ASSOCIAÇÃO DE COMBATE AO CÂNCER EM GOIÁS

FACULDADE DE MEDICINA
UNIVERSIDADE FEDERAL DE GOIÁS
VERITAS ET SCIENTIA
MCMLX

ABLAÇÃO/SUPRESSÃO OVARIANA NA ADJUVÂNCIA NA PRÉ-MENOPAUSA?

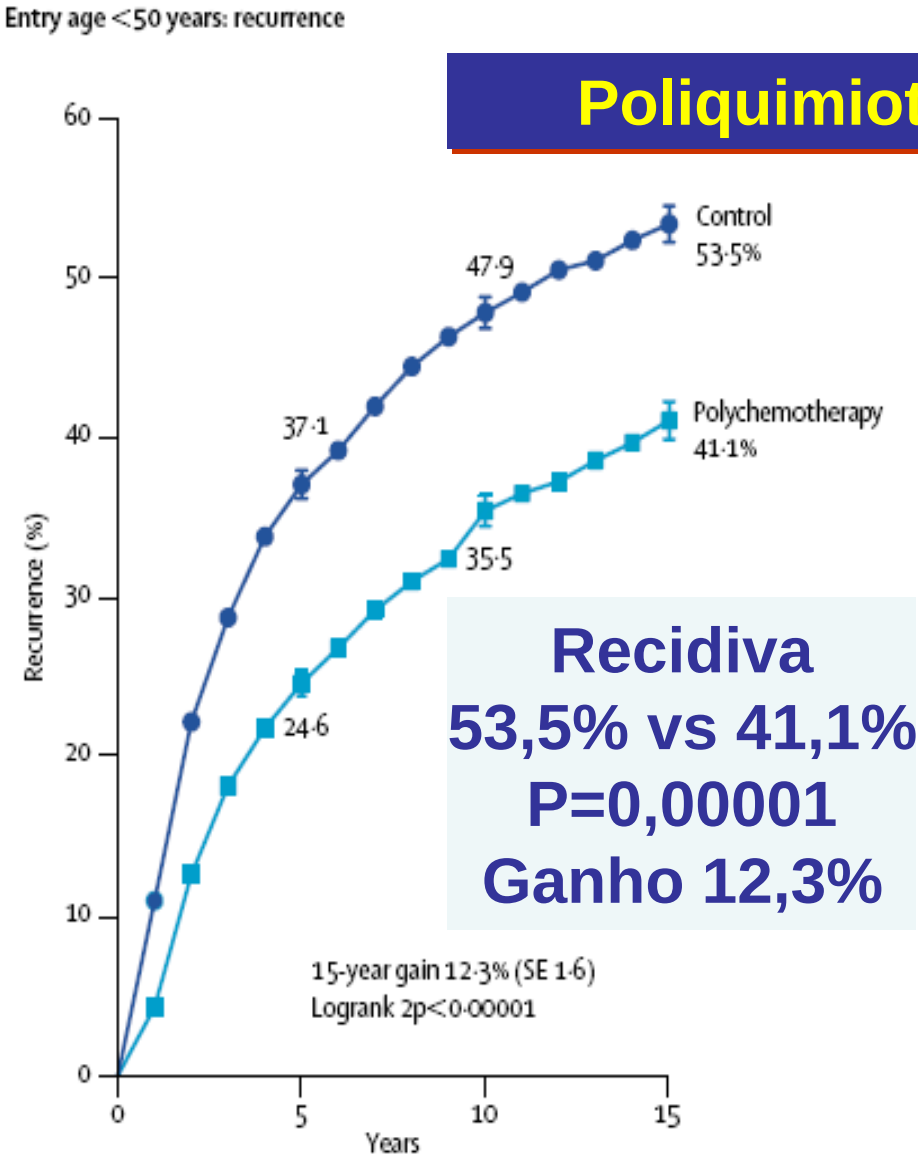
Ruffo de Freitas Júnior

Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials

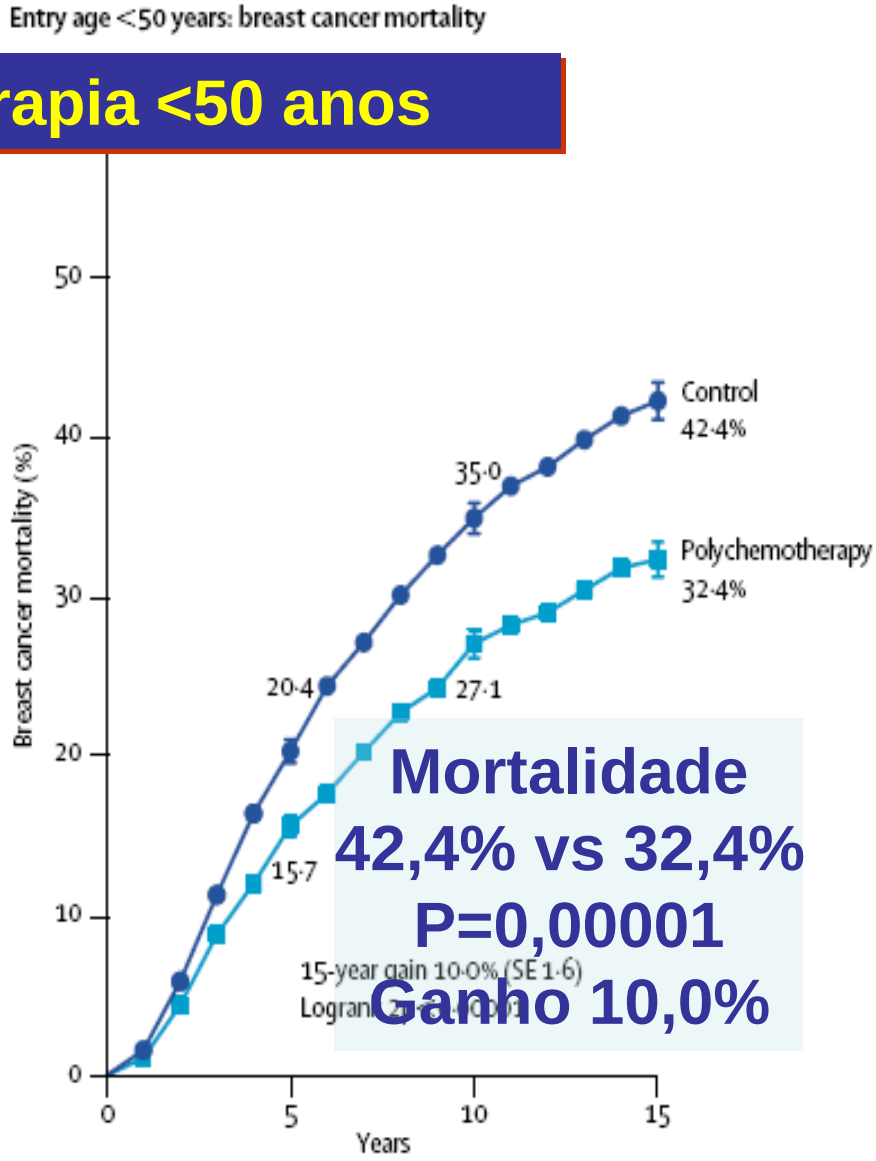
Early Breast Cancer Trialists' Collaborative Group (EBCTCG)

