GENERAL SESSION 2

WEBCAST **(registration required)**

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[GS2-01] The breast pre-cancer atlas illustrates the molecular and micro-environmental diversity of ductal carcinoma in situ

Harismendy O, Nachmanson D, Evans MF, et al.

The authors conclude that: This first multi-modal profiling of pure DCIS reveals an unsuspected diversity of molecular and microenvironmental states and presents their association with progression risk factors. The observations support the need for stronger integration of molecular and clinicopathology features, especially at sub-histological levels, to ensure the findings can be interpreted in the correct clinical and phenotypic context. The compatibility of the approach with archived specimens supports the expansion to larger retrospective DCIS collections with outcomes.

[GS2-02] 12 year results of anastrozole versus tamoxifen for the prevention of breast cancer in postmenopausal women with locally excised ductal carcinoma in-situ

The authors conclude that:

No clear efficacy differences were seen between the two treatments, although the data suggests possible greater efficacy for anastrozole over tamoxifen for prevention of ER-positive breast cancers. There were some clear differences in adverse events and anastrozole may be more appropriate for some women with contraindications for tamoxifen. **Table**: Number of events and Hazard Ratios (95% CI) according to treatment allocation.

[GS2-03] Prime 2 randomised trial (postoperative radiotherapy in m inimum-risk elderly): wide local excision and adjuvant hormonal therapy +/- whole breast irradiation in women =/> 65 years with early invasive breast cancer:10 year results

Kunkler IH, Williams LJ, Jack W, Cameron DA, et al.

The authors conclude that:

10 year follow data from the PRIME 2 trial shows that the omission of RT after BCS in women aged ≥ 65 years with T1-2, pN0 hormone receptor positive breast cancer results in only 9.8% IBTR. While this rate is significantly reduced by RT (to 0.9%), the absolute reduction is modest, and there were no differences in the secondary endpoints of distant metastases, contralateral breast cancer or overall survival and a small but significant difference in regional recurrence. These data suggest that postoperative radiotherapy in this patient group who are receiving adjuvant hormonal therapy does not impact on overall survival in the context of modern approaches to local and systemic adjuvant therapy, with most patients in both arms dying of causes unrelated to breast cancer or its treatment.

[GS2-04] A randomized phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in situ (DCIS) of the breast (BIG 3-07/TROG 07.01)

Chua BH, Link E, Kunkler I, Olivotto I, et al.

The authors conclude that:

In women with non-low risk DCIS treated with breast-conserving surgery, the addition of tumor bed boost following conventional or hypofractionated WBI reduced local recurrence rates. There was no difference

in local recurrence rates between conventional WBI and hypofractionated WBI. (Registered with ClinicalTrials.gov, NCT00470236.)

[GS2-05] Genome-wide association study identifies *UACA* as a modulator of breast cancer chemoresistance and survival

Kushi LH, Zhu Q, Schultz E, et al.

The authors conclude that: Our findings suggest a path toward new predictive pharmacogenetic markers for personalized medicine targeting the Par-4 pathway for breast cancer treatment.

[GS2-06] Exploring the causal role of the Human Gut Microbiome in Breast Cancer Risk using Mendelian Randomization

Robinson T, Edmunds G, Hayes B, Wade K.

The authors conclude that: In our study, we utilised two recent and novel GWASs in an MR context to appraise causality in

relationships between the gut microbiome and BC risk and found evidence that certain bacteria may alter BC risk, effects of which vary according to molecular subtype. These important results generate hypotheses about mechanisms underlying the causal biology of BC subtypes and potentially facilitate the design of BC risk-reducing interventions and prevention strategies.

[GS2-07]Glycemic Index, Glycemic Load and breast cancer risk: results from the prospective NutriNet-Santé cohort

Debras C, Chazelas E, Srour B, et al.

The authors conclude that: The consumption of foods with high-GI was associated increased breast cancer risk. If these results are confirmed dietary GI and GL should be considered as modifiable risk factor for primary breast cancer prevention.

[GS2-08] Discussant

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Fred Hutchinson Cancer Research Center
Seattle, WA

[GS2-09] Diabetes risk reduction diet and survival following breast cancer

Wang T, Farvid M, Kang JH, et al.

The authors conclude that: We found that greater adherence to the DRRD after breast cancer diagnosis was associated with better survival, suggesting dietary modification after diagnosis consistent with T2D prevention may be important to breast cancer survivors.

[GS2-10] Targeting depressive symptoms in younger breast cancer survivors: A randomized controlled trial of mindfulness mediation and survivorship education

Ganz P, Bower JE, Partridge AH, et al.

The authors conclude that:

wo brief behavioral intervention programs specially designed for YBCS were effective in reducing depressive symptoms and, in the case of mindfulness, improving related symptoms (fatigue, sleep disturbance) that pose serious threats to younger women's

health and well-being after cancer. These interventions are standardized, manualized, and have the potential for wide dissemination over virtual platforms.

San Antonio - Mosaic on a pillar of streetcar station

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