**BACKGROUND**

- Approximately 15% of invasive breast cancers in the US are triple negative, with this subtype being most prevalent in African Americans.
- TNBCs have high recurrence rates and worse overall survival.
- Acceptable time between diagnosis and initiation of treatment in breast cancer, including patients with triple negative breast cancer, has not yet been determined.
- This study evaluates the oncologic impact of increasing time intervals from diagnosis to treatment in TNBC.

**METHODS**

- Retrospective review
- Two hospital systems
  - County – minority, indigent population
  - University – caucasian, insured population
- January 2004 to August 2015
- Interval to treatment defined as the time from date of pathological diagnosis (usually via core needle biopsy) to the date of initial therapy.
- Overall survival and locoregional recurrence (LRR) were evaluated.

**DISCUSSION**

- Median follow-up was 54 months.
- Mean interval to treatment was 46 +/- 2 days.
- LRR was seen in 26 patients (9%); median time to recurrence was 17.8 months.
- Average time to treatment of 35 days was seen in patients with a LRR, whereas time to treatment of 47 days was seen in patients without a LRR.
- Results are consistent with our prior study

**CONCLUSIONS**

- With 4.5 year follow up, a delay from time of pathologic diagnosis to time to initial treatment does not appear to adversely affect survival or LRR.
- 90 days from diagnosis to initial treatment is acceptable to allow for adequate workup and consultations to guide treatment decisions.
- However, there is a trend towards worse survival with Ki67>50% and time to treatment >90 days, thus it would be prudent to have earlier treatment in this subset of patients.