Abstracts

**EP030/#867**

**PREDICTIVE FACTORS OF NON-SENTINEL LYMPH NODE INVOLVEMENT IN EARLY BREAST CANCER**

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**Objectives** For a long time, axillary lymph node dissection (ALND) was routinely performed in patients with an involved sentinel lymph node (SLN). However, in 30 to 50% of cases, the non-sentinel lymph nodes (NSLN) were not involved, and these patients would have suffered the morbidity of ALND excessively. The aim of our study was to identify the risk factors for NSLN involvement in patients with a positive SLN.

**Methods** We included patients with early breast cancer and positive sentinel node who underwent ALND in Salah Azaiez Institute of Oncology between 2005 and 2018. We analyzed retrospectively the clinicopathological data to predict NSLN involvement.

**Results** Among the 77 selected patients, 36% did not have any NSLN involvement during the pathological examination of the ALND product. Univariate analysis using α=0.05 as the significance level, showed that radical surgery (p=0.05), tumor size >30 mm (p=0.01), number of extracted SLNs ≤2 (p=0.02), number of positive SLNs >1 (p=0.01), ratio positive SLN/Extracted SLN >0.5 (p=0.05), macrometastasis (p<10⁻³), SRBIII grade (p=0.007), and Ki67>20% (p=0.04) were predictive of NSLN involvement. In multivariate analysis, the type of surgery, the tumor size, the Ki67 level and the ratio Positive SLN/Extracted SLN were excluded. Only the number of extracted SLNs ≤2 (OR=18.518, CI=1.402–250, p=0.027), the number of positive SLNs >1 (OR=9.624, CI=1.266–73.172, p=0.029), SRBIII grade (OR=58.82, CI=2.86–1000, p=0.008), and macrometastasis (OR=759.19, CI=10.166–56698.2, p=0.003) were found to be independent risk factors of NSLN involvement.

**Conclusions** Our results prove that there is a correlation between tumors’ clinicopathological features and NSLN involvement. Therefore, a careful study of these criteria could avoid unnecessary ALND in patients with positive SLN who do not need it.

**EP032/#969**

**EVALUATION OF THE RELIABILITY OF THE EXTEMPORANEOUS PATHOLOGICAL EXAMINATION FOR THE PATHOLOGICAL DIAGNOSIS OF BREAST TUMORS**

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**Objectives** We aim to compare the performance of the extemporaneous pathological examination (EPE) to the definitive pathology examination (DPE) for the pathological diagnosis of the nature of breast tumors.

**Methods** It is a retrospective single-center study including all the patients who an EPE to determine the pathological diagnosis of the nature of a breast tumor in our institution from 2007 to 2017. The uninterpretable samples because totally necrotic, crushed, electro-coagulated, and/or poorly preserved were excluded. We did evaluate the performances of the EPE of the surgical margins by calculating the specificity, false-positive (FP), false negative (FN), positive predictive value (PPV), negative predictive value (NPV), diagnostic efficacy, and the Youden index.

**Results** The EPE was performed 366 times for the evaluation of surgical limits. DPE objectified 279 healthy limits (76.2%) and 87 tumoral limits (23.8%). Of the 366 EPE carried out, the EPE was concordant with the final examination in 321 cases and discordant in 45 cases including 27 FN and 18 FP. The FN rate was 4.9%. The statistical analysis has shown that the EPE for the evaluation of the surgical limits had a sensitivity of 68.97% and a specificity of 93.55%. The positive and negative predictive values were 76.92% and 90.63% respectively. The diagnostic efficiency of the EPE for the surgical margins in conservative breast surgery was 87.70% and the Youden index was 0.63.

**Conclusions** Regarding the evaluation of the surgical margins in conservative breast surgery, the EPE has a low sensitivity and a high rate of false negatives.

**EP031/#958**

**IS THE EXTEMPORANEOUS PATHOLOGICAL EXAMINATION RELIABLE FOR THE EVALUATION OF SURGICAL MARGINS DURING CONSERVATIVE TREATMENT FOR BREAST CANCER?**

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**Objectives** We aim to compare the performance of the extemporaneous pathological examination (EPE) with the definitive pathology examination (DPE) of the surgical margins in conservative surgery for breast cancer.

**Methods** It is a retrospective single-center study including all the breast cancer patients who underwent a conservative breast surgery with EPE of the surgical margins in our department of gynecology and obstetrics from 2007 to 2017. The uninterpretable samples because totally necrotic, crushed, electro-coagulated, and/or poorly preserved were excluded. We did evaluate the performances of the EPE of the surgical margins by calculating the sensitivity, specificity, false-positive (FP), false negative (FN), positive predictive value (PPV), negative predictive value (NPV), diagnostic efficacy, and the Youden index.

**Results** The EPE was performed 812 times on a breast surgical specimen for pathological diagnostic purposes. Extemporaneous responses were ‘benign’ for 415 cases (51.10%), ‘malignant’ for 332 cases (40.88%), and ‘delayed’ for 65 cases (8%). The DPE objectified 457 benign lesions (56.3%) and 355 malignant lesions (43.7%). The response of the EPE was concordant with that of the DPE in 737 cases (406 true negatives +331 true positives). There is a single case of FP and 9 FN. Regardless of the delayed answers, the EPE for the pathological diagnosis of the nature of breast tumors has a sensitivity of 97.35% and a specificity of 99.75%. Its PPV and NPV were 99.69% and 97.83% respectively. Its diagnosis efficiency was 98.52% and the Youden index was 0.97.