Quimioterapia Adjuvante (QT_{Adj})em Pacientes com tumores luminais:

Quem não tem benefício?

Definições de Luminal

RH positivo

RE > 10% ± RPg > 10%

Her2 negativo

Sem incorporação do Ki 67 nesta análise (não usar a definição do patologista de Luminal A e B)

RH positivo Adjuvância
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante na pré e pós-menopausa deve ser o tratamento padrão

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

Pre-menopausa
TAM continua sendo o padrao

RH positivo Adjuvância
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

Pré-menopausa
TAM continua sendo o padrão
Quando adicionar a ablação ovariana (AOv)?

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

Pre-menopausa
TAM continua sendo o padrao
Quando adicionar a ablação ovariana (AOv)?
Quando substituir o *TAM* pelo ***IA*** para as pacientes selecionadas para a AOv?

RH positivo Adjuvância
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

Pós-menopausa
IA deve ser incluído na adjuvância

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos?

Pos-menopausa
IA deve ser incluido na adjuvancia
Sequencial ao TAM ou substituindo o TAM?

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos? (pre e pos)

Qual a duração? (pré e pós)

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais os medicamentos? (pre e pos)

Qual a duração? (pré e pós)

Ha evidências para inclusão dos inbidores da osteólise (bisfosfonatos e denosumabe) para todas as pacientes objetivando-se a redução da mortalidade relacionada ao câncer de mama? (pre e pos)

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais as indicações para a adição de quimioterapia adjuvante?

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Hormonioterapia adjuvante

Quais as indicações para a adição de quimioterapia adjuvante?

Qual o melhor esquema de QT? Precisa de antracíclico?

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Indicação inequívoca de QT adjuvante

(a não ser que haja contra-indicação clínica….)

≥ 3 LFN positivos

T > 5 cm

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Indicação inequívoca de QT adjuvante
(a não ser que haja contra-indicação clínica….)

≥ 3 LFN positivos ou T > 5 cm

Situação em que não há indicação para QT adjuvante
T < 2cm
GH 1 e 2
LFN negativo

RH positivo Adjuvancia

(RE e/ou Rpg > 10%)

Situações em que não há indicação para QT adjuvante

T ≤ 3 cm & G1 & LFN *negativo*
T ≤ 2 cm & G1 & 1-2 (3?) LFN
T ≤ 2 cm & G2 & LFN *negativo*
T ≤ 1 cm & G3 & LFN *negativo*

