2018 ASCO ANNUAL MEETING

Top Abstracts To Watch Out For In Breast Cancers@ ASCO 2018

RAS

Abstract 506: PERSEPHONE: 6 versus 12 months (m) of adjuvant trastuzumab in patients (pts) with HER2 positive (+) early breast cancer (EBC): Randomised phase 3 non-inferiority trial with definitive 4-year (yr) disease-free survival (DFS) results.

Conclusion: Trastuzumab's known side effects include a risk for heart problems. The women who had received trastuzumab for less time also had fewer heart problems. Out of those who received 6 months of trastuzumab, 4% had to stop the treatment early due to heart problems compared with 8% of those who received it for 12 months.

These results could offer patients the benefit of fewer adverse events, shorter treatment duration, and potential cost savings, as the standard of care of 12-month trastuzumab usually costs approximately $55,000, based on Medicare estimates in 2017

Abstract 502: Role of adding ovarian function suppression to tamoxifen in young women with hormone-sensitive breast cancer who remain premenopausal or resume menstruation after chemotherapy: The ASTRRA study.

Conclusion: Ovarian function needs to be monitored for at least 24 months after completing chemotherapy to establish eligibility for ovarian function suppression (OFS). Adding 2 years of OFS to Tamoxifen significantly improved disease-free survival as compared to Tamoxifen alone in those who remained premenopausal or resumed ovarian function after chemotherapy

Abstract 503 Absolute improvements in freedom from distant recurrence with adjuvant endocrine therapies for premenopausal women with hormone receptor-positive (HR+) HER2-negative breast cancer (BC): Results from TEXT and SOFT.

Conclusion: Premenopausal pts with HR+/HER2- BC and high recurrence risk, as defined by clinicopathological characteristics, may experience 10-15% absolute improvement in 8yr DRFI with exemestane plus ovarian function suppression (E+OFS) vs tamoxifen + OFS (T+OFS) or Tamoxifen alone. Potential benefit of escalating endocrine therapy vs T alone is minimal for those at low risk, and may be 4-5% for pts at intermediate risk.

Abstract 1002: Abemaciclib for pre/perimenopausal women with HR+, HER2- advanced breast cancer.

Conclusion: ORR was significantly higher in the abemaciclib + Fulvestrant arm: 60.8%, $p = 0.006$

Abemaciclib + Fulvestrant in combination with a GnRH agonist significantly improved PFS and ORR, and had a generally tolerable safety profile in pre/peri-menopausal women with HR+, HER2- advanced breast cancer

Lilly

Abemaciclib is a selective inhibitor of CDK4 & 6 that is dosed on a continuous schedule and is approved for the treatment of HR+, HER2- advanced breast cancer (ABC) as monotherapy and in combination with fulvestrant (F).

Abstract 1047: Ribociclib (RIB) + tamoxifen (TAM) or a non-steroidal aromatase inhibitor (NSAI) in premenopausal women with hormone receptor-positive (HR+), HER2-negative (HER2-) advanced breast cancer (ABC) who received prior chemotherapy (CT): MONALEESA-7 subgroup analysis.

NOVARTIS

Conclusion: Those with prior CT had a numerically shorter PFS and lower ORR vs pts with no prior CT. However, consistent treatment benefit with RIB + TAM/NSAI vs PBO + TAM/NSAI was observed in premenopausal pts with HR+, HER2– advanced breast cancer, regardless of prior CT for advanced breast cancer

Although endocrine therapy (ET) and ovarian function suppression is an established first-line treatment for premenopausal patients (pts) with HR+, HER2– advanced breast cancer, in some cases first-line CT is administered before ET. In the Phase 3 MONALEESA-7 trial, RIB + TAM/NSAI and goserelin significantly prolonged progression-free survival (PFS) vs placebo (PBO) + TAM/NSAI and goserelin in premenopausal pts with HR+, HER2– advanced breast cancer

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Abstract 533: Selection for Oncotype Dx testing among young women with early-stage ER+/HER2- breast cancer

Conclusion: Despite the development of multigene testing to assess the benefit of chemotherapy, many young women with node-negative ER+/HER2- BC are not tested, and when tested, a substantial percentage receive chemotherapy despite a low Recurrence Score (RS). This highlights an opportunity to improve individualized care for young women with BC

The Oncotype Dx Recurrence Score (RS) predicts distant recurrence risk and benefit from chemotherapy for women with early-stage estrogen receptor (ER) positive (+)/human epidermal growth factor receptor 2 (HER2) negative (-) breast cancer (BC)

Abstract 1544: Treatment failure: Why patients with BRCA mutations are declining risk-reducing surgery

NOVARTIS

Conclusion: Patients with a personal or family history of cancer, history of RRM, or age > 40 were more apt to undergo RRBSO. The majority of women who declined RRBSO reported fertility or menopause as primary concerns. As the age of childbearing increases, counselling of BRCA patients should address early childbearing, assisted reproductive technology, and hormonal therapy to facilitate timely RRBSO for prevention of ovarian cancer and mortality reduction.

The NCCN guidelines recommend risk-reducing bilateral salpingo-oophorectomy (RRBSO) for patients with BRCA mutations by age 35-40 or upon completion of childbearing. Previously high rates of non-compliance with these guidelines, with many women pursuing RRBSO after 40, if at all was reported. The study is sought to evaluate patients' reasons for declining RRBSO to identify areas for improvement in counselling and prevention

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