

GENERAL SESSION 4

[Alle Vortragsfolien](#)

[GS4-01] [Ten-year results from NRG Oncology/NSABP B-42: A randomized, double-blinded, placebo-controlled clinical trial of extended adjuvant endocrine therapy with letrozole \(L\) in postmenopausal women with hormone-receptor+ breast cancer \(BC\) who have completed previous adjuvant therapy with an aromatase inhibitor \(AI\)](#)

Mamounas EP, Bandos H, Lembersky BC, Jeong JH, et al.

The authors conclude that: The effect of extended tx with 5 yrs of L on DFS persisted in the updated analyses and reached statistical significance. There was no significant improvement in OS with L, but L continued to provide a significant improvement in BCFI and DR.

[GS4-02] [Investigating genomic and phenotypic evolution of triple negative breast cancer chemoresistance and metastasis in patient-derived xenografts](#)

Echeverria GV, Xu M, Shao J, Zhang X, et al.

The authors conclude that: These studies have revealed transcriptomic ITH in primary and metastatic tumors, with stable patterns of transcriptomic ITH in spatially distinct metastases. Furthermore, metastases exhibited reproducible enrichment of a low-abundance primary tumor transcriptomic subpopulation. Together, these studies will elucidate transcriptomic programs associated multi-organ metastasis in TNBC and are expected to enable rational therapeutic targeting strategies.

[GS4-03] [Validation of the clinical treatment score post 5 years \(CTS5\) in women with hormone receptor positive, HER2-negative, node-negative disease from the TAILORx study](#)

Sestak I, Cragger M, Cuzick J, Dowsett M, et al.

The authors conclude that: Low risks of late DR of 3.1% (2.4-4.0) for RS scores 0-25 (ET) and 3.8% (2.9-4.8) for RS scores 11-100 (CET) were observed in this ER-positive, HER2-negative and node negative TAILORx cohort. We confirm the prognostic ability of the CTS5 for late DR in the TAILORx cohort, specifically for patients older than 50 years and/or those who were deemed intermediate or high risk by Oncotype Dx RS (11-100). Our results show that the CTS5 is less prognostic for late DR in women aged 50 years or younger who received 5 years of

endocrine therapy only. Further evaluation of the CTS5 in premenopausal cohorts is needed before it can be applied to younger patients.

[GS4-04] [Ten-year results of the international breast cancer intervention study II](#)

Cuzick J, Sestak I, Forbes J, Dowsett M, et al.

The authors conclude that: This updated analysis of the IBIS-II trial confirms the significant reduction in breast cancer occurrence with anastrozole in the post-treatment follow-up period. These results indicate a long-term preventive benefit with anastrozole for ER-positive breast cancer in postmenopausal women.

[GS4-05] [Should age be integrated together with clinical and genomic risk for adjuvant chemotherapy decision in early luminal breast cancer? MINDACT results compared to those of TAILOR-X](#)

To be presented by Fatima Cardoso / Piccart MJ, Poncet C, Cardoso F, van't Veer L, et al.

The authors conclude that: While postmenopausal patients primarily received aromatase inhibitors, adjuvant

endocrine therapy consisted mostly in tamoxifen in younger women with only 7.0% of them also receiving an LHRH analog. This unplanned analysis, limited by a small number of events and large confidence intervals, nevertheless shows the same « trend » as seen in Tailor-X and also suggests that women aged 40 to 50, classified cH / gL risk and presumably premenopausal, might be undertreated with tamoxifen alone. It is probable but not proven that this age-dependent chemotherapy effect is due to ovarian function suppression (OFS). The added value of chemotherapy in case of optimal endocrine therapy (i.e. OFS + tamoxifen or aromatase inhibitor) cannot be evaluated in MINDACT nor in TailorX and should be further studied. Possibly, optimal endocrine therapy, e.g. ovarian ablation in addition to tamoxifene in the 40-50y age group cH could be adequate. This reinforced message is important for practicing oncologists and patients.

[GS4-06] [Accelerated partial breast or whole breast irradiation after breast conservation surgery for patients with early breast cancer: 10-year follow up results of the APBI IMRT Florence randomized phase 3 trial](#)

Meattini I, Saieva C, Lucidi S, lo Russo M, et al.

The authors conclude that: IBTR rate after 10 years in patients with early breast cancer who were treated with APBI using IMRT technique in 5 fractions is rare and

not significantly different from patients treated with WBI. OS, BCSS, DMFS, and LRR control are also comparable. Thus, APBI should be considered a reasonable alternative for a WBI in early breast cancer patients.

[GS4-07] [Costs and effects in the first randomized trial comparing MRI breast cancer screening with mammography in women with a familial risk: FaMRIsC](#)

Tilanus-Linthorst MMA, Geuzinge HA, Obdeijn IM, Rutgers EJT, et al.

The authors conclude

that: MRI-screening advances the detection of breast cancer greatly, but with more additional investigations. MRI-screening may be cost-effective in groups with sufficient tumor incidence, like women with familial risk.

San Antonio - Mosaic on a pillar of streetcar station

