Chinese were defined as individuals from Taiwan. SEER\textsuperscript*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 BRFS 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.

**EP022/#229 TRENDS IN THE INCIDENCE OF INVASIVE BREAST CANCERS IN THE REPUBLIC OF CHINA**

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10.1136/ijgc-2022-igcs.112

**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 of 1999 to 2018. SEER\textsuperscript*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 duct (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 cancer 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.

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

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10.1136/ijgc-2022-igcs.114

**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...
between January 2014 and December 2019, were enrolled in this retrospective study. Clinicopathological data on pathological tumor size, the status of pathological lymph node metastasis, and clinical course were extracted from patients’ medical records. Histological slides were reviewed for variables including tumor morphology and hormonal status. Additional clinical data were obtained from electronic medical records. The Kaplan-Meier method was used to determine the association between survival and TILS.

Results Our series contained 123 cases of invasive ductal carcinomas. The mean age was 52 years with extremities of 26 and 102 years. TILs were not significantly associated to response to neoadjuvant chemotherapy (p = 0.728), to metastases (p = 0.737), neither to recurrences (p = 0.939). Furthermore, TILs were not associated with the overall survival (p = 0.928).

Conclusions In this series, TILs seem not to be associated with outcomes. We did not find additional benefits for estimating TILs in triple-positive breast cancer.

HAS HORMONE THERAPY ANY BENEFIT ON DISEASE-FREE SURVIVAL IN ER-LOW POSITIVE/HER2-NEGATIVE BREAST CANCER?

Objectives We aimed to study the benefit in terms of survival of hormone therapy in patients with ER-low positive/HER2-negative breast cancer compared to patients with high ER-positive/HER2-negative breast cancer.

Methods Fifty patients diagnosed with ER-positive/HER2-negative breast cancer between January, 2015 and December, 2018 were identified. ER status was assessed using immunohistochemistry (IHC) based on American Society of Clinical Oncology/College of American Pathologists (ASCO/CAP) guidelines at the time of the study. According to the ER positivity by IHC, cases were categorized into two groups: ER-high positive if there was more than 10% of ER expression and ER-low positive if it ranged from 1 to 10%. Clinical and pathological data were collected from our institute database.

Results The median age in ER-positive patients was 57 years (range 35–80). Histological subtypes were as follows: no specific ductal type (n=45), lobular (n=2), mixed (n=1), and special ductal (n=1). The median tumor SBR grade was II. The tumor stage was pT1 (eight cases), pT2 (17 cases), pT3 (12 cases), and pT4 (six cases) and not available in seven cases. Thirty-one patients were ER-high positive and 19 patients were ER-low positive. The median follow-up period was 20 months. All the patients received hormone therapy. In the ER-low positive group, five patients were free of relapse while 14 others presented a relapse (three local relapses and eleven distant relapses) among which seven patients died.

Conclusions Our study shows no survival benefit from hormone therapy in patients with ER-low positive breast cancer. Larger and prospective longitudinal studies are needed to validate the current ASCO/CAP.

BREAST CANCER IN YOUNG WOMEN

Objectives We aimed in our study to analyse clinical and epidemiological as well as histopathological properties and management plus the outcome of breast cancer in young women.

Methods We conducted a descriptive retrospective study including 38 young women (=<40 years old) operated for breast cancer at Salah Azaiez Institute of Oncology between January 2015 and December 2019. Data were collected from hospital records involving: *epidemiological, clinical and histopathological properties. *Received treatment. *Outcome after treatment.

Results Among 150 patients operated for breast cancer 26% were younger than 40 years old. The middle age was 37+2 years. Ten percent of these patients had a medical history of breast cancer in their family. Twenty percent of them were nulliparous and 69% had breastfed their babies. Pregnancy