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

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

References available upon request

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