



THE IMPACT OF PARITY AND AGE OF FIRST FULL TERM PREGNANCY ON THE PREVALENCE AND CHARACTERISTICS OF INVASIVE LOBULAR CARCINOMA

Karen Van Baelen^{1,2}, Ha-Linh Nguyen¹, François Richard¹, Maja Vangoitsenhoven², Giuseppe Floris^{3,4}, Hans Wildiers⁵, Kevin Punie⁵, Ann Smeets⁶, Ines Nevelsteen⁶, Frederic Amant^{2,7}, Sileny Han², Thais Baert², Patrick Neven^{2,*}, Christine Desmedt^{1,*}



¹Laboratory for Translational Breast Cancer Research, Department of Oncology, KU Leuven, Leuven, Belgium; ²Department of Gynaecology and Obstetrics, University Hospitals Leuven, Leuven, Belgium; ³Department of Pathology, University Hospitals Leuven, Leuven, Belgium; ⁴Laboratory of Translational Cell & Tissue Research, Department of Imaging and Pathology, KU Leuven, Leuven, Belgium; ⁵Department of General Medical Oncology, University Hospitals Leuven, Leuven, Belgium; ⁶Department of Surgical Oncology, UZ Leuven, Leuven, Belgium; ⁷Gynecological Oncology, Department of Oncology, KU Leuven, Leuven, Belgium; (*) equal contribution



BACKGROUND and AIMS

- The risk for ER+/HER2- breast cancer (BC) is transiently augmented in the years after giving birth.¹
- High parity and early 1st full term pregnancy (FTP) protect against the development of ER+/HER2- BC later in life.^{1,2}
- >90% of invasive lobular carcinoma (ILC) (the second most common BC subtype) is ER+/HER2-.³
- Higher age of 1st FTP as well as nulliparity have been associated with increased risk of ILC.⁴
- The impact of reproductive factors on ILC characteristics is understudied.

We aimed at investigating whether parity and age at 1st FTP is associated with:

- the prevalence of ER+/HER2- pure ILC in an ER+/HER2- BC cohort
- Standard clinical and pathological features of pure ILC

PATIENTS and METHODS

Single center retrospective study in the University Hospitals of Leuven, Belgium with inclusion of patients that met following criteria:

