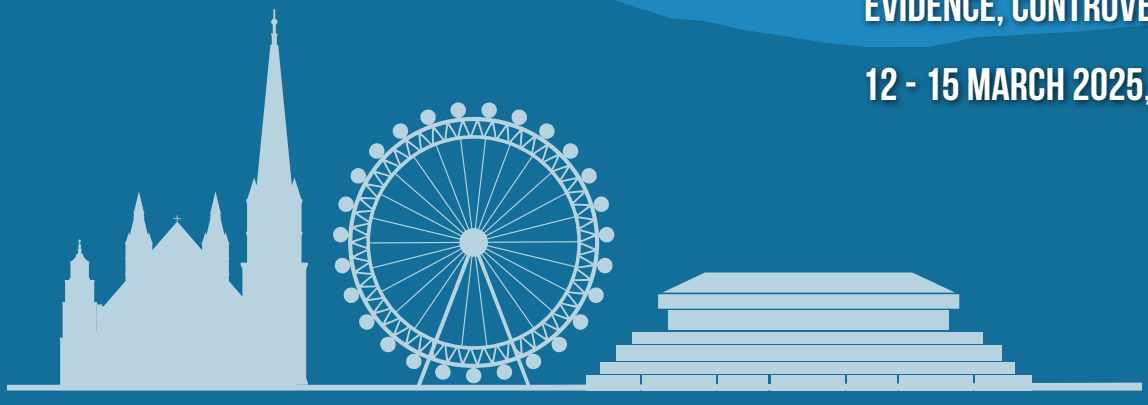
ELSEVIER

THE BREAST

19TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2025

PRIMARY THERAPY OF PATIENTS WITH EARLY BREAST CANCER. EVIDENCE, CONTROVERSIES, CONSENSUS

12 - 15 MARCH 2025, VIENNA / AUSTRIA



SGBCC 2025

Table 2.

Question	Result
Profession	23 nurse practitiones, 10 surgeons, 5 other
Hospital	4 academic, 5 topclincical centra, 21 other hospitals
Test used	22 MammaPrint, 13 Oncotype XD, 3 both
GEP moment	26 after surgery, 7 before core biopt, 1 both, 4 not applicable
Who's decicion to apply a GEP test? (Multidisciplinair Team, or individual professional)?	30 MDT, 3 one specific profession, 3 other, 4 not applicable
5 questions about useability of the test (satisfaction about application of a test, time to get the results, simplicity interpretation results, contact with suppliers, experience easy or difficult to explain result to patient.	no differences were found between MammaPrint and Oncotype XD. The answers were positive on all questions.
8 questions about the use of other tools (Predict-tool, Ki76) and about neo adjuvant chemotherapy.	35 Predict Tool, 0 not, 3 not aplicable 15 KI67, 21 not, 3 not aplicable
2 questions about using GEP with grade 3 tumors and/or 3 positive axillary lymph nodes.	grade 3 tumors: 19 yes, 12 no, 7 not aplicable 3 positive nodes: 26 yes, 5 no, 7 not aplicable
Considarations use of tests (open question).	age patient, costs for hospital, motivation patient to receive chemotherapy, comorbidity, missing guidelines.
Does an increasing use of neo-adjuvant chemotherapy influence the use of a GEP test? If yes, how?	yes we do so we do less GEP tests. Yes, we do but only if chemotherapy is necessery anyway, we would love to have guidelines for GEP on core-biopt

GEP test are used is all responding hospital. The hospitals differ in size and acedemic setting and differ in using MammaPrint of Oncotype XD (3 times both). The usage of both tests is positive, although the time for the result is sometimes considered to be quite long.
Rely on the test: Professional opinions vary. For example: 43% of the respondents do not use the test on a grade 3 tumor. Extra criteria are used: the predictool and Ki67 results. Multiple times extra validation is mentioned as a next step.
The increase of neo-adjuvant chemotherapy might decrease the use of the GEP tests
Costs for hospitals: public information shows MammaPrint ± 3500,- Oncotype XD ± 5000,-. Negotiation varies between hospitals and insurence companies. The savings on chemotherapy do most likely not directly benefit the hospital.
Motivation patient to receive chemotherapy: The survey shows a strict use of the reimbursement criteria but also the use of other criteria as age or comorbidity.
Missing guidelines are mentioned multiple times to improve the proper use of the GEP test.