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

Situação em que não há indicação para QT adjuvante

T < 3cm

GH 1 e 2

LFN negativo

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

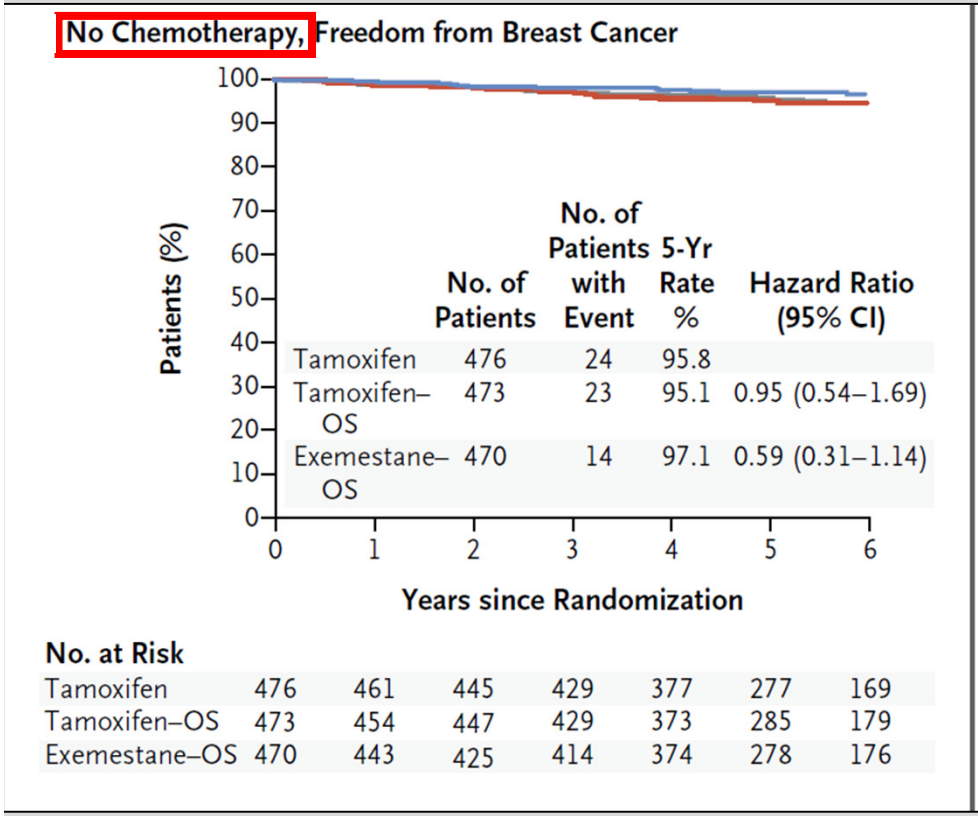
The NEW ENGLAND JOURNAL of MEDICINE

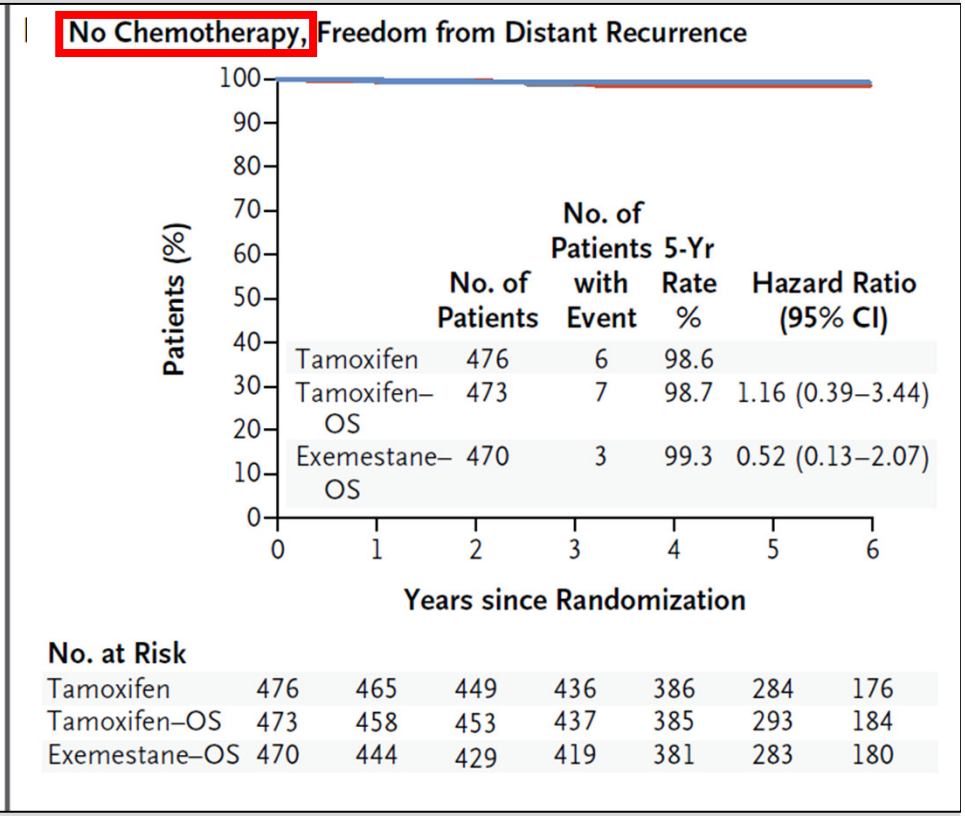
ORIGINAL ARTICLE

Adjuvant Ovarian Suppression in Premenopausal Breast Cancer

Prudence A. Francis, M.D., Meredith M. Regan, Sc.D., Gini F. Fleming, M.D., István Láng, M.D., Eva Ciruelos, M.D., Meritxell Bellet, M.D., Hervé R. Bonnefoi, M.D., Miguel A. Climent, M.D., Gian Antonio Da Prada, M.D., Harold J. Burstein, M.D., Ph.D., Silvana Martino, D.O., Nancy E. Davidson, M.D., Charles E. Geyer, Jr., M.D., Barbara A. Walley, M.D., Robert Coleman, M.B., B.S., M.D., Pierre Kerbrat, M.D., Stefan Buchholz, M.D., James N. Ingle, M.D., Eric P. Winer, M.D., Manuela Rabaglio-Poretti, M.D., Rudolf Maibach, Ph.D., Barbara Ruepp, Pharm.D., Anita Giobbie-Hurder, M.S., Karen N. Price, B.S., Marco Colleoni, M.D., Giuseppe Viale, M.D., Alan S. Coates, M.D., Aron Goldhirsch, M.D., and Richard D. Gelber, Ph.D., for the SOFT Investigators and the International Breast Cancer Study Group*

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)





Original Article

70-Gene Signature as an Aid to Treatment Decisions in Early-Stage Breast Cancer

Fatima Cardoso, M.D., Laura J. van't Veer, Ph.D., Jan Bogaerts, Ph.D., Leen Slaets, Ph.D., Giuseppe Viale, M.D., Suzette Delaloge, M.D., Jean-Yves Pierga, M.D., Ph.D., Etienne Brain, M.D., Ph.D., Sylvain Causeret, M.D., Mauro DeLorenzi, Ph.D., Annuska M. Glas, Ph.D., Vassilis Golfinopoulos, M.D., Ph.D., Theodora Goulioti, M.D., Susan Knox, M.A., Erika Matos, M.D., Bart Meulemans, M.Sc., Peter A. Neijenhuis, M.D., Ulrike Nitz, M.D., Ph.D., Rodolfo Passalacqua, M.D., Peter Ravdin, M.D., Isabel T. Rubio, M.D., Mahasti Saghatchian, M.D., Tineke J. Smilde, M.D., Ph.D., Christos Sotiriou, M.D., Ph.D., Lisette Stork, M.Sc., Carolyn Straehle, Ph.D., Geraldine Thomas, Ph.D., Alastair M. Thompson, M.D., Jacobus M. van der Hoeven, M.D., Ph.D., Peter Vuylsteke, M.D., René Bernards, Ph.D., Konstantinos Tryfonidis, M.D., Emiel Rutgers, M.D., Ph.D., Martine Piccart, M.D., Ph.D., for the MINDACT Investigators

