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189P Recommendation for “a start to move” program: A 8-week program of incremental physical activity in sedentary breast cancer survivors

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Background: Routine physical activity is proven to reduce side effects of oncological treatments, prevent cancer recurrence, improve immunological status and psychological adjustment in breast cancer survivors (BCS). Nevertheless, adherence to physical activity in BCS remains pointedly low.

Methods: The present RCT aims to measure whether a short (8 weeks) and easy to implement incremental physical activity program is sufficient to achieve significant physical and psychological positive results. Eighty-five sedentary BCS were enrolled at the European Institute of Oncology and randomized in two groups: control group (CG, 41 BCS aged M=51.4 SD=7.6) and intervention group (IG, 44 BCS aged M=48.4 SD=8.9). BCS in IG received a program of physical activity incrementing from 120 minutes walking (9.5-12.5 km) in week 1 to 155 minutes of running-walking alternation (18.3 km) in week 8. In order to be recruited, treatment (surgery, chemotherapy, radiotherapy, trastuzumab) had to be completed since at least 6 months and up to 3 years. The daily assessment was performed using a wearable pedometer device. Questionnaires to assess psychological wellbeing and quality of life (QoL) were administered at baseline (T0) and after 8 weeks (T1). Qualitative data were collected to investigate barriers and facilitators of physical activity adherence.

Results: Physical symptoms and physical challenges, especially associated with side effects of treatments were the most commonly mentioned barriers. The strongest facilitators are: feedbacks by the oncologist, positive experience with exercise on physical and psychological dimensions, and increased self-esteem and self-efficacy. BCS in IG reported a significant improvement at T1 in health-related QoL (difference between groups M=-5.25 p<0.01), in general QoL (M=-5.25 p<0.01), in functional outcomes (M=-5.06 p<0.04) and in physical wellbeing (M=-2.42 p<0.02).

Conclusions: Comparing with previous studies, these results suggest that a short, easy to implement program might be the perfect boost to increase self-efficacy and motivation to adopt a long-term healthy life style. A short and easy program should be considered by Breast Units as Start To Move Recommendation for BCS.

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190P Phyllodes tumour of the breast: 10 years of experience in a Mexican oncology reference center

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Background: Phyllodes tumor (PT) of the breast is a rare fibroepithelial neoplasm representing 1% of all breast tumors. The objective of this report is to describe the characteristics of patients in the Hispanic population with PT and describe the clinical and pathological variables of our population.

Methods: We performed a retrospective analysis of patients with PT treated at an Oncology referral center in North-East Mexico from the years 2013 to 2019.

Results: We registered 51 cases; 28 were excluded due to a lack of follow up. We included 23 cases in the final analysis. The mean age of diagnosis was 51 years, the diagnosis was made by self-detection in all cases, with a median time of evolution of 17.5 months and a median tumor size 12.8 cm, approximately 26% had a history of mammary resection with benign pathology. 39.1% were treated with radical mastectomy, simple mastectomy in 39.1% and 21.7% breast conservative surgery. PT were classified as benign 17.3%, borderline 13% and malignant 69.5%. Patients with malignant PT showed a heterologous component in 21.7%, 60% with mixed histology, (chondrosarcoma, liposarcoma, undifferentiated sarcoma, neural cystosarcoma,

chondroid and bone), 20% fibromyxosarcoma and 20% osteosarcoma. 13% of the entire population had metastatic lung disease at the beginning of diagnosis; We observed 8 recurrences, 2 in borderline and 6 in malignant subtype. The recurrence-free interval in borderline subtype was 51 months and the main site of the recurrence were local; The recurrence-free interval was 5 months in malignant subtype, and the types of recurrence in order of frequency were in multiple sites (lung, nervous central system, bone and liver), 1 case local and 1 case lung metastases. The treatments were chemotherapy (66.6%), radiotherapy (16.6%) and concurrent radiotherapy and chemotherapy (16.6%). The overall survival in the subgroup that developed distant disease was 6.9 months.

Conclusions: To our knowledge, this is one of the first studies, analyzing the clinical-pathological characteristics of phyllodes tumors in the North-East of Mexico. We found more cases with malignant subtype, bigger tumors and more heterologous component than other Hispanic reports.

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192P Strategies and results of oncofertility counselling in young breast cancer patients

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Background: Breast cancer (BC) is the most common female neoplasm in Poland and worldwide, yet up to 7% of all cases are diagnosed <40 years of age. Increased BC morbidity rate in this age group as well as hopes for late maternity need special attention. Chemotherapy constitutes an important element of complex therapy, but it may lead to fertility impairment. Therefore, it is vital that every woman of reproductive age should be informed about the consequences of oncological treatment and about (onco)fertility preservation techniques prior to therapy, which decrease the fear and improve psychological aspects of QoL.

Methods: The data concerning the number of children and further procreation needs in women (N=70), aged 18-40, diagnosed and treated for early breast cancer at Greater Poland Cancer Center in 2018-2019, were taken from patients' history by an oncologist before (neo-)adjuvant systemic therapy. According to the patients' wish, consultation with a specialist in reproductive medicine was provided. Additionally, each patient had genetic studies done.

Results: Out of 70 females, aged 18-40 (mean age 29), 14 (20%) were childless at the time of diagnosis. After being informed about the therapy, prognosis, side effects and oncofertility, 12 patients (17%) decided to have a consultation with a specialist in reproductive medicine; 5 of them (7%) already had children. In 2 women (3%), hormonal stimulation in combination with tamoxifen was used; then, oocytes were collected and cryopreserved. In 20 (29%), gonadotropin analogues were added to (neo-)adjuvant chemotherapy. In 17 patients (24%) pathogenic mutations in BRCA1/2 genes were found.

Conclusions: Oncofertility counselling in young BC patients should be one of the basic elements of complex patient care. High frequency of pathogenic mutations in BRCA1/2 genes in young females should be taken into consideration according to possible childbearing wishes after termination of therapy and before prophylactic oophorectomy.

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