***Lancet* 2005; 365: 1687–1717**

Poliquimioterapia <50 anos



Recidiva
53,5% vs 41,1%
P=0,00001
Ganho 12,3%



Mortalidade
42,4% vs 32,4%
P=0,00001
Ganho 10,0%

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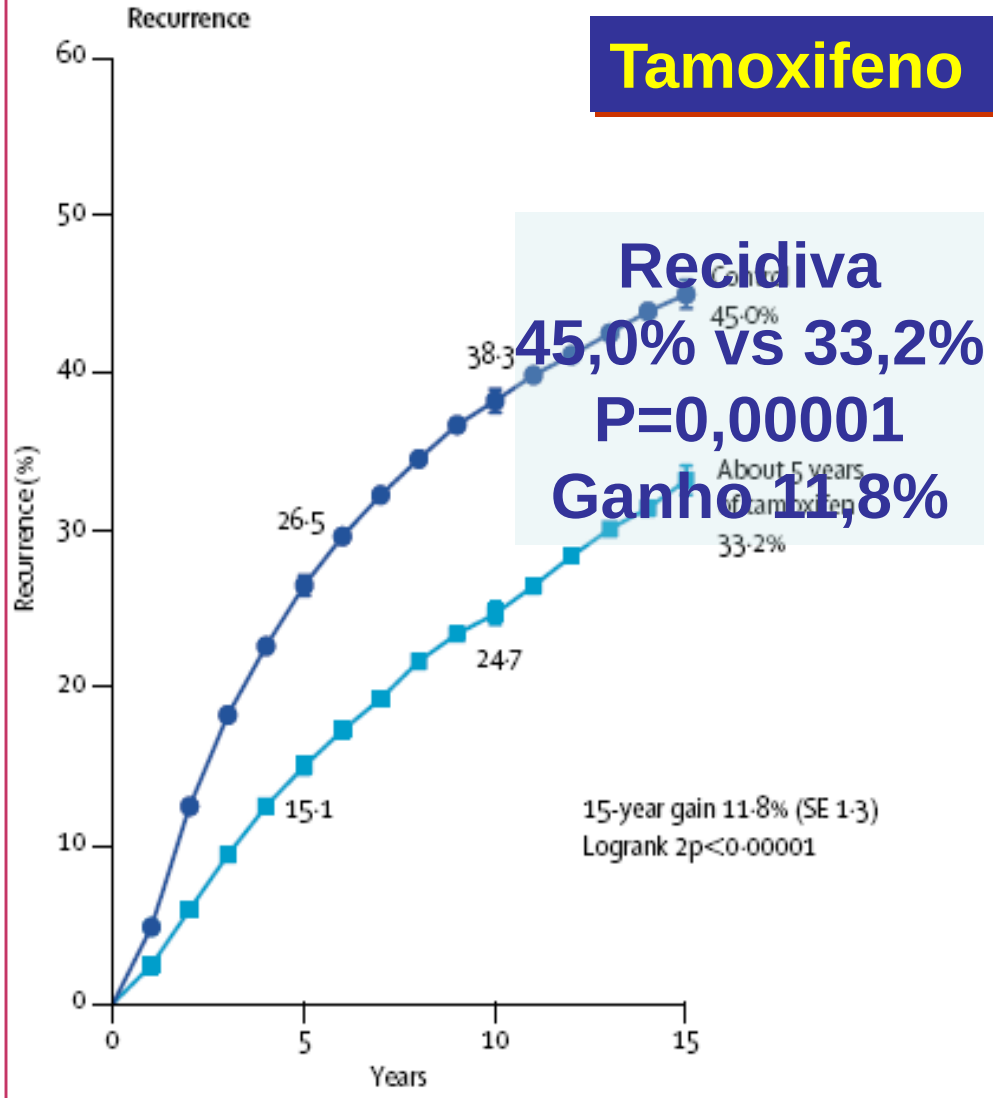
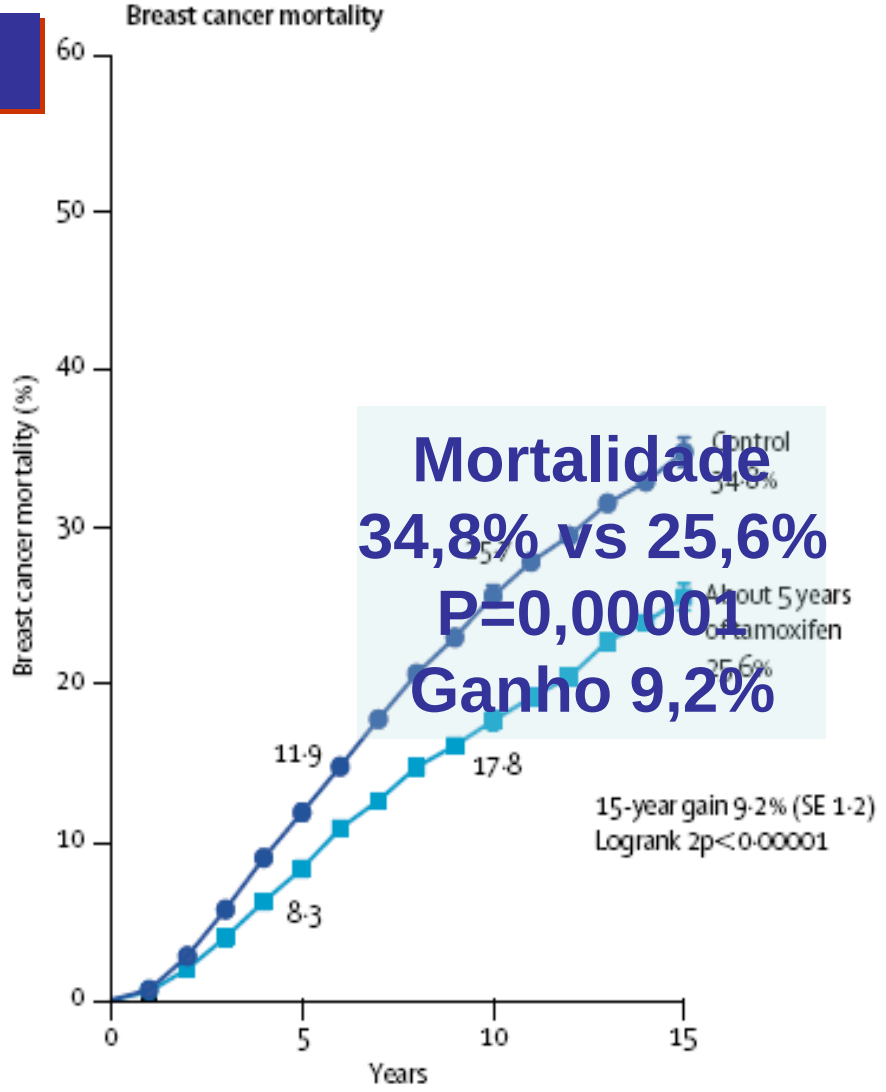
***Lancet* 2005; 365: 1687–1717**

