



PRESENTER:
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Young Women with Breast Cancer: Factors Associated with Early Distant Recurrence



BACKGROUND:

- Breast cancer is the leading cause of cancer-related death in women age 40 and younger.
- Younger age at diagnosis has been reported to be a risk factor for earlier locoregional and distant recurrence as well as decreased overall survival.
- These worse outcomes cannot be explained alone by pathologic features known to be associated with poor prognosis, such as tumor grade and receptor status.

OBJECTIVE

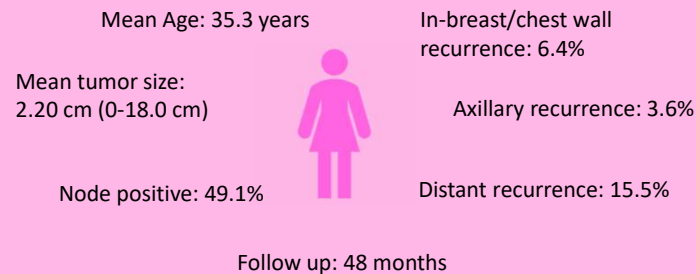
- To evaluate factors that may aid in the prediction of early recurrence - specifically whether indeterminate findings on staging imaging predict early distant recurrence in young women with breast cancer.

METHODS

- Retrospective chart review
- **Population:** Women 18 – 40 years old with primary breast cancer
- **Timeframe:** Jan. 1, 2012 to Dec. 31, 2018
- **Primary Outcome:** Distant recurrence
- **Secondary Outcomes:** Local recurrence, Death

Early distant recurrence in young women:

- ✓ is associated with *tumor size and nodal positivity*
- ✗ is not associated with *indeterminant findings on staging scans*
- ✓ **indeterminant imaging findings should not alter management decisions**



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RESULTS:

- # of young women with breast cancer: **110**
- **65.4%** underwent pre-treatment staging imaging
- **51%** of imaging = **indeterminate** finding
- Follow up: mean 48 months
- 17 patients (**15.5%**) = distant recurrence
- Median time to distant recurrence: **33 months** (range, 7- 85)
- Indeterminate findings = **not** associated with distant recurrence
- In-breast recurrence, positive lymph nodes and increased tumor size = **associated with** distant recurrence

CONCLUSIONS:

- Indeterminate findings on staging scans are not associated with a higher incidence of early distant recurrence in young women with breast cancer
- More advanced disease at presentation and on pathology are more often associated with early distant recurrence in this patient population
- Indeterminate findings on staging scans should not impact curative treatment recommendations