Conclusions: The use of GEP tests is 30% of the expectation in NL. Health care professionals gave several consideratons why they are not using the tests in all indicated cases. In conclusion: reimbursement is not the only factor influencing the use of GEP tests.
The variety of the use of GEP tests is undesirable. Patients and healthcare professionals were delighted when the reimbursement was settled in october 2023. More concensus, guidelines, more shared decision and more education seems necessary, for example on the use of the GEP test on the core-biopt.

The Breast 80S (2025) 104283
https://doi.org/10.1016/j.breast.2025.104283

P481
Mastalgia: the benign nuisance; understanding the challenges and psychological burden

M. Nazir[1], R. Bano[2], A. Shams[3]. *[1]Breast Unit, Nisa Breast Care and Cosmetic Centre, Rawalpindi, Pakistan; [2]Breast Surgery, Nottingham University Hospital NHS Trust, Nottinghamshire, United Kingdom; [3]Nisa Breast Care and Cosmetic Centre, Rawalpindi, Pakistan*

Goals: Mastalgia is a common condition and affects majority of the female population. Although benign, it is usually persistent and significantly affects the quality of life, relationships and leads to multiple clinic visits. The condition is the main cause of symptomatic clinic referrals highlighting psychological challenges, concerns, and potential impact on breast cancer screening and diagnosis.
Methods: The study included female patients with mastalgia presenting at our breast clinic, over a period of 5 years (from May 2019 to July 2024). Pain score was calculated from 1-10. Patient and doctor surveys were conducted to evaluate the preferred and effective method of treatment. Results in table 1.
Results: A total of 1106 patients presented at the breast clinic; most affected age group was between 20 and 45 years, which constituted of mastalgia patients. Fear of cancer was the most common concern. Response was evaluated from 52 doctors and 50 patients.
Conclusions: Although mastalgia is a benign condition but usually results in misinterpretation of symptoms resulting in anxiety and repeated clinic visits. Effective communication, reassurance, and group sessions are crucial to dissipating the undue stress and procedural interventions often associated with mastalgia.

The Breast 80S (2025) 104284
https://doi.org/10.1016/j.breast.2025.104284

P482
Youth Council for Breast Health: A BCYW Foundation's Global Initiative Empowering Young Women on Campuses to Promote Breast Health Awareness for a Breast Cancer-free Future

R. Kumar[1], S. Saini[2], M.J. Vrancken Peeter[3], K.R. Amulya[4], S. Bhavna[5], P. Singh[5], V. Saxena[5], F. Huda[6], B. Pathak[7], G. Bhatia[7], J. Semwal[7], R. Bijalwan[8], S. Arora[9], X. Belsiyal[9], A. Saini[10], A. Solanki[10], A. Prakash[11], N. Bhatnagar[12], H. Preet[13], P. Choudhary[13], K. Prakash[13], S. Chacko[13], T.E. Adrian[14], L. Larsen[15], V. Findlay[16], T.H. Milagre[17], A.M. Ferreira[18], C. Abreu[19], L. Costa[19]. *[1]Breast Cancer in Young Women Foundation, Denver, United States; [2]Cancer Research Institute, Himalayan Institute of Medical Sciences, Dehradun, India; [3]Amsterdam University Medical Center, Amsterdam, Netherlands; [4]Department of Surgery, All India Institute of Medical Sciences, Rishikesh, India; [5]Department of Community Medicine, All India Institute of Medical Sciences, Rishikesh, India; [6]Department of Surgery, All India Institute of Medical Sciences, Rishikesh, India; [7]Department of Community Medicine, Himalayan Institute of Medical Sciences, Dehradun, India; [8]Rural Development Institute, Swami Rama Himalayan University, Dehradun, India; [9]College of Nursing, All India Institute of Medical Sciences, Rishikesh, India; [10]Medical Student, Maulana Azad Medical College, Delhi University, New Delhi, India; [11]Department of Radiodiagnosis, Maulana Azad Medical College, Delhi University, New Delhi, India; [12]Department of Community Medicine, Maulana Azad Medical College, Delhi University, New Delhi, India; [13]Himalyan College of Nursing, Himalayan Institute of Medical Sciences, Dehradun, India; [14]Basic Medical Sciences, College of Medicine, Mohammed Bin Rashid University, Dubai, United Arab Emirates; [15]Team Shan - National Breast Cancer Charity for Young Women, Huntsville, Canada; [16]Department of Surgery, Virginia Commonwealth University Massey Comprehensive Cancer Center, Richmond, United States; [17]Associação EVITA - Cancro Hereditário, Lisbon, Portugal; [18]Portuguese Oncology Institute of Porto, Porto, Portugal; [19]Medical Oncology, Hospital de Santa Maria-Centro*

Table (abstract: P481).

