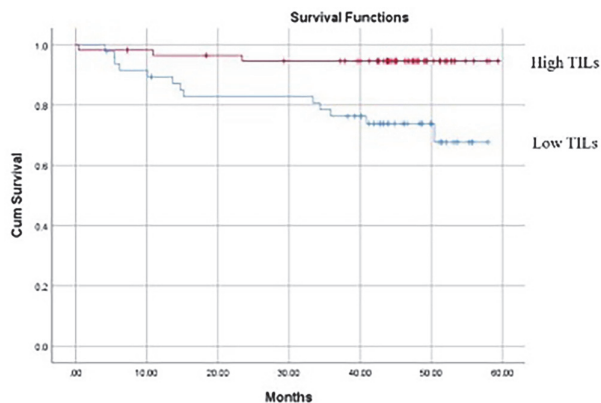


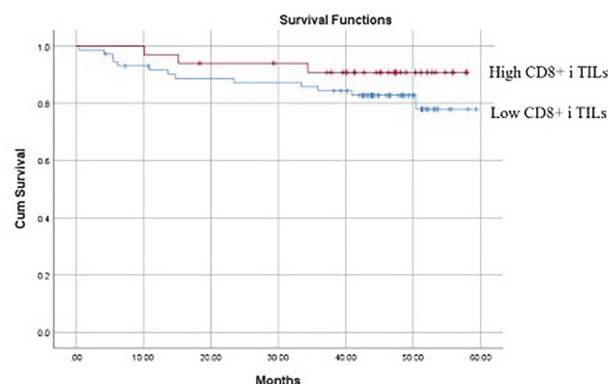
Methods A retrospective study on 105 patients with early-stage TNBC who did not undergo neoadjuvant systemic therapy in Vietnam National Cancer hospital from January 2018 to May 2019. TILs assessment and the density of CD8+ TILs on IHC in intratumoural (iTILs) and stromal compartments (sTILs) were evaluated on surgical specimens. The relationship between clinicopathological features and immunoreactivity was evaluated with Pearson's Chi squared test or Fisher's exact test using median TIL value as the cut-off. Overall survival (OS) was analyzed using the Kaplan-Meier method, log-rank statistics and multivariable Cox regression.

Results The univariate analysis demonstrated that significant prognostic factors were T stage ($p=0.000$), N status ($p=0.000$), Her2 status (negative or Her2-low) ($p=0.006$) and TILs ($p=0.002$). The 5 year OS of patients with high TILs was significantly higher than those with low TILs (94.6% vs. 67.7%, $P=0.002$). Cox regression multivariate analysis showed that independent predictors of OS were TILs ($p=0.03$; HR=0.25; 95%CI 0.07–0.89) and CD8+ iTILs ($p=0.04$; HR=0.20 95%CI 0.04–0.93). There was also a correlation between TILs and Her2 status ($P=0.02$) where low TILs were associated with Her2-low status, infiltration of CD8+ sTILs and T stage ($p=0.04$).

Conclusion/Implications High TILs and CD8+ iTILs were associated with better prognosis in early-stage TNBC patients. We recommend their inclusion in routine pathological reports.



Abstract EP025/#623 Figure 1 Kaplan-Meier curves for OS according to TILs categories defined by median TIL value as the cut-off



Abstract EP025/#623 Figure 2 Kaplan-Meier curves for OS according to CD8+ iTILs categories defined by median iTILs value as the cut-off

Further research is needed to explore the potential of TILs as predictive markers for immunotherapy in TNBC.

EP026/#876

ADAPTATION OF SELF AND BODY IMAGE AFTER BREAST CANCER SURGERY IN YOUNG WOMEN: A QUALITATIVE STUDY

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Introduction From the diagnosis of breast cancer (BC), changes and adaptations are required in all the aspects of daily life in patients. The quality of life (QOL) during and after treatment of BC is an objective as important as the overall survival. Self image and body image are important characteristics of the QOL in BC patients, especially when breasts are symbols of femininity and maternity. They are often overlooked by healthcare professionals. We aim to study the adaptative changes in self and body image among young women after BC surgery.

Methods A qualitative study was carried out until saturation occurrences among young BC patients. We included all sexually active women under 40 who had breast cancer surgery at our department during the last 2 years, from January to July 2022. In-depth semi-structured interviews with three axes: the diagnosis of BC, the fight against cancer and Self and body image after breast surgery were scheduled at participants' convenience.

Results Four themes were identified: the emotional crisis following breast surgery; some participants had described the importance of spirituality and beliefs; others emphasized the need to have the support of their family and spouses in addition to caregivers and their informative and educational roles of source of information and education. Finally, bodily changes experienced by participants and their impact on their self-image with three sub-themes: sexual satisfaction, attribution and self-esteem.

Conclusion/Implications Knowledge of the changes in women's self and body image after BC surgery is important to help improve their QOL.

EP027/#915

IPSILATERAL SYNCHRONOUS MULTIPLE BREAST CANCER

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Introduction Breast cancer (BC) is the first cancer in women. The diagnosis, management and prognostic impact of ipsilateral synchronous multiple breast cancers (ISMBC) remain a dilemma in the scientific literature. We aim to study the specific clinical and pathological features of this entity.

Methods A retrospective study was conducted at our institution over 11 years (2010–2020). We recruited all cases of ISMBC. We defined ISMBC as all cases of multifocal BC (multiple foci present in the same quadrant of the breast) and/or

all cases of multicentric BC (multiple foci located in different quadrants) excluding bilateral synchronous BC.