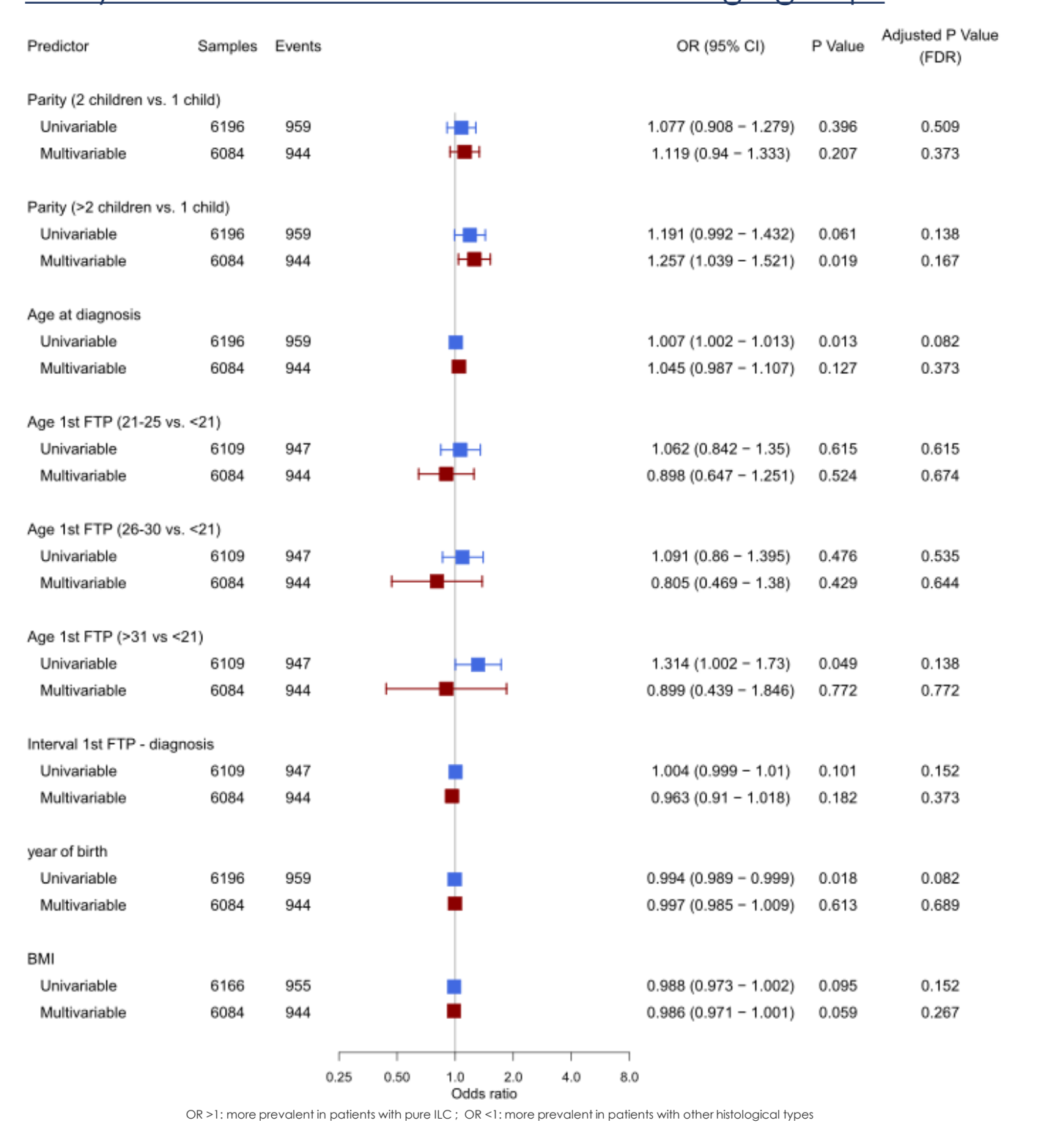
- Diagnosed between January 2000 and November 2020
- Presence of non-metastatic ER+/HER2- BC

Outcome	Statistical models*
BC histology (pure ILC, i.e., not mixed) vs. all other BC histological types)	Multivariable models with following variables: <ul style="list-style-type: none"> Parity (yes vs no and nulliparous, 1 child, 2 children, >2 children) Age group at diagnosis (<30, 31-40, 41-50, 51-60, 61-70, >70) Age 1st FTP (continuous and per age group: <21, 21-25, 26-30, >30) Interval 1st FTP and diagnosis (continuous) Year of birth BMI Performed in overall group and per age group
Parity (yes vs no and ≥2 children vs. 1 child)	Multivariable models with following variables: <ul style="list-style-type: none"> Age at diagnosis BMI Histological grade Tumour size Nodal involvement PR-positivity Performed in overall group and per age group