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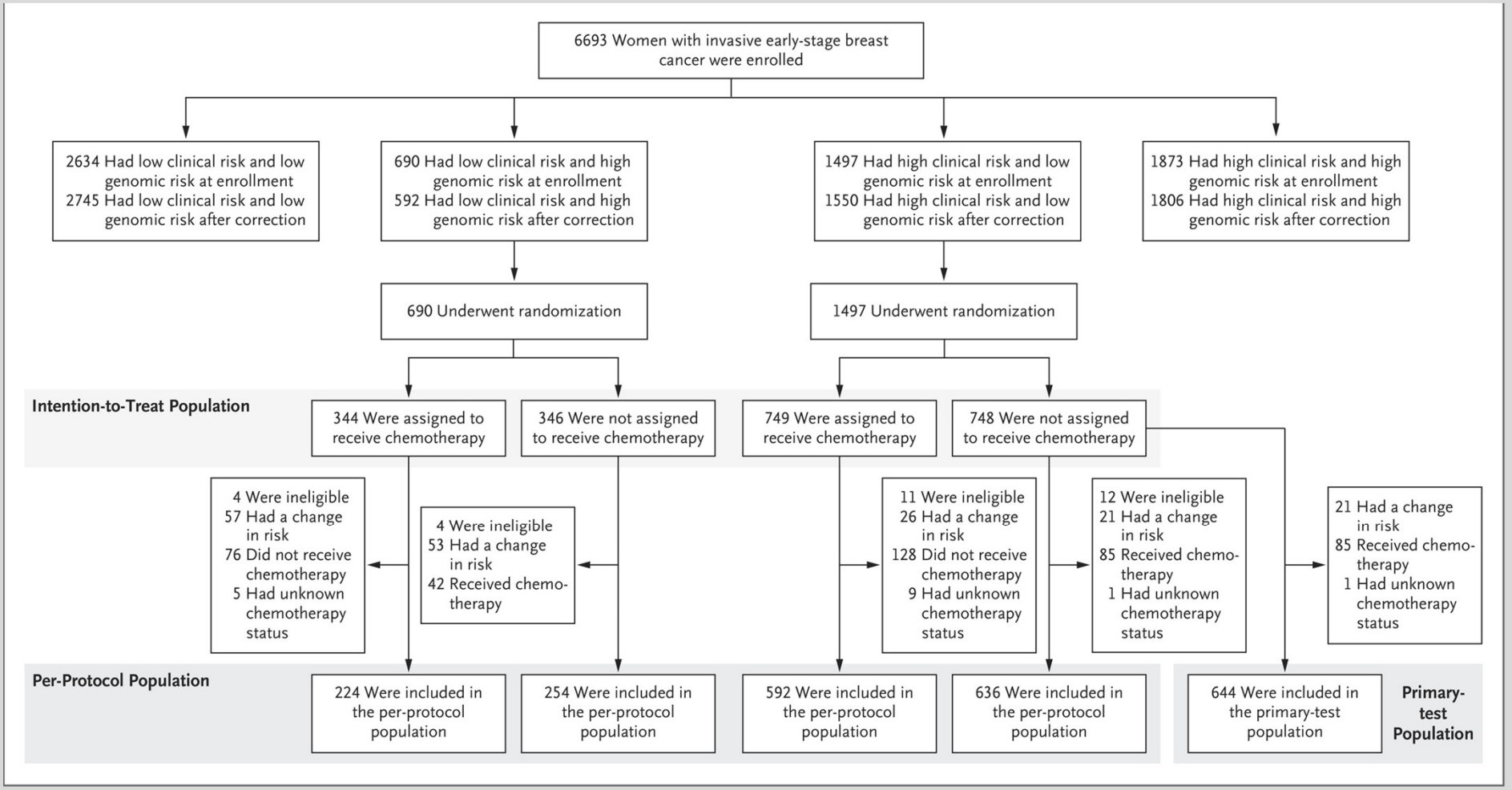
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1806 Had high clinical risk and high genomic risk after correction
690 Underwent randomization
1497 Underwent randomization
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346 Were not assigned to receive chemotherapy
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748 Were not assigned to receive chemotherapy
