students. Data is analyzed using chi-square with p-value ≤0.05 is categorized as significant.

Results: 82 respondents were involved in this study with a mean age of 15.93 ± 0,798 years. Mostly the students have high knowledge (63.4%), good attitude towards BSE (51.2%), BSE information exposed (58.5%), low parent support towards BSE (57.3%), and low peer support towards BSE (74.4%). The highest significant factor is knowledge (p= 0.001, OR=6.500), followed by BSE information exposed (p=0.003, OR=4.667), and peer support (p=0.023, OR=3.185).

Conclusions: We conclude that factors affecting BSE behavior among female high school students in Denpasar, Bali are knowledge, BSE information exposed, and peer support. We suggest greater attention in improving students' knowledge, expose more information about BSE, and educate peer support towards BSE among female high school students in Denpasar, Bali.

Legal entity responsible for the study: Badan Semi Otonom Komunitas Mahasiswa Peduli Kanker Fakultas Kedokteran Universitas Udayana.

Funding: Badan Semi Otonom Komunitas Mahasiswa Peduli Kanker Fakultas Kedokteran Universitas Udayana.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.049

30P Male breast cancer: A rural based peripheral cancer center experience

S. Khandelwal[1], P. Goel[2], D. Chaudhary[1], S. Sancheti[3], A. Goel[4], T. Dora[2], R. Sharma[1]

[1]Surgical Oncology, Homi Bhabha Cancer Hospital, Sangrur, India; [2]Radiation Oncology, HBCH, Sangrur, India; [3]Pathology, Homi Bhabha Cancer Hospital, Sangrur, India; [4]Medical Oncology, Homi Bhabha Cancer Hospital, Sangrur, India

Background: Male breast cancer (MBC) is an uncommon malignancy with an estimated incidence of less than 1 % of all breast cancer cases. It is a disease of elderly arising in 6th to 7th decade. Patients usually present at an advanced stage with early skin and nodal involvement. Age, testicular disorders, liver cirrhosis, exogenous estrogens, BRCA -2 mutations are proposed etiological factors. There are four Population based cancer registries (PBCR) in Punjab, India. Amongst them two are predominantly urban (Chandigarh and SAS Nagar) and two are predominantly rural (Sangrur and Mansa). Sangrur PBCR is based at Homi Bhabha Cancer Hospital (under aegis of Tata Memorial Center, Mumbai). The aim of this study is to look into the incidence and clinico-pathological characteristics of M.B.C at our institute, mainly catering to a rural population.

Methods: A total of 1735 breast cancer cases registered over a period of 4 ½ years from January 2015 to July 2019 were screened. Online records were accessed.

Results: A total of 34 M.B.C cases were identified amounting for 1.9% of all breast cancer cases. All patients were from Punjab except one. 44.1% were from district Sangrur. If we look at district wise ratio of MBC to total breast cancer cases then Barnala (2.3) is followed by Mansa (2.1) followed by Sangrur (2.09). Mean Age was 62.5 years. Mean BMI (N=20) was 23.9. Family history was not significant in any case. Tumor was localized to right in 64.7 % cases. Most of the tumors were central in location (70.6%). Main complaint was lump in 58.8%. 16 patients were metastatic,10 were LABC, 8 were early stage. All were infiltrating ductal carcinoma. 27 were ER +ve, 25 were PR +ve, 1 was her2neu positive, 1 was Triple negative. 7 patients were Luminal A, 8 were Luminal B, 1 was Basal, 6 were unknown due to missing information,12 were Luminal A/B. 13 patients were treated radically, 9 were palliative & 12 patients defaulted. 4 patients with oligo-metastatis treated radically were alive at last presentation. 2 patients underwent palliative mastectomy.

Conclusions: Our ratio of M.B.C to breast cancer cases is 1.9 % which is higher than average of 1%. Study period in our series is only 4 1/2 years unlike others, usually more than a decade, with equivalent number of cases. Unlike other studies our burden of metastatic disease was more.

