**Results** Fourty-five patients were included in our study, of whom 30 and 15 had loco-regional and distant recurrence, respectively, after a median follow-up of 34 months.

Twelve patients(26.7%) had a change in tumor phenotype during recurrence: a switch to a triple negative status was observed in 11 cases, whereas 4 discordant patients showed either HR or HER2 positivity at recurrence. Only two patients, who changed from HR negative to HR positive, were subsequently treated with hormonotherapy and the three patients who converted to HER2 positivity subsequently received trastuzumab.

Discordance in HR status was observed in 16 cases(35.6%). The highest rate of discordance was observed for PR(42.2%), with PR loss as the main change(40%). ER and HER2 discordant rates were 33.3% and 15.6%, respectively.

For patients with HER2 discrepancy, more patients were 'HER2 loss' rather than 'HER2-gain'.

Discordance rates between primary and metastatic and between primary and locally recurrent lesions, respectively, were 26.7% (4/15) and 36.7%(11/30) for ER, 46.7%(7/15) and 40%(12/30) for

PR, and 20%(3/15) and 13.3%(4/30) for Her2neu.

With regards to adjuvant therapy application, univariate analysis found that adjuvant hormonotherapy(P=0.033) was associated with ER conversion between primary and recurrent/metastatic lesions;

Radiotherapy was associated with PR conversion(P=0.033) and no clinico-pathological factor was related with HER2 conversion(P>0.05) except the use of trastuzumab therapy for primary tumor(P=0.012).

**Conclusion** These results confirm the importance of re-evaluating ER, PR and HER2 expression between primary and RBC to help guide treatment.

**Disclosures** he authors have nothing to disslose

## #470 PROGNOSTIC IMPACT OF DISCORDANCE IN RECEPTOR STATUS BETWEEN PRIMARY AND RECURRENT SITES : A SINGLE INSTITUTION ANALYSIS

[1]Amani Jellali, [1]Montassar Ghalleb, [2]Yoldez Houcine, [1]Ines Houissa*, [1]Olfa Jaidane, [2]Nadia Ben Othman, [2]Selma Kamoun, [2]Lobna Zouebi, [2]Asma Laamiri, [1]Tarak Ben Dhieb, [2]Maha Driss, [1]Riadh Chargui. *[1]Surgical Oncology Department Salah Azaiez Institute, Tunis, Tunisia; [2]Pathology Department Salah Azaiez Institute, Tunis, Tunisia*

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**Introduction/Background** Defining hormonal receptors'(HR) status plays an important role in the management of patients with breast cancer. A change in these biomarkers' status between primary and recurrent/metastatic lesions is correlated with major therapeutic and prognostic implications.The aim of this study is to evaluate the prognostic impact of this discordance between the primary and recurrent sites.

**Methodology** We reviewed the clinical record of 47 patients with locoregional/metastatic relapse of breast disease diagnosed between 2005 and 2020 in Salah Azaiez Institute.

**Results** Twelve patients(26.7%) had a change in tumor phenotype during recurrence: a switch to a triple negative status was observed in 11 cases.

The median follow-up time was 68 months; the median post-recurrence follow-up time was 17 months. however, the median disease-free interval(DFI) was 34 months . Five-year overall-survival(OS) and post-recurrence-survival(PRS) rates were 60.3% and 15%, respectively.

We demonstrated that primary Her2neu-positive tumor or distant metastasis site were independently associated with worse PRS.

Among the discordant cases, the patients whose tumor phenotype turned into triple-negative had the worst PRS(P=0.05) and OS(P=0.167), when compared with the concordant group.

Univariate analysis demonstrated that impact factors of PRS including recurrent site(P=0.024), ER(P=0.043) and PR (P=0.021) conversion between primary and recurrent/metastatic lesions; in addition to estrogen-receptors-loss(ER) (P=0,048).

The Her2-discordant cases, when compared with the Her2-concordant cases, showed a poorer clinical outcome(median 3 versus 23 months, P<0.0005 and median 48 versus 83 months, P = 0.250, for PRS and OS, respectively).

The PR and ER discordant cases, when compared with the concordant cases, showed a poorer clinical outcome for PRS (median 4 versus 29 months, P = 0.021 and median 4 versus 26, P=0.043).

Overall, a change in HR status resulted in a worse PRS (13.06 versus 32.03 months, P=0.028) and OS(median 53.88 versus 83.14 months, P=0.045).

**Conclusion** These results reinforce the re-evaluation of the biomarkers status by performing confirmatory biopsies of recurrence, to avoid misdiagnosis of breast cancer relapse, and to optimize treatment.

**Disclosures** the authors have nothing to disclose.

## #549 THE USE OF ROBOTICS IN GYNAECOLOGICAL ONCOLOGY: A CLINICAL AUDIT FROM A CANCER CENTRE

Emmanouil Katsanevakis*, Nathallie George, Abinaya Murali, David Nunns, Ketankumar Gajjar. *Nottingham University Hospital, Nottingham, UK*

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**Introduction/Background** The management of gynaecological malignancies often involves surgical intervention, radiotherapy, chemotherapy or a combination of the above. Minimally invasive surgical techniques lead to reduced hospital stay and complications. Robot-assisted surgery allows for precise tissue handling via wristed instrumentation and 3D camera view and also improved ergonomics for the surgeon, which is extremely useful in the management of morbidly obese and frail patients.

**Methodology** Data were retrospectively collected for all the cases of robotic hysterectomies over a period of 5 years. Data analysis was performed using SPSS software.

**Results** 183 cases were included in the analysis. The median age and BMI of the study population was 64 and 31.6 respectively. Endometrial cancer was the main indication for the operation (69% of cases). Other indications included atypical endometrial hyperplasia, cervical cancer, persistent CIN, CGIN, pelvic cysts and persistent menorrhagia. The median operative time was 150 minutes (including 30–40 minutes anesthetic and patient positioning time). 51 cases had a sentinel lymph node biopsy, 49 had a full pelvic lymph node dissection, 36 had omental biopsy and 5 cases had para-aortic lymph node sampling. The median hospital stay was 2 days. Conversion to laparotomy did not happen in any case, however 2 cases returned to theatre due to intra-abdominal