PROCEEDINGS

BREAST CANCER GLOBAL SUMMIT 2026

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Theme:
"Breast Cancer in Young Women:
Genetics, Fertility, and Psychosocial Impact".

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Title: Pregnancy-Associated Breast Cancer: A Contemporary Literature Review of Epidemiology, Diagnosis, Management, and Maternal–Fetal Outcomes.

Introduction: Pregnancy-associated breast cancer (PABC), defined as breast cancer diagnosed during pregnancy or within one year postpartum, is an increasingly recognized clinical challenge. Evidence demonstrates that breast cancers diagnosed during pregnancy (PrBC) differ biologically and clinically from postpartum breast cancers (PPBC), supporting their classification as distinct entities. The need to balance optimal maternal oncologic care with fetal safety requires careful diagnostic and therapeutic decision-making and coordinated multidisciplinary management.

Objectives: To synthesize current evidence on the epidemiology, biology, diagnosis, treatment, and maternal–fetal outcomes of PABC, with emphasis on PrBC, and to identify areas requiring further research and clinical standardization.

Methods: A structured literature review was conducted using PubMed, Scopus, and the Cochrane Library. Search terms included pregnancy-associated breast cancer, breast cancer in pregnancy, postpartum breast cancer, chemotherapy during pregnancy, fetal outcomes, germline mutations, and maternal prognosis. Eligible studies included cohort studies, case-control studies, clinical trials, systematic reviews, and guideline statements published in English. Studies focusing exclusively on lactation-associated breast cancer were excluded unless they provided comparative data relevant to PrBC. Reference lists of key publications were manually screened to identify additional sources. Evidence was synthesized narratively due to heterogeneity in study design and outcomes.

Results: Across databases, evidence consistently shows that the incidence of PABC is rising, largely due to delayed childbearing and underdiagnosis during pregnancy. PrBC exhibits aggressive pathological features, including high-grade tumors, ER/PR-negative phenotypes, HER2-positive or triple-negative subtypes, and high proliferation indices. Germline mutations—particularly BRCA1/2, CHEK2, and PALB2—are identified in 30–50% of cases, with pregnancy potentially accelerating tumor development in mutation carriers. Diagnostic evaluation can be safely performed using mammography with shielding, ultrasound, and selective MRI without gadolinium. Nuclear medicine imaging is reserved for unresolved staging questions when maternal benefit outweighs fetal risk.

Surgery is safe in all trimesters, and sentinel lymph node biopsy using technetium-labelled tracers is acceptable. Anthracycline- and taxane-based chemotherapy is safe after 12–14 weeks of gestation without dose reduction. Targeted therapies, endocrine therapy, and immunotherapy remain contraindicated during pregnancy. Maternal prognosis is comparable to that of non-pregnant young women when standard therapy is delivered. Long-term follow-up of children exposed to chemotherapy in utero shows normal development, although data remain limited. Psychological distress is common among patients and partners, underscoring the need for structured psychosocial support.

Implications and Conclusions: The literature supports that optimal oncologic treatment can be safely administered during pregnancy with trimester-appropriate modifications. Pregnancy termination is not medically required and should not be recommended solely due to cancer diagnosis. Multidisciplinary management, genetic counseling, and individualized treatment planning are essential. Long-term data from prospective cohorts demonstrate reassuring outcomes for children exposed to chemotherapy in utero, though continued surveillance is warranted. Future research should distinguish PrBC from PPBC to refine risk stratification, understand underlying biology, and optimize therapeutic strategies.

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Title: Imaging breast cancer in young women : when age changes the rules

Imaging breast cancer in young women, commonly defined as under 40 years, presents significant challenges due to biological, technical, and clinical factors. This population have dense breast tissue, which limits the sensitivity of mammography and increases the risk of missed lesions. Although breast cancer is less common in this age group, tumors are often more aggressive and associated with poorer prognostic features, leading to delayed diagnosis and worse outcomes. Ultrasound is usually the first-line imaging modality because it is effective in dense breasts and avoids ionizing radiation. Mammography may still be required but has reduced diagnostic accuracy and raises concerns about radiation exposure in younger patients. Breast MRI offers the highest sensitivity and is particularly valuable for high-risk women, such as those with genetic mutations, and for assessing disease extent, though it is costly and less specific. Genetic predisposition is more frequent in young patients, necessitating individualized imaging and surveillance strategies. Breast symptoms are often attributed to benign conditions, contributing to diagnostic delays. Therefore, a tailored, multimodality imaging approach is essential to improve early detection and outcomes in young women with breast cancer. In our context, breast cancer is increasing in young women, we report the Moroccan experience in this conference.

