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 extremes 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.

**EP024/#463 HAS HORMONE THERAPY ANY BENEFIT ON DISEASE-FREE SURVIVAL IN ER-LOW POSITIVE/HER2-NEGATIVE BREAST CANCER?**

*Karim Ben Hamida*, **Yoelle Houxine**, **Khedija Hamza**, **Amal Maoua**, **Salma Kamoun**, **Amira Hmidi**, **Senda Ayadi**, **Riadh Chargui**, **Maha Driss**. *Salah Azaiez Institute of Oncology, Surgical Oncology Department, Tunis, Tunisia; Salah Azaiez Institute of Oncology, Pathology Department, Tunis, Tunisia*

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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-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 showed 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.

**EP025/#611** **KI67 AS A PREDICTOR OF CLINICAL RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN TRIPLE-POSITIVE BREAST CANCER**

*Karim Ben Hamida*, **Yoelle Houxine**, **Amal Maoua**, **Khedija Hamza**, **Salma Kamoun**, **Senda Ayadi**, **Riadh Chargui**, **Maha Driss**. *Salah Azaiez Institute of Oncology, Surgical Oncology Department, Tunis, Tunisia; Salah Azaiez Institute of Oncology, Pathology Department, Tunis, Tunisia*

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**Objectives** Our aim was to evaluate whether the immunohistochemical expression of Ki67 can predict clinical response to neoadjuvant chemotherapy (NACT) in triple-positive breast cancer (TPBC).

**Methods** A cohort of 17 female patients diagnosed with invasive breast cancer at Salah Azaiez Institute of Oncology between January 2015 and December 2019, were enrolled in this retrospective study. Ki67 was determined by immunohistochemistry on initial core biopsies. The inclusion criteria were women with locally advanced non-metastatic TPBC who received NACT. We chose the median value of 20% as the threshold to define a high Ki67. Statistical analysis was performed using the Chi-square test.

**Results** The median age was 48 years with extremes of 35 and 60 years. The Scarff-Bloom-Richardson modified by Elston and Ellis grade was I in one case, II in 12 cases, and III in one case. The grade was difficult to specify in three cases because of the lack of 10 fields to evaluate the mitotic account. In our study, Ki67 was high in 14 cases. The Residual Cancer Burden (RCB) score was II in four cases and III in ten cases. pCR was found in three cases. Ki67 value was not significantly related to clinical response to NACT in TPBC (p = 0.501).

**Conclusions** Our study suggests that Ki67 expression detected by immunohistochemistry is not a predictor factor of clinical response to NACT in locally advanced TPBC. Other studies with higher number of subjects are needed to confirm these results.

**EP026/#1090** **BREAST CANCER IN YOUNG WOMEN**

*Amal Chermiti*, **Hajer Bettaieb**, **Rahma Bouhmida**, **Nezrine Souayeh**, **Hadir Lamiri**, **Meriem Ouederni**, **Hadhami Rouiss**, **Idriss Abidi**, **Hedhili Oueslati**, **Chaouki Mbarki**, **Salah Azaiez Institute of Oncology, Surgical Oncology, Tunis, Tunisia; Regional hospital Ben Arous, Gynaecology and Obstetrics, Tunis, Tunisia; Regional hospital Ben Arous, Gynaecology and Obstetrics, Tunis, Tunisia; Regional hospital Ben Arous, Gynaecology, Tunis, Tunisia*

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**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