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555 - CLINICAL AND HISTOPATHOLOGICAL PROFILE OF BREAST CANCER AMONG YOUNG WOMEN IN A REFERENCE HOSPITAL IN PARAÍBA

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Introduction: Breast cancer is the most common malignant neoplasm in the world and is the leading cause of cancer mortality in women. It is relatively uncommon in young women under 40 years old, but they have more aggressive tumors with high mortality rates. **Objectives:** The aim of this study was to analyze the clinical and histopathological profiles of young women affected by breast cancer in a reference hospital in Paraíba. **Methods:** This is an observational, cross-sectional, and retrospective study to identify clinical data, tumor characteristics, and therapeutic modalities used. The data were collected in a reference hospital in Paraíba. The sample was nonprobabilistic by convenience of women in the follow-up of the disease during September 2020 and February 2021. Interviews were conducted with patients who met the inclusion and exclusion criteria, as well as a review of medical records in order to complement the information provided by patients. The project was approved by the Research Ethics Committee of the Centro de Ciências Médicas of the Universidade Federal da Paraíba. **Results:** Of the 76 patients, 2 had bilateral tumors, totaling 78 tumors. The mean time between diagnosis and biopsy was 60.23 days, the fastest time being 1 day and the longest being 450 days. Regarding histological type, invasive ductal carcinoma was found in 66 (84.2%) tumors, followed by carcinoma in situ in 6 (7.69%) cases, and invasive lobular in 1 (1.28%). The remaining five tumors were of five other different histological types. In all, 74 tumors were evaluated for staging, 6 (8.11%) tumors were Tis, 13 (17.57%) T1 tumors, 30 (40.54%) T2 tumors, 12 (16.22%) T3 tumors, and 13 (17.56%) T4 tumors. There was information on only 69 tumors regarding lymph node involvement; of these, 34 (49.28%) were N0, 19 (27.53%) were N1; and 16 (23.19%) were N2. In only 44 cases, it was possible to evaluate distant metastasis, with 38 (86.36%) without metastasis and 6 (13.64%) with metastasis. The histological grade of 70 tumors was evaluated, and only 1 (1.43%) had histological grade I, 34 (48.57%) with grade II, and 35 (50%) with grade III; and regarding the nuclear grade in 73 tumors, 29 (39.73%) tumors classified as nuclear grade 2 and 44 (60.27%) as grade 3. Of 72 tumors analyzed, 14% were triple negative; nevertheless, more than 60% of tumors expressed estrogen and progesterone receptor. The cell proliferation index from the Ki-67 antigen was evaluated in 73 tumors, with 14 (19.18%) tumors equal or less than 10%, 11 (15.07%) tumors between 15% and 25%, and 48 (65.75%) equal or above 30%. Vascular invasion was present in 20 (29.41%) of the 68 tumors evaluated, and perineural invasion was present in 20 (31.75%) of the 63 tumors analyzed. Of the 76 patients, only 6 did not undergo chemotherapy and 5 had missing information; 23 (35.38%) patients with adjuvant and 42 (64.62%) with neoadjuvant. The mean time of treatment was 6 months and 5 days, the minimum time was 4 months, and the maximum was 11 months. Radiotherapy was performed in 50 (89.29%) of the 56 patients evaluated, 90% adjuvant; 73% (19) of HER2-positive patients used trastuzumab; and 95% of patients underwent surgery, being radical mastectomy with axillary lymphadenectomy the most prevalent, performed in more than 50% of women. **Conclusion:** Invasive ductal carcinoma was identified as the most common subtype, 74.32% of diagnosed women had tumors larger than 2 cm, and 50.72% had lymph node involvement in the homolateral axilla. High histological and nuclear grades and high cell proliferation index were observed in immunohistochemistry. Regarding the therapeutic modalities, surgery and chemotherapy had a fundamental role in most cases, as well as radiotherapy. Targeted therapy and hormone therapy had a limited participation.