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57 Had a change in risk
76 Did not receive chemotherapy
5 Had unknown chemotherapy status
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11 Were ineligible
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224 Were included in the per-protocol population
254 Were included in the per-protocol population
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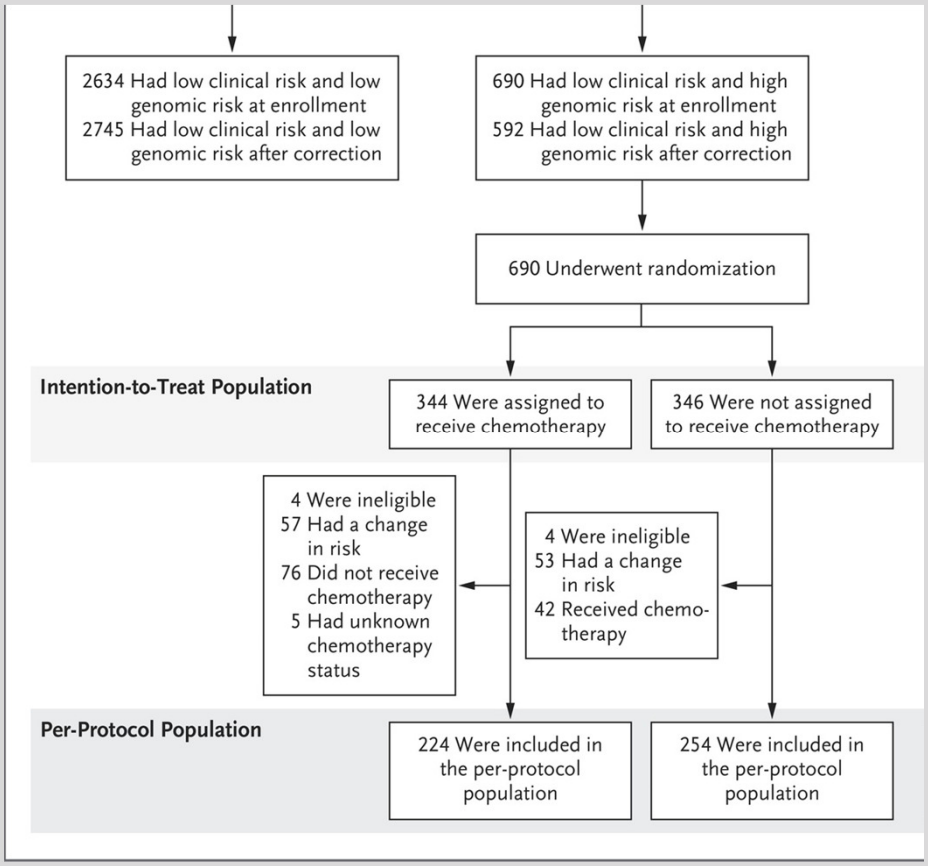
