BACKGROUND and AIMS

The risk for ER+/HER2- breast cancer (BC) is transiently augmented in the years after giving birth. Higher parity and early 1st full term pregnancy (FTP) protect against the development of ER+/HER2- BC later in life.

• Presence of non-metastatic ER+/HER2- BC

PATIENTS and METHODS

Single center retrospective study in the University Hospitals of Leuven, Belgium with inclusion of patients that met following criteria: Diagnosed between January 2000 and November 2020.

OR >1: more prevalent in patients with pure ILC ; OR <1: more prevalent in patients with other histological types

Multivariable models with following variables:
- Parity (yes vs no and nulliparous, 1 child, 2 children, >2 children)
- Age group at diagnosis (<30, 31-40, 41-50, 51-60, >60)
- Age at 1st FTP (continuous and per age group)
- Interval 1st FTP and diagnosis (continuous and per age group)
- Year of birth
- BMI
- Histological grade
- Tumour size
- Locoregional treatment

RESULTS AIM 1: prevalence of pure ILC in an ER+/HER2- BC cohort

Parity of 2 and >2 children vs. 1 child in all age groups

Parity of 2 and >2 children vs. 1 child in age group 41-50

Parity of 2 and >2 children vs. 1 child in all age group 51-60

REFERENCES


ACKNOWLEDGMENTS

Studies performed at LTDC are funded by the Luxembourg Cancer Foundation (grant LTDC2018020) and the Cancer Council (grant approved 809.203). The Collaborative Grant agreement between the University Hospitals Leuven, Leuven, Belgium and the Joint Research Institute for Cancer of the KU Leuven (grant 3105/2019) is funded by the KU Leuven Fund Nardes de Beaumont and the YAL-IC Grant of AXA and LTB.

This presentation is the intellectual property of the author/presenter. Contact them at karen.vanbaelen@kuleuven.be for permission to reprint or distribute.

BACKGROUND and AIMS

The risk for ER+/HER2- breast cancer (BC) is transiently augmented in the years after giving birth. Higher parity and early 1st full term pregnancy (FTP) protect against the development of ER+/HER2- BC later in life.

• Presence of non-metastatic ER+/HER2- BC

RESULTS AIM 1: prevalence of pure ILC in an ER+/HER2- BC cohort

Parity of 2 and >2 children vs. 1 child in all age groups

Parity of 2 and >2 children vs. 1 child in age group 41-50

Parity of 2 and >2 children vs. 1 child in all age group 51-60

REFERENCES


ACKNOWLEDGMENTS

Studies performed at LTDC are funded by the Luxembourg Cancer Foundation (grant LTDC2018020) and the Cancer Council (grant approved 809.203). The Collaborative Grant agreement between the University Hospitals Leuven, Leuven, Belgium and the Joint Research Institute for Cancer of the KU Leuven (grant 3105/2019) is funded by the KU Leuven Fund Nardes de Beaumont and the YAL-IC Grant of AXA and LTB.

This presentation is the intellectual property of the author/presenter. Contact them at karen.vanbaelen@kuleuven.be for permission to reprint or distribute.