1 What were the key findings from this research and how are they different from what we previously knew?

“In general, women younger than age 40 present with invasive breast cancer with more aggressive features; therapies are still developing to treat these patients and improve outcomes. It is also important to acknowledge that these patients face unique challenges that influence treatment. For example, fertility preservation and survivorship are important in the younger patient population.

“Prior to this study there was limited data on HER2 status in the young patient population with invasive breast cancer. [This study] women under age 40 were more likely to present with a higher grade tumor, be ER-negative, and be HER2-positive. Across staging systems, women under the age of 40 had greater odds of presenting at a later stage. Patients under age 40 were also more likely to receive chemotherapy.”

2 Now that this data is available, how can it be put to use to improve treatments for patients? What’s the next step of your work?

“This data is consistent with other reports that patients under the age of 40 presenting at a later stage with more aggressive features, including hormone receptor-negative, HER2-positive, and with a higher grade compared to patients over the age of 40. These unique features suggest this patient population should be treated as its own entity.

“More research needs to be conducted to better understand the presentation, tumor biology, and treatment effectiveness of specific therapies. This will allow targeted treatment for these patients. Patients under the age of 40 with invasive breast cancer are being treated with the current standard of care.

“Currently, the National Cancer Database does not have information about genetics and risk factors, such as family history. Those factors would be interesting to study. It is important to educate medical professionals about the unique features of young breast cancer patients so they can be appropriately treated and risk-stratified.”

3 So, what’s the bottom-line message practicing oncologists and cancer care providers should know about this work?

“The younger-than 40-year-old age group [of patients] with breast cancer is its own unique entity and should be treated as such.

“Physicians should have different discussions regarding breast cancer treatment in young women. Particular issues of concern include fertility, career sustainability, child care, sexual function, breast cancer during pregnancy, body image, psychosocial distress, premature menopause, and potential long-term complications from therapy. Prognosis and survivorship including metastases are also important. These patients should be offered genetic counseling, referrals to fertility clinics, and mental health services.”

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