

**132P Surgical management of breast cancer in BRCA mutation carriers:
A single centre experience**

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Background: The optimal local therapy for women with BRCA-associated breast carcinoma remains controversial, and still controversial is the prognostic role of contralateral prophylactic mastectomy (PCM). The aim of this study was to investigate the role of risk reductive surgery in BRCA patients.

Methods: The authors conducted a retrospective review of 374 women with breast cancer who were tested for BRCA1 and BRCA2 genetic mutations at the Breast Unit of ASST Settelaghi - University of Insubria Varese between 2006 and 2016.

Results: Among the 374 women who underwent genetic testing for BRCA mutation, 70 were found to have a BRCA1 mutation and 58 BRCA2. Among the patients we analyzed 88 women with BRCA1-2 mutation undergoing breast surgery in our Institute. The median age was 44, the median follow-up was 104 months. The overall survival of the treated group was 89.7% at 10 years and down to 77% for a longer follow-up. Analyzing the survival curves in relation to the type of surgery performed, there has not emerged any statistically significant difference in terms of OS among patients treated with conservative surgery compared to patients treated with mastectomy. We analyzed the OS of the group undergoing a PCM compared to the group that underwent no reductive risk surgery. The curves demonstrate that at a median follow-up of 120 months, patients undergoing a PCM appear to have better prognosis although not statistically significant but the benefit is cancelled by going forward with the follow-up years. Survival of 92.9% at 120 months in the PCM group, survival of 87.5% for patients not treated with risk reductive surgery [Breslow (Generalized wilcoxon) $p = 0.577$].

Conclusions: In the recent literature PCM was shown to reduce the incidence of contralateral breast cancer, but there is insufficient evidence that PCM improves survival, and further studies are recommended.

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