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due to toxicities was reported in (40.5%) of cases. (7) Patients (15.6%) had toxicity required admission. 26 Patients (57.8%) continued the treatment without significant toxicities (57.8%). The main toxicities reported with Palbociclib were diarrhoea, sepsis, AKI & fatigue while diarrhoea was the main toxicity reported with Abemaciclib. A total of (5) patients had severe events and died but non of them was Covid-19 related death.

Conclusion(s): The use of oral targeted agents (CDK4/6 inhibitors) in ER+, metastatic BC must be weighed against the increased risk of adverse events. CDK4/6 inhibitors is safe to be given during COVID-19 pandemic, we recommend to continue it in case of second wave of COVID-19. The dose reduction does not affect their efficacy.

Conflict of Interest: No significant relationships.

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Breast cancer surgery in COVID19 outbreak: the role of therapeutic mastoplasty

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Goals: There is no doubt, that Severe Acute Respiratory Syndrome Coronavirus-2 and its associated disease (COVID19) has been quite challenging not only for all Health Systems worldwide, but also for all medical professionals, particularly those dealing with cancer patients. There has been a rearrangement of healthcare resources, so that the health systems to be able to deal with the high volume of covid19 patients and the required facilities for their treatment. As a result, routine treatment pathways have been modified. Surgical management of breast cancer patients could not be exempted from treatment pathway modification in the covid19 outbreak era. Main goal is to reduce hospital stay and minimizing the risk for complications and consequently hospital visits, facilitating at the same time oncologic efficiency.

Aim of this study is apart from comparing breast surgery cases in two consecutive years, to evaluate the efficacy of therapeutic mastoplasty in breast cancer patients in Covid Outbreak era.

Methods: We compared all the breast cases done by a Consultant Oncoplastic Breast Surgeon during covid19 outbreak from March until June in 2020 to the cases done during the same period of time in 2019. Parametres like tumor characteristics, hospital stay, complications, oncologic efficacy, and cosmetic outcome were evaluated.

Results: As seen in the Table 1, all breast cases during Covid19 outbreak were cancer cases, without any reconstruction or surgery for benign breast diseases. The number of cases in total was slightly smaller during the outbreak, compared to ones in 2019. As anticipated, there was no reconstruction or benign cases surgery during Covid19 in compliance with Association of Breast Surgery recommendations and regional/national guidelines during Covid19 outbreak. In terms of Wide Local Excisions all of our cases underwent therapeutic mastoplasties, mainly with Modified Round Block technique.

Table 1.

	Cancer Cases	Benign/Reconstructive Cases	Mastectomy (Reconstruction)	Wide Local Excision	Mammoplasties	Axillary Surgery
March-June 2019	18	13	5 (2)	20	20 Round Block: 18 Vertical Mammoplasty: 1 Grissotti Flap : 1	16 SLNB: 10 ALND:6
March-June 2020 (Covid19 Outbreak)	25	0	9 (0)	13	13 Round Block: 9 Lateral/Vertical Mammoplasty: 3 Grissotti flap: 1	24 SLNB:18 ALND:6

Tumor characteristics can be seen in Table 2.

Table 2.

	Tumor size	Histology type	Tumor Grade	ER/HER2 status	NACT
March-June 2019	T1: 7 T2: 6 >T2: 1	IDC: 12 ILC: 2 DCIS: 4	G1: 3 G2: 7 G3: 4	ER+,HER2-: 11 ER+,HER2+: 1 ER-,HER2+: 0 ER-,HER2-: 2	1
March-June 2020 (Covid19 Outbreak)	T1: 6 T2: 8 >T2: 8	IDC: 21 ILC: 1 DCIS:1	G1:3 G2:7 G3:12	ER+,HER2-:8 ER+,HER2+:2 ER-,HER2+:5 ER-,HER2-:7	5

Surgical outcomes are seen in Table 3.

Table 3.

	Day Surgery	Complications	Margin Re-excision	Cosmetic Outcome- (Harvard Scale)
March-June 2019	28	Seroma:1 Haematoma:- Wound Infection:1 Wound Dehiscence:-	-	Excellent:11 Good:6 Fair:3 Poor:-
March-June 2020 (Covid19 Outbreak)	23	Seroma: 1 Haematoma:1 Wound Infection:- Wound Dehiscence:-	1	Excellent:7 Good:4 Fair:2 Poor:

Conclusion(s): In view of Covid19 outbreak, surgical approach to breast cancer patients should ensure oncologic efficiency and minimize exposure to hospital environment. As our data demonstrate, therapeutic mastoplasty is a safe and oncologically efficient approach for breast cancer patients, with minimum complication rates and high satisfaction rates in terms of cosmesis. Therefore, even in challenging pandemic times we are, it can be safely performed by trained Oncoplastic Surgeons.

Conflict of Interest: No significant relationships.

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Ultrasound-guided cryoablation as substitute for surgery in elderly patients with non resected breast cancer: pilot study with medium-term outcomes

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Goals: To review the tolerance, complications and efficacy of US-guided cryoablation in breast cancer (BC) in elderly patients who refuse or are not candidates for surgery.

Methods: A retrospective study of the 27 BC (between 60–5 mm, mean 22 mm) treated in our hospital by US-guide cryoablation between March 2019 and June 2020, was carried out in 25 consecutive patients aged between 80 and 94 years (mean 85). The indications reported in the literature were extended to BC larger than 30 mm and the distance to the skin or the pectoral muscle was not considered. US control and BAG were performed 2–3 months after the procedure to assess the effectiveness of the treatment. Successive cryoablations were performed in patients with residual BC until local control was achieved. In patients without residual BC, US control were performed every 6 months. The procedure was performed under local anesthesia (1% lidocaine). The type and number of needles necessary to achieve a cryoablation volume that