Dr. Reza Malayeri

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Title: Treatment of HER2+ Metastatic Breast Cancer: Navigating New Evidence and Evolving Guidelines.

HER2+ breast cancer is an aggressive disease driven by HER2 overexpression, affecting ~15–20% of patients with breast cancer. Despite treatment advances, HER2+ metastatic breast cancer continues to be defined by poor prognosis (40.8-46.7% overall 5-year survival) 1st line standard of care Taxol, Herceptin and Pertuzumab (THP) achieves a median Progression Free Survival (PFS) of around 2 years, with low complete remission rates, as taxane use is limited to 6–8 cycles due to cumulative toxicities. As a result of this, ~30% of 1st line patients lose the opportunity for 2nd line treatment due to discontinuation or death and many experience CNS progression over time. Using the most efficacious therapy first may be key to further improving outcomes, extending the PFS and overall survival (OS) in these patients.

A recently published trial, the DESTINY-Breast09 aimed to evaluate the efficacy and safety of T-DXd ± pertuzumab, compared with the current 1L standard of care. T-DXd + P demonstrated a statistically significant and clinically meaningful PFS benefit vs THP and may represent a new first-line standard of care for patients with HER2+ advanced and metastatic breast cancer.

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Title: Integrating Pharmacological and Non-Pharmacological Strategies for Pain Control in Breast Cancer.

Pain remains one of the most prevalent and complex symptoms experienced by patients with breast cancer, arising from surgical interventions, chemotherapy, radiotherapy and metastatic disease, and significantly affecting quality of life and functional outcomes. The aim of this presentation is to highlight a structured, evidence-based and multidisciplinary approach to pain management across the continuum of breast cancer care. This presentation synthesizes current methods for comprehensive pain assessment, integrating clinical evaluation with patient-reported outcomes to identify nociceptive, neuropathic and mixed pain syndromes. It further outlines contemporary pharmacological strategies, including optimized use of non-opioid analgesics, adjuvant agents and safe opioid prescribing practices, emphasizing risk mitigation, monitoring parameters and prevention of adverse events. Non-pharmacological approaches are also considered, such as physiotherapy, manual lymphatic techniques, psychological support and integrative therapies, which collectively contribute to improved patient comfort and autonomy. Preliminary outcomes from supportive-care pathways implemented at a dedicated breast center suggest enhanced symptom control, reduced opioid requirements and higher patient satisfaction. The presentation concludes that effective pain management in breast cancer requires coordinated multidisciplinary collaboration among surgeons, oncologists, radiologists, pharmacists, psychologists, dietitians and physiotherapists. Such integrated models can lead to more personalized, safer and sustainable approaches to supportive care, ultimately improving both patient experience and clinical outcomes.

Keywords: breast cancer, pain management, opioids, supportive care, multidisciplinary care, neuropathic pain.

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Title: Biology Over Anatomy: Predicting Nodal Complete Pathological Response to Guide Axillary Surgery.

