Conclusions: Despite the retrospective nature of this analysis, the propensity score analysis indicates that pts with luminal ILC may significantly benefit from the addition of aCT to aHT in terms of long-term survival, particularly for larger and more aggressive tumors.

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| 197P | A propensity score analysis exploring the impact of the addition of adjuvant chemotherapy (aCT) to hormone therapy (aHT) in a multi-center series of resected luminal early stage pure invasive lobular breast carcinoma (ILC) |

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Background: Patients (pts) resected for luminal early breast cancer are assigned to receive aCT according to international guidelines based upon clinico-pathological features, regardless of the histotype, given the lack of prospective data for ILC. Thus, the magnitude of the benefit of the addition of aCT to aHT for ILC is still not sizable. The aim of this analysis was to investigate the effect of aCT in a multi-center series of luminal early stage pure ILC.

Methods: Clinico-pathological data of consecutive pts affected by luminal pure ILC, undergone surgery between 2000 and 2014, were correlated with disease-free and overall survival (DFS/OS) using a Cox model. A propensity score analysis was performed to evaluate the prognostic impact of aCT. Kaplan-Meier curves were compared with Log-Rank analysis.

Results: Data from 576 pts were gathered (median age 58 years (yrs)). At median follow-up of 72 months, 5-/10-yrs DFS and OS were 81.5%/71.8% and 91.8%/80.4%, respectively. Tumor-size according to TNM (T, HR 1.78, 95% CI 0.91-3.49, p = 0.09) and lymph-node (N) status (HR 2.97, 95% CI 1.69-5.19, p < 0.0001) were independent predictors for DFS at multivariate analysis. N status (HR 3.93, 95% CI 1.79-8.70, p = 0.001), Ki67 (HR 2.66, 95% CI 0.92-7.70, p = 0.072), and age (HR 2.32, 95% CI 1.09-4.93, p = 0.029) were predictors for OS. A significant prognostic effect of aCT upon OS was found after adjusting for T, N, Ki67, grading and age at diagnosis with the propensity score method, as shown in the table. Particularly, aCT significantly prolongs DFS in pts with T > 2 (p = 0.03) and OS in pts with Ki67 >4% (p < 0.0001).

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Outcome	Category	5-yrs (%)	10-yrs (%)	Log-Rank
DFS	aHT	76.6	54.4	p = 0.08
	aCT + aHT	85.0	76.4.	
OS	aHT	80.9	55.6	p = 0.001
	aCT + aHT	98.1	95.9	