Tamoxifeno



Recidiva
45,0% vs 33,2%
P=0,00001
Ganho 11,8%



Mortalidade
34,8% vs 25,6%
P=0,00001
Ganho 9,2%

Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials

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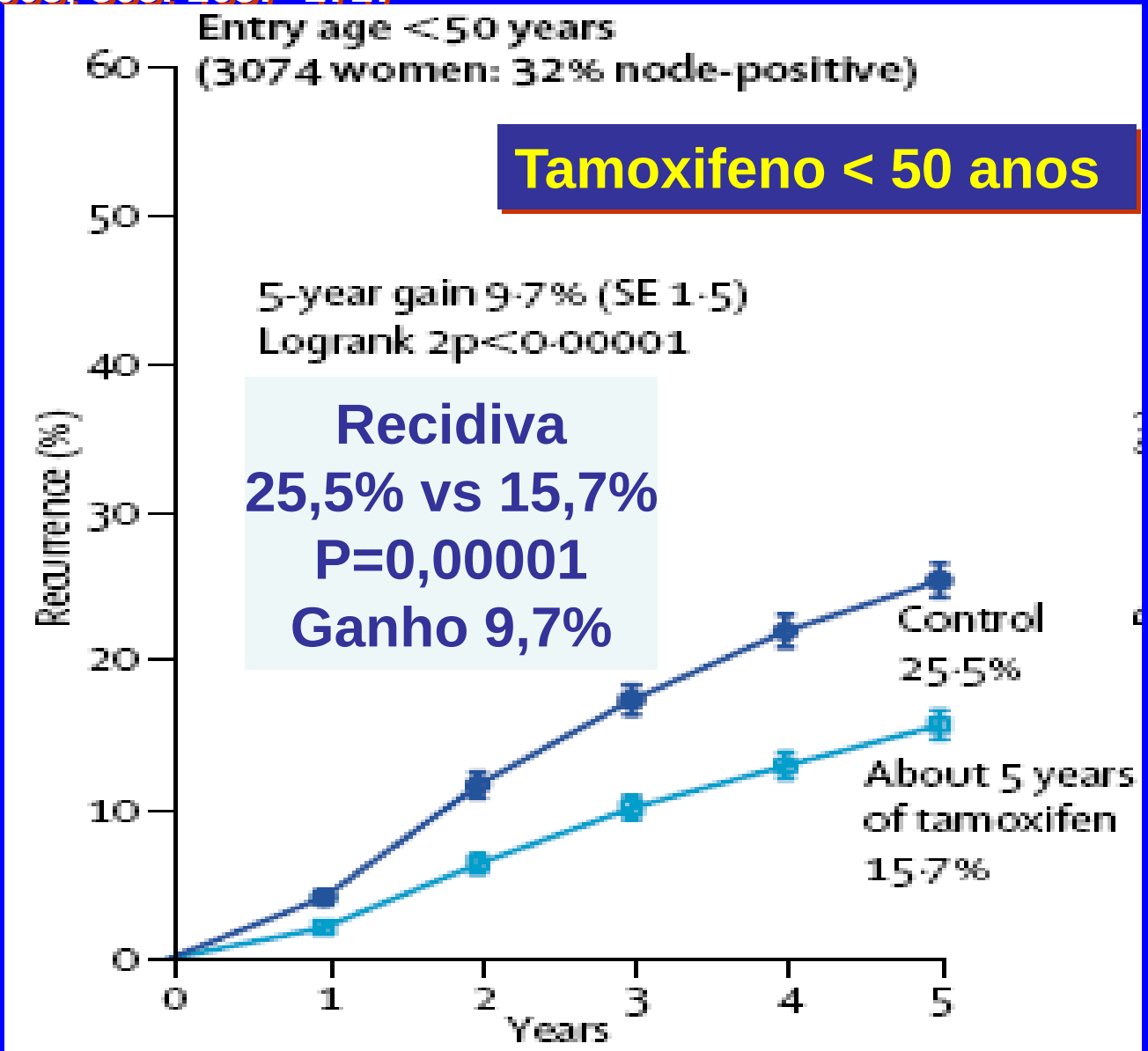
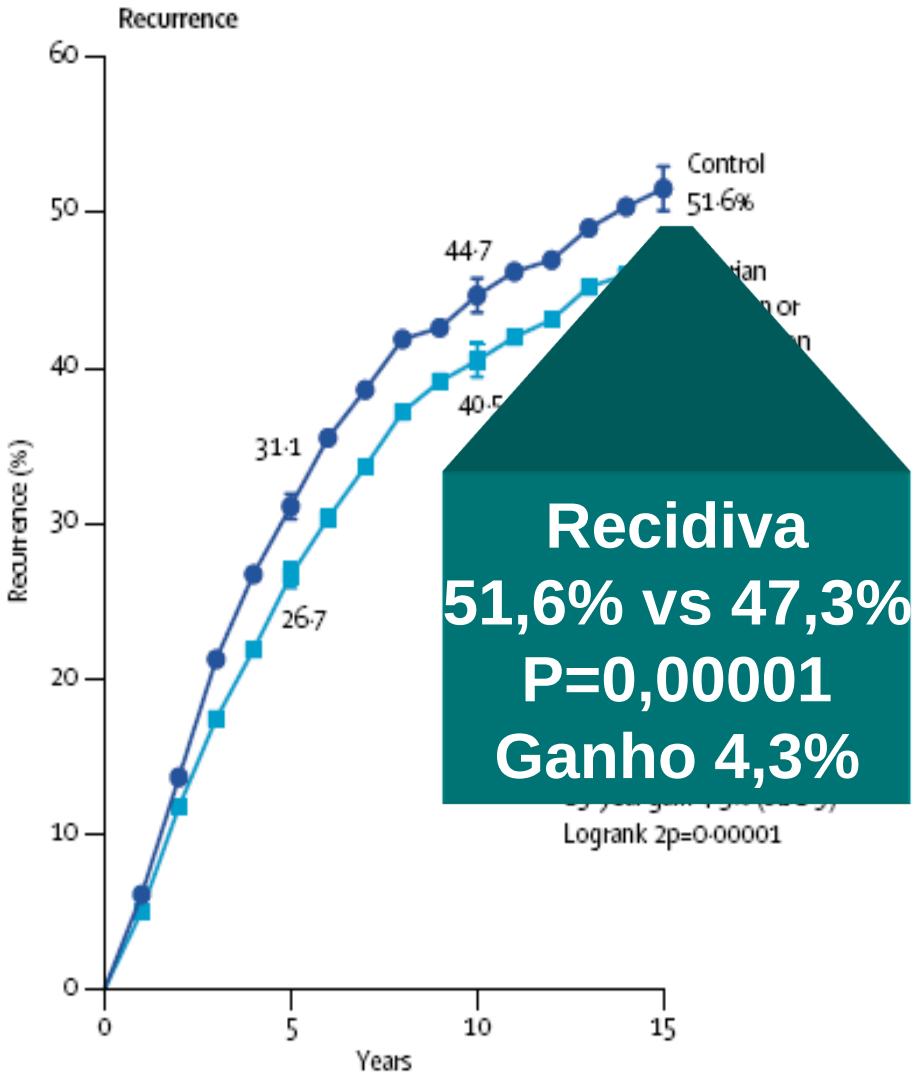
***Lancet* 2005; 365: 1687–1717**