Legal entity responsible for the study: Sachin Khandelwal.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.050

31P The prognostic value of pre-treatment peripheral neutrophil-lymphocyte-ratio (NLR) and its correlation with mutant p53 expression in Indonesian triple negative breast cancer patients

R.Y. Purwanto[1], A.D. Satiti[1], B. Leo[2], I. Widodo[3], S.H. Hutajulu[2], M.S. Hardiyanti[2], J. Kurnianda[2], K.W. Taroeno-Hariadi[2], T. Aryandono[4], S.M. Haryana[5], I. Purwanto[1]

[1]Internal Medicine, Gadjah Mada University/Dr. Sardjito General Hospital, Yogyakarta, Indonesia; [2]Internal Medicine, Universitas Gadjah Mada/Dr. Sardjito General Hospital, Yogyakarta, Indonesia; [3]Anatomical Pathology, Universitas Gadjah Mada/Dr. Sardjito Hospital, Yogyakarta, Indonesia; [4]Surgery, Gadjah Mada University/Dr. Sardjito General Hospital, Yogyakarta, Indonesia; [5]Histology and Cell Biology, Universitas Gadjah Mada, Yogyakarta, Indonesia

Background: Triple-Negative Breast Cancer (TNBC) represents an aggressive phenotype among other breast cancer subtypes with worst prognosis due to abundant inflammatory process. Recent pre-clinical study suggested a correlation between p53 inactivation and systemic inflammation response in driving breast cancer progression. In this study, we evaluated the prognostic value of pre-treatment NLR and its association with mutant p53 expression.

Methods: TNBC patients treated in of Dr. Sardjito General Hospital during 2014-2017 were retrospectively analyzed. Receiver Operating Curve (ROC) was utilized to determine the NLR cut off value and Kaplan Meier survival analysis was used to evaluate the 3-years overall survival (OS). To examine the correlation of NLR and p53, chi-square and independent t-test analysis were applied. Multivariate analysis was done using Cox Proportional Hazard Regression Model with adjustment for age, BMI, clinical staging, histological grading, subtypes, and therapy.

Results: A total of 53 TNBC patients were included in this study. The cut off value used to classify NLR into high and low NLR was 1.67 (AUC: 0.720, 95%CI: 0.581-0.859, p: 0.007, sensitivity: 87.1%, specificity: 50.0%). Mutant p53 expression was associated with high NLR (p= 0.013) with significant difference (Mean difference: 0.611, 95%CI: 0.425-1.179, student's t-test p: 0.036). Patients with high NLR showed worse 3-years OS than patients with low NLR (Median OS±SE (months): 21.205±2.356, 95%CI: 16.588-25.823 vs unreached, p: 0.006). NLR was an independent prognostic factor of TNBC based on multivariate analysis (HR: 3.705, 95%CI: 1.176-11.666, p: 0.025).

Conclusions: Mutant p53 expression was associated with high NLR and, furthermore, NLR was an independent prognostic marker for TNBC. Therefore, this combination has the potential to stratify TNBC patients' risk and further study is needed to formulate the stratification system.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.051

32P Clinicopathologic features and prognostic factors in male breast cancer: A single centre experience

I. Dogan[1], E. Aydın[1], N. Ak[1], K. İbiş[2], Ö. Şükrüoğlu[3], S.K. Erciyas[3], H. Yazıcı[3], A. Aydıner[1], P. Saip[1]

[1]Medical Oncology, Istanbul University Institute of Oncology, Istanbul, Turkey; [2]Radiation Oncology, Istanbul University Institute of Oncology, Istanbul, Turkey; [3]Cancer Genetics, Istanbul University Institute of Oncology, Istanbul, Turkey

Background: To evaluate clinicopathologic features and prognostic factors in male breast cancer (MBC).

Methods: The data of 80 patients were retrospectively reviewed. The clinicopathological features, receptor status (ER, PR, and Her2), BRCA mutation status, tumor stage, and treatment data were recorded. Kaplan-Meier method and Cox regression analysis were used for overall survival (OS) analysis.

