THE IMPACT OF FINAL BREAST SURGICAL MARGINS DISTANCE AFTER NEOADJUVANT SYSTEMIC TREATMENT AND BREAST-CONSERVING SURGERY ON RECURRENCE AND SURVIVAL

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Abstracts

INTRODUCTION/BACKGROUND There is no evidence that resection margins after breast conserving surgery (BCS), defined as ‘no ink on tumor’ can be applied to patients receiving neoadjuvant systemic treatment (NST). The study aim was to evaluate the impact of the distance of the resection margins on the loco-regional recurrence (LRR) and the survival of patients treated by BCS following NST.

METHODOLOGY This is a retrospective study including patients who underwent NST followed by BCS. The LRR-free survival (LRRS), disease-free survival (DFS) and overall survival (OS) was assessed according to the tumor margin distance status at final pathology. The Kaplan-Meier method was used to analyze survival and the Cox model was used to perform uni and multivariate analyzes.

RESULTS A total of 235 patients were included in this study. Median tumor size at diagnosis was 30mm (7–75mm). A neoadjuvant chemotherapy was administered to 91.5% patients. A complete response at imaging has been found in 27.3% of patients and 32.5% of them showed no residual tumor at final pathology. The final pathology found positive (‘no ink on tumor’) margins in 8.9% patients and margins ≤1mm in 11.1% women. With a median follow-up of 63.4 months, there were 26 LRR. The 5 years LRR was 88.7% in patients with negative margins and 87.3% in those with positive margins (p=0.7093). The surgical margins >1mm seem to be more benefic, with a LRRS at 91.5% comparing to those with margins ≤1mm (78.4%, p=0.0013). This surgical margin, >1mm, have been found to be significant for both DFS (p=0.0006) and OS (p=0.0013).

CONCLUSION The surgical margin distance >1mm seem to be the most appropriate surgical margin for breast cancer patients treated with BCS after NST. This margin >1mm could be useful to ameliorate the LRRS (p=0.0013), the DFS (p=0.0006) and OS (p=0.0013) of these group of breast cancer patients.

Disclosures None

06. Ovarian cancer

THE RELATIONSHIP BETWEEN MELATONIN 1–2 RECEPTOR EXPRESSION IN PATIENTS WITH EPITHELIAL OVARIAN CANCER AND SURVIVAL

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INTRODUCTION/BACKGROUND As many studies show, melatonin has antiproliferative, anti-angiogenic, apoptotic, immunomodulatory properties in many cancer types including ovarian cancer. Considering these effects of melatonin, we evaluated the relationship between melatonin1(MT1) and melatonin2(MT2) receptor expression in tumor tissues of patients with epithelial ovarian cancer, and disease-free survival (DFS) and overall survival (OS).

METHODOLOGY Patients who received primary surgical treatment for epithelial ovarian cancer in our clinic between 2000 and 2019 were retrospectively scanned through patient files, electronic database, and telephone calls. 142 eligible patients included in study and tumoral tissues were examined to determine MT1 and MT2 receptor expression by immunohistochemical methods. The percentage of receptor positive cells and intensity of staining were determined.

RESULTS Sociodemographic characteristics such as age, body mass index (BMI) and menopausal status didn’t show any significant effect on DFS and OS. However, preoperatively measured serum Cancer Antigen 125 (CA125) level (p<0.001 for DFS and p=0.004 for OS), histopathological type (p=0.003 for DFS and p=0.006 for OS), residual tumor (p<0.001 for DFS and p<0.001 for OS), grade (p<0.001 for DFS and p=0.001 for OS), postoperative stage (p<0.001 for DFS and p<0.001 for OS).