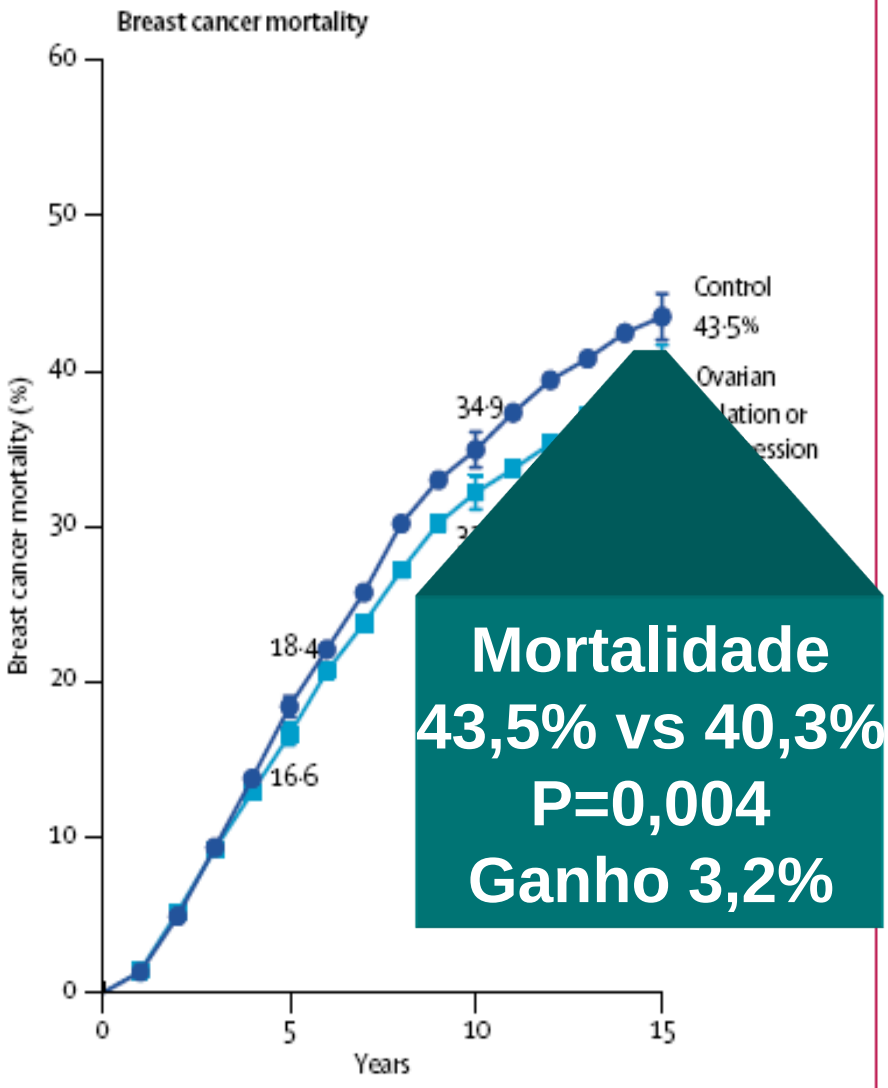
Effects of ovarian ablation for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials

Early Breast Cancer Trialists' Collaborative Group (EBCTCG)

***Lancet* 2005; 365: 1687–1717**



Recidiva
51,6% vs 47,3%
P=0,00001
Ganho 4,3%



Mortalidade
43,5% vs 40,3%
P=0,004
Ganho 3,2%

Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials

*Early Breast Cancer Trialists' Collaborative Group (EBCTCG)**

Lancet 2005; 365: 1687–1717
See Comment page 1665

*Collaborators listed at end of report
Correspondence to:
EBCTCG secretariat, CTSU, Radcliffe Infirmary, Oxford OX2 6HE, UK
bc.overview@ctsu.ox.ac.uk

Summary

Background Quinquennial overviews (1985–2000) of the randomised trials in early breast cancer have assessed the 5-year and 10-year effects of various systemic adjuvant therapies on breast cancer recurrence and survival. Here, we report the 10-year and 15-year effects.

Methods Collaborative meta-analyses were undertaken of 194 unconfounded randomised trials of adjuvant chemotherapy or hormonal therapy that began by 1995. Many trials involved CMF (cyclophosphamide, methotrexate, fluorouracil), anthracycline-based combinations such as FAC (fluorouracil, doxorubicin, cyclophosphamide) or FEC (fluorouracil, epirubicin, cyclophosphamide), tamoxifen, or ovarian suppression: none involved taxanes, trastuzumab, raloxifene, or modern aromatase inhibitors.

Findings Allocation to about 6 months of anthracycline-based polychemotherapy (eg, with FAC or FEC) reduces the annual breast cancer death rate by about 38% (SE 5) for women younger than 50 years of age when diagnosed and by about 20% (SE 4) for those of age 50–69 years when diagnosed, largely irrespective of the use of tamoxifen and of oestrogen receptor (ER) status, nodal status, or other tumour characteristics. Such regimens are significantly ($2p=0\cdot0001$ for recurrence, $2p<0\cdot00001$ for breast cancer mortality) more effective than CMF chemotherapy. Few women of age 70 years or older entered these chemotherapy trials.

For ER-positive disease only, allocation to about 5 years of adjuvant tamoxifen reduces the annual breast cancer death rate by 31% (SE 3), largely irrespective of the use of chemotherapy and of age (<50, 50–69, ≥70 years), progesterone receptor status, or other tumour characteristics. 5 years is significantly ($2p<0\cdot00001$ for recurrence, $2p=0\cdot01$ for breast cancer mortality) more effective than just 1–2 years of tamoxifen. For ER-positive tumours, the annual breast cancer mortality rates are similar during years 0–4 and 5–14, as are the proportional reductions in them by 5 years of tamoxifen, so the cumulative reduction in mortality is more than twice as big at 15 years as at 5 years after diagnosis.

These results combine six meta-analyses: anthracycline-based [illegible]hemotherapy (8000 women); CMF-based versus no chemotherapy (14 000); anthracycline-based [illegible]therapy (14 000); about 5 years of tamoxifen versus none (15 000); about 1–2 year[illegible]); and about 5 years versus 1–2 years of tamoxifen (18 000). Finally, allo[illegible]men) also significantly reduces breast cancer mortality, but a[illegible]ts.

