among premenopausal females. Due to its unique characteristics in young women, including fertility and psychosocial concerns, BC requires special attention. This study analyses BC prognostic factors in young women from southern-east Tunisia.

**Methodology** This retrospective study enrolled 90 women under 40 years with histologically confirmed early BC. Immunohistochemical evaluation of HR, HER2, and Ki67 expression was conducted for all cases. Statistical analysis was conducted using SPSS version 20.

**Results** The average age was 35.5 years, with 23.9% having a family history of BC. Pregnancy was associated with BC in 10% of cases. Mean time to diagnosis was 2.8 months, and the average tumor size was 3.8 cm. Advanced clinical stage and unfavorable biological characteristics were more common in young women. Ductal carcinoma of non-specific type was the most frequent histologic subtype (97.8%). HR negativity was observed in 28.9% of cases, HER2 overexpression in 32.2%, and high proliferation index (Ki-67 > 20%) in 78.8%. Luminal B Her2-negative was the predominant molecular subtype (28.8%), while triple-negative subtype accounted for 16.2%. Treatment modalities included conservative surgery (36.4%), neoadjuvant chemotherapy (25.6%), and radiation therapy (92.3%). After a median follow-up of 60 months, 32.2% of patients experienced relapse, with a 5-year overall survival rate of 77%. Prognostic factors influencing survival included tumor stage, lymph node involvement, histological grade, HR negativity, high Ki67, and relapse. Multivariate analysis did not identify any significant impact on overall survival.

**Conclusion** While we know that young women with BC are more likely to have a genetic predisposition, larger breast tumors, unfavorable biological characteristics, distant metastatic disease at diagnosis, and poorer outcomes, the findings of this study emphasize the need for further research to understand the complex relationships among BC prognostic factors in young women.

**Disclosures** No conflicts of interest to disclose.

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**12. Trophoblastic Diseases**

**#106 PULMONARY METASTASIS CHORIOCARCINOMA IN A 44 YEARS OLD WOMAN WITH MYOMA AND 10 MONTHS ABNORMAL UTERINE BLEEDING : A CASE REPORT AND REVIEW OF GTN MANAGEMENT**

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**Introduction/Background** Gestational trophoblastic neoplasia comprises a unique group of human neoplastic diseases that derive from fetal trophoblastic tissues. The hydatidiform mole is the most common form of GTD, representing 80% of cases. An invasive mole is a hydatidiform mole characterized by the enlarged hydropic villi invading into the myometrium, into vascular spaces, or into extraterine sites.

Results our patient wasG4 woman with a history of molar pregnancy 10 years ago which was treated with actinomycin due to the rise of hCG At that time (10 YEARS AGO) she followed with BhCG and achieved normal pregnancy after that. (Her last child is 7 y old)

She was admitted with dyspnea (RR=35) and history of covid in 2 months later in the emergency department.

The chest CT image revealed extensive metastatic lung lesion.

Incredibly and unfortunately the pulmonologist took a biopsy without suspicion to GTN.

We requested BhCG which was 700,000 (IU) and vaginal metastasis in gynecologic exam

We put her on two courses Etoposide/Cisplatin and then (with relative response) 7 courses EMA-CO as GTN with lung & vaginal metastasis .(stage 3, Score 16)

She had a good response to chemotherapy.

In the last 3 courses the BhCG remained plateau ( 20 IU) therefore the tumor Board plan was hysterectomy for the patient.

**Conclusion** She received 3 cycles EMA_EP and BhCG was negative for 6 months.

**Disclosures** There is no conflict of interest to disclose.