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The optimal extent of axillary surgery in breast cancer patients receiving neoadjuvant chemotherapy (NAC) remains controversial, particularly in the setting of increasing rates of nodal pathological complete response (ypN0) and the morbidity associated with axillary procedures. Identifying predictors of ypN0 may refine surgical decision-making and support selective de-escalation strategies. In this retrospective cohort study, 179 breast cancer patients treated with NAC at a tertiary cancer centre were analyzed with a median follow-up of 27.6 months (mean 30.7 months). The primary endpoint was ypN0. Variables including age, tumor grade, hormone receptor status, HER2 expression, Ki-67 index, clinical tumor (cT) and nodal (cN) stage, and radiological response were evaluated, and multivariable logistic regression identified independent predictors. ypN0 was achieved in 49.2% of patients. All clinically node-negative patients remained ypN0 (27/27, 100%). Among node-positive disease, ypN0 occurred in 35.4% of cN1–2 and 48.2% of cN3 patients ($p<0.001$). ypN0 was significantly higher in HER2-positive (71%) and triple-negative tumors (68%) compared with hormone receptor–positive/HER2-negative tumors (34%, $p<0.001$). High Ki-67 (≥20%) was associated with higher ypN0 rates (58% vs 27%, $p=0.002$). After exclusion of cN0 disease, ypN0 occurred in 67.4% of patients undergoing SLNB and 43.4% undergoing ALNC. HER2 positivity ($p<0.001$), triple-negative subtype ($p=0.004$), and high Ki-67 ($p=0.01$) independently predicted ypN0. During follow-up, loco-regional recurrence occurred in 1.1%, distant metastasis in 1.1%, and mortality in 0.6% of patients. Taken together, these findings support consideration of omission of axillary surgery in carefully selected clinically node-negative patients, while SLNB may represent a potential alternative to ALNC in selected node-positive cases. Prospective evaluation with longer follow-up is warranted to further clarify oncologic safety.

Keywords: Breast cancer, axillary surgery, de-escalation, neoadjuvant chemotherapy, ypN0

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Title: Importance of second look ultrasound imaging in newly diagnosed breast cancer for lymph nodes detection.

Accurate breast and axillary lymph node assessment is critical for breast cancer staging and subsequent decision making. while preoperative ultrasound is the primary modality for evaluation for axilla, its sensitivity for detecting metastatic disease, particularly for non suspicious or borderline featured lymph nodes remains limited. This diagnostic gap my lead to under-staging, as occult metastasis may only be identified post operatively after sentinel lymph node biopsy, necessitating second look ultrasound imaging for axillary lymph-node dissection. That's why second look targeted ultrasound imaging is important for careful assessment of axillary and intra-mammary lymph nodes specifically if they show indeterminate features by another imaging modality, MRI breast to identify and sample accordingly. The principle challenge of second look ultrasound imaging is its operator dependent nature and difficulty in correlating subtle findings on MRI breast with Sonographic anatomy , and potentially leading to non conclusive examinations.

The study aimed to evaluate clinical impact of targeted second look ultrasound protocol for axillary and intra-mammary lymph nodes assessment prior to final surgical planning. A prospective cohort study of patients of newly diagnosed breast cancer done at our facility with concerning features of axillary and intra-mammary lymph nodes seen by MRI breast underwent dedicated second look breast ultrasound with targeted ultrasound guided lymph node biopsy and marker placement , the targeted axillary /intra-mammary lymph node shows rounded shape with increased cortical thickness of more than 3 mm (typeIII), others show lobulated increased cortical thickness (typeIV). The results show that second look ultrasound approach successfully identify positive axillary and intra-mammary lymph nodes allowing for biopsy in significant proportion of patients, thereby converting planned sentinel lymph node biopsy to targeted biopsy allowing for single step axillary lymph node dissection instead of two surgical procedures.

In conclusion ,the integration of precise second look ultrasound imaging into preoperative workflow for breast cancer patients with equivocal axillary /intra-mammary findings significantly improve staging accuracy. By successfully identifying and sampling initially occult metastatic nodes thus reducing under-staging incidence, and minimize the need for re-operation.

Key words: axillary lymph-nodes , intra-mammary lymph-nodes , target ultrasound ,breast MRI ,biopsy .

Dr. Purnopama Puja

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Title: Breaking the Silence: Recurrent Male Breast Cancer and Unmet Clinical

Male breast cancer is a rare malignancy, accounting for less than 1% of all breast cancer cases. Due to its rarity, clinical management is often extrapolated from female breast cancer treatment protocols (1). However, male breast cancer can exhibit an aggressive course, with a high risk of recurrence and distant metastases. Limited access to treatment and financial constraints further complicate patient outcomes, particularly in resource-limited settings. This case report highlights the prolonged, recurrent, and metastatic course of male breast cancer in a 45-year-old patient, emphasizing the challenges of treatment discontinuation, the role of multimodal therapy, and the impact of financial limitations on long-term survival.

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