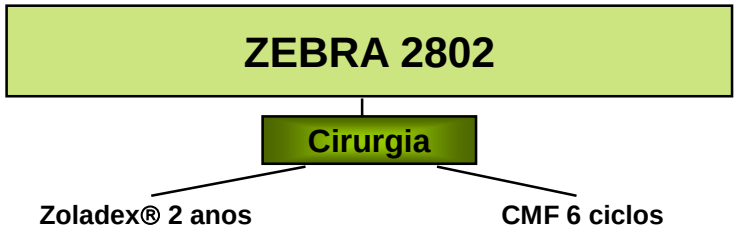
For middle-aged women w[illegible]tality rate throughout the [illegible] (with a combi[illegible] 38% (ag[illegible] 31% [illegible] the [illegible] trea[illegible] mo[illegible]

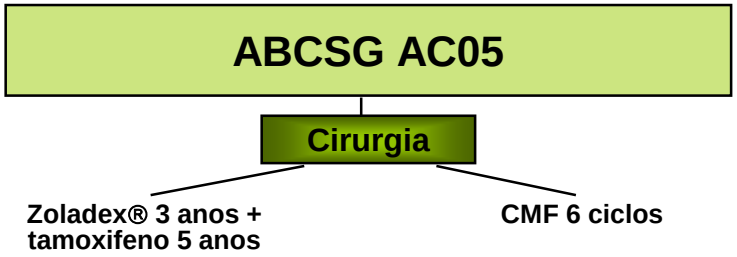
Inte[illegible] sub[illegible] sub[illegible] new[illegible]

Int[illegible] In [illegible] bre[illegible] disease, the breast and locoregional lymph nodes, and an[illegible]10, 15, or more years develop into a life-threatening

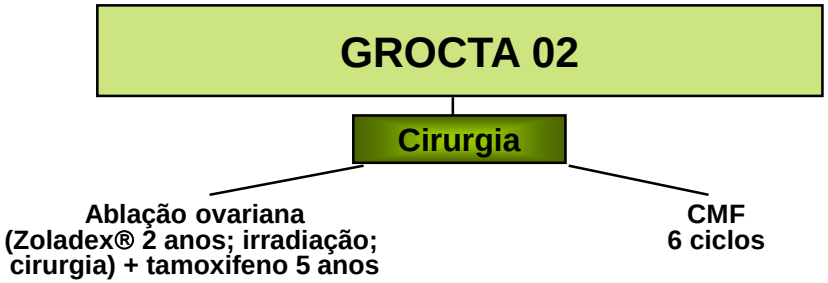
Finally, allocation to ovarian ablation or suppression (8000 women) also significantly reduces breast cancer mortality, but appears to do so only in the absence of other systemic treatments.

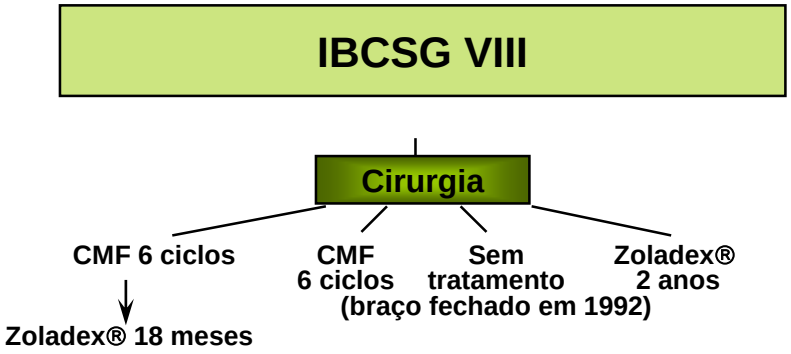
Supressão ovariana vs poliquimioterapia: Pré-menopausa, RE+





Estudos em adjuvância





CMF = Cyclophosphamide + methotrexate + 5-fluorouracil; CAF = Cyclophosphamide + adriamycin + 5-fluorouracil; Standard therapy = ±radiotherapy, ±cytotoxic chemotherapy

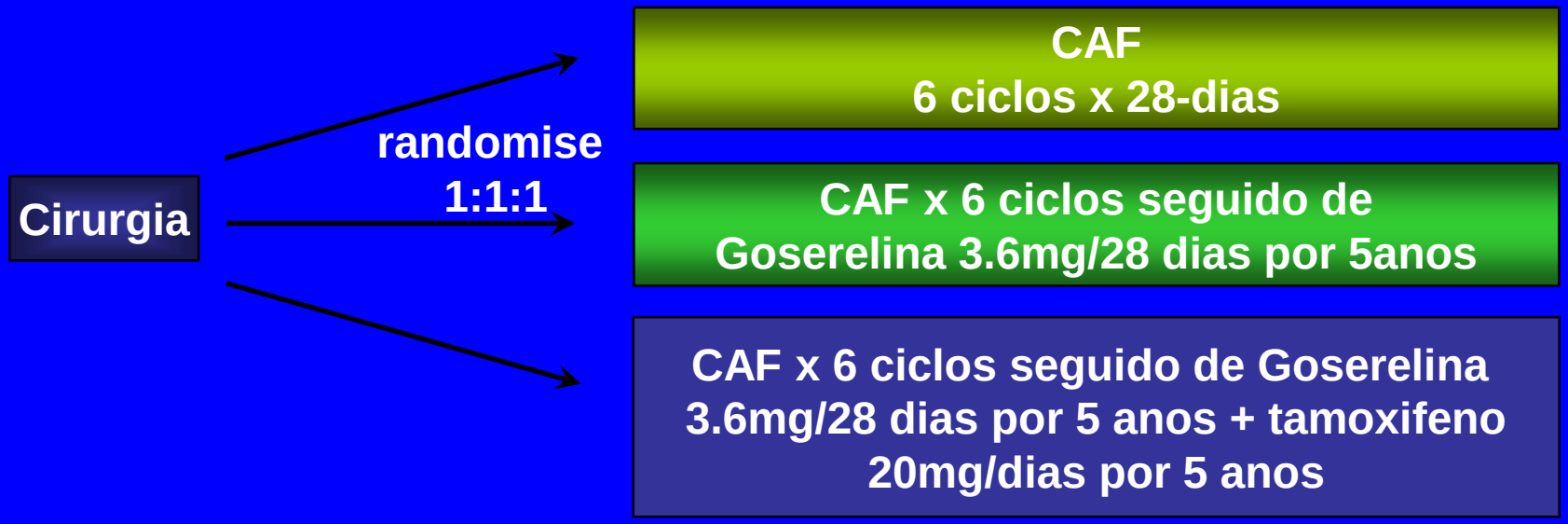
Terapia sistêmica adjuvante na pré-menopausa, RE +

- **Padrão:**
  - Poliquimioterapia
  - Tamoxifeno
- **Alternativa:**
  - Ablação/supressão ovariana

Terapia sistêmica adjuvante na pré-menopausa, RE +

Existe benefício em se associar a ablação/supressão ovariana à terapia padrão?