636 Were included in the per-protocol population
644 Were included in the primary-test population
Primary-test Population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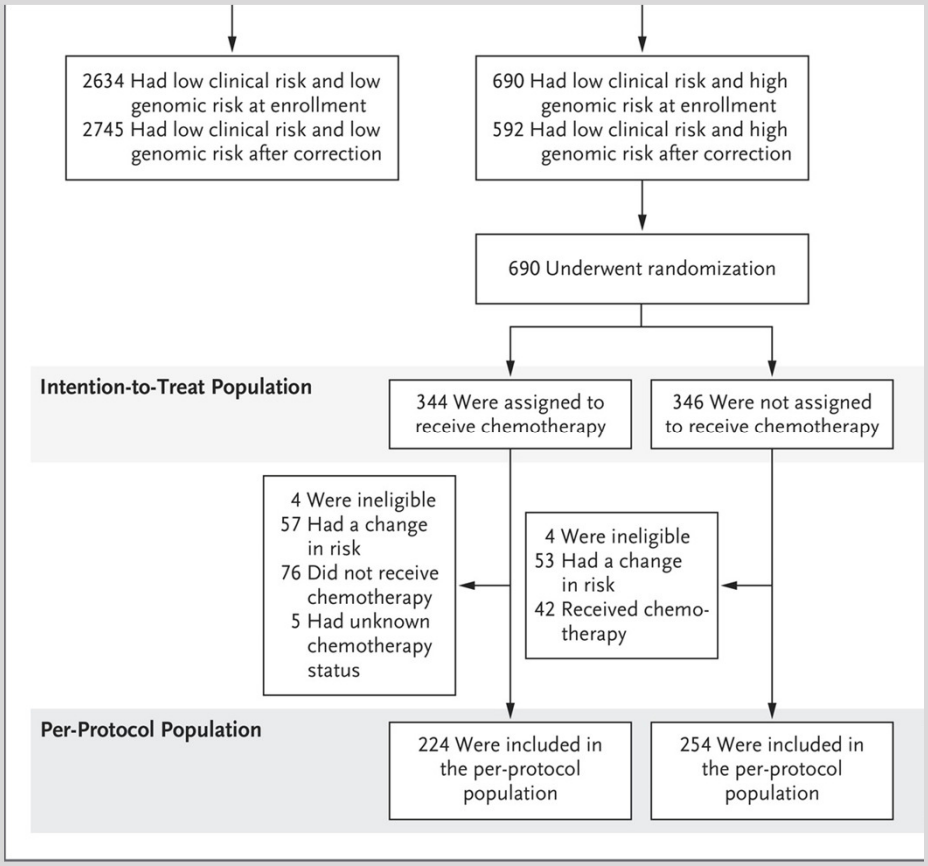
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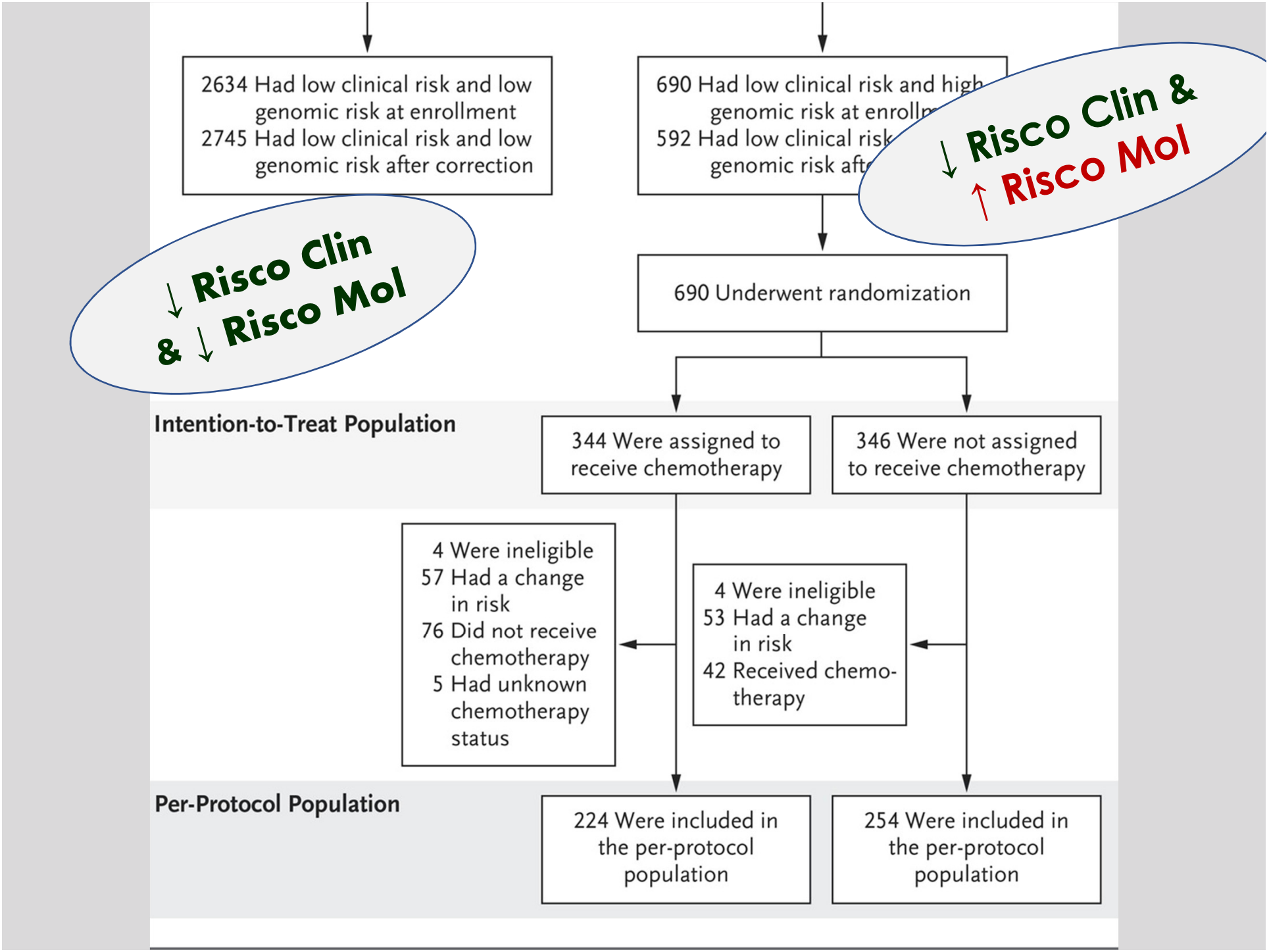
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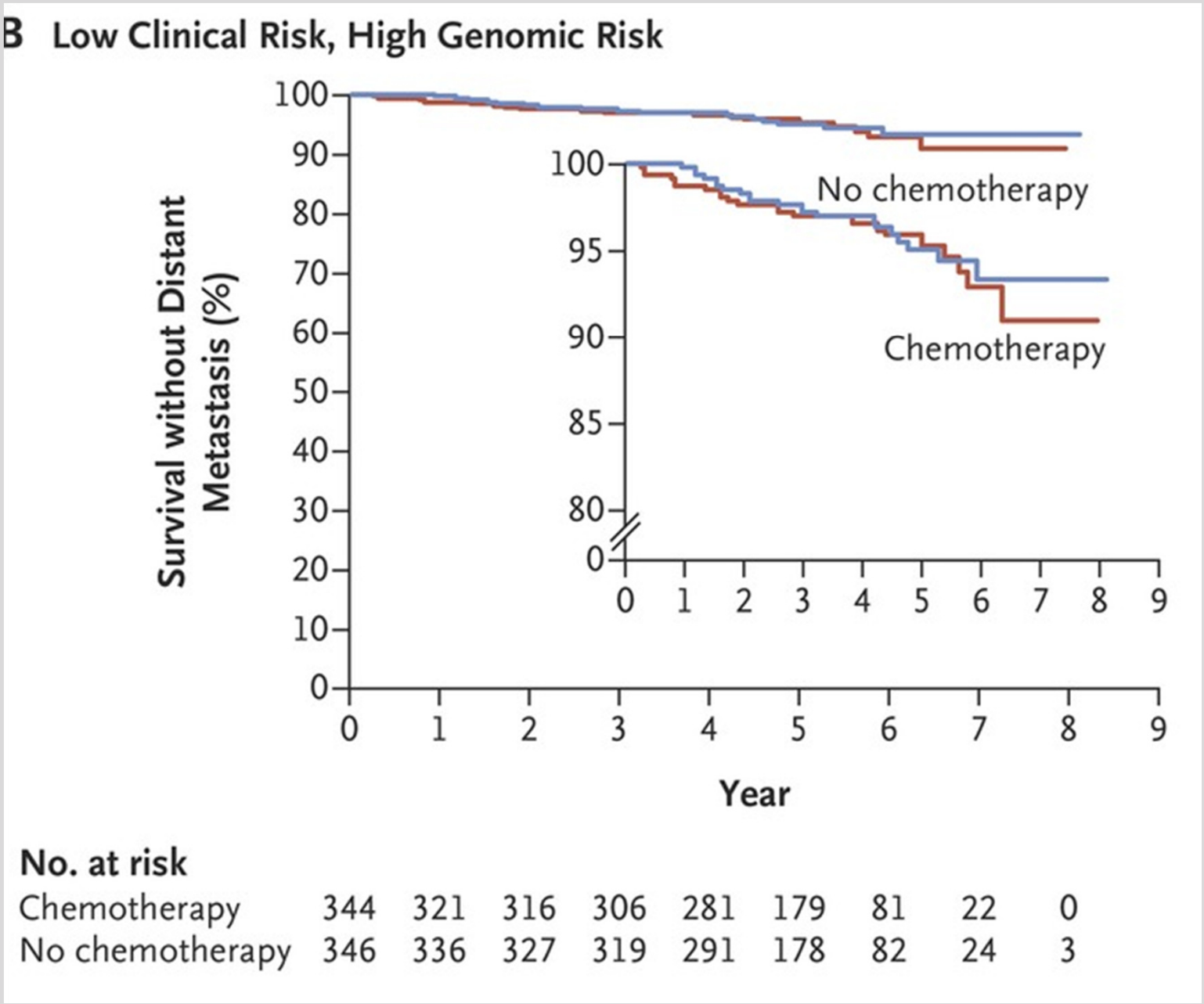
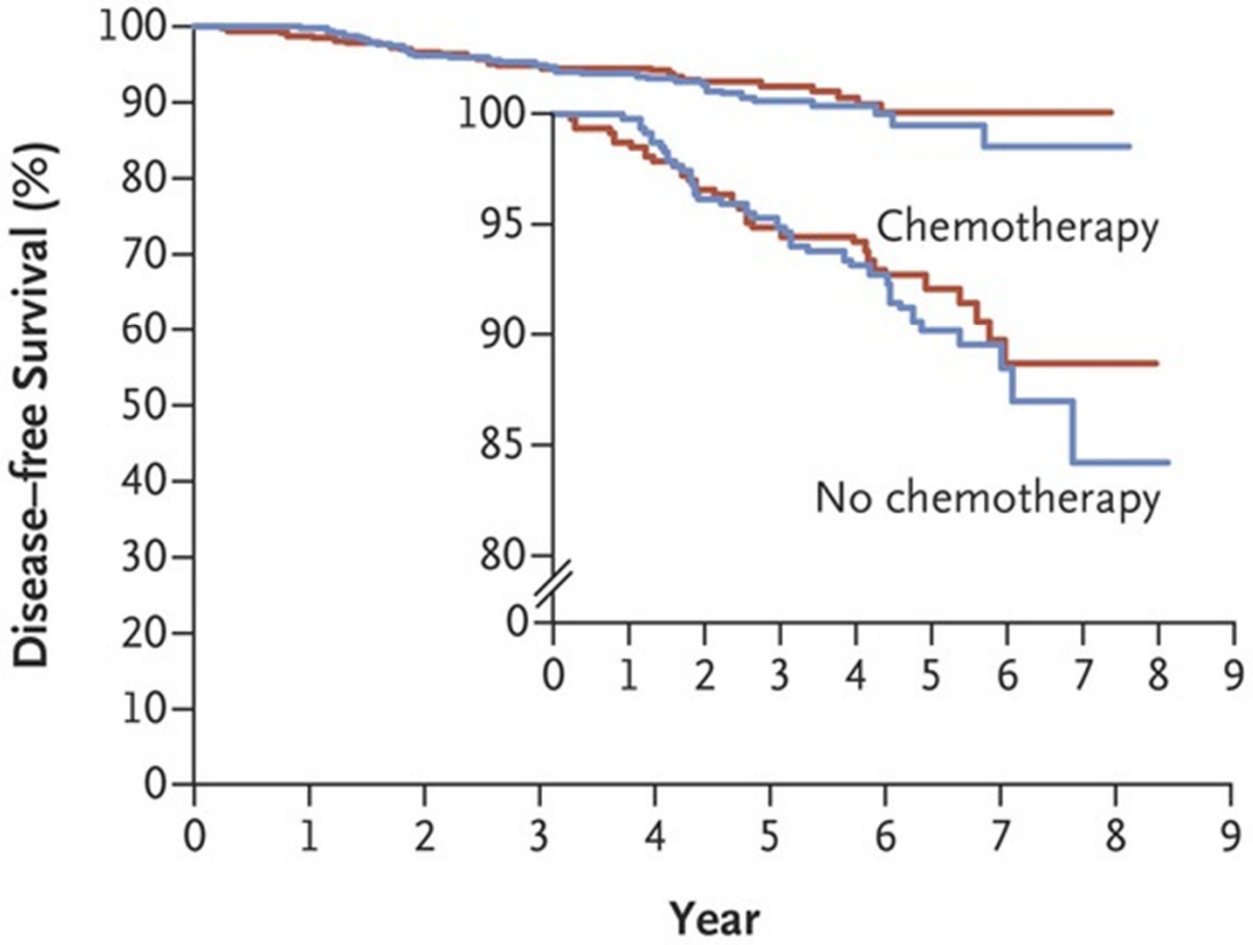