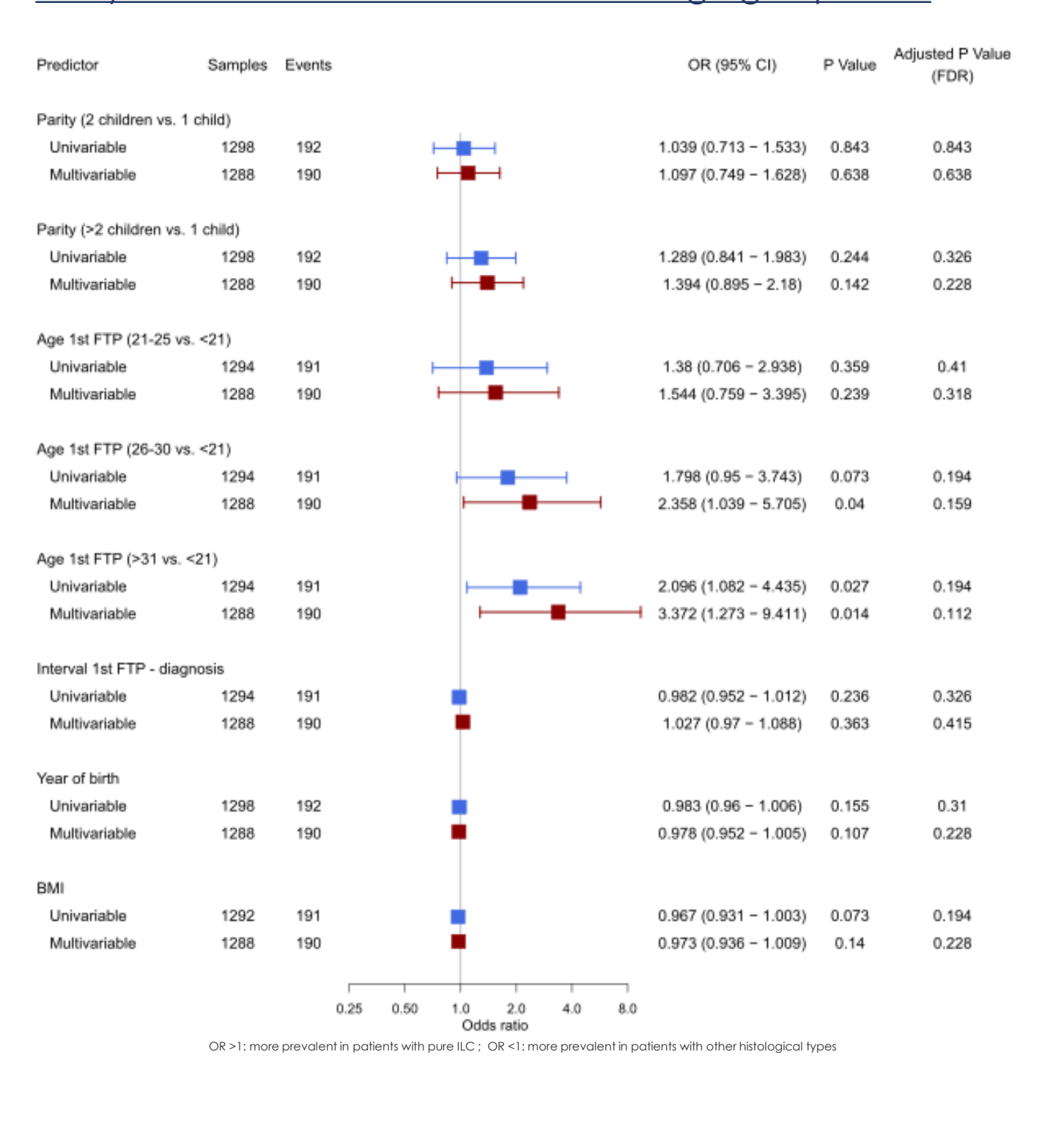
*Firth's logistical regression
All results will be illustrated by use of forest plots

