Chinese were defined as individuals from Taiwan. SEER*Stat and Joinpoint regression programs were used for analyses. **Results** Of 3,402,974 patients, there were 3,098,931 (91.1%) White, 139,612 (4.1%) US Asian, and 164,431 (4.8%) Native Chinese. In 2018, the incidences of White, US Asians and Native Chinese were 132.85, 102.27, and 76.66 (per 100,000). Over the 18-year period, the incidence of breast cancer in Whites remained unchanged (average annual percent change (AAPC) = -0.21%, p = 0.05). However, US Asians and Native Chinese have increased at 0.91% and 3.96% per year (p < 0.001). An intersectional analysis showed US Asians at age 55–59 with distant stage had the highest AAPC (2.89%, p < 0.001). Native Chinese at age 75–79 had the highest AAPC (6.43%, p < 0.001). Using BRFSS data, 41% of US Asians never had mammogram screening compared to 18% of Whites. Furthermore, the screening rates improved at over 3% per year (p < 0.001) annually for Whites, but have not improved in US Asians. (0.80%, p = 0.410). **Conclusions** Incidences of breast cancers in Asians have significantly increased in both the US and Republic of China in the past two decades. US Asians were found to be diagnosed at a more advanced stage of disease; and accordingly, were less likely to undergo screening mammograms.

**EP021/1089 TRENDS IN THE INCIDENCE OF INVASIVE BREAST CANCERS IN THE REPUBLIC OF CHINA**

**Objectives** The aim of this study was to identify trends associated with incidence of breast cancers in Native Chinese from the Republic of China. **Methods** Data was obtained from the Taiwan Cancer Registry between 2001 and 2018. SEER*Stat 8.3.9 and Joinpoint regression programs 4.9.0.0 were used to calculate the incidences and trends. The incidence was adjusted by WHO 2000 standard population. **Results** From 2001 to 2018, the incidence of breast cancer has increased dramatically from 40.23 to 76.66 (per 100,000). The highest incidence was in the 60–64 year age group (232.23) and those residing in Taipei City (92.34). The incidence of infiltrating ductal carcinoma was higher at 65.2, while lobular carcinoma was 3.46. The overall incidence of breast cancer has increased over the last 18 years at an average annual percentage change (AAPC) of 3.96% (p < 0.001). Of the breast cell carcinoma subtypes, mixed infiltrating ductal and lobular carcinoma had the highest increase of 5.82% (p = 0.001), followed by lobular carcinoma (5.54%, p < 0.001) and infiltrating ductal (4.08%, p < 0.001). In an intersectional analysis, the highest AAPC was seen in younger women (45–49 years) residing in Tainan City with lobular carcinoma at 10.9% (p < 0.001). **Conclusions** The incidence of invasive breast carcinoma is increasing in Taiwan, especially in younger women (<50 years) in Taipei City. Early screening programs are particularly warranted in these high risk groups. Further studies are warranted to determine potential genetic and social determinant factors associated with this rise in incidence.

**EP022/#229 NON-MAMMARY BREAST METASTASES: A CLINICO-PATHOLOGICAL STUDY**

**Objectives** We aimed to evaluate non-mammary breast metastases, and to precise their clinico-pathological and follow-up characteristics. **Methods** We identified 17 patients diagnosed with non-mammary breast metastases between 2006 and 2021 at Salah Azaiez Institute of Oncology. Histological slides were reviewed. Clinico-pathological characteristics and follow-up data were retained from medical files. **Results** Seventeen patients were included in our study (three men and fourteen women). The median age at diagnosis was 44 years (17–65 years). The most common presentation was a palpable mass (50%). The metastases were unifocal, and the median size of the metastatic focus was 12 mm. The most common metastatic neoplasia was lymphoma (43.8%) (90% diffuse large B-cell lymphoma and 10% Hodgkin lymphoma). It was followed by melanoma (17.6%), mostly cutaneous, leiomyosarcoma (15%), undifferentiated carcinomas of nasopharyngeal type (11.6%), neuroendocrine tumor (6%, mostly from the gynecologic tract) and fibrosarcoma (6%). The diagnoses were confirmed by immunohistochemistry in 75% of cases. Breast metastases were unique in 15% of patients and associated with other organ metastases in 85% of patients. The median time of follow-up from the breast metastasis event to the last follow-up was 12 months. The median overall survival after BM diagnosis was 24 months (1 month-13 years). **Conclusions** In our series, the most common tumor type was lymphoma, followed by melanoma. The diagnosis of metastases from primary breast lymphoma may be challenging, especially when the metastasis is unique. The initial clinico-radiological correlation may be very helpful to identify metastases and provide optimal patient care.

**EP023/#255 PROGNOSTIC SIGNIFICANCE OF TUMOR INFILTRATED LYMPHOCYTES IN TRIPLE-POSITIVE BREAST CANCER**

**Objectives** Our aim was to determine if tumor infiltrating lymphocytes (TILs) have a prognostic significance in triple-positive breast cancer. **Methods** A cohort of 123 female patients diagnosed with invasive breast carcinoma at Salah Azaiez Institute of Oncology...