Results: The median follow-up period was 47 months (range: 2.2-214.6 months). The median age at diagnosis was 61 years (range: 25-86 years). BRCA mutations were detected in 31% of the patients. The most common histological type of tumor was invasive ductal carcinoma (84%). The ratios of estrogen and progesterone receptor positivity were 93.6% and 74.4%, respectively. Her2 overexpression was present in 16.9%. Locoregional recurrence and distant metastases were observed in 1 (1.4%), and 21 (28.4%) patients, respectively. The median OS was 120.9 ± 25.8 months (70.3-171.5 months). The five years OS was 74.9 ± 6%. BRCA mutation status did not affect OS in univariate analysis (p=0.501). Smoking (p=0.037) and CA15-3 levels (p=0.033) at diagnosis were significantly associated with OS in univariate analysis, however, it was not confirmed by multivariate analysis.

Conclusions: In this study, we showed to BRCA mutations, smoking, regular alcohol consumption, body mass index (BMI), and family history of breast cancer were not affect on the OS.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.052

33P FDG-PET predictivity of pathological axillary nodal status in carcinoma breast-upfront and post-neoadjuvant chemotherapy (NACT) setting

K. Sekar[1], R. Lohith[2], N. Radheshyam[2], K. Kallur[1], K. Varun[2], S. Priya[2], S. Siyus[2]

[1]Radiation Oncology, HCG Bangalore Institute of Oncology Speciality Centre, Bangalore, India; [2]Radiation Oncology, HCG HealthCare Global Enterprises Ltd., Bengaluru, India

Background: FDG PET is used in staging, early prediction of treatment response, monitoring metastatic tumours and in disease status assessment post completion of treatment. In patients undergoing upfront surgery, a significant standardized uptake value (SUV) is associated with pathological node positivity. In patients receiving anterior chemotherapy, studies have shown that a reduction in size and SUV of primary tumour or involved node predicts response to therapy. However based on our observation, the predictive value of PETCT appeared to differ between the upfront setting and post-neoadjuvant chemotherapy (NACT) setting. Our study compares the sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of FDG-PET in predicting pathological axillary nodal involvement in 50 upfront surgery and 50 post-NACT patients.

Methods: This study was conducted between the years 2015 to 2016. Clinical, histopathological and radiological details were obtained from patient records. 50 upfront surgery and 50 post-NACT patient details were reviewed for PETCT nodal status and histopathological nodal status and the following parameters analysed. 1)Sensitivity; 2) Specificity; 3)Positive Predictive Value; 4)Negative Predictive Value

Results: In upfront surgery cases the total number of TP was 21, FP was 2, FN was 12 and TN was 15. In post NACT setting, it was 5, 1, 10 & 34 respectively.

Conclusions: Although metabolic response monitoring post chemotherapy is a useful tool,the sensitivity appears to be lower in predicting pathological node positivity. That is, the proportion of patients with positive pathological node having PET positivity appears to be lower. A practical application of the same would be, to complete all cycles of chemotherapy prior to surgery, irrespective of an interim PETCT complete nodal response, to attain maximal Pathological Complete Response rates.To conclude, the rate of PETCT predictivity of pathological axillary nodal positivity appears to differ between upfront surgery and post-NACT setting.

Table: 33P

	Upfront PETCT	Post NACT PETCT
Sensitivity	63.6%	33.3%
Specificity	88.2%	97.1%
Positive Predictive Value	91.3%	88.3%
Negative Predictive Value	55.3%	77.2%

Legal entity responsible for the study: Krithikaa Sekar.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.053

34P Clinical significance of neoadjuvant dose-dense chemotherapy for II and III stage breast cancer: A meta-analysis of published studies

M.C. Liu[1], Y. Li[1], X. Ma[2], L. Zhang[1], X. Yao[1], Q. Wang[1], D. Wang[1], J. Shi[1], J. Li[1], L. Zhang[1]

[1]Breast Oncology Center, Fourth Hospital of Hebei Medical University, Shijiazhuang, China; [2]Functional Department, Fourth Hospital of Hebei Medical University, Shijiazhuang, China

Background: For II and III stage breast cancers (BCs),neoadjuvant chemotherapy (NCT) is typically the initial treatment.However, there is no evidence to support an improvement in efficacy with dose-dense (DD) chemotherapy (CT) in this setting. Results from clinical trials of neoadjuvant DD-CT in patients with breast cancer are inconsistent.This systematic review evaluates whether DD-CT was more effective than the standard-schedule CT.