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

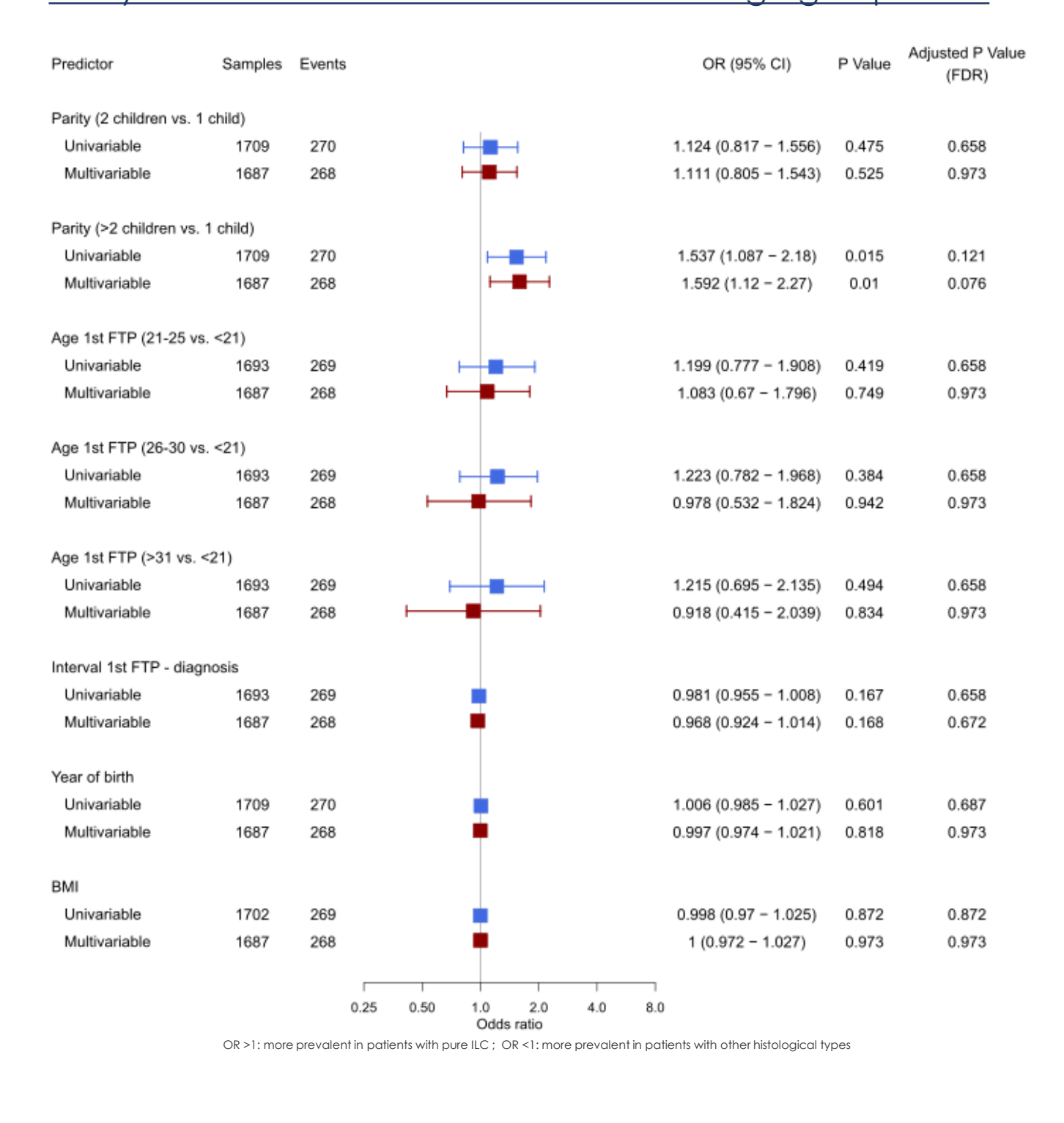
Parity of 2 and >2 children vs. 1 child in all age groups



