

**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

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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.

## IGCS19-0736

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

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**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

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**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