectal metastasis as the first and sole manifestation of spread is a rare occurrence and can be confused with primary intestinal malignancy. We reported our experience in management of sigmoid colon metastasis from medullary breast carcinoma.

**Methods** We presented here a case rarely reported in literature, showing sigmoid colonic metastasis from breast cancer.

**Results** A 64-year-old woman with a history of modified radical mastectomy (MRM), followed by adjuvant treatment, performed 19 years ago (2002) for medullary carcinoma in the right breast. She admitted to our hospital for abdominal pain and bowel obstruction syndrome. CT scan showed stenotic eccentric wall thickening of the distal sigmoid colon without metastatic lesion. A colostomy was realized in first time. Followed, secondarily by sigmoidectomy. The subsequent anatomopathological study and immunohistochemistry of the tumor showed metastasis of the carcinoma that was compatible with the primary breast carcinoma. PET-CT was requested and systemic chemotherapy was proposed.

**Conclusions** There is no consensus on the management of these uncommon lesions. Surgical treatment is reserved for cases of perforation, hemorrhage or intestinal obstruction.

EPV021/#383 **ACCURACY OF PREDICT UK 2.1 IN PREDICTING SURVIVAL IN 'GRAY ZONE' RH+/HER2- BREAST CANCER: A POPULATION-BASED STUDY**

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**Objectives** The aim of this study was to assess the validity of the online PREDICT tool in a population-based cohort of intermediate risk luminal breast cancer.

**Methods** Among the cohort of breast cancer patients (n=962) treated between 2011–2017, 127 patients considered with intermediate risk RH+/HER2- tumors treated with adjuvant therapy were selected. Patients had at least one factor: 1–3pN+, >2cm, SBR II-III. Observed 5-year overall survival were estimated using the Kaplan–Meier method, and compared with predicted outcomes using PREDICT UK 2.1, in the overall population and in several subgroups.

**Results** Median age at diagnosis was 51 years old, median tumor size was 28 cm. Node positive disease was observed in 68.5% of cases, grade III in 26.8%, median ki67 was 27. Overall, the PREDICT tool underpredicted 5-year OS by -6.6% (80.8%, 95%CI[70.8%-90.84%] vs 87.4%, 95%CI [86.4%-92.4%]). This underestimated difference was observed among several subgroups: in pN1-3 group it was -6.4% (78.6% [68.1%-89.1%] vs 85%[81.1%-89.8]), in menopausal women it was -7.9 (77.4% [67.3%-87.4%] vs 85.3% [75.3-95.3]) and it patients who received chemotherapy it was -8.6% (80.9% [71.3%-90.5%] vs 89.5 [86.4%-92.6]). On the other hand, the PREDICT overestimated survival in younger patients ≤40 years old by +6.1% (78.5%, 95%CI [68.5%-88.5%] vs 84.6% 95%CI [75.9%-93.2%]). The ROC analysis of PREDICT showed a medium discrimination value with an AUC of 0.61 (95% CI: 0.51-0.73).

**Conclusions** PREDICT UK 2.1 showed an under estimation of the 5-year survival of -6.6%, conversely it overestimated it in younger patients by +6.1%. These results highlight the challenge of survival evaluation in RH+/HER2- intermediate risk breast cancer.

EPV022/#433

**BREAST CANCER SCREENING AND THE DYNAMICS OF AGE-RELATED INCIDENCE AND EARLY BREAST CANCER IN KAZAKHSTAN**

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**Objectives** Purpose of the research is to assess some screening indicators and its impact to the epidemiological picture of BC in Kazakhstan.

**Methods** This study is retrospective. Traditional methods of statistical processing of the material were used. 60,480 BC cases were registered in 2004-2019. In BC screening 4,149,166 women aged 50-60 years were examined in 2008-2017 and 1,624,667 women 40-70 years in 2018-2019. 9,340 BC cases were identified. To assess the impact of screening, the epidemiological indicators were studied before screening (2004-2008, period A) and after implementation (2009-2019, period B).

**Results** The BC incidence since period A increased from 37.6 per 100000 in 2004-2008 to 51.6 in 2019. In period A the largest number of BC cases was recorded at the age of 45-54 years, the second peak was noted at the age of 65-69 years. In period B the peak of cases was noted in group of 50-59 years. The increase of new cases in the 50-54 age was 30%, in the 55-59 age 62.5%, in the 60-64 age - 118%! After screening introduction a significant increase of BC was noted in age groups over 50. Thus, the increase in the group of 50-54 year was 11%, in the group of 55-59 - 20.3%, in the group of 60-64 year - 28.2%, in the 65-69 - 35.9%. There is an increase of localized forms (stages I-II) from 69.8% to 86.9%, a decrease of advanced BC in period B.

