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480 - INDICATIONS AND OUTCOMES OF BREAST CANCER PATIENTS UNDERGOING NSM: YOUNG VERSUS ELDERLY WOMEN

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Introduction: Young age at breast cancer diagnosis is associated with tumor aggressiveness and treatment efficacy. Previous studies showed more aggressive clinicopathological characteristics and worse prognosis in young patients who underwent breast-conserving surgery or mastectomy compared with elderly patients. **Objectives:** The aim of this study was to compare indications and outcomes of young (<40 years) versus elderly (>60 years) breast cancer patients undergoing nipple-sparing mastectomy (NSM). **Methods:** Between January 2004 and December 2018, we evaluated 85 young and 33 elderly patients who underwent NSM for breast cancer treatment. All patients were operated by the same surgeon, the data were retrospectively evaluated by the medical chart and the patients' follow-ups were updated during the appointments. **Results:** The indications for NSM were for ipsilateral breast cancer recurrence in 3.5%×25%, compromised margin after previous surgery in 4.7%×5%, and for early breast cancer in 91.8% and 52.5% of young and elderly patients, respectively. Young patients presented a stronger family history of breast cancer ($p=0.003$) and diagnosis of BRCA mutation ($p=0.0001$), underwent more bilateral NSM ($p=0.008$) and axillary surgery ($p=0.0002$) and received more frequent chemotherapy ($p=0.05$) and radiotherapy ($p=0.005$) than elderly patients. Elderly patients underwent more NSM for ipsilateral breast cancer recurrence ($p=0.0001$), presented more ILC tumors ($p=0.006$), and performed more hormone therapy ($p=0.03$) compared to young patients. The mean follow-up was 45 months for all patients. The overall recurrence rate was higher in young than in elderly patients ($p=0.04$); however when separated by local, locoregional, contralateral, and distant metastasis, no statistical difference was observed between the groups. Six (7%) young patients presented local relapse, four (5.6%) invasive, and two (14.3%) in situ tumors, suggesting that in situ tumors have a greater chance of relapse in young patients. No difference in overall survival was observed between young and elderly patients. **Conclusion:** In the mean follow-up of 45 months, we highlighted clinicopathological and treatment differences between young and elderly breast cancer patients undergoing NSM. No difference was observed in local, locoregional, distant recurrence, and overall survival between young and elderly patients; however, further studies with longer follow-up are needed to clarify these results.