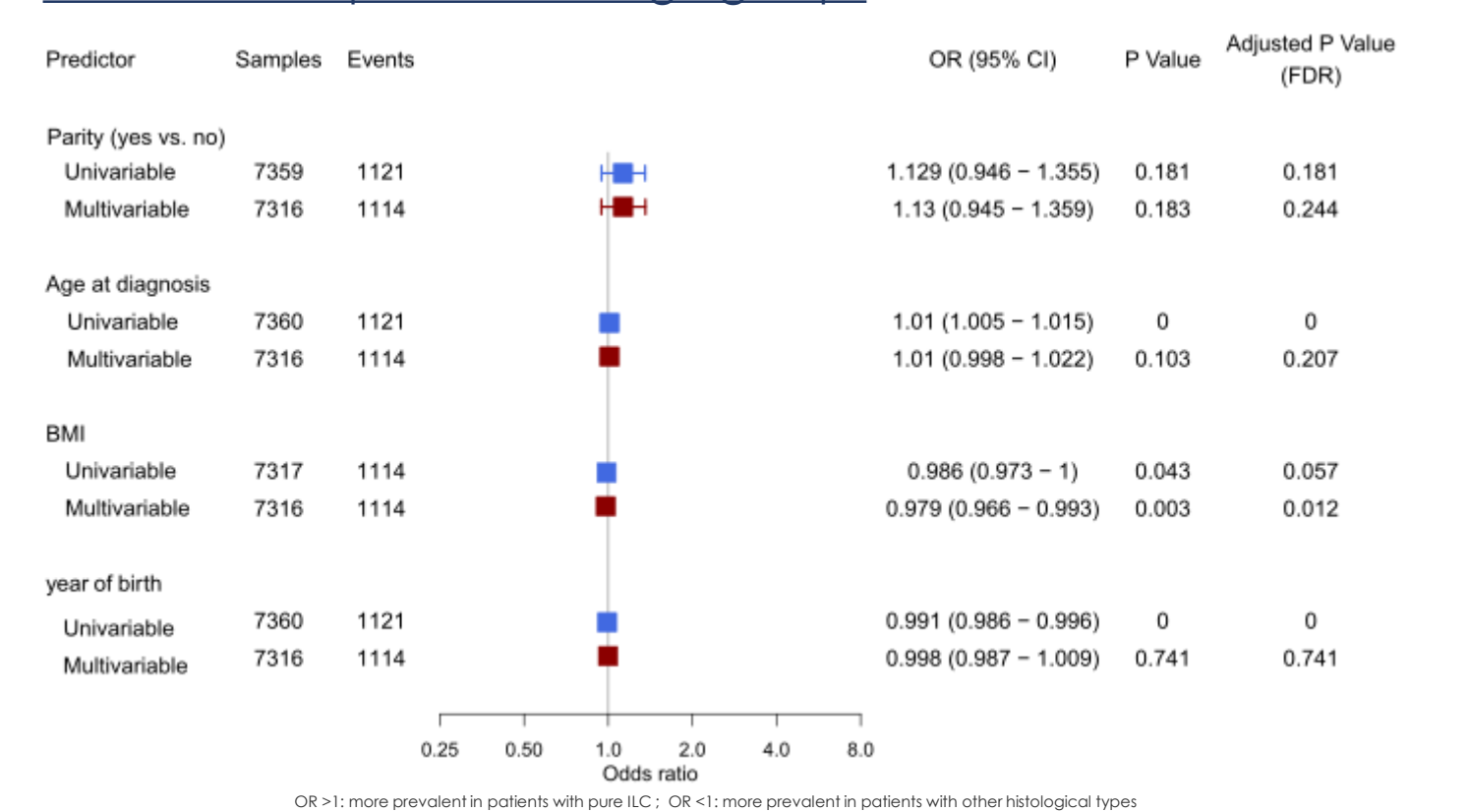
Parity of 2 and >2 children vs. 1 child in age group 41-50



