

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

follow: T4b in four cases, T2 in 3 and T3 for the last case. The surgical treatment was radical in half of the cases and conservative for the other half. Three patients had positive lymph nodes. Locoregional radiotherapy was performed in 5 cases. Four patients received Six cycles of standard breast chemotherapy each. The median follow-up was 21.5 months. Five patients presented a locoregional relapse after an average of 8.8 months (IQR2–22 months). Distant relapses were encountered in 4 cases after an average of 20 months (IQR 3–46 months). The site of metastasis was liver and lung in 2 patients, brain in one patient and contralateral axillary node in the other one. Three women are still in remission, three had a progressive disease and the other two died.

Conclusions SCC is an aggressive entity, associated with a poor prognosis. The standard treatment is surgery. The place of adjuvant treatment remains debatable. Meta-analysis are warranted to for a better selection of prognostic factors and shaping the ideal course of treatment.

IGCS19-0363

131 TRIPLE-NEGATIVE BREAST CANCER: CORRELATION BETWEEN IMAGING AND PATHOLOGICAL FINDINGS

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Objectives OBJECTIVE: Although triple-negative breast cancer (TNBC) has been studied extensively in the oncology and pathology literature, there are few reports on imaging features. Emerging data suggest that imaging features of TNBC are substantially different from other primary breast cancer immunotypes. This study was designed to investigate the mammography and ultrasound findings of triple-negative breast cancer in a Tunisian population.

Methods From January 2009 to December 2013, mammography and ultrasound findings of 300 female patients with pathologically confirmed triple- breast cancers were retrospectively reviewed. We also reviewed pathological reports for information on the histological type, histological grade and the status of the biological markers.

Results Triple-negative breast cancers showed a high histological grade (Grade III =63%). On mammography, triple-negative breast cancers usually presented with a mass (97,6%) and a focal asymmetry was found in only 2 cases. A spiculated mass represented only 31% of cases. There were no cases of isolated micro-calcifications and associated microcalcifications were noted in 11% (N=33) of cases. The presence of microcalcification was not correlated with ductal carcinoma in situ associated to the infiltrating carcinoma. On ultrasound, the cancers were less frequently seen as non-mass lesions (14%), more likely to have circumscribed margins (66%), were markedly hypoechoic (79%) less likely to show posterior shadowing (12%) and with color doppler showing images of vessels within the tumor in 52% of cases.

Conclusions Our results suggest that the imaging findings might be useful in diagnosing triple-negative breast.

IGCS19-0366

132 POST-MASTECTOMY RADIATION THERAPY IN NODE-NEGATIVE BREAST CANCER

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Objectives The aim of this study is to identify the clinicopathological features that can possibly indicate PMRT.

Methods We retrospectively reviewed 175 patients with pT1-T2 N0 M0 breast cancer from 2001 to 2003, among them PMRT was delivered in 104 cases.

Results In the group of PMRT the mean age was 49 years old with 12.5% (N=13) young female patients (\leq 35 years old) where as only 2.8% young patients were identified in the group of mastectomy alone (p=0.002). Invasive ductal carcinoma adjacent to area of DCIS was found in 40% (N =71) of cases. Multifocality in the rest of the gland was identified in 32% (N =56) of cases and significantly influenced the indication of PMRT (p=0.03). Unfortunately, adjuvant chemotherapy was indicated in 65% 5 (N=114) of cases and it was based on anthracyclin (95%). OS at 3 and 5 years were 85.5 and 69.5% respectively. On univariate analysis, PMRT was not associated with a better OS compared to mastectomy alone. After a mean follow-up period of 62 months disease free survival DFS at 3 and 5 years were 88.1 and 83.6%, nine patients experienced LRR, five patients developed a bilateral tumor and 30 patients had distant metastasis. PMRT did not influence the locoregional and the metastatic status of our population.

Conclusions there is no increase in the risk of distant metastasis, locoregional recurrence, or death when PMRT was omitted in breast cancer patients with p T1-T2N0 M0 status.

IGCS19-0368

133 PT1-T2 N0 M0 BREAST CANCER WITH EARLY RECURRENCE

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Objectives Node-negative breast cancer patients have a low likelihood of cancer recurrence, and are often referred to as low-risk cancer patients. However some of these patients will experience early recurrence (within the first two years). Therefore, it is important to identify breast cancer traits that may predict the risk of recurrence in this subgroup.

Methods We retrospectively reviewed 331 female patients with pT1-T2 N0 M0 breast cancer treated in Salah Azaiez Institute from 2001 to 2003, among them 64 patients (19.3%) experienced recurrence. Most of the patients presented an early recurrence (N=57) within the first two years.

Results patients, and lymphovascular invasion (LVI) ratio were% 66.2, 46.8% and 10.6%, respectively. Estrogen receptor and progesterone receptor positivity were 46.9% and