Presentations

Alle Vortragsslides

[GS5-01] A randomized community-based trial of an angiotensin-converting enzyme inhibitor, lisino-pril or a beta blocker, carvedi-lol for the prevention of cardiotoxicity in patients with early-stage HER2-positive breast cancer receiving adjuvant trastuzumab

S Munster P, Krischer J, Tamura R, Fink A, et al.

The authors conclude that: *In patients with HER2-positive breast cancer receiving trastuzumab and an anthracycline, both lisino-pril and carvedi-lol during treatment reduced cardiotoxicity in patients, but not in those with non-anthracyline containing regimens. The use of lisino-pril or carvedi-lol may allow the use of an anthracycline without compromising trastuzumab treatment in those who might benefit from an anthracycline.*

[GS5-02] Cardiovascular function and the effect of exercise training during adjuvant breast cancer treatment. Results from The EBBA-II trial

Thune I, Husøy A, Frydenberg H, Flote VG, et al.

The authors conclude that: *Our findings strongly support that tailored exercise training during adjuvant breast cancer treatment may counteract a decline in cardiovascular function, and in particular among those receiving chemotherapy. Our study supports incorporation of supervised clinical exercise programs into breast cancer treatment guidelines.*
Final results of the trial at SABCS 2018 (the trial closes October 15, 2018) total included N=539 (NCT02240836)

[GS5-03] Lifestyle Intervention and Effect on Disease-free Survival in Early Breast Cancer Pts: Interim Analysis from the Randomized SUCCESS C Study

Janni W, Rack BK, Friedl TW, Müller V, et al.

The authors conclude that: *This explorative and non-planned interim analysis indicates that the completion of a systematic telephone life style intervention program may positively impact patient outcome in early breast cancer.*

[GS5-04] **GS5-04: discussant Ligibel 811, 786 & 761**

[GS5-05] **Resistance to neoadjuvant chemotherapy in triple negative breast cancer mediated by a reversible drug-tolerant state**

Echeverria GV, Ge Z, Seth S, Jeter-Jones SL, et al.

The authors conclude that: *Collectively, these studies reveal that a reversible phenotypic state can confer chemoresistance in the absence of genomic selection and that the residual tumor state is a novel therapeutic window for chemo-refractory TNBC.*

[GS5-06] **No survival benefit of chemotherapy escalation in patients with pCR and "high-immune" triple-negative early breast cancer in the neoadjuvant WSG-ADAPT-TN trial**

Gluz O, Nitz U, Liedtke C, Prat A, et al.

The authors conclude that: *Our exploratory results suggest independent*

prognostic impact of mRNA markers and TIL's in early TNBC. Patients with both pCR (after 12 weeks) and "high-immune" signature (defined here by PD1) had excellent 3y-EFS and may be candidates for treatment de-escalation (e.g. omission of anthracyclines), whereas "low-immune" pCR patients may benefit from standard adjuvant poly-chemotherapy.

[GS5-07] **International pooled analysis of the prognostic impact of disseminated tumor cells from the bone marrow in early breast cancer: Results from the PADDY study**

Hartkopf AD, Brucker SY, Taran F-A, Harbeck N, et al.

The authors conclude that: *Detection of DTC in the bone marrow is an independent prognostic marker in patients with non-metastatic breast cancer. Further studies should investigate the impact of DTC on metastatic cancer progression and their role for clinical decision making.*

San Antonio - Mosaic on a pillar of streetcar station

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