BREAST CANCER, EARLY STAGE
Poster

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DO YOUNG AGE AND TRIPLE NEGATIVE MOLECULAR SUBTYPE HAVE A NEGATIVE EFFECT ON SURVIVAL IN PATIENTS WITH EARLY STAGE BREAST CANCER?

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Aim: Young age and being triple negative molecular subtype are considered by some investigators to be relative contraindications to breast-conserving surgery (BCS). The aim of this study is to analyze the association between prognostic factors, molecular sub-types and surgical treatment on survival in young women (≤40 years) with early breast cancer.

Methods: In this prospective database review at the Florence Nightingale Breast Center, we included 332 consecutive patients aged ≤40 years with clinical stages I to II invasive breast cancer who underwent surgery at a single institution from January 1, 1998, through January 1, 2012.

	LRFS 5 years	DFS 5 years	OS 5 years
Luminal subtype	**p /HR (95%CI)**	**p /HR(95%CI)**	**p /HR(95%CI)**
Luminal A vs Luminal B	NS	NS	NS
Luminal A vs Her2group	NS	NS	NS
Luminal A vs TNBC	NS	0.071/2.125 (0.938-4.813)	0.003/11.342 (2.285-56.3019)

Results: Most of the patients (64.2%) were treated with BCS. The mean age and median follow-up were 35.25 ± 3.61 years, and 72 months (range, 24-252), respectively. In multivariate analysis, multicentricity/multifocality (MC/MF) and young age (<35 years) were independent prognostic factors for both disease free survival (DFS) and overall survival (OS). The patients aged 35 to 40 years had significantly higher rates of locoregional recurrence free survival (LRFS) and DFS than the patients aged <35 years in the mastectomy group (p = 0.007 and p = 0.039 respectively). The patients with triple negative breast cancer (TNBC) had significantly lower OS rate compared with patients with luminal A subtype (p = 0.042). Additionally, TNBC patients with BCS had significanly higher OS rate than patients with TNBC and mastectomy (p = 0.015).

Conclusions: As a conclusion, this trial revealed that age under 35 years was an independent prognostic risk factor for OS and DFS when compared with age ≤ 40 years. There were no difference regarding DFS, molecular subtypes, and only OS was significantly lower in patients with TNBC (p = 0.003). In addition, BCS could be performed in young patients with TNBC.

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