PARAMETER	SUB-CATEGORY	TOTAL CASES (N)	PERCENTAGE (%)
Mastalgia cases		1106	
Incidental cancers		07	
Age Groups	13–73 years		
	Gender	4 Males	
	Females	1102 females	
Presenting Complaints	Breast Pain only		65
	Pain + nipple discharge		15
	Itching around nipple		9
	Fibrocystic condition		50
	Contralateral Breast pain in treated cancer patient		11
Diagnostic Workup	Imaging type	No Imaging	15%
		Ultrasound U1-2	62%
		Mammo M 1-2	38%
		M3U3	7–8% needed biopsy
			Incidental findings
		B4	02 cases
		B5	05 cases
Treatment Options	Analgesics	01 patient for 03 months	
	Evening primrose oil		
	Local painkiller gel		
	Massage		
	Supportive therapy		
	Reassurance		
	Supportive Bras		
	Tamoxifen		
	/Danazol		
Survey Results	**Major factor:**	**Most effective treatment**	
	Patient anxiety levels/fear		
Doctors	90.4%	Analgesia and EPO- 57%	
Patients	52%	Analgesia: 42% EPO: 26% Massage/Supportive: 22%	
Pain Characteristics	Severity of Pain	Mild	38%
		Moderate	52%
		Severe	10%
	Type	Cyclical	12%
		A cyclical	78%
		Persistent	10%
	Multiple clinic visits	More than 2 visits	70%
		1-2 visits	30%

Hospitalar Universitário Lisboa Norte, Lisbon, Portugal

Goals: Breast cancer, once primarily a disease of older women, is increasingly impacting those under the age of 40. In 2022, one-third of the global female population was aged 15-to-34. Nearly half (47.5%) of Breast Cancer in Young Women (BCYW) cases occur in the 20-to-34 age group, below the recommended mammography screening age. The WHO predicts an increase in such cases by 2050, with the average age of diagnosis expected to be 33.72 in 2040. This suggests that individuals likely to be diagnosed in 2040 are approximately 17-to-18 years old today.

The global rise in breast cancer incidence among young women is driven by several factors, including limited awareness of breast health and cancer, lack of self-breast care, and lifestyle choices. There is an urgent need for early, targeted interventions to reduce breast cancer risk and ensure timely diagnosis among young women on educational and workplace campuses.

Methods: To tackle this challenge, the BCYW Foundation launched the **Youth Council for Breast Health** (YCBH), a global initiative for proactive breast health and breast cancer awareness across educational and professional campuses. YCBH chapters empower young adults on campuses worldwide by providing essential resources and current information to prevent breast cancer. These youth leader-led campus initiatives are promoting year-round awareness of breast health.

Results: The BCYW Foundation is an international organization that promotes targeted awareness, research, and advocacy for BCYW. By combining global collaboration with local action, each chapter is led by students and trainees under the supervision of local leaders. These volunteer-led initiatives empower young adults with knowledge and elevate awareness about breast health, self-care, risk factors, lifestyle changes, and encouraging proactive self-care. YCBH promotes awareness of breast cancer and health on campus throughout the year. Each chapter concentrates on three goals: raising awareness, disseminating information, and engaging 250 young adults annually.

Conclusions: BCYWF has launched eight chapters in 2024, while five more are in in-pipeline, and aims to expand to 30–40 by 2025, to reach 100 globally within three years. This initiative empowers young people to lead healthier lives and advocate for a breast cancer-free future. *Main Messages:* First, young women can develop breast cancer too! Second, early detection is essential! Third, empowering young women on campuses will create a lasting impact on women's health and lives.

The Breast 80S (2025) 104285
https://doi.org/10.1016/j.breast.2025.104285