Patients and Methods: Data were collected from 83 patients ≤40 years diagnosed with BC and treated at our department from January to December 1998. Survival rates were estimated using the Kaplan–Meier method. Univariate and multivariate analyses were performed using the Cox proportional hazards regression models.

Results: The mean age was 34.8±0.8 years (Range 19−40). We have found:12 T1 (14%), 29 T2 (35%), 17 T3 (21%), 16 T4 (19%), 8 Tx (10%) and 1 Tis (1%); 48 N0 (58%), 19 N1 (23%), 7 N2 (8%), 1 N3 (1%) and 8 Nx (10%). It was a CCI in 93% of the cases and a CLI in 5% of the cases. 3 cases (4%) were SBR grade I, 42 (52%) grade II and 30 (37%) grade III. 7 patients (8%) received a conservative surgery and 76 (92%) a radical surgery (Patey). The median histological tumour size was 37.5±5.2 mm (range 10−95). 23 patients (28%) were lymph node negative (pN0). 24 patients (29%) were classified: pN1, 27 (33%): pN2, 7 (8%): pN3 and 2 (2%): pNx. 27% were presented with RH+. 98% received chemotherapy (neoadjuvant and/or adjuvant) and 36%: hormone therapy. All the patients received adjuvant radiotherapy, delivered by cobalt therapy.The median follow-up was 66 months (range 9 to 116). 48 patients (58%) developed recurrences (locoregional, distant and secondary breast cancer).

9-year locoregional relapse-free, disease-free (DFS) and overall survival (OS) were respectively: 86.2% (±4.1%), 37.3% (±6.6%) and 58.4% (±11.6%). In univariate analysis, pN+>3 seems to have an influence for the locoregional recurrences (p=0.127; HR 5.2). PN1 (p=0.058; HR 2.381) and extra capsular extension (p=0.061; HR 1.757) had an influence within the limit of the significance for the DFS. The factors influencing the occurrence of recurrences was: T3-T4 and pN+>3 in univariate (p=0.01; HR 2.181 − p=0.002; HR 3.935) and multivariate analysis (p=0.019; HR 2.065 − P=0.012; HR 3.037).

Conclusion: The breast cancer in young woman in the Algerian west is diagnosed at an advanced stage. On the therapeutic level, we observe the prevalence of the radical surgery. With a high rate of recurrences (loco-regional, distant and secondary breast cancer), the prognostic is unfavourable specially in cases classified tumours T3-T4 and N+>3, where the necessity of an intensification therapeutic.

50   Poster
Long Term Results and Prognostic Factors in Patients with Unicentric and Multicentric Breast Cancer

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Background: Among many oncologists the opinion exists, that multicentric breast cancer (MBC) shows greater metastatic dynamics and has worse prognosis comparing to unicentric breast cancer (UBC) in the same TNM. Some researchers think that proper evaluation of pT in MBC should be based on combined diameters not on the largest diameter of tumor.

The aim of the work is estimation of the treatment results with regard of multicentricity in breast cancer.

Material and Methods: The retrospective analysis included 954 consecutive women with breast cancer in stage IA-IIIC after radical mastectomy treated between 1995–1998 at the Cancer Center in Warsaw. Adjuvant chemo- or hormone therapy received 449−47% and 262−27% of patients respectively. Two hundred forty three (26%) of patients had not been given systemic treatment. Postsurgical irradiation was performed only in 135−14% of patients. (20/104−19% vs 115/850−13%, p=0.08), ale róznica nieistotna statystycznie. Cox's regression model was used to analyse the prognostic factors having influence on disease-free survival (DFS) and overall survival (OS). Median of follow-up was 134 months.

Results: MBC was diagnosed after mastectomy in 104–10.9% of patients. There were no significant differences in characteristics between UBC and MBC groups according to age, stage, pT, pN, type and grade of histology and methods of adjuvant treatment. The 10-year actuarial DFS and OS for patients with UBC and MBC were 51%, 62% and 58%, 72% respectively (Log Rank p>0.05). Locoregional recurrence rates were higher in UBC than in MBC: 78/850−9.2% vs 7/104−6.7% of patients p=0.03. There were no statistical significant differences in frequencies of lymph nodes metastases among groups with UBC and MBC according to pT- measured as greatest diameter. In multivariate logistic regression analyses the following classical prognostic factors had independent influence on DFS and OS: pN, pT, G, and vascular invasion − p<0.01. Multicentricity of breast cancer did not appeared significant prognostic factor neither for DFS and OS − p>0.1.