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

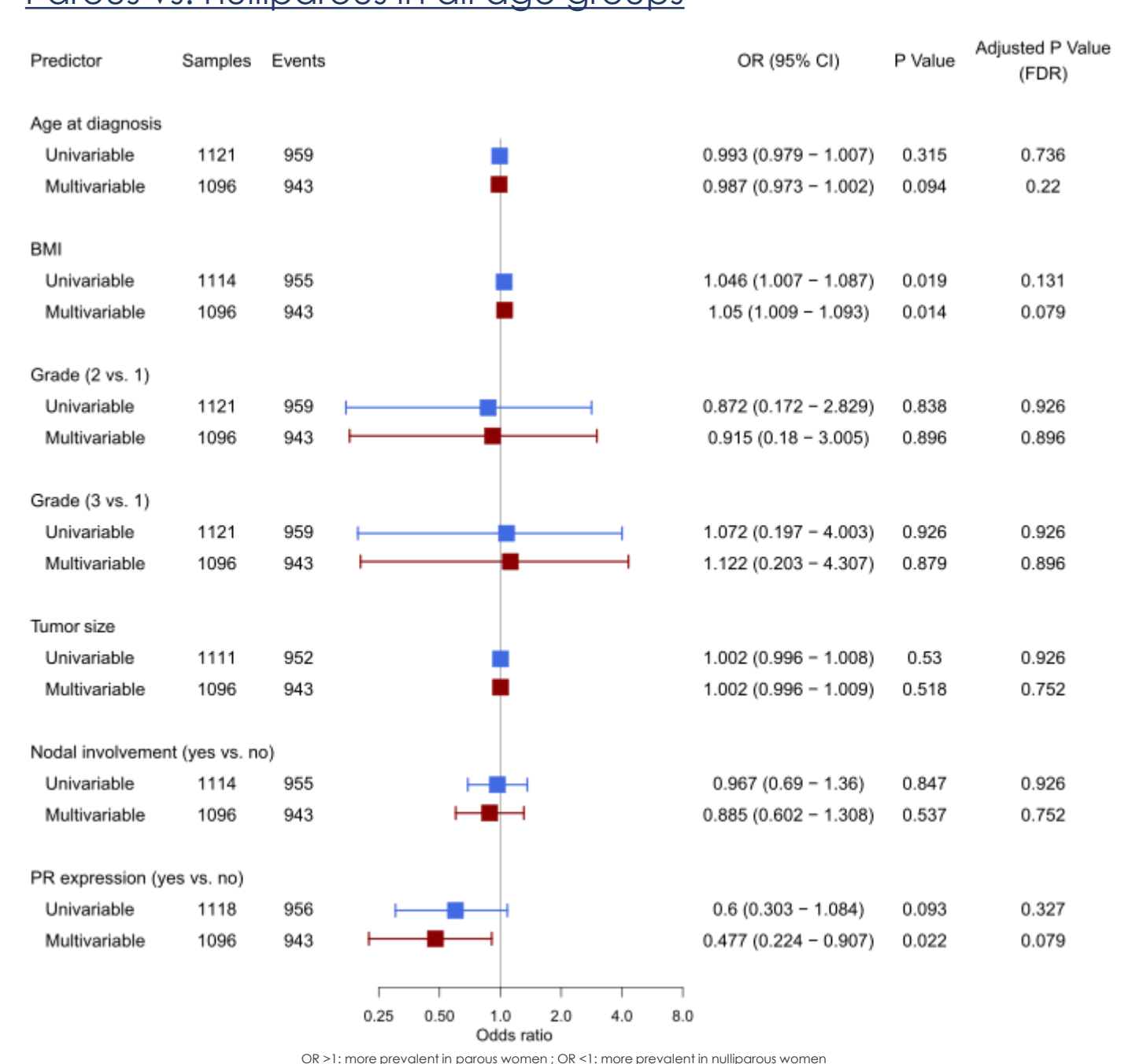


Parous vs. nulliparous in all age groups

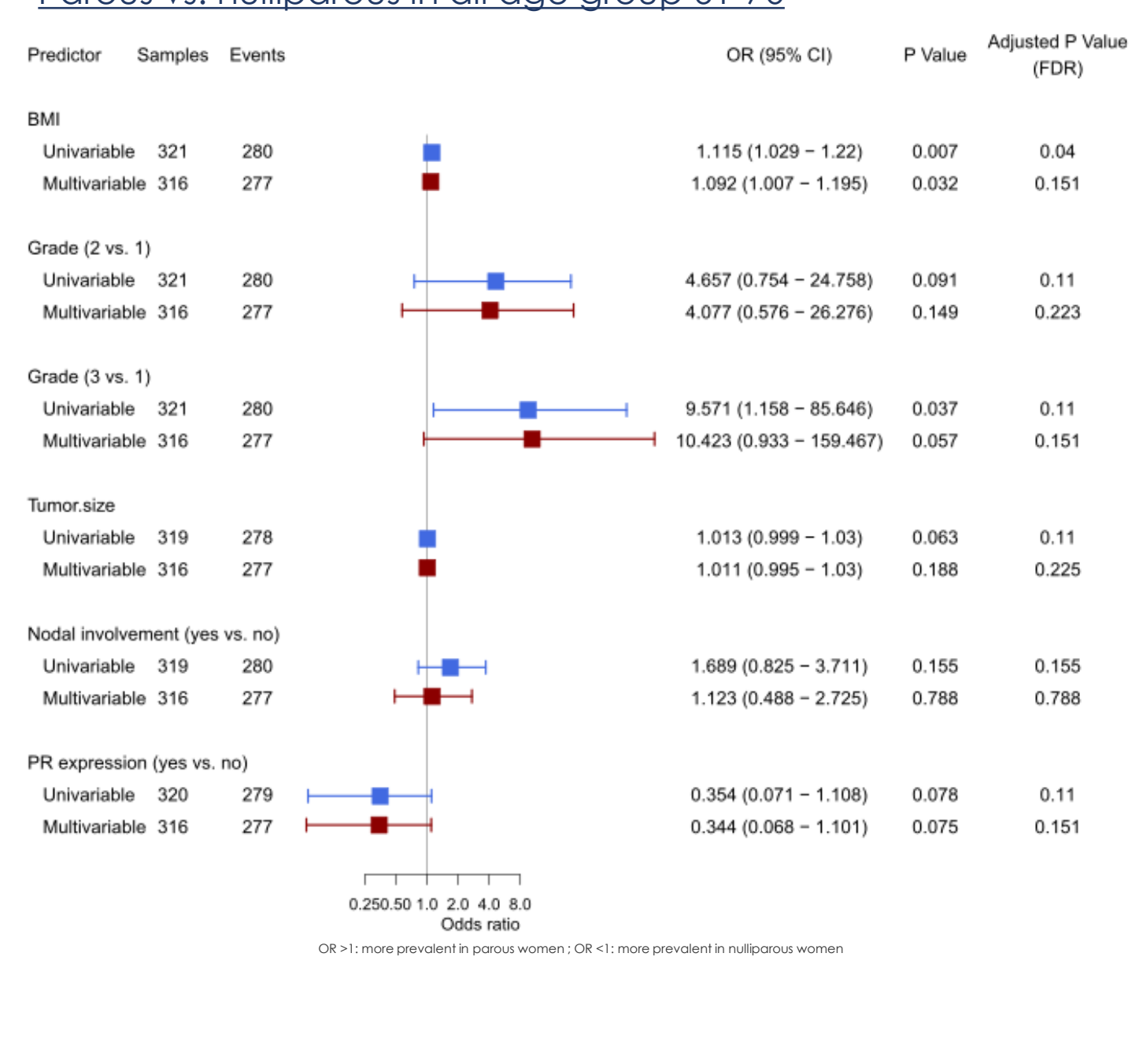


RESULTS AIM 2: standard clinical and pathological features of ER+/HER2- pure ILC

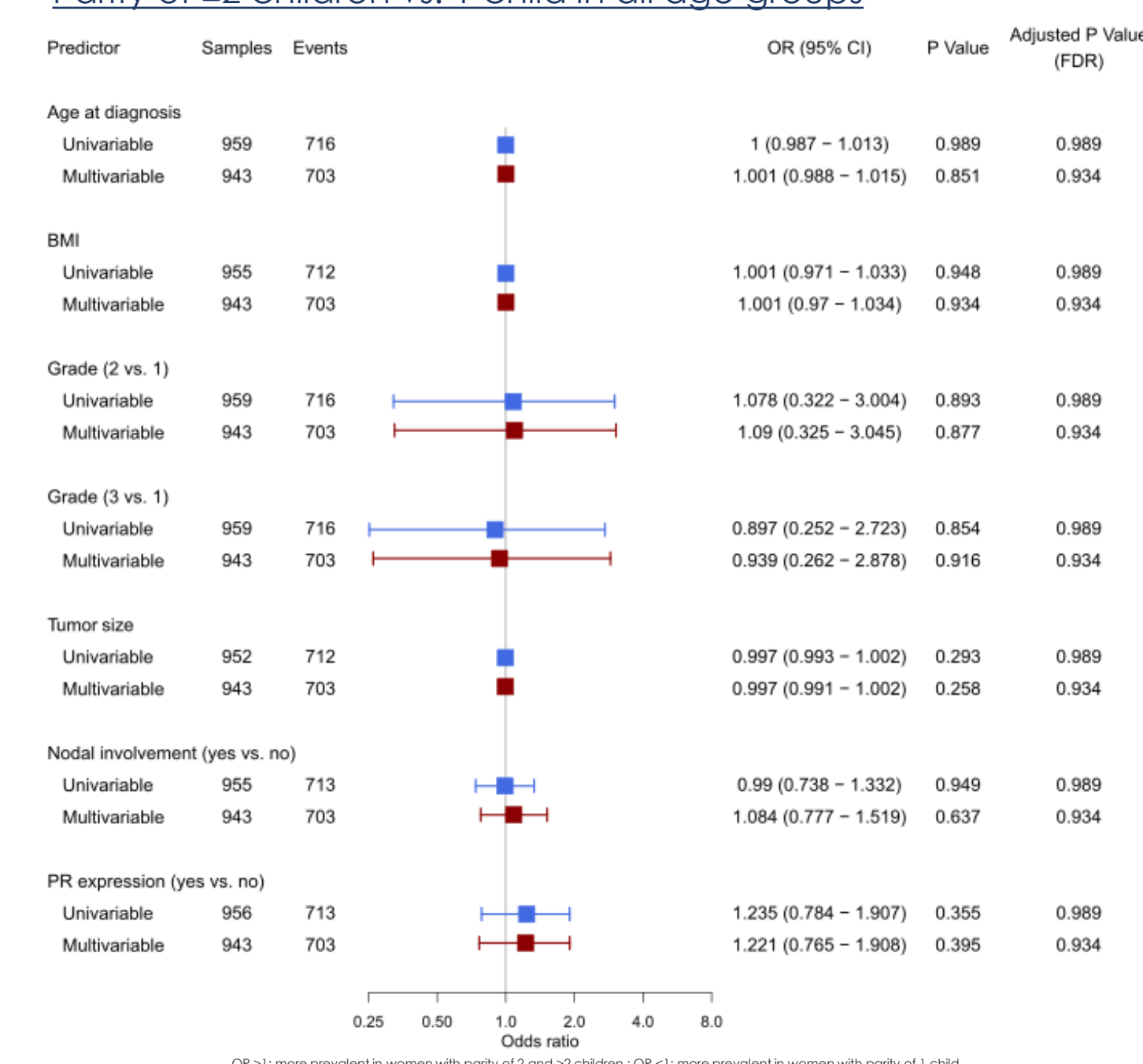
Parous vs. nulliparous in all age groups



Parous vs. nulliparous in all age group 61-70



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



CONCLUSIONS

- Within an ER+/HER2- cohort a higher parity seems to be associated with a higher prevalence of pure ILC.
