between January 2014 and December 2019, were enrolled in this retrospective study. Clinicopathological data on pathologi- cal tumor size, the status of pathological lymph node meta sta- sis, and clinical course were extracted from patients’ medical records. Histological slides were reviewed for variables includ- ing 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?**

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**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-pos- itive/HER2-negative breast cancer.

**Methods** Fifty patients diagnosed with ER-positive/HER2-neg- ative breast cancer between January 2015 and December 2018 were identified. ER status was assessed using immuno- histochemistry (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 expres- sion and ER-low positive if it ranged from 1 to 10%. Clin- ical 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**

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**Objectives** We aimed in our study to analyse clinical and epidemiological as well as histopathological properties and man- agement 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 in the obstetrics and gynaecology department of Ben Arous hospital between January 2012 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