

were neutral on the statement that pregnancy in BC survivors may increase the risk of recurrence in BRCA-mutated BC pts and in BC pts overall, respectively ($p < 0.001$). 15% and 3% disagreed that transplanting the cryopreserved ovarian tissue harvested at the time of BC diagnosis can be considered safe in pts with or without BRCA mutations, respectively ($p < 0.001$).

Conclusions: These results highlight the presence of several misconceptions on fertility preservation and pregnancy after BC that persist even among physicians directly involved in BC care. Focused research efforts to address fertility and pregnancy-related issues in BRCA-mutated BC pts and education to improve physicians' knowledge and adherence to available guidelines are urgently needed.

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1692P Physicians' knowledge, attitudes and practice towards fertility and pregnancy-related issues in BRCA-mutated breast cancer (BC) patients (pts): Results from the BCY3/BCC 2017 survey

M. Lambertini¹, M. Di Maio², F. Poggio³, O. Paganì⁴, G. Curigliano⁵, L. Del Mastro⁶, S. Paluch-Shimon⁷, S. Loibl⁸, A.H. Partridge⁹, H.A. Azim Jr¹⁰, F.A. Peccatori¹¹, I. Demeestere¹²

¹Medical Oncology, Institute Jules Bordet, Brussels, Belgium, ²Department of Oncology, University of Turin, Turin, Italy, ³Medical Oncology, IRCCS AOU San Martino - IST-Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy, ⁴Breast Unit, Institute of Oncology of Southern Switzerland, Lugano, Switzerland, ⁵Early Drug Development for Innovative Therapies Division, Istituto Europeo di Oncologia, Milan, Italy, ⁶Internal Medicine, IRCCS AOU San Martino - IST-Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy, ⁷Medical Oncology, Shaare Zedek M.C, Jerusalem, Israel, ⁸Department of Medicine and Research, German Breast Group (GBG) Forschungs GmbH, Neu-Isenburg, Germany, ⁹Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA, ¹⁰Internal Medicine, American University of Beirut, Beirut, Lebanon, ¹¹Fertility and Procreation Unit, Istituto Europeo di Oncologia, Milan, Italy, ¹²Fertility Clinic, Hopital Erasme, Brussels, Belgium

Background: No data are available on physicians' knowledge, attitudes and practice towards fertility and pregnancy-related issues in BRCA-mutated BC pts.

Methods: A 26-item survey exploring fertility preservation and pregnancy after BC was emailed to physicians attending the 2016 3rd ESO-ESMO BCY3 and the 2017 15th St. Gallen BCC 2017 conferences. The present analysis investigated potential differences in physicians' knowledge, attitudes and practice towards these issues in BC pts with or without BRCA mutations. The McNemar test for paired proportions was used for statistical comparison.

Results: The survey was completed by 273 physicians (105 at BCY3 and 168 at BCC 2017) with a median age of 46 years (range 38-55); the majority were medical oncologists (56%) practicing in an academic setting (86%). A comparable proportion of respondents suggested the use of either embryo (43% vs. 39%; $p = 0.11$) or oocyte (62% vs. 63%; $p = 0.77$) cryopreservation as available options for BC pts with or without BRCA mutations, respectively. Conversely, ovarian tissue cryopreservation (33% vs. 40%; $p = 0.009$) and GnRHα during chemotherapy (74% vs. 81%; $p = 0.001$) were less commonly suggested in BRCA-mutated BC pts than in BC pts without BRCA mutations. 42% agreed or were neutral on the statement that controlled ovarian stimulation should not be considered safe in BRCA-mutated BC pts. 45% and 30% agreed or