B Low Clinical Risk, High Genomic Risk
Survival without Distant Metastasis (%)
100
90
80
70
60
50
40
30
20
10
0
0 1 2 3 4 5 6 7 8 9
Year
100
95
90
85
80
0
No chemotherapy
Chemotherapy
0 1 2 3 4 5 6 7 8 9
No. at risk
Chemotherapy 344 321 316 306 281 179 81 22 0
No chemotherapy 346 336 327 319 291 178 82 24 3

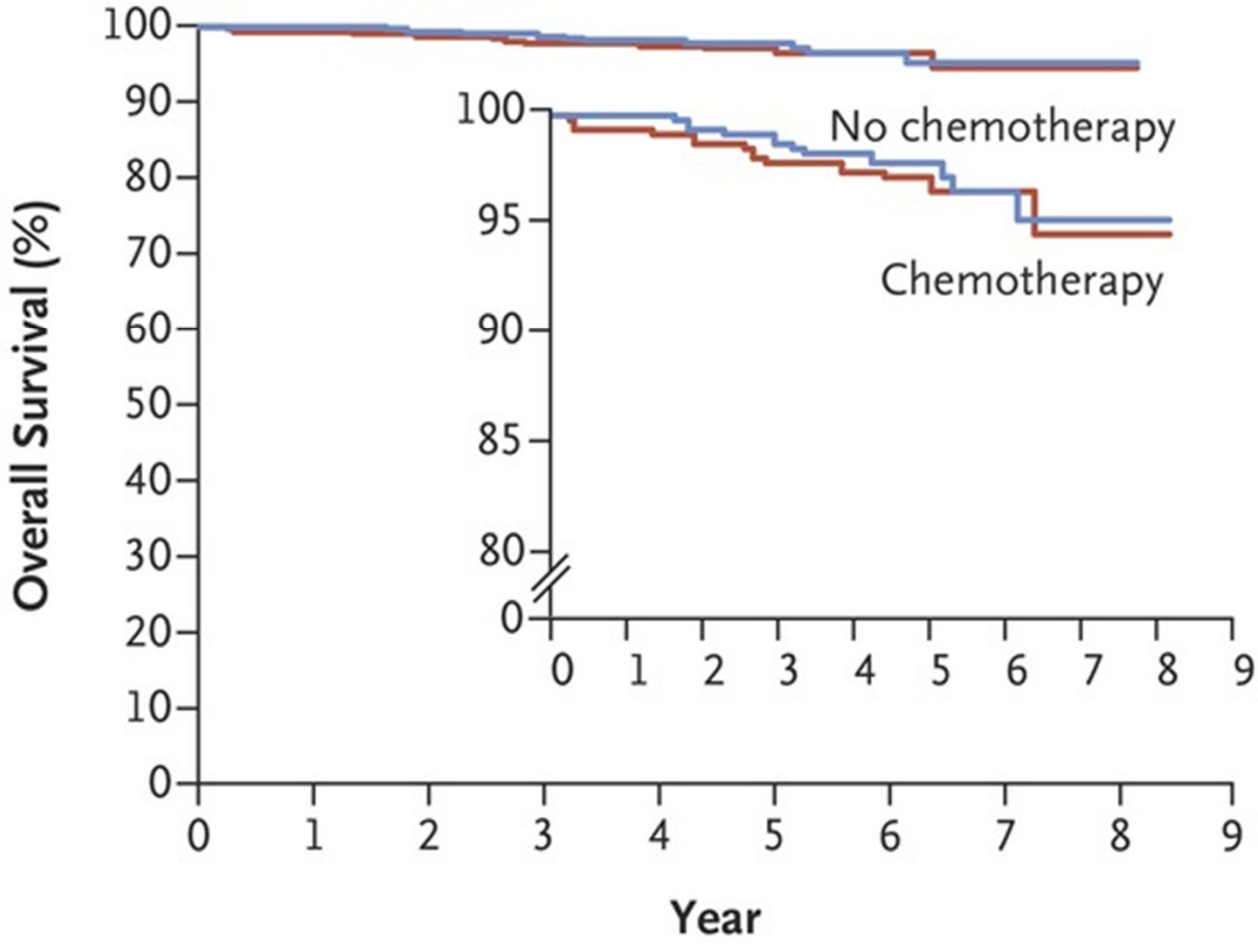
D Low Clinical Risk, High Genomic Risk



No. at risk

Chemotherapy	344	321	313	300	274	172	75	20	0
No chemotherapy	346	336	320	311	278	167	73	23	3

F **Low Clinical Risk, High Genomic Risk**



No. at risk

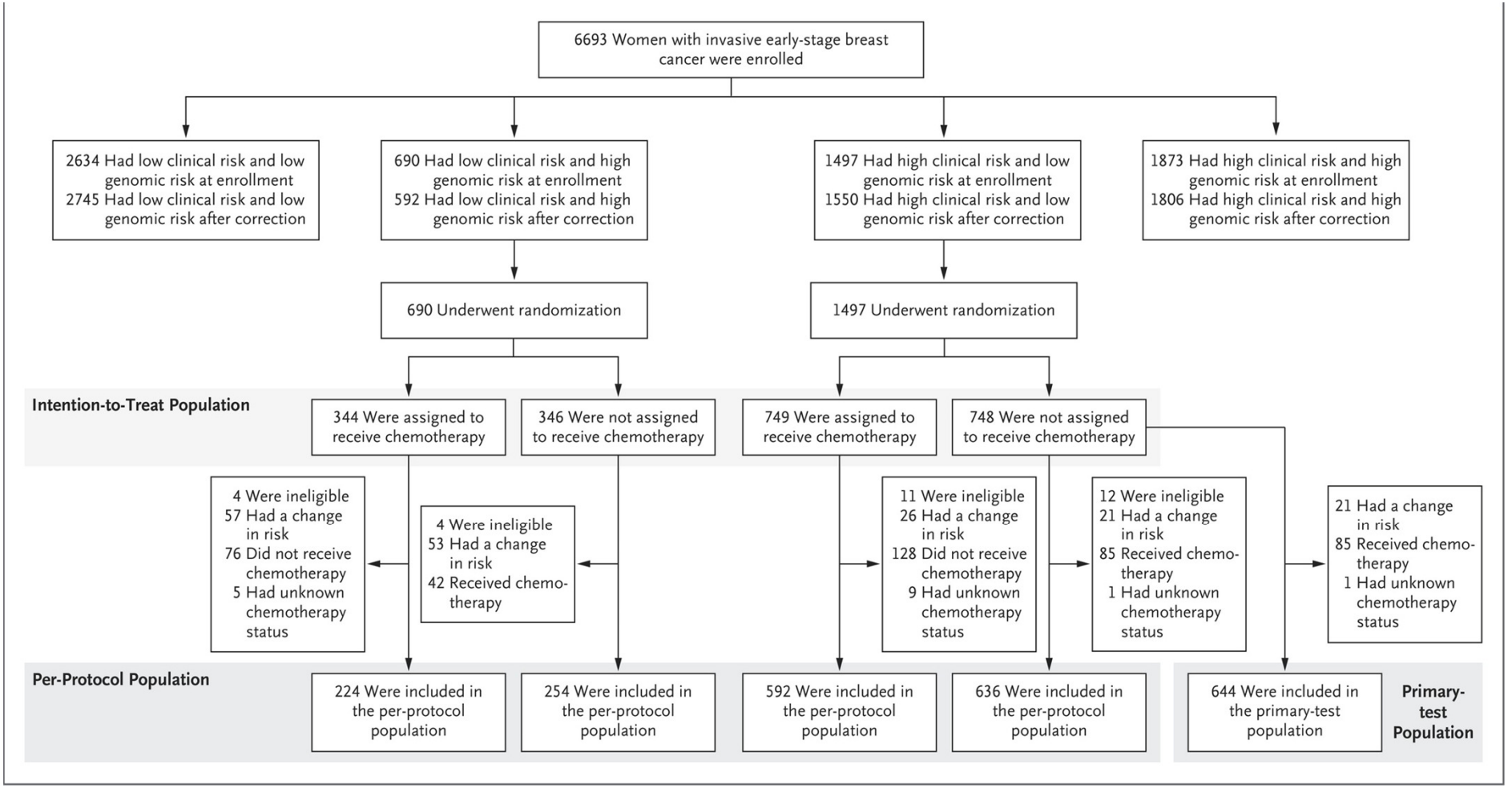
Chemotherapy	344	325	320	311	286	182	81	22	2
No chemotherapy	346	339	332	324	296	184	88	24	3

