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, mammmographic 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.

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PRIMARY ECTOPIC AXILLARY BREAST CARCINOMA: ABOUT FIVE CASES

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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.