

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

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, Sao Paulo, Brazil; ²Instituto do Câncer do Estado de São Paulo, Oncologia Clínica, Sao 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%)

ovarian metastases of breast cancer were found in 40 patients (23,5%). Multivariate analyses revealed that younger ages (OR, 0.94; 95% CI, 0.88 to 0.99; $p=0.04$) and the number of sites of metastasis at surgery (≥ 3 sites; OR, 3.99; 95% CI, 1.37 to 11.59; $p=0.01$) were significantly related with breast cancer ovarian metastases. The remaining studied characteristics were not statistically significant.

Conclusions Younger ages and having 3 or more sites of metastases at surgery appears to be risk factors for ovarian implants in previously metastatic breast cancer patients.

EPV024/#508

ADENOID CYSTIC CARCINOMA OF THE BREAST IN MEXICAN POPULATION: EXPERIENCE OF 12 YEARS A CENTER OF CONCENTRATION

¹G Moreno*, ²DA Maciel Roman, ²V Bautista Pina, ²JA Tenorio Torres, ²F Villegas Carlos. ¹National Cancer Institute, Mexico, Gynecology Oncology, Tlalpan, Mexico; ²Breast Disease Institute, Surgery, Coyoacán, Mexico

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Objectives Describe the presentation characteristics of ACC in the Mexican population at the Breast Disease Institute from 2007 to 2019.

Methods Observational, descriptive, case series, of Breast Disease Institute FUCAM[®] patients.

Results A case series was recorded with 9 patients with ACC (table 1), representing 0.5% of our breast cancer cases. With an average age of presentation of 63 years. Grade III was presented in 66.6%. The mean tumor size was 4.8 cm, while the mean tumor size in the surgical specimen was 2.5 cm, in 88.8% in early stages. All with triple negative breast cancer (TNBC) (table 2), one case (5%) with lymph node involvement with Axillary lymph node dissection (ALND). In a case of Breast conserving surgery (BCS) with Intraoperative radiation therapy (IORT) with Intrabem, two cases with modified radical mastectomy (MRM), 66% with total mastectomy (MT) and sentinel node biopsy (SLNB). In 55% of the cases, adjuvant chemotherapy taxane-based. While 44.4% were indicated radiotherapy, with an average disease-free period of 63 months.

Conclusions So we consider that our contribution can answer some questions of ACC in the population Mexican. We present our 12-year institutional experience with 9 cases. Our

Abstract EPV024/#508 Table 1 Characteristics of patients

Case	Age at Diagnosis (years)	Histology	Grade	Pattern	cT (cm)	pT (cm)	Clinical stage AJCC	Pathological stage AJCC
1	43	ACC	III	Basaloid	9	5.1	IIB(T3)	IIB
2	49	ACC	III	Cribiform	11	1.1	IA	IA
3	72	ACC	I	Cribiform	2.8	2.3	IIA	IIA
4	51	ACC	I	0	2	3.5	IIA	IIA
5	72	ACC + DCIS	III	Multifocal	2	1.7	IIB	IIA
6	77	ACC	I	Invasive	2	3	IIA	IIA
7	60	ACC	III	Invasive	1.5	1	IB	IB
8	56	ACC	III	Cribiform	3.5	3	IIA	IIA
9	60	ACC	III	Invasive	3	3	IIA	IIA
Mean	63				4.8	2.5		

ACC: adenoid cystic carcinoma, DCIS: ductal carcinoma in situ, AJCC: American Joint Committee on Cancer.

Abstract EPV024/#508 Table 2 Treatment in the ACC

	TNBC	Ki 67	Surgery	Lymph nodes	Nodes with metastases	Adjuvant chemotherapy	Adjuvant radiotherapy
1	YES	20%	MRM	15	0	YES	YES
2	YES	10%	BCS + SLNB + IORT	2	0	YES	INTRABEM
3	YES	25%	MT + SLNB	2	0	NO	0
4	YES	20%	MT + SLNB	1	0	YES	NO
5	YES	70%	MRM	22	3	YES	YES
6	YES	3%	MT + SLNB + ALND	15	0	NO	0
7	YES	0%	MT + SLNB	3	0	NO	0
8	YES	40%	MT + SLNB	4	0	NO	0
9	YES	0%	MT + SLNB	8	0	YES	YES

TNBC: triple negative breast cancer, MRM: modified radical mastectomy, BCS: Breast conserving surgery, SLNB: sentinel node biopsy, MT: mastectomy, IORT: Intraoperative radiation therapy (IORT), ALND: Axillary lymph node dissection.

results are similar to the published series, however there is controversy for treatment with adjuvant.

EPV025/#546

CLINICAL-PATHOLOGICAL FEATURES AND TREATMENT MODALITIES IN DCIS WITH MICROINVASION: A TUNISIAN EXPERIENCE

¹S Slim*, ²H Bouaziz, ³R Ben Romdhane, ³I Marghli, ⁴S Kammoun, ⁵M Driss, ²R Chargui, ⁶K Rahal. ¹Salah Azaiez Institut of Oncology, Tunis, Surgical Oncology, Tunis, Tunisia; ²Salah Azaiez Institute of Oncology, Surgical Oncology, Tunis, Tunisia; ³Salah Azaiez Institut of Oncology, Tunis, Surgical Oncology Department, Tunis, Tunisia; ⁴Salah Azaiez Institute of Oncology, Department of Pathology, Tunis, Tunisia; ⁵Salah Azaiez Institute, Surgical Oncology, Monastir, Tunisia; ⁶Salah Azaiez Institute of Cancerology, Surgical Oncology, Tunis, Tunisia

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Objectives Ductal carcinoma in situ with microinvasion (DCISM) is rare, < 1% of all breast cancer cases. The histological definition of this entity remains controversial. Due to the inconsistent definition and limited data regarding this breast cancer subtype, there are no clear treatment recommendations.

Methods We retrospectively reviewed the clinical-pathological aspects, the treatments, and followed by a cohort of 17 patients diagnosed with DCISM and microinvasive carcinoma from 2000 to 2017 in our institution.

Results The median age was 52 years old, 58.8% of patients were menopausal, all patients were operated on, 42.2% had conservative treatment, sentinel lymph node dissection was performed in 64.7% of cases with no micro or macro-metastases. Pathological examination found DCISM in 47% of cases (53% of cases were pure microinvasive ductal carcinoma). Comedonecrosis was found in only two cases. Hormonal receptors were positives in 87.9% of DCISM cases. We performed radiotherapy in 47% of patients. Adjuvant chemotherapy was prescribed to 17.6% of patients, and 70.6% of patients underwent adjuvant endocrine therapy. Only one case underwent targeted adjuvant therapy. The Median follow-up was 42 months. We did not notice any relapse or metastasis.

Conclusions The development of screening programs increases the diagnosis of small tumors, especially DCISM. This entity remains with a good prognosis. Better knowledge and evaluation of risk factors of relapse are needed to define adjuvant treatment.