INT-0101
ECOG/SWOG/CALGB Trial



CAF vs CAFG: p=0,25

CAF vs CAFGT: p=0,01

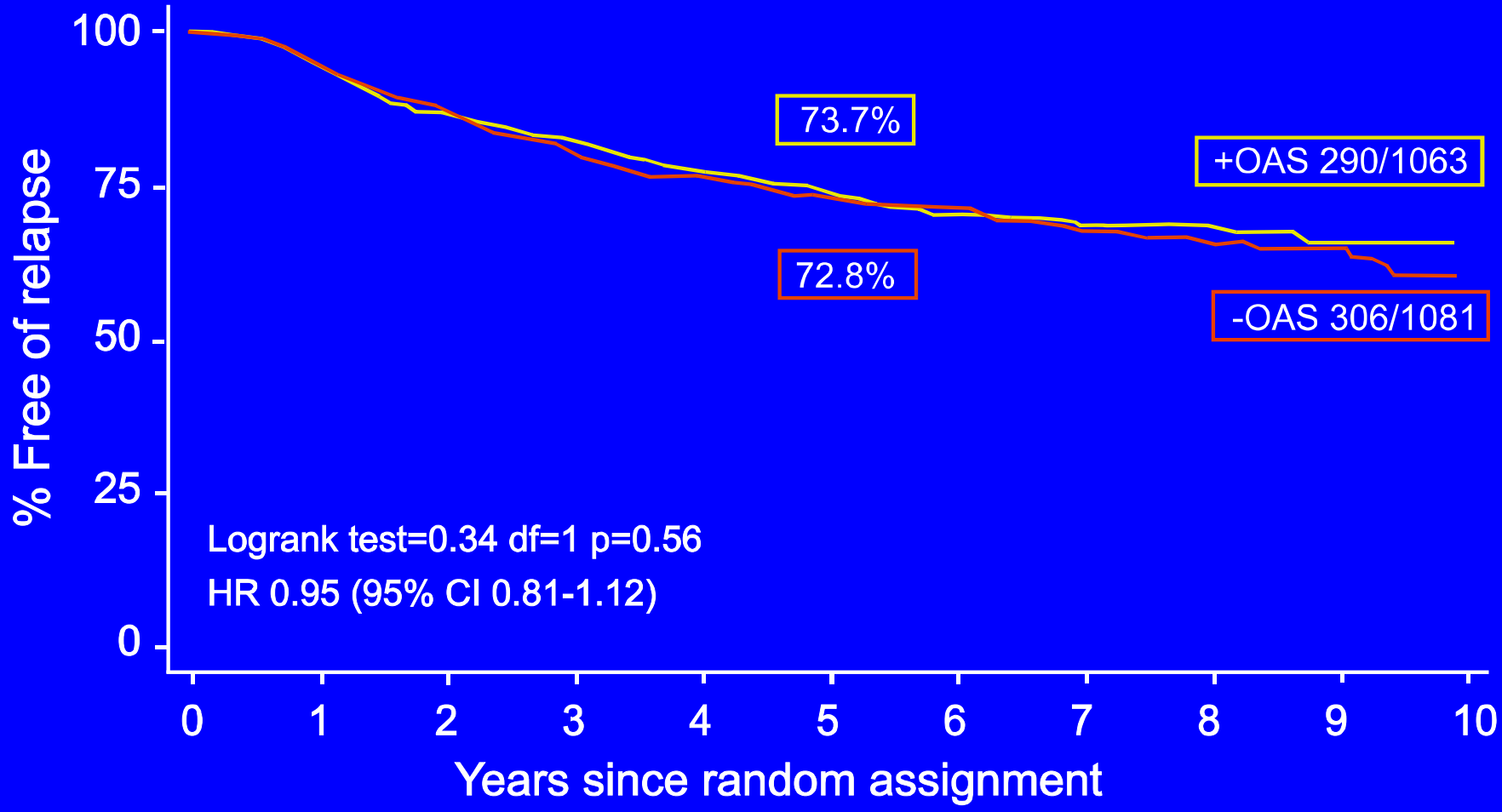
ARTICLE

Ovarian Ablation or Suppression in Premenopausal Early Breast Cancer: Results From the International Adjuvant Breast Cancer Ovarian Ablation or Suppression Randomized Trial

The Adjuvant Breast Cancer Trials Collaborative Group

J Natl Cancer Inst 2007;99:516–25

Supressão ovariana na adjuvância (ABC-OAS)

