

**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

125

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

<sup>1</sup>A Ben Amor\*, <sup>2</sup>D Bacha, <sup>1</sup>K Saffar, <sup>1</sup>A Halouani, <sup>2</sup>S Ben Slama, <sup>2</sup>A Lahmar, <sup>2</sup>S Bouraoui, <sup>1</sup>A Triki. <sup>1</sup>Mongi Slim Hospital, Gynecology Department, Tunis, Tunisia; <sup>2</sup>Mongi Slim Hospital, Pathology Department, Tunis, Tunisia

10.1136/ijgc-2019-IGCS.125

**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.

## IGCS19-0402

126

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

L Achouri, H Mansouri, S Ben Othmen, I Ben Safta\*, R Chargui, H Bouzaïene, K Rahal. Salah Azaïez Institute, Surgical Oncology, Tunis, Tunisia

10.1136/ijgc-2019-IGCS.126

**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.

## IGCS19-0423

127

### PHYLLODE BREAST SARCOMAS, CLINICOPATHOLOGICAL SERIES

<sup>1</sup>M Bouhani\*, <sup>1</sup>O Jaidane, <sup>1</sup>J ben hassouna, <sup>1</sup>S sakhrî, <sup>2</sup>O adouni, <sup>2</sup>S kammoun, <sup>1</sup>M hechiche, <sup>1</sup>R chargui, <sup>1</sup>K rahal. <sup>1</sup>Salah Azaïez Institute, Oncologic Surgery, Tunis, Tunisia; <sup>2</sup>Salah Azaïez Institute, anatomopathology, Tunis, Tunisia

10.1136/ijgc-2019-IGCS.127

**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 Azaïez Institute between 2004 and 2013.

**Results** The mean age was 48.8 years. The average delay of consulting was 12.3 months. A breast lump palpation was the chief complaint (97% of cases). The mean tumor size was 12.3 cm. Seventeen patients (94.4%) underwent mastectomy and one patient underwent wide lumpectomy. Adjuvant radiotherapy was done in 13 cases (72.2%), while chemotherapy was administrated to 5 patients (27.7%). After a follow-up ranging from 4 to 124 months, 5 patients (27.7%) developed local recurrences and 6 patients (33.3%) developed distant metastases. The median overall survival was 10 months and the median disease-free survival was 7 months. An analytical study of the parameters age, tumor size, mammographic appearance, presence or absence of metastases and local recurrences showed no correlation with the histological subtype ( $p > 0.05$ ). In univariate analysis, the identified overall survival prognostic factors were surgical margins  $< 1$  cm ( $p = 0.005$ ) and tumor necrosis ( $p = 0.028$ ).

**Conclusions** Phyllode breast sarcomas are rare tumors. The therapeutic approach is not well codified. Multicenter studies are needed to establish an optimal therapeutic strategy.

## IGCS19-0066

### 128 PRIMARY ECTOPIC AXILLARY BREAST CARCINOMA: ABOUT FIVE CASES

I Margheli, I Zemni, M Ghalleb\*, M Bouida Amin, R Chargui, K Rahal. *Institute Salah Azaiez Of Oncology, Surgical Oncology, Tunis, Tunisia*

10.1136/ijgc-2019-IGCS.128

**Objectives** Ectopic breast tissue is present in 2 to 6% of women. Only one hundred and seventy one cases of ectopic breast cancer were described in the literature, reducing the available evidence.

Thus the aim of this case series is to report long-term outcomes in five cases treated at our institution.

**Methods** We report five cases of primary axillary breast carcinoma followed at our institution between 1999 and 2005.

**Results** The median age of our patients was 48 years old (33–60 years) and median follow up was 8 years (4–10 years). Four times the ectopic breast tissue was located in the right axilla. The median tumor size was 25 mm (15–55 mm). Four of them had wide local excision and axillary lymph node dissection. Three of those patients had positive lymph nodes thus they had adjuvant chemotherapy, radiation therapy and hormonal therapy. The other patient with negative lymph node had adjuvant radiation therapy and hormonal therapy. One of the patients had a positive supraclavicular lymph node and received Radiation therapy chemotherapy and hormonal therapy after four years she had a loco-regional relapse and was treated with mastectomy and chemotherapy. One patient had a distant relapse after two years of follow up and received chemotherapy. The three other patients were free of relapse during their follow up period.