RH positivo Adjuvancia
(RE e/ou Rpg > 10%)

"Risco alto" clínico

T > 2 cm & GH 3

T qq e LFN positivo 1-3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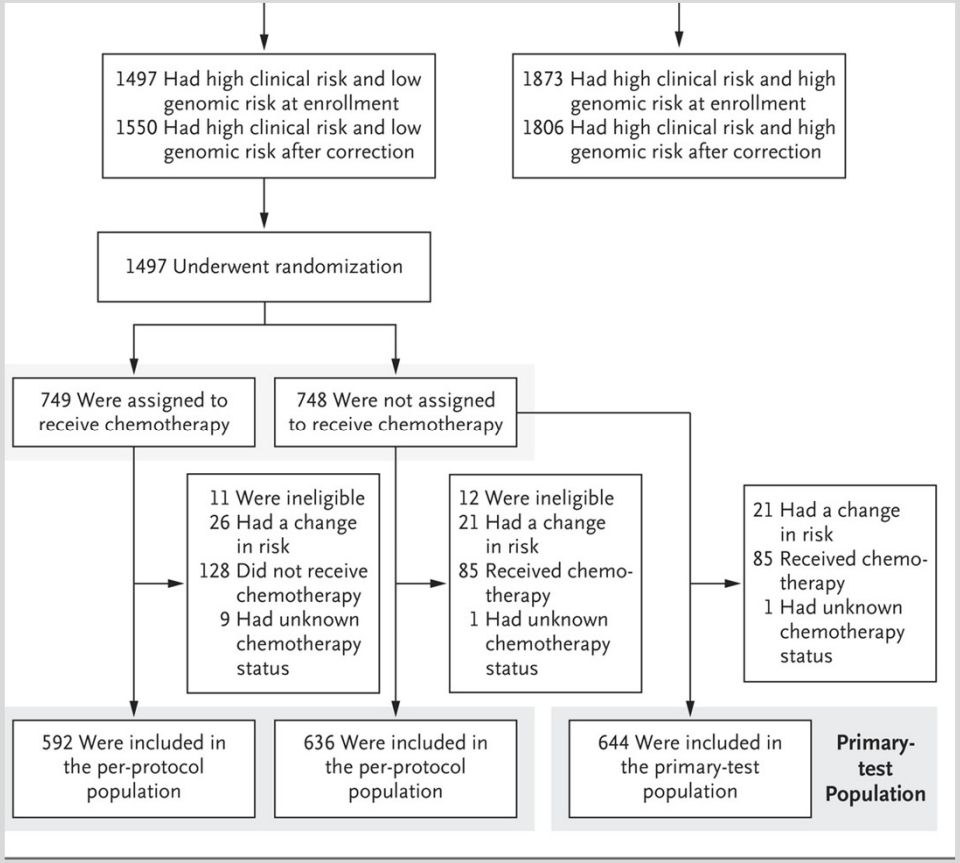
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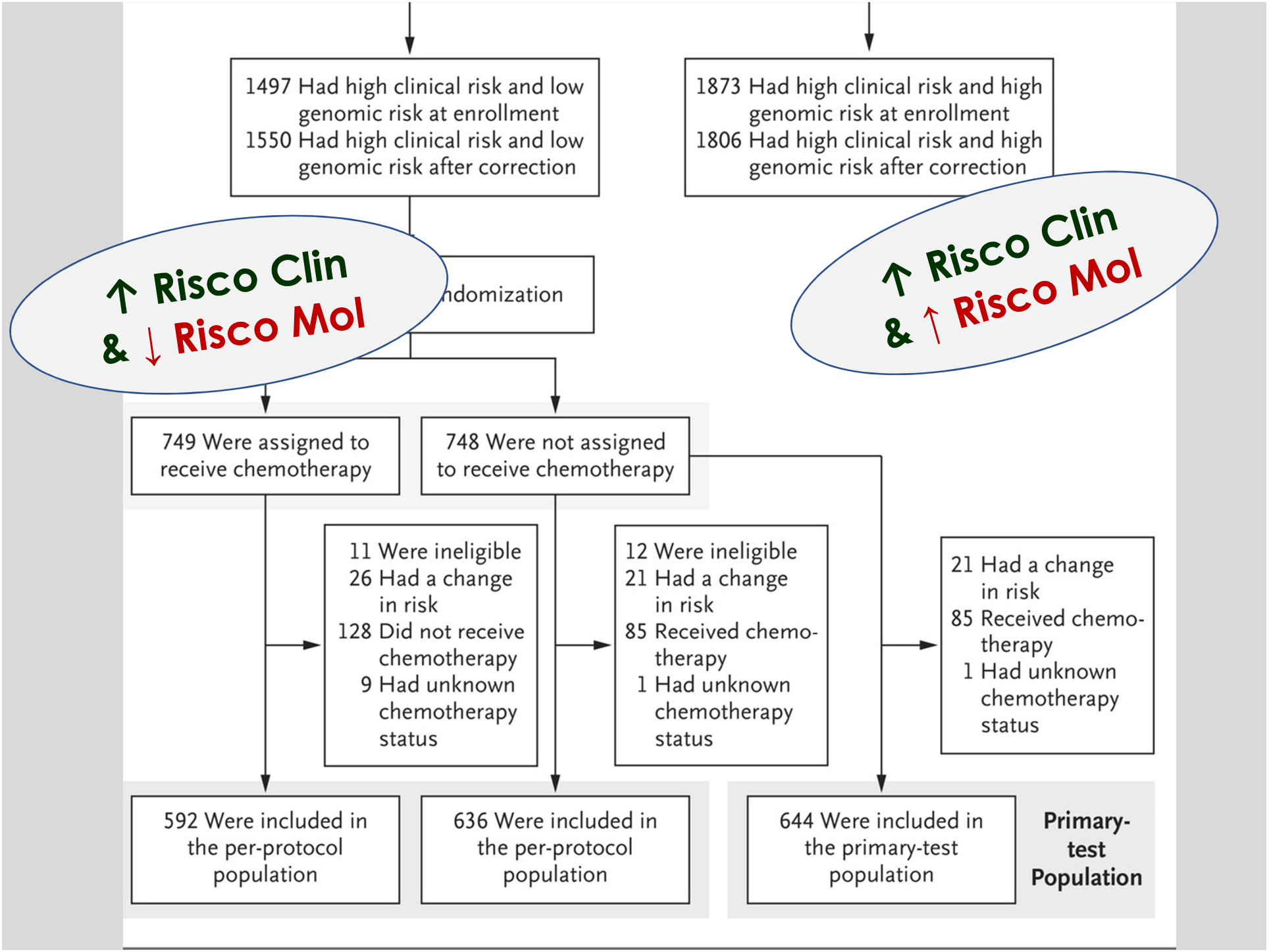
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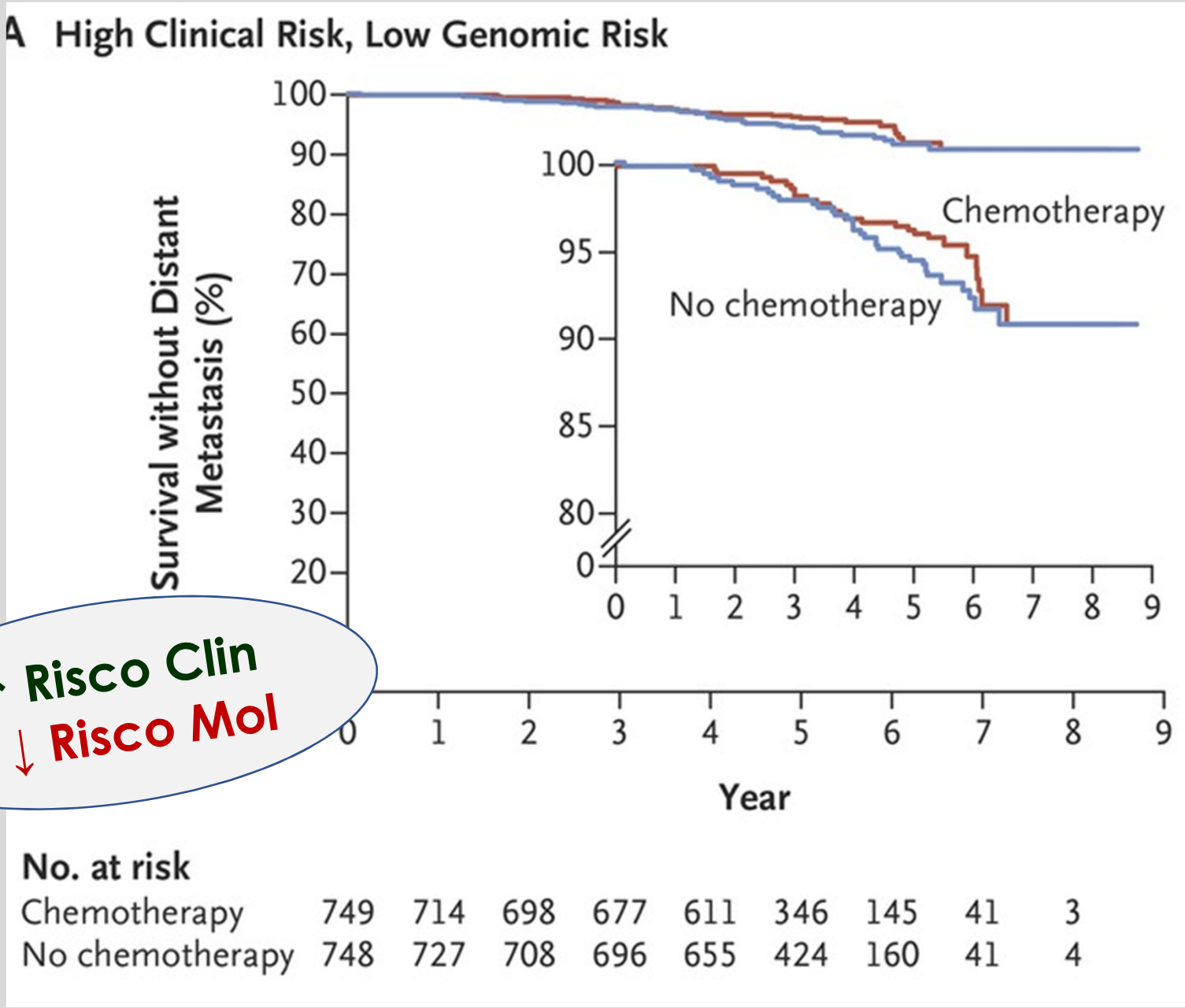