Results We recruited 159 cases of ISMBC representing 6.1% of all BC. The mean age was 51.6 years [26–85]. The sensitivity of breast MRI was superior to that of ultrasound-mammography in the detection of BC multiple locations. Invasive ductal carcinoma was the predominant histological type. The mean histological tumor size was 31 mm ± 16.6 mm. The most common SBR grade was grade II. There was a predominance of luminal subtype B. MAstectomy was performed in 81.8% of patients and 83% had axillary lymph node dissection. Locoregional recurrence was 5.96%. Distant metastases were found in 7.54%. The 5-year OS and DFS were 87.4% and 88.6%, respectively. In multivariate analysis, SBR grade was a significant prognostic factor for OS and DFS.

Conclusion/Implications The current ISMBC clinical and pathological staging system is perfectible in order to customize the treatment options to the reality of the disease especially regarding breast surgery.

EP030/#680

BREAST CANCER INCIDENCE FOLLOWING OVARIAN CANCER WITH BRCA MUTATION: SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction Mutations in Breast Cancer Susceptibility Genes (BRCA) are associated with an increased risk of both breast and ovarian cancer. In previous studies, about 20% of ovarian cancer patients reported a BRCA gene mutation. However, there is currently no consensus on the incidence and risk management of breast cancer following ovarian cancer diagnosis in BRCA carriers. Therefore, we aimed to systematically review and perform a meta-analysis of the risk and management of breast cancer in ovarian cancer patients with BRCA mutation.

Methods For published studies, we searched PubMed, EMBASE, and Cochrane Library databases for published studies to October 2022. The number of BRCA carriers with ovarian cancer, rate of BRCA-1 or BRCA-2 mutation, incidence of breast cancer, time interval between ovarian cancer diagnosis to breast cancer, and the breast cancer detection method were extracted.

Results Eight studies met all inclusions and were included in the meta-analysis. Breast cancer incidence in BRCA-mutated ovarian cancer patients was 7.87% (160/2034). Breast cancer incidence with BRCA-1 or BRCA-2 mutation was 9.1% (90/991) and 8.65% (36/416), respectively. The primary breast cancer incidence following ovarian cancer was 7.52% (124/1648), and the recurrence rate was 10.31% (20/194) in patients with previous breast cancer history. The median time interval between ovarian and breast cancer diagnosis was 3.5–9 years. The most frequent screening method was mammography.

Conclusion/Implications The risk of breast cancer after ovarian cancer was lower than the risk of breast cancer alone in BRCA carriers. Routine mammography could be helpful for

the diagnosis of breast cancer in BRCA-mutated ovarian cancer patients.

EP031/#1486

GENOMIC PROFILING AND SURVIVAL OUTCOMES IN YOUNG MOROCCAN WOMEN WITH BREAST CANCER

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Introduction This study addresses the critical impact of genomic profiling on breast cancer severity and survival in young Moroccan women.

Methods A 2021 study at Rabat's National Institute of Oncology characterized invasive breast carcinoma in Moroccan women under 40, assessing two-year survival rates.

Results The study contained subgroups of 'luminal' (53%), 'triple-negative' (TN) (23%) and 'HER2-positive' (HER2+) (24%) patients. In the 'HER2+' group, 81% scored '+++ through immunohistochemistry, while 19% showed '++' plus positive in situ hybridization. Also, 29% were 'non-luminal', the remaining 71% of this group being hormone receptor positive. Patients' mean age was 35, with 'Luminal', 'TN', and 'HER2+' subtypes ages averaging 35, 33, & 34 respectively. Family history of cancer was prevalent in 18% of cases. The 'Ki67' biomarker was elevated in 24% of the total cases (cut-off = 20%). At diagnosis, 19% were already metastatic, including 26% 'Luminal', 15% 'TN', and 9% 'HER2+'. In nonmetastatic cases, 26% had 'T3 or T4' tumors and 56% were N-positive. Two-year overall survival (OS) was 59%, with 81% ('HER2+'), 56% ('Luminal'), and 40% ('TN'). This was statistically significant according to the log-rank test ($p=0.0433$). Non-metastatic and metastatic cases showed 60% and 53% OS respectively. Progression-free survival at two years was 56%, with 76% ('HER2+'), 56% ('Luminal'), and 35% ('TN'). This was also statistically significant ($p=0.0321$). OS was 44% for initial 'T3 or T4', and 59% for N-positive patients.

Conclusion/Implications This research emphasizes genomic profiling's role in enhancing personalized therapies and survival rates for young Moroccan breast cancer patients, particularly 'HER2+'.

EP032/#1390

TUMOR-INFILTRATING LYMPHOCYTES: A PROGNOSTIC BIOMARKER IN NEOADJUVANT-TREATED HR POSITIVE/HER2 NEGATIVE BREAST CANCER

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Introduction Anticancer immune responses contribute to the success of chemotherapy. We aimed to elucidate the value of tumor-infiltrating lymphocytes (TILs) as a prognostic marker for distant relapse-free survival (DRFS) in patients with HR positive/HER2 negative breast cancer in the taxane/anthracycline-based neoadjuvant chemotherapy (NACT).

Methods The cell type enrichment analysis for 64 immune and stromal cell types was performed with the web-based tool