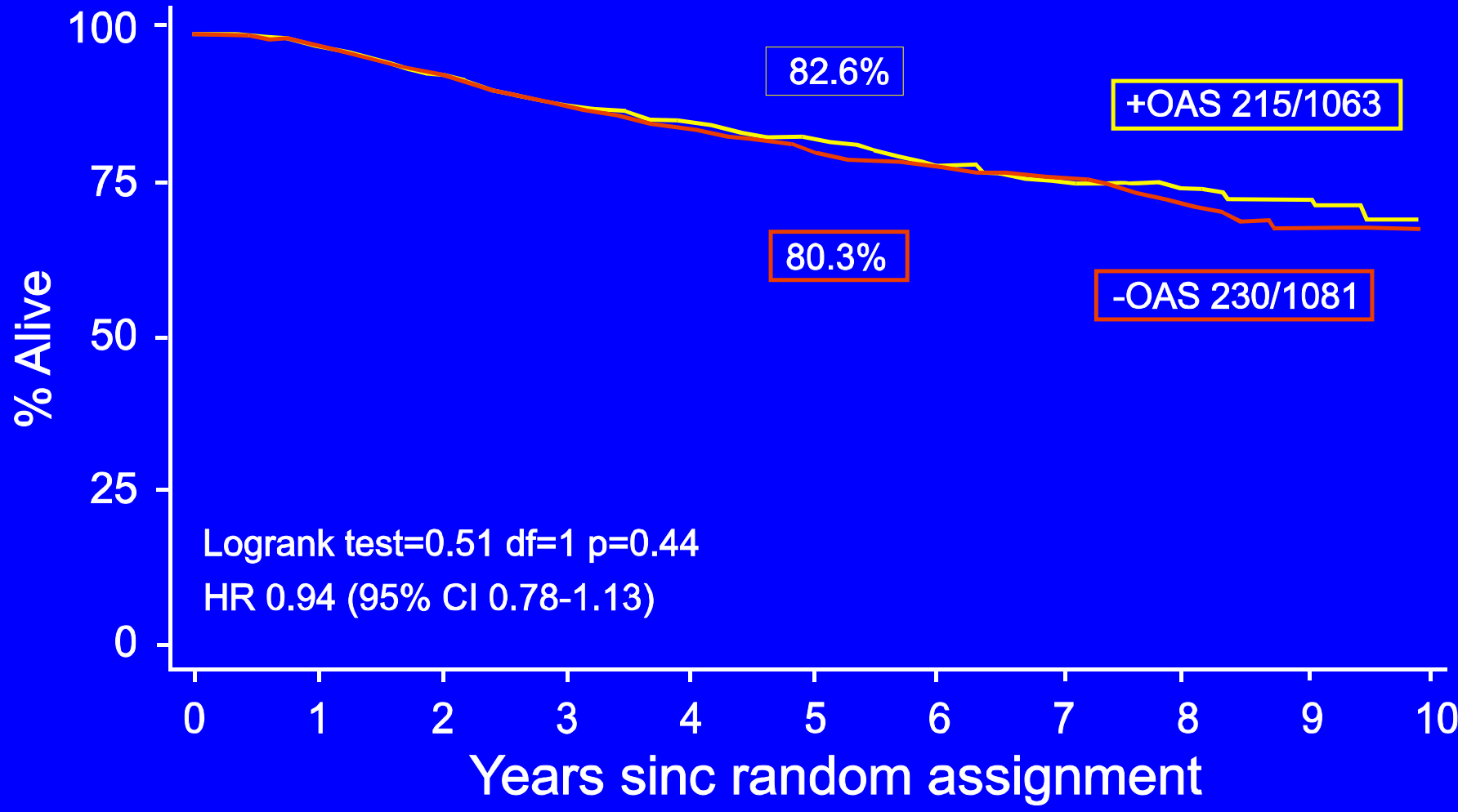


Number of events\number at risk

+OAS1063	58/982	81/885	44/788	46/644	26/541	21/367	8/271	0/159	3/70	0/23
- OAS1081	60/997	82/895	62/781	38/639	27/495	11/375	15/251	6/147	2/64	0/16

The Adjuvant Breast Cancer Trials Collaborative Group, JNCI, 2007

Supressão ovariana na adjuvância (ABC-OAS)

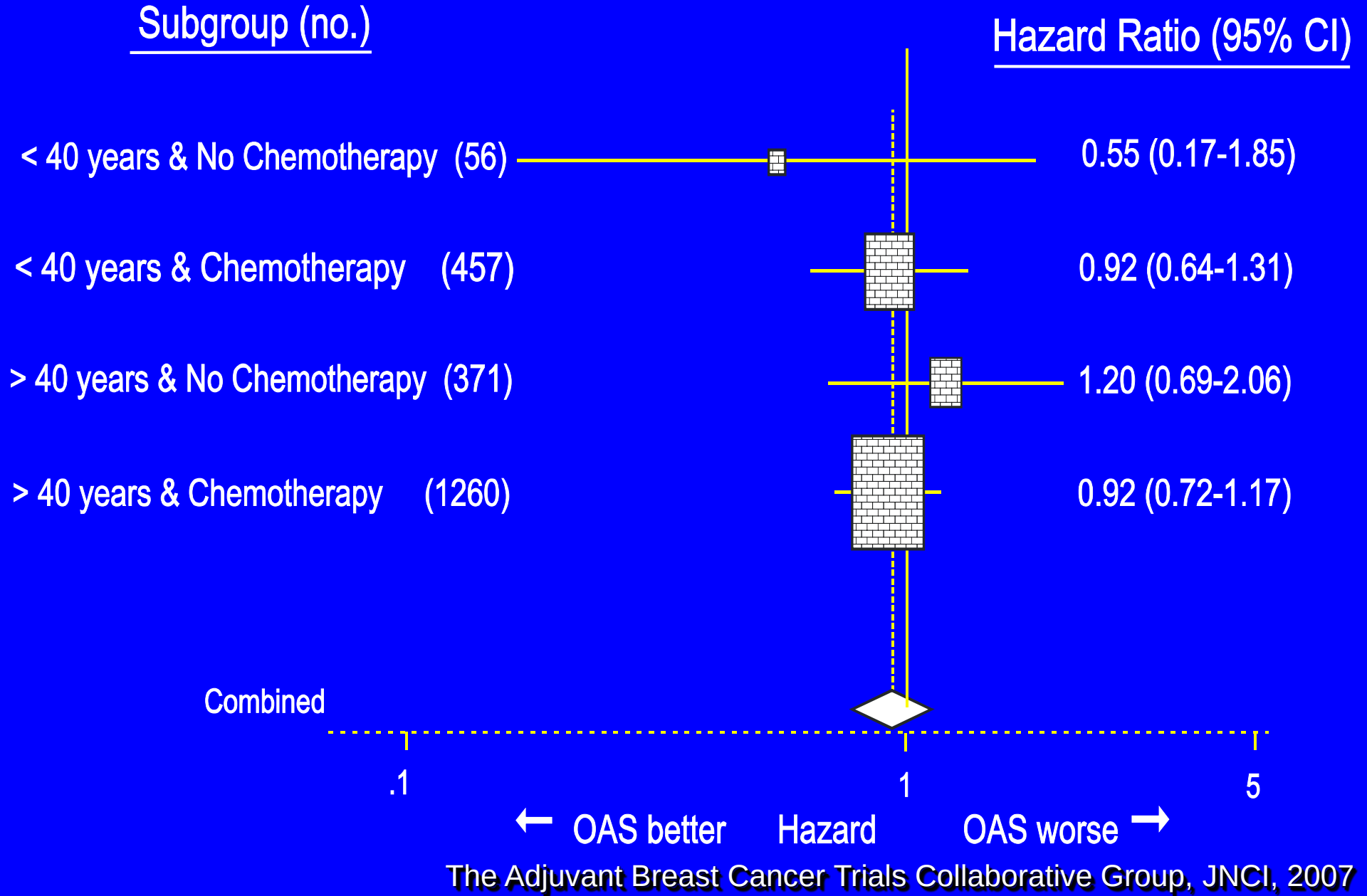


Number of events\number at risk

+OAS 1063	23/1020	47/951	49/840	28/706	20/571	24/409	13/299	2/174	3/80	2/24
- OAS 1081	17/1043	51/963	53/854	39/709	28/552	14/415	9/287	10/169	8/65	0/18

