Conclusions The EPE for histological diagnostic purposes in the management of breast tumors remains an excellent diagnostic test when no preoperative diagnostic tools are available.

**Abstracts**

**EP033/#52** A QUALITATIVE EXPLORATION OF PERCEIVED CAUSES OF BREAST CANCER IN BUSIA AND TRANS-NZOIA, WESTERN KENYA

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**Objective** The Primary Integrated Care for Four Chronic Diseases (PIC4C) is an initiative by the Kenyan Ministry of Health and Moi Teaching Hospital to pilot screening, referral, treatment integration for diabetes, hypertension, breast cancer, cervical cancer in Busia and Trans-Nzoia, Western Kenya. A major aspect of the PIC4C qualitative arm was to determine how localized knowledge affects perceptions of breast cancer causes in the two counties and to use this information to develop targeted interventions.

**Methods** 174 participants were included in 18 focus group discussions (FGDs) engaging patients, community members (CHVs), health care providers (HCPs). 12 patients with breast cancer were included in patient FGDs. The group sessions were facilitated by trained moderators and captured using audio recorders and field notes. Two analysts independently coded and analyzed the data using NVivo 12.

**Results** Overall, patients, CHVs, HCPs perceived breast cancer to be a chronic disease that could be treated, but led to death. All participants perceived genetics, unhealthy eating, low breastfeeding rate to cause breast cancer. Three factors were reported by patients and community members, but not by HCPs; poor breast hygiene, poorly fitting bras, witchcraft. Only HCPs cited smoking as a cause of breast cancer.

**Conclusions** This study reports how localized knowledge affects perceptions of breast cancer causes in Busia and Trans-Nzoia. Our study shows that misconceptions and inadequate knowledge about breast cancer causes persist in the two counties and to use this information to develop targeted interventions.

**EP035/#1039** HOW TUNISIAN YOUNG ADULT PATIENTS FOLLOWING BREAST CANCER LIVE THEIR DISEASE EXPERIENCE?

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**Objective** Young adult patients may confront breast cancer differently because of expectations in life and future planning. We aimed to investigate the experience of young adult patients in the Tunisian context.

**Methods** Patients aged 20 to 40 years treated for breast cancer regardless of stage (n=62) were asked to complete a questionnaires in April 2022. The survey included items about: socioeconomic conditions, coping strategies, sexuality, body image and future life projects.

**Results** Mean age was 35 years old [26–40]. Eight patients (12%) were under 30. Twenty-nine patients (46%) felt less physically attractive. Negative impact on sexuality was revealed by 21 patients (34%). Thirty patients (48%) reported less self-confidence. Fear of infertility was described by 33 patients (53%). Thirty-nine (63%) patients asked ‘Why Me God?’. Forty-one patients (66%) thought about stopping treatment. Twenty-five patients (40%) consulted a psychiatrist or desired to consult. Feeling less physically attractive impacted negatively on sexuality (OR: 0.068 [0.016–0.269]) and self-confidence (OR: 3.8 [1.32–10.89]). Spiritual practice (prayer) had positive impact on self-confidence (OR: 0.14 [0.28–0.72]). Sixteen (25%) patients stopped planning for future (marriage, children bearing, buying a property) which was impacted by less self-confidence (OR 4.94[1.37–17]), fear of infertility (OR:

**EP034/#944** EVALUATION OF THE EISINGER SCORE FOR GENETIC TESTING IN TUNISIAN PATIENTS WITH BREAST CANCER

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**Objective** Mutations on BRCA1/2 genes are known to confer high risk of breast and ovarian cancers. The identification of these mutations not only helped in selecting high risk individuals that need appropriate prevention approaches but also led to the development of the PARP-i therapy. This study aims to evaluate the Eisinger score (ES) risk for hereditary form of breast cancer.

**Methods** We calculated in 200 patients with breast cancer (BC) the ES which is a score taking into account all family history validated for oncogenetic consultation (GC). A GC was indicated for any ES >2. The method used for the genetic study was next generation sequencing (NGS).

**Results** The average score was 5.9 with external ranging from 0 to 17. Two patients had a score of 0: the first had a mother who died of BC at 80 years and the second had a cousin who had pancreatic cancer at early age. A majority of 85.7% of patients had an indication for family GC (ES >2). In 14.3% of patients, the usefulness of the genetic investigation we considered low according to the score. Among the 200 patients, we were able to perform only 28 genetic studies. 14 patients had a BRCA1 gene mutation (50%) and 11 BRAC2 mutation (39.3%). A mutation of CHEK2 gene was found in 2 patients and that of TP53 in 1 patient.

**Conclusions** The ES is predictive of BC risk in BRCA1 and BRAC2 carriers. This score must be carried out systematically in order to optimize the therapeutic management.