↑ Risco Clin
& ↓ Risco Mol

Risk Group, Outcome, and Treatment Strategy	Chemotherapy	No. of Patients	No. of Events	Percentage with Outcome at 5 Yr (95% CI)	Hazard Ratio (95% CI)†	P Value‡
High clinical risk and low genomic risk						
Survival without distant metastasis						
Using genomic risk	No	636	37	94.8 (92.6–96.3)	1.00	

Risk Group, Outcome, and Treatment Strategy	Chemotherapy	No. of Patients	No. of Events	Percentage with Outcome at 5 Yr (95% CI)	Hazard Ratio (95% CI)†	P Value‡
High clinical risk and low genomic risk						
Survival without distant metastasis						
Using genomic risk	No	636	37	94.8 (92.6–96.3)	1.00	
Overall survival						
Using genomic risk	No	636	18	97.3 (95.6–98.4)	1.00	

Risk Group, Outcome, and Treatment Strategy	Chemotherapy	No. of Patients	No. of Events	Percentage with Outcome at 5 Yr (95% CI)	Hazard Ratio (95% CI)†	P Value‡
High clinical risk and low genomic risk						
Survival without distant metastasis						
Using clinical risk	Yes	592	22	96.7 (94.7–98.0)	0.65 (0.38–1.10)	0.11
Using genomic risk	No	636	37	94.8 (92.6–96.3)	1.00	
Overall survival						
Using clinical risk	Yes	592	10	98.8 (97.4–99.5)	0.63 (0.29–1.37)	0.25
Using genomic risk	No	636	18	97.3 (95.6–98.4)	1.00	