Presentations

GS4-01. Lambertini M, Moore HCF, Leonard RCF, Loibl S, et al. Pooled analysis of five randomized trials investigating temporary ovarian suppression with gonadotropin-releasing hormone analogs during chemotherapy as a strategy to preserve ovarian function and fertility in premenopausal early breast cancer patients. See the webcast from the press conference

The authors conclude that:

This study provides level 1A of evidence for the efficacy and safety of temporary ovarian suppression with GnRHa during chemotherapy in premenopausal early breast cancer patients. Given the findings of this pooled analysis, temporary ovarian suppression with GnRHa during chemotherapy should be considered as a new standard option to reduce the likelihood of chemotherapy-induced POF and possibly improve future fertility in premenopausal early breast cancer patients.

GS4-02. Francis PA, Pagani O, Regan MM, Fleming GF, et al.[**nbsp**]Randomized comparison of adjuvant aromatase inhibitor exemestane (E) plus ovarian function suppression (OFS) vs tamoxifen (T) plus OFS in premenopausal women with hormone receptor positive (HR+) early breast cancer (BC): Update of the combined TEXT and SOFT trials.

The authors conclude that:

After 9 yrs median follow-up, adjuvant E+OFS, as compared with T+OFS, shows a sustained reduction of the risk of recurrence but did not improve overall survival. As in postmenopausal women, oncologists need to consider potential absolute benefits and properly select patients at sufficient risk for recurrence for whom E+OFS seems indicated. Follow-up continues, which will further clarify the effect of E+OFS for safety, late recurrence and overall survival.

GS4-03. Fleming G, Francis PA, Láng I, Ciruelos EM, et al. Randomized comparison of adjuvant tamoxifen (T) plus ovarian function suppression (OFS) versus tamoxifen in premenopausal women with hormone receptor-positive (HR+) early breast cancer (BC): Update of the SOFT trial.

The authors conclude that:

With additional follow-up to a median of 8yrs, SOFT further supports the value of OFS for some premenopausal women. Follow-up continues, which will further clarify the safety and the benefit of OFS for late recurrence and overall survival. Oncologists appear to be able to select a low risk group (no chemotherapy) for whom treatment escalation is unlikely to improve survival.

GS4-04. Hershman DL, Unger JM, Greenlee H, Capodice J, et al. Randomized blinded sham- and waitlist-controlled trial of acupuncture for joint symptoms related to aromatase inhibitors in women with early stage breast cancer (S1200)**.** See the webcast from the press conference

The authors conclude that:

This study was the first large multicenter trial to investigate the effect of acupuncture in treating AI-induced joint symptoms in BC patients. According to multiple measures, TA generated better outcomes than either SA or WC with minimal toxicity.

GS4-05. Discussant *Ann H. Partridge, MD, MPH*

GS4-06. Couch FJ, Shimelis H, Hart SN, Moore RM, et al. Cancer risks and response to targeted therapy associated with BRCA2 variants of uncertain significance.

The authors conclude that:

The HDR assay is effective for characterization of BRCA2 VUS. The combination of functional data and in silico prediction models provides a robust tool for clinical annotation of BRCA2 VUS. HDR function of BRCA2 missense variants is strongly correlated with response to targeted therapy.

GS4-07. Yardley DA, Krop I, Abramson V, Colleoni M, et al. Results from a randomized placebo-controlled phase 2 trial evaluating exemestane ± enzalutamide in patients with hormone receptor–positive breast cancer.

The authors conclude that:

In the first reported randomized trial of ENZA in HR+ MBC, ENZA+EXE was well tolerated with no new safety signals. The study met its primary endpoint in pts with Bmkr+ MBC with no prior ET.