- This association is mostly driven by patients diagnosed with ER+/HER2- BC between the age of 51-60 years.
- Increased age at 1st FTP only seems to increase the incidence of ILC in patients diagnosed between 41-50 years of age.
- Parous women diagnosed with ER+/HER2- ILC seem to have less PR+ tumours in comparison to nulliparous women: this trend was seen mostly in the patients diagnosed at an older age.
- In parous women, the number of children does not seem to affect the clinicopathological features of ILC.

ABBREVIATIONS

- BC: breast cancer
- ER: estrogen receptor
- FTP: full term pregnancy
- HER2: human epidermal growth factor 2
- ILC: invasive lobular carcinoma
- PR: progesterone receptor

REFERENCES

- Albreksten G., Heuch I.; J Natl Cancer Inst 2015; 107, 87
- Nafisi N., Faraji M.; Asian Pac J Cancer Prev. 2018; 19, 1767-1770
- Frank G.A., Danilova N.V.; Arkh Patol 2013; 75, 53-63
- Newcomb P.A., Trentham-Dietz A.; Cancer 2011; 117, 1946-1956

ACKNOWLEDGMENTS

Studies performed at LTBCR are funded by the Luxembourg Cancer Foundation (grant FC/2018/07) and the Consolidator Grant approved by the European Research Council (ERC, FAT-BC 101003153). KVB is funded by the KU Leuven Fund Nadine de Beuffort and the YIA-ILC Grant of ASCO and LBCA.