

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 Tunsian 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