Results Thirty-one clinicians work in this department with only 12.9% (4/31) being qualified gynecologic oncologists discussing with more than 15 families/month on PC for advanced CC patients. Clinical officers and nurses (42%, 13/31) were the primary clinicians in contact with CC patients and thus their main source of information yet they were the least trained with less than 1–2 hours of PC training. More than 50% of the clinicians were dissatisfied with the availability of PC services due to lack of proper training, insufficient time to communicate with patients and lack of availability of necessary drugs like opioids. The agreement that PC was initiated too late was approaching unity.

Conclusion Access to palliative care service in LMICs remains a challenge and is only initiated at the end of life. Focused training of clinical officers and nurses may improve service delivery.

Disclosures None

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**#1031**

**TREATMENT OF BRAIN METASTASES OF BREAST CANCER BY EXTERNAL RADIOTHERAPY AT THE EHSO EMIR ABDELKADER OF ORAN, ALGERIA**

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**Introduction/Background** Radiotherapy remains an important part of the therapeutic strategy for brain metastases, improving symptoms and prolonging survival in these patients. The aim of our study is to present our experience in the treatment of brain metastases of mammary origin by radiotherapy at the EHSO Emir Abdelkader of Oran.

**Methodology** We retrospectively reviewed the records of 17 patients out of a total of 82 patients treated with palliative encephalomatic irradiation during the year 2020.

**Results** In terms of frequency, primary breast cancer was second (20.7%) after lung cancer 65.9%. The median age of the patients was 49 years (40–67 years), brain metastases were metachronous in 88.2% of the patients (n=15) and synchronous in 11.8% (n=2). The diagnosis of brain metastases was made radiologically in 82.4% of cases and by biopsy-exeresis in 17.6% of cases. The number of metastases was multiple in 76.5% of cases and single in 23.5% of cases and their location was in 23.5% of cases (n=4) supratentorial, 5.9% (n=1) subcortical and 70.63% (n=12) supratentorial and subcortical. 76.5% of the patients had a Karnofsky index greater than 70%. Seven patients (41.2%) were RPA I, 35.3% RPAII and 23.5% RPAII. The brain radiation doses delivered were 18 Gray in three sessions and 2 Gray in five sessions in 70.6% and 85.6% of cases respectively. With a median follow-up period of 13 months (4–33 months) we recorded 13 cerebral relapses (76.5%) and 12 deaths (70.6%). At two years, relapse-free survival was 23.5% and overall survival 28.2%.

**Conclusion** Without treatment, brain metastases lead to death within two months. They often respond well to radiotherapy, which reduces brain signs and improves patient comfort and survival.

**Disclosures** brain metastases, Radiotherapy, Gray, overall survival

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**#650**

**BREAST CANCER IN ELDERLY PATIENTS: DESCRIPTIVE STUDY OF 30 PATIENTS**

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**Introduction/Background** With increased life expectancy, age is no longer a barrier to managing breast cancer (BC). Few studies have correlated BC with clinical and pathological characteristics in older adults.

**Methodology** This study was conducted at the Salah Azaiez Institute and included 30 patients treated for non-metastatic BC between January 2003 and January 2023.

**Results** 90% of patients were females. The mean age was 92.5 years (90–102 years). The majority of patients had comorbidities and no family history of BC. The most common symptom was mass in 20 patients, followed by mastodynia and skin ulceration. The mean consultation delay was 4.48 months (1–34 months).

The median size of the masses was 53.17mm. Breast imaging showed malignant lesions in 82.1%.

TNM stage at diagnosis was T4(40%), followed by T2 (33.33%). The T1 only 13.3% of cases. Axillary lymph nodes were present in 23 patients(76.7%). 23.3% of patients had conservative surgery, and 63.3% of subjects had radical surgery. Two patients were lost to sight after diagnosis. Three patients had neoadjuvant chemotherapy with partial response. The predominant tumor histological pattern was invasive ductal carcinoma (85.7%), followed by papillary carcinoma in 7.1%. The mean tumor size was 41.46 mm (12–140 mm). Axillary lymph nodes were positive in 53.6% of cases. SBR II was the most frequent grade (65.5% of cases). Immunophenotyping showed that hormonal receptors were expressed in 89.7% of the tumors, and HER2 was not expressed in all patients. Ki67 was higher than 20% in 45.5% of cases. The postoperative course was evenfult in 53.6% of cases.

Adjuvant treatment is indicated for all operated patients, mainly radiotherapy and hormonotherapy. The average follow-up period was 16.75 months (1–70 months). Only Six patients (20%) achieved optimal disease control.

**Conclusion** Elderly patients are a particular category of patients due to the co-morbidities, resulting in complex management of BC.

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

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**#686**

**BREAST CANCER IN MEN: EPIDEMIOLOGICAL AND HISTO-PATHOLOGICAL CHARACTERISTICS**

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**Introduction/Background** Cancer of the breast in men is an infrequent but serious problem. This study aimed to highlight...