Methods: This meta analysis included all comparative prospective and retrospective studies published in Pubmed, Embase, the Cochrane Central Register of Controlled Trials, the Web of Science and the CNKI databases over the past 10 years.The studies that compared the DD-CT with a standard-schedule CT met our inclusion criteria.The primary outcomes were pathologic complete responses (ypT0N0M0: pCR). The secondary outcomes were disease-free survival (DFS) and overall survival (OS). Odds ratios (ORs) for pCR and Risk ratios (RRs) for DFS and OS were estimated and pooled.

Results: Eight studies involving 2477 patients were included in this meta-analysis. Of these, 1214 patients were treated with DD-CT and 1263 patients were treated with CT. The primary outcomes included 8 studies while the secondary outcomes included 7 studies. The pooled rates of the pCR were 19.4% and 11.9% in the experimental and control arms respectively. A significant increase in the pCR [OR= 1.74, 95% confidence interval (CI) 1.38−2.18, P < 0.00001] was noted with DD-CT. Dose-dense treatment also improved DFS[RR= 0.78, 95%CI 0.63−0.98, P = 0.03] and OS [RR= 0.81, 95%CI 0.68−0.96, P = 0.01]. However there was some heterogeneity.Similar results were observed in the further analysis, which was supported by our sensitivity analyses.

Conclusions: The meta-analysis demonstrated that DD-NCT significantly increased the pCR of II and III stage breast cancer compared with standard-schedule CT. Adjuvant dose-dense regimens can also improve DFS and OS.Taking into account the actual improvement in clinical efficacy,prognostic valueand the acceptable safety profile, DD-CT can be considered a standard approach for neoadjuvant therapy in II and III stage breast cancer.

Legal entity responsible for the study: The Fourth Hospital of Hebei Medical University.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.054

35P Pathological response to weekly nabpaclitaxel and carboplatin followed by anthracycline regimen in triple negative breast cancer

G. Sharat Chandra, M. Singhal, D. Panda, A. Sharma, S. Valame

Medical Oncology, Apollo Indraprastha Hospitals, New Delhi, India

Background: Pathological complete response (pCR) is considered a potential surrogate marker for survival in triple negative breast cancer (TNBC), thus attracting strategies to achieve higher pCR. Addition of carboplatin to standard neoadjuvant chemotherapy regimen has been seen to increase pCR.

Methods: We aimed to evaluate efficacy of nab paclitaxel and carboplatin followed by dose dense anthracycline regimen by pCR in women with locally advanced tnbc. Patients with confirmed stage 2 or 3 were included. Hormone receptor and her 2 neu receptor status was confirmed by IHC and/or FISH. Patients received 12 weekly nab paclitaxel 125 mg/m2 plus carboplatin AUC 2 followed by dose dense doxorubicin 60 mg/m2 and cyclophosphamide 600 mg/m2 for 4 cycles and subsequent surgery. pCR was defined as absence of any disease in breast and axilla on surgical specimen. Secondary end points were breast conservation rates, progression free survival and toxicities.

Results: 35 patients with confirmed stage 2 (20%) and stage 3 (80%) were treated between January 2017 and December 2020.The median age of patients was 48.7 years (26 − 71). pCR was achieved in 62.8 % (22) and remaining patients had partial response 34.2% (12). One patient showed stable disease on pathological specimen. Breast conservation surgery (BCS) was possible in 60 % (21). Of those who achieved pCR, 68 % (15) underwent BCS. Grade 3/4 toxicities were fatigue 2.8 % (1), thrombocytopenia 8.5 % (3), nausea/vomiting 2.8 % (1), peripheral neuropathy 2.8 %(1), febrile neutropenia 17 % (6) and anemia 14.2% (5). Hematological toxicity was tackled with reduction of carboplatin dose to AUC 1.5. Dose modifications were done in 63 % of patients. Anemia (74.2%), neutropenia (80%) and thrombocytopenia (71.4%) were most common all grade toxicities. After a median follow up of 25 months, median progression free survival was 68 % as per Kaplan-Meier analysis.

Conclusions: Nab paclitaxel and carboplatin followed by anthracycline regimen as neo adjuvant regimen led to impressive pCR rate of 62.8% in our study. Regimen was tolerated well with necessary dose adjustments showing good response rates with a trend towards increased progression free survival.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.055