

## Presentations

[GS5-01. Shah C, Verma V, Sayles H, Recht A, et al.](#) Appropriate margins for breast conserving surgery in patients with early stage breast cancer: A meta-analysis.

### The authors of the study conclude that:

*The current meta-analysis indicates that having margin widths 2 mm or greater is associated with a lower risk of ipsilateral breast failure than narrower but uninvolved margins. It therefore fails to confirm that 'no-tumor on ink' is optimal. Further analyses are needed to clarify this issue, particularly to identify the critical minimum tumor-free margin for different patient subgroups.*

[GS5-02. Galimberti V, Cole BF, Viale G, Veronesi P, et al.](#) Axillary dissection vs. no axillary dissection in patients with cT1-T2cN0M0 breast cancer and only micrometastases in the sentinel node(s): Ten-year results of the IBCSG 23-01 trial.

### The authors of the study conclude that:

*Findings after a median follow-up of 9.8 years fully support the findings at 5 years in that no-AD is not inferior to AD with respect to DFS, and there is no significant difference between the arms for DFS and OS, thus confirming that AD is not indicated in patients with micrometastatic SNs.*

[GS5-03. Kuijer A, Dominici LS, Rosenberg SM, Hu J, et al.](#) Risk of arm morbidity after local therapy in young breast cancer survivors.

### The authors of the study conclude that:

*Patient reported outcomes reveal high rates of arm-swelling and decreased ROM 1 year after breast cancer diagnosis in a large prospective cohort of young breast cancer survivors. These findings suggest an opportunity for pre-operative education and early intervention for arm impairment in this population.*

[GS5-04. Lo JY, Shi B, Grimm LJ, Mazurowski MA, et al.](#) Prediction of occult invasive disease in ductal carcinoma in situ using deep learning features.

### The authors of the study conclude that:

*In spite of being pre-trained on only non-medical images, the deep features extracted from digital mammograms demonstrated comparable performance to "handcrafted" CV features for the challenging task of predicting DCIS upstaging.*

[GS5-05. Hwang ES, Duong S, Bedrosian I, Allred J, et al.](#) Primary endocrine therapy for ER-positive ductal carcinoma in situ (DCIS) CALGB 40903 (Alliance).

**The authors of the study conclude that:**

*In a cohort of postmenopausal women treated with 6 months of preoperative endocrine therapy for ER-positive DCIS, MRI volume decreased markedly by 3 months, while mammographic extent of disease was not altered significantly. Correlation of imaging changes with pathology and baseline biomarkers will be conducted. These results will help determine whether MRI could be an effective modality for monitoring treatment response in some patients treated with primary endocrine therapy for ER-positive DCIS.*

[GS5-06. Singh H, Howie LJ, Bloomquist E, Wedam S, et al.](#) A U.S. Food and Drug Administration pooled analysis of outcomes of older women with hormone-receptor positive metastatic breast cancer treated with a CDK4/6 inhibitor as initial endocrine based therapy. [See also webcast from press conference presentation](#)

**The authors of the study conclude that:**

*This exploratory analysis suggests the use of a CDK4/6 inhibitor in combination with an aromatase inhibitor for the first line treatment of HR+ MBC in older women results in similar efficacy benefit as seen in younger women. Although incidence and severity of Grade 1-4 adverse reactions appeared similar between age groups, greater serious adverse events and discontinuations occurred in patients  $\geq 65$ . The inclusion of greater numbers of patients  $\geq 70$ , in clinical trials will further inform clinicians about the safety and efficacy of CDK4/6 inhibitors in older adults.*

[GS5-07. Chlebowski RT, Luo J, Anderson GL, Simon M, et al.](#) Weight change in postmenopausal women and breast cancer risk in the Women's Health Initiative Observational study. [See also webcast from press conference presentation](#)

**The authors of the study conclude that:**

*Weight loss in postmenopausal women is associated with lower breast cancer risk. These findings suggest that postmenopausal women who lose weight may reduce their breast cancer risk.*

[GS5-08. Wärnberg F, Garmo H, Folkvaljon Y, Holmberg L, et al.](#) A validation of DCIS biological risk profile in a randomised study for radiation therapy with 20 year follow-up (SweDCIS).

**The authors of the study conclude that:**

*Evaluation of the SweDCIS trial validated prognostic and RT predictive utility of the biologic signature. Women diagnosed with DCIS and treated with BCS  $\pm$  RT were stratified into clinically relevant low and elevated risk groups ( $\leq 3$  vs  $> 3$ ). Women in the elevated risk group had twice the treatment benefit for IBC*

*from RT compared to prior randomized trials, while the low risk group had no benefit from RT.*