

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

xCell based on RNA expression profiles of breast cancer from National Center for Biotechnology Information (NCBI) Gene Expression Omnibus (GEO). Kaplan-Meier analysis and LASSO-Cox PH regression model were used to assess the correlation of TILs and stromal cells infiltration with breast cancer distant relapse-free survival.

Results In this study, 123 HR positive/HER2 negative breast cancer patients derived from the dataset GSE25055 were eventually enrolled in the present study. LASSO-Cox PH regression analysis demonstrated that pre-NACT plasma cells and Th2 cells infiltration exhibited an independent prognostic value for DRFS (HR = 11.26, P = 0.036; HR = 15.13, P <0.001; respectively). A risk scoring model based on the TILs was conducted to divide patients into different risk groups with significantly different DRFS rates (P=0.0028). Compared with low risk group, high-risk group was comparatively associated with worse DRFS rates (3-year DRFS rate, 72.3% vs. 93.2%, P=0.0028).

Conclusion/Implications These results suggested that pre-NACT immunological plasma cells and Th2 cells infiltration is an independent predictive factor of DRFS for the patients with HR positive/HER2 negative breast cancer, which provides valuable and profound perspective of immune microenvironment and NACT prognosis.

EP033/#639

BREAST DESMOID FIBROMATOSIS: ABOUT FIVE CASES AND REVIEW OF THE LITERATURE

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Introduction Desmoid fibromatosis is a rare, locally aggressive fibroblastic tumor. It can occur in various parts of the body, including the breast. In this study, we describe five cases of breast desmoid fibromatosis and review the relevant literature.

Methods We conducted a retrospective analysis of five cases of breast desmoid fibromatosis at our institution between 2010 and 2022. We collected data on patient demographics, clinical presentation, imaging findings, surgical management, and outcomes.

Results The study cohort included five women with a mean age of 34 years. All patients presented with a breast mass, which was initially misdiagnosed as a benign lesion in three cases. Magnetic resonance imaging (MRI) was the most useful imaging modality for diagnosis. All patients underwent surgical excision, with clear margins achieved in four cases. The mean follow-up period was 36 months, during which there were no local recurrences or distant metastases.

Conclusion/Implications Breast desmoid fibromatosis is a rare entity that can mimic benign breast lesions on imaging. MRI is the most reliable imaging modality for diagnosis. Surgical excision with clear margins is the treatment of choice, and long-term follow-up is necessary to monitor for local recurrences or distant metastases. Our study adds to the limited body of literature on breast desmoid fibromatosis and highlights the importance of considering this diagnosis in the differential diagnosis of breast masses.

EP034/#855

ASSOCIATION BETWEEN CANCER STIGMA AND DEPRESSION AMONG TUNISIAN PATIENTS FOLLOWING BREAST AND GYNECOLOGIC CANCERS

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Introduction Cancer stigma can have a significant impact on cancer patient's mental health with risk of depression. Our study aimed to explore cancer stigma aspects among patients following breast and gynecologic cancers and to evaluate the association between cancer stigma and depression.

Methods Patients (n=61) treated for breast or gynecologic cancers were asked to answer a questionnaire adapted from the "Cancer stigma scale". The "Hospital Anxiety and Depression Scale" was used to measure depression.

Results Median age was 47.1 years. About 75% of patients had at least a high school educational level (EL). Around 78% of patients were urban and 32% reported low socioeconomic status. Breast cancer was the most common primary cancer (80%), followed by endometrial (10%) and ovarian (7%) cancers. About 29% of patients reported significant depressive symptoms. Fifty six percent of patients experienced at least one form of cancer stigma. Thirty nine percent of patients believed in the impossible total recovery after cancer experience and 46% held stereotypical views of themselves. About 33% reported social discrimination due to their cancers. Patients who experienced cancer stigma were 4.4 times more likely to have depression than patients with positive attitudes (p=0.001). Depression were more registered in young (under 55 years) (OR=2.24, p=0.029) and rural patients (OR=4.94, p=0.001) with lower EL (OR=5.6, p=0.001) and socioeconomic status (OR=3.5, p=0.001).

Conclusion/Implications Cancer patients who experienced cancer stigma are at increased risk of developing depression. Thus, it's important for healthcare providers to be aware of this relationship and provide an appropriate support.

EP035/#866

ADJUVANT TREATMENT FOR LUMINAL BREAST CANCER OF INTERMEDIATE PROGNOSIS

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Introduction Our retrospective study analyzed the adjuvant treatment decision for localized intermediate risk breast cancer as well as the parameters leading to protocol de-escalation and It's impact on outcome.

Methods A retrospective study gathering 127 patients with localized (pT1–3pN1 or pT2–3pN0) luminal breast cancers; We analyzed the protocol decision and the parameters leading to de-escalation as well as the therapeutic results.

Results Median age was 52 years and 47% were pre-menopausal. One third of the tumors were pN0, mean tumor size (pT) was 28 mm, and grade III in 27.4% of cases. Most of