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.
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

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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 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

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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.