**Conclusions** The results of the study showed the effectiveness of BC screening in Kazakhstan.

EPV023/#441

**PATHOLOGIC FINDINGS IN PREMENOPAUSAL PATIENTS WITH RECEPTOR-POSITIVE METASTATIC BREAST CANCER UNDERGOING BILATERAL SALPINGO-OOPHORECTOMY**

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**Objectives** To evaluate pathologic findings and access risk factors in premenopausal patients with hormone receptor-positive metastatic breast cancer undergoing bilateral salpingo-oophorectomy (BSO) for hormone suppression.

**Methods** We retrospectively analyzed data of 170 premenopausal patients with hormone receptor-positive metastatic breast cancer who had been submitted to BSO for ovarian suppression between 2009 and 2021 at a tertiary hospital in São Paulo, Brazil. All patients were metastatic at the time of surgery, but none had known ovarian metastasis. Patients with preoperative suspicion for malignancy in ovaries were not included. The following characteristics were analyzed: age, BMI, histological type, molecular subtype, HER2 status, initial TNM staging, sites of distant metastases at surgery, number of sites of distant metastases at surgery and the family history of cancer.

**Results** A total of 170 patients were included. The characteristics of the studied patients are described in table 1. Unknown

Abstract EPV023/#441 Table 1 Characteristics of the population

Characteristic	N (N= 170)	Anatomopathological Results of Ovaries	
		Metastatic Breast Cancer N=40 (24%)	Neoplasia Absent N=130 (76%)
Age, median	41 (26-59)	40 (26-59)	42 (26-55)
Body Mass Index, median	27 (15.6-41.4)	24.7 (17.3-36.6)	26.7 (15.6-41.4)
<b>Histological Type</b>			
Invasive Ductal Carcinoma	160	32 (20%)	128 (80%)
Invasive Lobular Carcinoma	10	8 (80%)	2 (20%)
<b>Molecular Subtype</b>			
Luminal A	18	7 (39%)	11 (61%)
Luminal B HER2 negative	114	25 (22%)	89 (78%)
Luminal B HER2 positive	15	1 (7%)	14 (93%)
Unknown	23	7 (30%)	16 (70%)
<b>HER2 Status</b>			
Negative	145	38 (26%)	107 (74%)
Positive	24	2 (8%)	22 (92%)
Unknown	1	0	1 (100%)
<b>Initial Staging</b>			
<b>Tumor Stage</b>			
T1	13	0	13 (100%)
T2	43	11 (26%)	32 (74%)
T3	61	16 (26%)	45 (74%)
T4	45	12 (27%)	33 (74%)
Unknown	8	1 (12.5%)	7 (87.5%)
<b>Nodal Status</b>			
N0	20	4 (20%)	16 (80%)
N1	71	16 (22.5%)	55 (77.5%)
N2	49	10 (20%)	39 (80%)
N3	21	9 (43%)	12 (57%)
Unknown	9	1 (11%)	8 (89%)
<b>Distant Metastasis</b>			
M0	62	17 (27%)	45 (73%)
M1	107	23 (21.5%)	84 (78.5%)
Unknown	1	0	1 (100%)
<b>Locals of Distant Metastasis at Surgery</b>			
Bone	118	29 (25%)	89 (75%)
Liver	39	10 (26%)	29 (74%)
Lung	35	9 (26%)	26 (74%)
Lymph nodes	31	7 (23%)	24 (78%)
Pleura	17	9 (53%)	8 (47%)
CNS	9	6 (67%)	3 (33%)
Skin	4	2 (50%)	2 (50%)
Peritoneum	3	2 (67%)	1 (33%)
Other sites	10	3 (30%)	7 (70%)
<b>Number of Sites of Distant Metastasis at Surgery</b>			
1	89	15 (17%)	74 (83%)
2	51	15 (29%)	36 (71%)
≥3	22	9 (41%)	13 (59%)
Unknown	8	1 (12.5%)	7 (87.5%)
<b>Family History of Cancer</b>			
No history	102	26 (25%)	76 (75%)
Breast cancer	49	10 (20%)	39 (80%)
Colorectal cancer	18	5 (28%)	13 (72%)
Prostate cancer	9	3 (33%)	6 (67%)
Pancreatic cancer	3	1 (33%)	2 (67%)
Ovarian cancer	2	0	2 (100%)