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 over-expression 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 conservutive 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.

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