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 Maamouri 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
Meriem Alami Merrouni*, Mohamed Abdellah Elmoctar . chu, Fez, Morocco

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 anaatomicopathological evidence by different techniques.

#786 SIMILAR MALIGNANCIES WITH VASTLY DIFFERENT OUTCOMES: A CASE REPORT ON GYNECOLOGICAL NEUROENDOCRINE CARCINOMA
Gözde Kır*, Atilla Kurt, Tuba Çiçek, Ates Karateke. Istanbul Medeniyet University, Istanbul, Turkey

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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 salpingooophorectomy 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.