Conclusions: From present retrospective analysis results that MBC does not deteriorate of prognosis compare to UBC and the largest rather than combined diameters of multicentric lesions should be used

to establish pT what is recommended and concordant with TNM system. However, multicentricity breast cancer should be considered at postsurgical radiotherapy planning because it can have influence on improvement of locoregional control.

51   Poster
Very Young Women (<35 Years) with Primary Breast Cancer. a Single Institution Retrospective Analysis (2005–2009)

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Background: Breast cancer at a very young age has been reported to have a more aggressive biological behavior and to be associated with a relatively poor prognosis compared to older patients. The objective of this study was to evaluate the clinicopathological trends and therapeutic strategies in a very young breast cancer population.

Materials and Methods: During 2005–2009, 460 invasive breast cancer patients were referred to our department. 28 of them (6.1%) were <35 years of age, with the youngest patient aged 20 years old. The medical records and final pathological reports were reviewed retrospectively.

Results: The median age was 31.82±3.2 (range 20−35). The prevailing clinical symptom was a mass in all cases, while there were palpable axillary lymph nodes in 15 patients (53.5%). 16 patients (57.1%) had a right-sided breast cancer, there was a family history of breast cancer in 12 cases (42.9%), but only 4 patients had germ-line BRCA1 mutations (14.2%). 19 patients underwent breast-conserving surgery and axillary node dissection, 9 had modified radical mastectomy, while 3 patients followed neoadjuvant chemotherapy. The tumor size was <2cm in 9 patients, >2 cm and <5cm in 16 patients, >5cm in 3 patients. All cancers in our series were invasive ductal carcinomas, most of them poorly differentiated. 10 patients expressed a triple-negative pattern on immunohistochemistry, whereas 19 were node negative. 25 patients received radiotherapy and 26 (92.8%) chemotherapy. The median observation time was 42.4±18.43 months at the follow-up cut-off date (range 18−76 months). 5 patients (17.8%) experienced early distant metastasis, whereas 2 (7.1%) patients died because of cancer-related reasons.

Conclusions: Breast cancer arising in young women, although uncommon, represents an aggressive phenotype and should be considered as a distinct form of breast cancer. Very young female patients have a greater tendency of having an endocrine unresponsive tumor, usually present with a higher tumor grade and there is an increased rate of local recurrence. Long life expectancy, fertility and risk of premature menopause resulting from chemotherapy should be specifically addressed in preoperative counseling of these women.

52   Poster
Surgery Treatment Improves Breast Specific Survival in Elderly Patients with Early Stage of Breast Cancer

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Introduction: Increase in survival of the general population has been associated with an increase incidence of breast cancer in advanced ages. However, there is controversy regarding the management of breast cancer in elderly patients. The objective of this study was to assess different treatment strategies in elderly breast cancer patients (≥80 years old) and the impact of surgery on survival.

Patients and Methods: All patients with breast cancer ≥ 80 years of age who were treated at our institution between 1995 and 2009 were reviewed. Data were collected from the patients' medical records, and patient characteristics and treatment modalities were analyzed. Patients were divided into those presenting with early stages (I, IIA, and IIB) and those presenting with locally advanced stages (IIIA, IIIB, and IIIC). Breast cancer-specific survival (BCSS) was assessed in both groups according to whether or not patients have undergone surgical treatment.

Results: A total of 306 patients were included in the study, of this 196 (64%) underwent surgery as part of their treatment (surgical group) and 108 (36%) did not undergo surgery (non-surgical group). The median follow-up was 49 months (95% CI 45−53). Mean ages of these groups were 83.8 and 85.2 years, respectively. Both groups were homogeneous regarding type and histological grade of tumor, hormone receptor status, and lymphovascular invasion. There were no statistically significant differences in oncological treatment received (hormone therapy, chemotherapy and radiation therapy). In 189 patients with Stage I, IIA and IIB, 150 (79.4%) had surgery and 39 (20%) did not. In 71 patients with locally advanced tumors, 46 (64.8%) patients underwent surgery and 25 (35%) did not. Among patients with early stage breast cancer, BCSS was 109 months