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 2 patients, who changed from HR negative to HR positive, were subsequently treated with hormoneotherapy 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 HER2.

With regards to adjuvant therapy application, univariate analysis found that adjuvant hormone therapy (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 The authors have nothing to disclose.

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

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Abstracts

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 loco-regional/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 15.2%, respectively.

Conclusion These results confirm the importance of re-evaluating the biomarker 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

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10.1136/ijgc-2023-ESGO.464

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 morbidity 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