**Abstracts**

**EP030/#867**

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

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**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 NSLNI involvement.

**Results** Among the 77 selected patients, 36% did not have any NSLNI 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 NSLNI≤2 (p=0.02), number of positive NSLNI>1 (p=0.01), ratio of positive NSLNI/Extracted NSLNI>0.5 (p=0.05), macrometastasis (p<10^-3), SBRIII grade (p=0.007), and Ki67>20% (p=0.04) were predictive of NSLNI involvement. In multivariate analysis, the type of surgery, the tumor size, the Ki67 level and the ratio Positive NSLNI/Extracted NSLNI were excluded. Only the number of extracted NSLNI≤2 (OR=18.518, CI=1.402-250, p=0.027), the number of positive NSLNI>1 (OR=9.624, CI=1.266-73.172, p=0.029), SBRIII 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 NSLNI involvement.

**Conclusions** Our results prove that there is a correlation between tumours’ clinicopathological features and NSLNI 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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**Methods** 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.

**Results** The EPE was performed 366 times for the evaluation of surgical margins. 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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**Methods** 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.

**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.