Objectives This is a observational study with the aim to evaluate predictive factors of response to NAT in patients with breast cancer.

Methods It is a retrospective study included 21 patients t who received neaoadjuvant chemotherapy between 2015 and 2019 at salah azaiez institute Tunisia., we collected, socociodemographics (age, gender, and marital status); tumor: localization, staging.

Results Our study included 21 patients who achieved breast pCR, between 2015 and 2019, 21 patients were included. The median age was 48 years (ranging 30–68). All patients had breast cancer and received neoadjuvant chemotherapy. Two patients were diabetic, 3 patients had high blood pressure and 2 had dyslipidemia. The majority of the tumor had a hign grad nuclear (14). The majority of molecular profile was tripe negative (6cases). The evaluation of the response based on imaging firstly and histological examination. Clinically all patient had a complete response. 17 patients underwent radical surgery and 4 conservative surgery. The evaluation of these patients showed that 16 of theme developed recurrence.We concluded that age, nuclear grad, histological type did not effected the response of chemotherapy but this results is insufficient because of the shortage of the serie.

Conclusions To date, no tumour biological factor is available for clinical use in the prediction of chemotherapy response in advanced breast cancer other than oestrogen receptor status, which predicts response to hormonal therapy

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EPV030/#572 | **NUTRITIONAL STATUS AND QUALITY OF LIFE OF BREAST CANCER PATIENTS NEEDING FOR RESPONSE TO NEOADJUVANT CHEMOTHERAPY: ABOUT 19 PATIENTS**

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Objectives The aims of this study were to report nutritional status in 19 patients with cancer requiring neoadjuvant chemotherapy and to study the influence of nutritional status on their quality of life.

Methods It is a retrospective study included 19 patients t who received neaoadjuvant chemotherapy between 2015 and 2019 at salah azaiez institute Tunisia., we collected the nutritional status (weight, anorexia grading, type of diet),sociodemographics (age, gender, and marital status); tumor: localization, staging; health status (performance status according to WHO classification, usual weight and body mass index (BMI).

Results Between 2015 and 2019, 19 patients were included. The median age was 52 years (ranging 30–72). All patients had breast cancer and received neoadjuvant chemotherapy. 13 patients were menopaused, two patients were diabetic, 14 patients had high blood pressure and 4 had dyslipidemia. BMI was normal in 6 cases, overweight in 4 cases and obesity in 9 cases. The majority of the tumor were classified T4B. 17 patients had invasive ductal carcinoma. During chemotherapy,3 patients follow vegetables and fruit diets, 7 follow mixed diets and 9 follow western diet.Three patient had a sport activity, sedentary lifestyle was noted in 9 patients et 7 patients had a normal daily activity. The evaluation of the response based on imaging firstly and histological examination.

Conclusions The nutritional status of patients with cancer requiring neaoadjuvant chemotherapy was relatively preserved. Functional impairment, the presence of anorexia, appear to be independent predictive factors of quality of life in patients who will recivied neaoadjuvant chemotherapy.

EPV031/#576 | **PAGET'S DISEASE OF THE NIPPLE: WITH CONCOMITANT BREAST TUMOR: ABOUT 10 CASES**

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Objectives Paget's disease is an uncommon breast malignancy and often misdiagnosed, it is associated with underlying in situ or invasive breast cancer. The objective of this study is to identify the type of underlying cancer and specify these characteristics.

Methods Nine patients with Paget's disease who were admitted to our hospital were analyzed retrospectively.

Results Our study included nine patients. Six patients were menopaused. Only seven patients presented with clinical findings suggestive of Paget's disease of the breast. The mean size of the tumor was 36mm and axillary lymph node were found in seven cases and Mammography and ultrasonography were was performed in all 16 patients and ultrasonography,of the nine mammographic studies, three were negative, in the others cases it showed suspected opacity in three cases, pleomorphic microcalcifications in four cases and both opacity and microcalcifications in three cases.Four patients had multifocality or multicentricity. Modified radical mastectomy was performed in seven patients, mastectomy and sentinel lymph node dissection in two cases in two, and wide local excision with lymph node dissection in one patient. Pathological findings were ductal carcinoma in situ (DCIS) (n = 4), invasive ductal carcinoma (IDC) (n = 1), invasive lobular carcinoma (n = 1), DCIS with IDC (n=4). All tumors had a high nuclear grad.

Conclusions Patients with Paget's disease of the breast have a high incidence of an underlying breast carcinoma. Most of the patients in this study presented late and were more likely to have positive mammograms.

EPV032/#579 | **4 BI-RADS MICROCALCIFICATIONS OF THE BREAST: HOW DOES RADIOLOGIC CLASSIFICATION CORRELATE WITH HISTOLOGY?**

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Objectives To evaluate the correlation between with mammographically detected 4 BI-RAD microcalcifications and histopathological findings in patientsto allow a better surgical planning.

