

**Methods** We retrospectively studied 27 cases of histologically confirmed breast cancer, collected during 8 years, in gynecology and pathology departments of our institution. All patients were under 30 years of age at diagnosis. Clinical data, pathological investigations and outcome statistics were analyzed.

**Results** The average age in our series was 26.5 years. Discovery of a breast nodule was the predominant clinical symptom (80%) with an average consultation time of 8 months. Tumor size was > 5.5 cm in 60% of cases. The tumor was T4 in 35% of cases and M1 in 3 patients. Treatment was radical and conservative in respectively 60% and 15% of cases. Histological type was an invasive ductal carcinoma all cases, grade III of Scarff Bloom and Richardson in 35% of cases. Lymph node involvement was noted in 27.5% of cases. Phenotype profiles was distributed as follows: HER2 in 7 cases, triple negative in 8 cases, luminal A and B in 6 cases each. Chemo and radio therapies were performed in respectively 90 and 95% of cases, Hormone and targeted therapies were performed in 40% and 25% of cases respectively. Recurrences were noted in 25% of cases, distant metastases in 45% of cases and disease related death in 12% of cases. BRCA1 was positive in 5 patients.

**Conclusions** Breast cancer in young women seems to be highly heterogeneous and has potentially aggressive and complex biological features.

## IGCS19-0674

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### RESULTS AND INDICATIONS OF BREAST MICRO-BIOPSY: A MONOCENTRIC STUDY

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**Objectives** The objective of this study was to correlate clinical, radiological and pathological data of mammary microbiopsies

**Methods** This is a 20-month retrospective study from January 1, 2016 to December 31, 2018 that included all patients who had a breast microbiopsies.

**Results** Out of 86 patients, one patient was excluded because the pathological examination was not contributory. The average age of the patients was 39 years (range, 20 to 71 years). We performed mammary microbiopsies for ACR 4 in 82% of the patients. Pathological examination concluded that there was benign mastopathy, mainly fibrocystic dystrophy in 76% patients (a radio-histological discordance) and infiltrating ductal carcinoma in two patients. One patient had a breast micro-biopsy for ACR 3 with familial breast cancer ATCDs. The anatomopathology concluded to the benignity of the lesions. All ACR 5 patients, (n =12), had infiltrating ductal carcinoma.

**Conclusions** Ultrasound guided mammary micro-biopsy is a reliable examination that allows in most cases to determine the histological type of the mammary lesion when it is accessible to the biopsy, thus reducing the overall impact of the management of mastopathies. The problem arises when there is a radio-histological discordance, mainly in front of ACR4.

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### PREDICTORS OF LYMPH NODES METASTASIS IN 209 PATIENTS WITH EARLY INVASIVE BREAST CANCER: ONE YEAR EXPERIENCE OF A SINGLE CANCER CENTER

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**Objectives** The aim of this study was to identify predictive factors of axillary lymph node metastasis (ALNM) in early breast cancer (EBC).

**Methods** It was a retrospective study of 209 patients with T0-T1-T2 breast cancer who underwent resection of the primary tumor and axillary staging by sentinel lymph node biopsy (SLNB) and/or axillary lymph node dissection (ALND) over 2012 at our institute. The  $\chi^2$  test and Fisher's exact probability tests were used for categorical variables, and t-test for continuous variables. Predictors of ALNM were identified by univariate and multivariable logistic regression analyses using SPSS statistical software package (version 20.0).

**Results** Among the 209 patients, 48.8% (102 cases) had ALNM. Factors associated with ALNM in univariate analyses were tumor clinical size (23.5% in stage T0, 41.9% in stage T1, 55.4% in stage T2;  $p=0.02$ ), multifocality (73.7% vs 43.3%,  $p=0.001$ ), lymphovascular invasion (LVI) (77.1% vs 43.1%,  $p<0.0001$ ), HER2 overexpression (66.7% vs 45.1%,  $p=0.018$ ) and Ki67 value  $\geq 14\%$  (55.5% vs 41.4%,  $p=0.043$ ) as well as molecular subtype (40% in luminal A, 56.7% in luminal B, 66.7% in HER 2 and 36.8% in triple negative subtype,  $p=0.049$ ). The presence of the estrogen receptors (ER), progesterone receptors (PR) have no influence on the risk of ALNM. However, the rate of positive ER was significantly lower in patients with ALNM (72.76%  $\pm 25.76$  vs 84.19  $\pm 19.865$ ,  $p=0.002$ ). On multivariate logistic regression model, the presence of LVI (OR=4.450, CI=1.756–11.278,  $p=0.002$ ), the tumor clinical size (OR=1.261, CI=1.088–1.463,  $p=0.002$ ) and the rate of ER positivity (OR=0.977, CI=0.962–0.991,  $p=0.002$ ) remained as independent predictors of ALNM.

**Conclusions** Our results suggest that LVI, tumor size and the rate of positive ER are predictive factors for ALNM in EBC.

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### PHYLLODE BREAST SARCOMAS, CLINICOPATHOLOGICAL SERIES

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**Objectives** Phyllode breast sarcomas are rare fibroepithelial tumors that account for less than 0.5% of all breast tumors. Due to their rarity and heterogeneity, it was difficult to establish an optimal therapeutic protocol.

**Methods** We carried out a retrospective study of 18 cases of Phyllode breast sarcomas collected at Salah Azaiez Institute between 2004 and 2013.