



163P - Is breast-conserving surgery safe in young African breast cancer patients?



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Background

There is conflicting data that breast conservative surgery (BCS) is associated with higher locoregional recurrences (LRR) than mastectomy in young breast cancer patients (BCY). However, there is little data from the African population.

Methods

Women aged ≤ 40 with stage I-III BC, diagnosed in 2008 - 2017 in two Alexandria centres, Egypt, were retrospectively reviewed. We compared the clinicopathological characteristics, treatment, LRR and local recurrence-free survival (LRFS) between patients who underwent mastectomy vs BCS..

Results

Out of the nine hundred and twenty patients included in this analysis, 33% (307) underwent BCS. The mean age at diagnosis was 35.15 years ($SD \pm 4.3$) and was similar in both groups. Table 1 summarises the clinicopathological characteristics of the mastectomy and BCS group. The patients who underwent mastectomy had significantly more T3/T4 tumours and positive lymph nodes (N+), while those who underwent BCS had more grade 3 tumours. The receptor expression (ER, PR, HER2), Ki-67 and the timing of chemotherapy were comparable across the groups. All the BCS patients were irradiated, whereas, in the mastectomy group, T3/T4 and/or N+ patients were irradiated. After a median follow up of 41 months (Range: 1-143), the LRR was similar in both groups: 10% (61) in the mastectomy group and 12% (38) in the BCS group; $p=0.263$. There was no significant difference in the mean LRFS between the two groups, 124 vs 112 months in mastectomy and BCS groups, respectively; HR 0.835 (95% CI: 0.557–1.253, $p=0.383$).

Conclusions

To our knowledge, this is one of the largest studies of young breast cancer patients in Africa comparing the local failure after mastectomy and BCS. In this large study, breast-conserving surgery was not detrimental to locoregional control in young African breast cancer patients and should be considered whenever feasible and discussed with patients for a joint decision.

Table 1 compares the clinicopathological characteristics and treatment of the mastectomy vs BCS.

Variable	MRM		BCS		P value
	N	%	N	%	
T-size (n=848)					
T1/T2	422	75.2	265	92.3	<0.001
T3/T4	139	24.8	22	7.7	
N-status (n=881)					
N0	146	24.9	134	45.5	<0.001
N+ 1-3	162	27.6	92	31.2	
N+ ≥ 4	278	47.4	69	23.4	
Focality (n=902)					
Unifocal	464	77.3	250	82.8	0.57
Multifocal	136	22.7	52	17.2	
Molecular subtype (n=855)					
ER/PR positive	464	83.0	235	79.4	0.098
HER2 enriched	39	7.0	17	5.7	
TNBC	56	10	44	14.9	
Ki-67 (n=143)					
<20	27	38.6	24	32.9	0.477
≥ 20	43	64.4	49	67.1	
Tumour Grade (n=855)					
I	12	2.1	12	4.2	0.001
II	464	81.8	203	70.5	
III	91	16.0	73	25.3	
Chemotherapy Timing (n=886)					
NAC only	39	6.5	22	7.7	0.391
Adjuvant Only	516	86.0	249	87.1	
Both	45	7.5	15	5.2	
BRCA status	Unknown	Not done	Unknown	Not done	N/A

Disclosure

All authors declare no conflicts of interest