Abstracts

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

Fathi Mrahi*, 1Montacer Hafsi, 1Jihene Boushkiat, 1Essa Haddadou, 1Haifa Rachdi*, 1Myriam Saadi, 1Nouha Daddi, 1Nesrine Mejri, 2Boussen Hammouda, 1Abderahmin Mami Hospital, Medical Oncology, Ariana, Tunisia; 2Abderahman Mami Hospital, Medical Oncology Department, Ariana, Tunisia; 1Sofiene Fendri, 1Yosra Berrazaga, 1Seif Haddadou, 1Haifa Rachdi*, 2Myriam Saadi, 1Nouha Daddi, 1Nesrine Mejri, 2Boussen Hammouda, 1Abderahmin Mami Hospital, Medical Oncology, Ariana, Tunisia; 2Abderahman Mami Hospital, Medical Oncology Department, Ariana, Tunisia

**EP034/#855** ASSOCIATION BETWEEN CANCER STIGMA AND DEPRESSION AMONG TUNISIAN PATIENTS FOLLOWING BREAST AND GYNECOLOGIC CANCERS

Sofiene Fendri, Yosra Berrazaga, Seif Haddadou, Haifa Rachdi*, Myriam Saadi, Nouha Daddi, Nesrine Mejri, Boussen Hammouda, Abderrahman Mami Hospital, Medical Oncology, Ariana, Tunisia; Abderrahman Mami Hospital, Medical Oncology Department, Ariana, Tunisia

**EP035/#866** ADJUVANT TREATMENT FOR LUMINAL BREAST CANCER OF INTERMEDIATE PROGNOSIS

Donia Dhib, Nesrine Mejri, Yosra Berrazaga, Haifa Rachdi*, Myriam Saadi, Nouha Daddi, Boussen Hammouda, Abderrahman Mami Hospital Ariana, Medical Oncology, Ariana, Tunisia

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.

**Introduction** Desmoid fibromatosis is a rare, locally aggressive entity that can mimic benign breast lesions on imaging. 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.

**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 registred 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 at are increased risk of developing depression. Thus, it’s important for healthcare providers to be aware of this relationship and provide an appropriate support.

**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 its 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