Methods Eighteen patients who had a 4 BI-RADS micocalcifications on mammography were admitted to our hospital were analyzed retrospectively.

Results Our study included nine patients; all patients were women, Breastfeeding was noted in eleven patients. Physical examination was negative in all patients.The mammography showed microcalcification in 17cases, mass and microcalcifications in one case, it was localized on the upper outer quadrant of the breast in the majority of cases (12 cases). It had regional distribution in 10 cases, multiple in 4 cases, linear in the lumen (2 cases) and polymorphous microcalcifications in 13 cases. It was classified on BI-RADS 4 A (5 cases), BI-RADS 4B (9 cases) and BI-RADS 4C in 4 cases. One patient underwent a core needle biopsy, two patients had a macrobiopsy (VAB System) and 17 patients underwent a surgical excision in all cases. The histological examination revealed a ductal carcinoma in situ (2 cases), invasive ductal carcinoma with ductal carcinoma in situ (1case) and and benign lesions in 15 cases. Our study did not found a correlation between BI-RADs classification and histological finding because of the shortage of the study.

Conclusions Microcalcifications are actually indirect signs of pathological processes, some of which may only be correctly identified according to their morphology. This is true for the microcalcifications classified as typically benign in the 4th edition of the BI-RADS system.

THE IMPACT OF THE COVID-19 PANDEMIC ON BREAST CANCER PATIENTS AWAITING SURGERY: THE EXPERIENCE OF SALAH AZAIEZ INSTITUTE TUNISIA

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Objectives The aim of our study is to study the impact of covid19 on patients waiting surgery.

Methods We retrospectively reported 33 patients diagnosed breast carcinoma and underwent surgery at salah azaiez institute Tunisia between 18/3/2020 and 29/3/2020 (72 days).

Results During the first pandemic of COVID-19, 33 patients underwent breast surgery, the mean age was 51 years (ranging 34–82). 28 patients had Social insurance.28 patients patient belongs to urban environment.11 patients had neoadjuvant chemotherapy.Invasive ductal carcinoma is more frequent (30 cases), tumors had a high brad nuclear in 18 cases. In 16 cases the tumor had stade IIB, axillary lymph node metastasis were found in 20 patients. 11 patients underwent radical surgery and only one patient had plastic reconstruction.

Conclusions The COVID-19 pandemic has affected just about every aspect of life, including screening, diagnosis, treatment, and follow-up care for breast cancer. People who've been diagnosed with breast cancer and people who are at high risk for breast cancer have found themselves in a uniquely difficult and sometimes frightening position since the coronavirus crisis began.

SIGNIFICANCE OF HISTOLOGY AND NODAL STATUS ON THE SURVIVAL OF WOMEN WITH EARLY-STAGE CERVICAL CANCER: VALIDATION OF THE 2018 FIGO CERVICAL CANCER STAGING SYSTEM

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Objectives To examine the prognostic impact of a node-specific staging system for stage IB cervical cancer based on the 2018 FIGO classifications and to assess the efficacy of postoperative adjuvant therapy for nodal metastasis in stage IIIC cervical cancer.

Methods This is a society-based retrospective observational study in Japan, examining 16,539 women with stage IB1 cervical cancer who underwent primary surgical treatment from 2004–2015. Associations between nodal metastasis and cause-specific survival (CSS) and postoperative adjuvant therapy and CSS were examined according to histology type (Squamous cell carcinoma [SCC] n=10,315 and non-SCC n=6,224).

Results The nodal metastasis rate for SCC was higher than that for non-SCC (10.7% versus 8.3%, P<0.001). In a multivariable analysis, the impact of pelvic nodal metastasis on CSS for non-SCC tumors (adjusted-hazard ratio [HR] 2.89, 95% confidence interval [CI] 1.93–4.31) was larger than for SCC tumors (adjusted-HR, 1.84, 95%CI 1.38–2.44). A propensity score matching analysis showed that women with pelvic nodal metastases had significantly lower CSS rates with non-SCC tumors than with SCC tumors (5-year CSS, 75.4% versus 90.3%, P<0.001). Postoperative chemotherapy improved CSS for women with pelvic nodal metastases (HR 0.65, 95%CI 0.44–0.95, P=0.024); however, the efficacy of postoperative chemotherapy on CSS for these was differ according to histology type.

Conclusions For stage IB1 cervical cancer, the node-specific staging system in the 2018 FIGO cervical cancer classification is more applicable to non-SCC tumors than to SCC tumors. The survival benefits of postoperative adjuvant therapy for IIIC1 patients likely differ between SCC and non-SCC tumors.

PREDICTING THE RATE OF ADJUVANT POSTOPERATIVE CHEMO/RADIATION OF PATIENTS WITH THE RECENTLY UPDATED STAGE IB2 CERVICAL CANCER: AN ISRAELI GYNECOLOGIC ONCOLOGY GROUP STUDY

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