

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

#1031 TREATMENT OF BRAIN METASTASES OF BREAST CANCER BY EXTERNAL RADIOTHERAPY AT THE EHSO EMIR ABDELKADER OF ORAN, ALGERIA

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10.1136/ijgc-2023-ESGO.708

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 encephalic 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) subtentorial and 70.63% (n=12) supratentorial and subtentorial 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% RPAIII. The brain radiation doses delivered were 18Gray in three sessions and 20Gray in five sessions in 70.6% and 29.4% of cases respectively. With a median follow-up 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

08. Pathology

#650 BREAST CANCER IN ELDERLY PATIENTS: DESCRIPTIVE STUDY OF 30 PATIENTS

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10.1136/ijgc-2023-ESGO.709

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 co-morbidities 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 eventful 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.

#686 BREAST CANCER IN MEN: EPIDEMIOLOGICAL AND HISTO-PATHOLOGICAL CHARACTERISTICS

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10.1136/ijgc-2023-ESGO.710

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

this rare tumor's clinical histological, prognostic, and therapeutic features.

Methodology We conducted a retrospective study of six male patients whose data were collected at Mohamed Taher Maa-mouri Hospital of Nabeul, Tunisia from January 2014 to December 2019.

Results Six cases were diagnosed. The average age was 53; the range was 27–63. The mean consultation time was 5 months, self-exam of a nodule was the main reason for consultation in 5 cases. Phenotype profiles were distributed as follows: luminal A (66.7%), luminal B (33.3%). The lesions were classified ACR 5 in 83.3%.

Stage T2 was predominantly observed (50%). The tumors were classified as N1 in 66.3% of cases. None of the patients had metastasis at diagnosis.

All patients had infiltrating ductal carcinoma. The mean histological size was 23.33 mm. SBR grade II was the most prevalent (66.7%). Histological lymph node involvement was observed in 33.3% of cases.

All of the patients had radical breast surgery, Radiotherapy, and hormonotherapy. Four patients had adjuvant chemotherapy.

The mean follow-up time was 37 months, patient's evolution was characterized by complete remission in 4 patients (66.7%), local recurrence, and metastatic recurrence in 2 patients (33.3%). In these two cases, Metastases occurred in the bones, the lungs, and the liver.

Overall survival and progression-free survival at 3 years were 83.3% and 66.7% respectively.

Conclusion Using adjuvant chemotherapy along with tamoxifen after surgery could potentially improve survival rates. Public education should be oriented toward men at higher risk to reduce the interval between the appearance of symptoms and consultation.

Disclosures Breast cancer in men is similar to breast cancer in women. However, there are distinct features that should be appreciated.

#751 RADIO-HISTOLOGICAL CORRELATION OF ACR4 BREAST LESIONS: ABOUT 200 CASES

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10.1136/ijgc-2023-ESGO.711

Introduction/Background The Bi-Rads (Breast Imaging Reporting and Data System) classification of the ACR (American College of Radiology) is the recommended system for grading radiological images for breast cancer screening, and allows for appropriate action to be taken according to this classification from ACR 1 to ACR 5 depending on the probability of malignancy.

The ACR IV lesion corresponds to an undetermined or suspicious abnormality with a probability of malignancy of 10 - 90%. This disparity prompted our study.

Methodology This is a retrospective study of 200 patients spread over 6 years, from 2017 to 2023, conducted in the department of gynecology-obstetrics I of the Hassan II Hospital Center of Fez.

Results We noted a clear predominance of benign lesions with a rate of 72% versus 20% of malignant lesions and only 8% were intermediate. Adenofibroma is the most found histological finding with 40% of cases, infiltrating ductal carcinoma

remains the leader of malignant lesions with 15% of cases. 72% of our patients underwent surgery, 69% of whom underwent lumpectomy and 19% mastectomy.

Conclusion Through a review of the literature, our results seem to agree with those of other studies. However, due to the high number of unnecessary surgical interventions, a sub-classification into ACR4a, b and c seems more appropriate.

Disclosures Breast pathology seems to affect the female population at all ages with a peak in frequency between 40 and 50 years.

The palpation of a nodule is the first reason for consultation in our patients with 80% of cases. All our patients have benefited from ultrasound and mammography followed by anatomopathological evidence by different techniques.

#786 SIMILAR MALIGNANCIES WITH VASTLY DIFFERENT OUTCOMES: A CASE REPORT ON GYNECOLOGICAL NEUROENDOCRINE CARCINOMA

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10.1136/ijgc-2023-ESGO.712

Introduction/Background Gynecological neuroendocrine carcinomas (NECs) are a rare type of cancer that originate from the endocrine cells in the female reproductive system. Gynecological NECs can occur in various locations within the reproductive system, including the ovary, cervix, uterus, and vagina. The diagnosis of gynecological NECs can be challenging due to their rarity and variable clinical presentation

Methodology a 55-year-old Caucasian woman with no significant medical history who presented with abdominal pain and was subsequently diagnosed with a 2x2x1.2 cm intrauterine mass lodged in the endometrium with physical examination and the clinical ultrasound. Further examination was done with an MRI. MRI findings were consistent with our ultrasonographic findings showing a 2.3x2.4x1.4 cm mass in the endometrium with underwent surgical treatment with hysterectomy with bilateral salpingo-oophorectomy and omentectomy in 2023 February. First pathological examination was performed by another clinic and the diagnosis was Malignant Mixed Mullerian Tumor (MMMT). However the case was consulted to our pathology department and the diagnosis was changed to NEC. Chemotherapy was planned for the patient received 3 cycles of taxol and cisplatin and continuing treatment with 3 more cycles planned. No recurrence is reported in the last physical examination, MRI and PET scan.

Results Differentiating between gynecological NECs and MMMTs can be challenging, as these tumors may share similar clinical and radiological features. However, accurate diagnosis is critical for selecting the most appropriate treatment approach and predicting patient outcomes. Immunohistochemical markers can be used to help differentiate between these two types of tumors, with gynecological NETs typically expressing markers such as chromogranin A and synaptophysin, while MMMTs may express markers such as p53 and Ki-67 (1)

Conclusion It is important to differentiate between gynecological NECs and MMMTs because these are two distinct types of tumors with different clinical characteristics, prognoses, and treatment options.

Disclosures There are no known conflicts of interest among the authors.