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 in 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

¹D Kaidarova*, ²A Zhylkaidarova, ³M Saktaganov. ¹Kazakh Institute of Oncology and Radiology, Head of Kazior, Almaty, Kazakhstan; ²Kazakh Institute of Oncology and Radiology, Department of Monitoring and Evaluation of Cancer Care and Screening, Almaty, Kazakhstan; ³Kazakhstan School of Public Health, Public Health, Almaty, 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

¹M Wagner*, ¹C Anton, ¹J Carvalho, ²L Testa, ¹A Ennes, ¹E Mayerhoff. ¹Instituto do Câncer do Estado de São Paulo, Ginecologia E Obstetrícia, São Paulo, Brazil; ²Instituto do Câncer do Estado de São Paulo, Oncologia Clínica, São Paulo, Brazil

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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)
Histological Type			
Invasive Ductal Carcinoma	160	32 (20%)	128 (80%)
Invasive Lobular Carcinoma	10	8 (80%)	2 (20%)
Molecular Subtype			
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%)
HER2 Status			
Negative	145	38 (26%)	107 (74%)
Positive	24	2 (8%)	22 (92%)
Unknown	1	0	1 (100%)
Initial Staging			
Tumor Stage			
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%)
Nodal Status			
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%)
Distant Metastasis			
M0	62	17 (27%)	45 (73%)
M1	107	23 (21.5%)	84 (78.5%)
Unknown	1	0	1 (100%)
Locals of Distant Metastasis at Surgery			
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%)
Number of Sites of Distant Metastasis at Surgery			
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%)
Family History of Cancer			
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%)