**Conclusions** Primary axillary breast carcinoma is a rare entity. Despite the paucity of literature, our findings and authors recommendations suggest that local excision can be performed safely with promising outcomes in this subset of patients.

## IGCS19-0736

### 129 IS RETESTING IMMUNOHISTOCHEMISTRY FOR BREAST CANCER LOCOREGIONAL RELAPSE MANDATORY? A 46 CASES STUDY

<sup>1</sup>M Ghalleb\*, <sup>2</sup>O Adouni, <sup>2</sup>I Zawati, <sup>1</sup>S Sghaier, <sup>2</sup>A Goucha, <sup>1</sup>I Zemni, <sup>2</sup>I Bettaieb, <sup>1</sup>M Hechiche, <sup>1</sup>K Rahal, <sup>2</sup>A Gamoudi. *<sup>1</sup>Institute Salah Azaiez Of Oncology, Surgical Oncology, Tunis, Tunisia; <sup>2</sup>Institute Salah Azaiez Of Oncology, Pathology, Tunis, Tunisia*

10.1136/ijgc-2019-IGCS.129

**Objectives** Breast cancer is the most frequent female cancer. In some cases, a change in hormonal receptors and Her2neu status between primary tumors and relapsed tumors were reported.

Our aim is to determine if it is mandatory to repeat immunohistochemistry and if there are some factors that can predict change of status.

**Methods** A retrospective study about 46 patients with locoregional cutaneous or lymphatic relapse between 2015 to 2017. The patients were divided into 5 molecular subtypes:

Lumina A, Luminal B, Luminal B Her2; Her2 and triple negative subtype.

**Results** The median age was 47-year-old (IQR 27–79). Mean histologic size was 4.56 cm (IQR 0.5–13). 34 patients were grade II of SBR. 54,34%(25) of the patients had radical surgery associated to chemotherapy radiation therapy and hormonal therapy as initial treatment. A mean number of harvested metastatic lymph-nodes at initial surgery was 8.28 (0–36). 54,34% (25) had their status changed. The highest ratio of status changes was observed with luminal A tumors 73.33% (11/15). Whereas triple negative tumors have the lowest ratio 16.66% (1/6). We studied the impact of age, time to relapse and site of relapse on status change, but no statistical significance was found.

**Conclusions** Our results tend to prove the necessity of repeat immunohistochemistry. However, they failed to determine factors associated with higher risk of status change. Those results are to be taken with caution and further studies with bigger study population are mandatory.

## IGCS19-0748

### 130 SQUAMOUS CELL CARCINOMA OF THE BREAST A RARE AND AGGRESSIVE ENTITY: ABOUT EIGHT CASES

<sup>1</sup>I Margheli, <sup>1</sup>S Sghaier, <sup>1</sup>M Ghalleb\*, <sup>2</sup>O Adouni, <sup>1</sup>O Jaidane, <sup>1</sup>J Ben Hassouna, <sup>1</sup>R Chargui, <sup>1</sup>K Rahal. *<sup>1</sup>Institute Salah Azaiez Of Oncology, Surgical Oncology, Tunis, Tunisia; <sup>2</sup>Institute Salah Azaiez Of Oncology, Pathology, Tunis, Tunisia*

10.1136/ijgc-2019-IGCS.130

**Objectives** Squamous cell carcinoma (SCC) of the breast is rare, accounting for less than 0.1% of all breast cancers. Our purpose is to report the clinicopathological features of this disease.

**Methods** We report eight cases of primary SCC of the breast treated at Salah Azaiez Institute between 2005 and 2019.

**Results** The median age of our patients was 58 years old (IQR 44–75 years). The Chief complaint was Lump discovery during self-palpation. The median tumor size was 73.5mm (IQR 25–120mm). The disease stage was as