

Presentations

[Alle Vortragsslides](#)

[\[GS6-01\] Surgical treatment after neoadjuvant systemic therapy in young women with breast cancer: Results from a prospective cohort study](#)

Kim HJ, Dominici L, Rosenberg S, Pak LM, et al.

The authors conclude that: *While NST doubled the proportion of young women eligible for BCS, nearly half chose MTX regardless of response to NST, mostly for personal preference or high-risk preventative reasons. These data highlight that surgical decision making among young women with breast cancer is often driven by factors beyond extent of disease and clinical response to therapy.*

[\[GS6-02\] A randomized, double-blind, placebo-controlled trial of oxybutynin \(Oxy\) for hot flashes \(HF\): ACCRU study SC-1603](#)

Leon-Ferre RA, Novotny PJ, Faubion SS, Ruddy KJ, et al.

[\[GS6-03\] Symptoms and health-related quality of life on endocrine therapy alone \(E\) versus chemoendocrine therapy \(C+E\): TAILORx patient-reported outcomes results](#)

Wagner LI, Gray RJ, Garcia S, Whelan TJ, et al.

The authors conclude that: *TAILORx is the first trial to examine patient-reported fatigue, endocrine symptoms, PCI and HRQL among breast cancer patients randomized to endocrine therapy alone vs chemoendocrine therapy, thus allowing us to quantify acute and long-term symptoms uniquely attributable to chemotherapy. As expected, chemotherapy is associated with greater fatigue, endocrine symptoms and PCI acutely during treatment, and for post-*

menopausal women with greater long-term endocrine symptoms. Increased symptoms were associated with poorer HRQL. Long-term HRQL was comparable between groups.

[\[GS6-04\] Development and validation of a chemotherapy toxicity \(Chemo Tox\) risk score for older patients \(Pts\) with breast cancer \(BC\) receiving adjuvant/neoadjuvant treatment \(Adjuvant Tx\): A R01 and BCRF funded prospective multicenter study](#)

Hurria A, Magnuson A, Gross CP, Tew WP, et al.

The authors conclude that: *We developed and validated a risk score (CARG-BC) which identifies an older pt's risk for adjuvant BC chemo tox and is associated with dose reduction, delay, reduced RDI, and hospitalization. This tool could be considered as a part of adjuvant tx decision-making.*

[\[GS6-05\] The impact of breast cancer surgery on quality of life: Long-term results from E5103](#)

Rosenberg SM, O'Neill A, Sepucha K, Miller KD, et al.

The authors conclude that: *Among women participating in a contemporary adjuvant BC chemotherapy trial, a substantial proportion of survivors experience symptoms that may be amenable to intervention, including referral to physical rehabilitation, especially among pts undergoing more extensive surgery. Attention to psychosocial health is also essential both during and after completion of active treatment to optimize QOL outcomes.*

[GS6-06] Local therapy and quality of life outcomes in young women with breast cancer

Dominici LS, Hu J, King TA, Ruddy KJ, et al.

The authors conclude that: *Local therapy in young breast cancer survivors may have a persistent impact on their breast satisfaction, psychosocial, and sexual outcomes, with particular effects from UMx or BMx. Socio-economic stressors also appear to play a role. When counseling young women about their surgical decisions, knowledge of potential long-term QOL impact is of critical importance.*

[GS6-07] GS6-07: Discussant Ganz 516 & 1359

San Antonio - Mosaic on a pillar of streetcar station