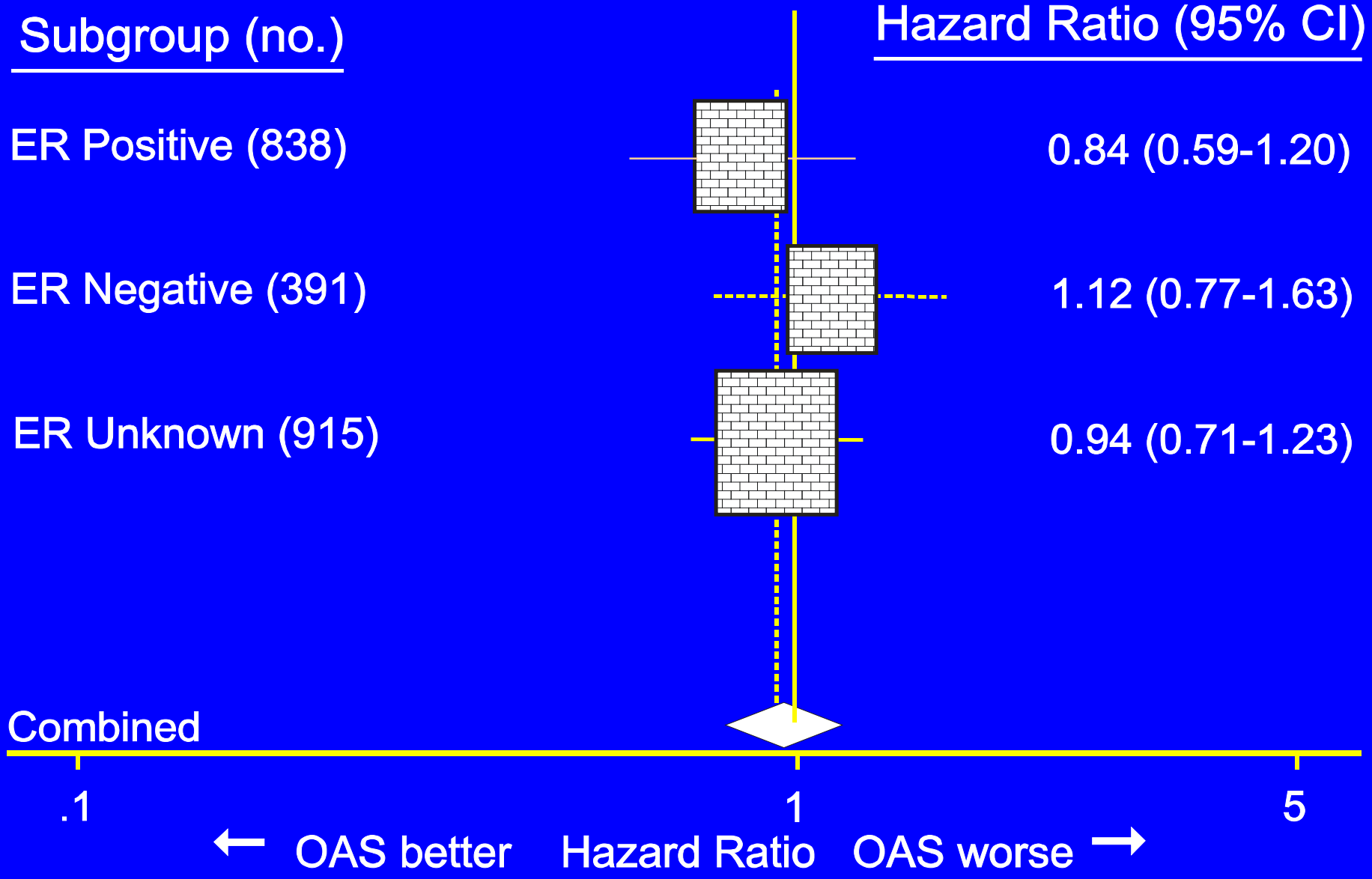
The Adjuvant Breast Cancer Trials Collaborative Group, JNCI, 2007

Supressão ovariana na adjuvância (ABC-OAS)



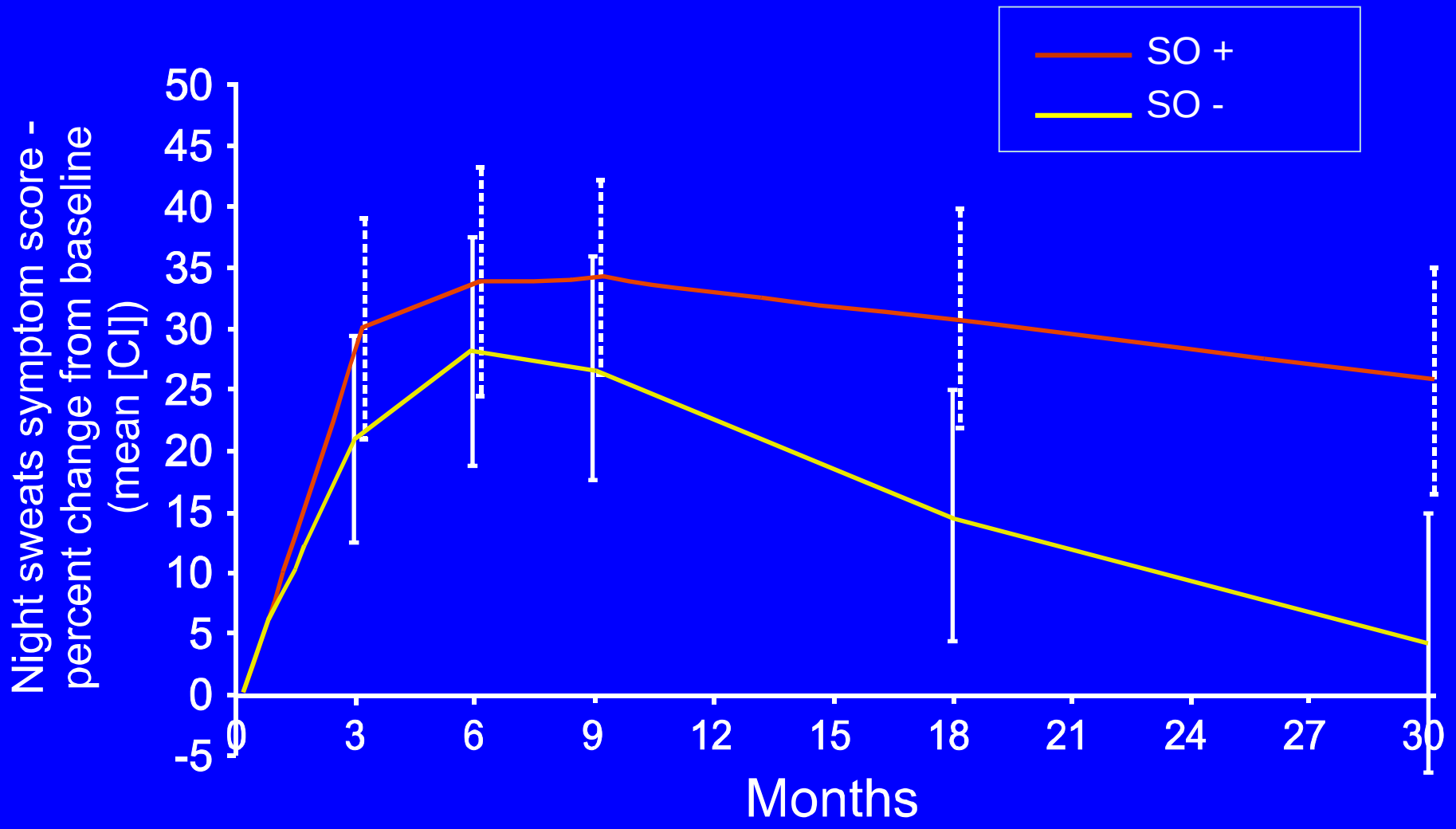
The Adjuvant Breast Cancer Trials Collaborative Group, JNCI, 2007

Supressão ovariana na adjuvância: (ABC-OAS)



The Adjuvant Breast Cancer Trials Collaborative Group, JNCI, 2007

supressão ovariana na adjuvância (ABC-OAS)



The Adjuvant Breast Cancer Trials Collaborative Group, JNCI, 2007

VOCÊ INDICA ABLAÇÃO/SUPRESSÃO OVARIANA NA ADJUVÂNCIA NA PRÉ-MENOPAUSA?

Como terapia padrão: NÃO!!!

Apenas como exceção

2008

VOLUME 35 · NUMBER 27 · SEPTEMBER 20, 2017

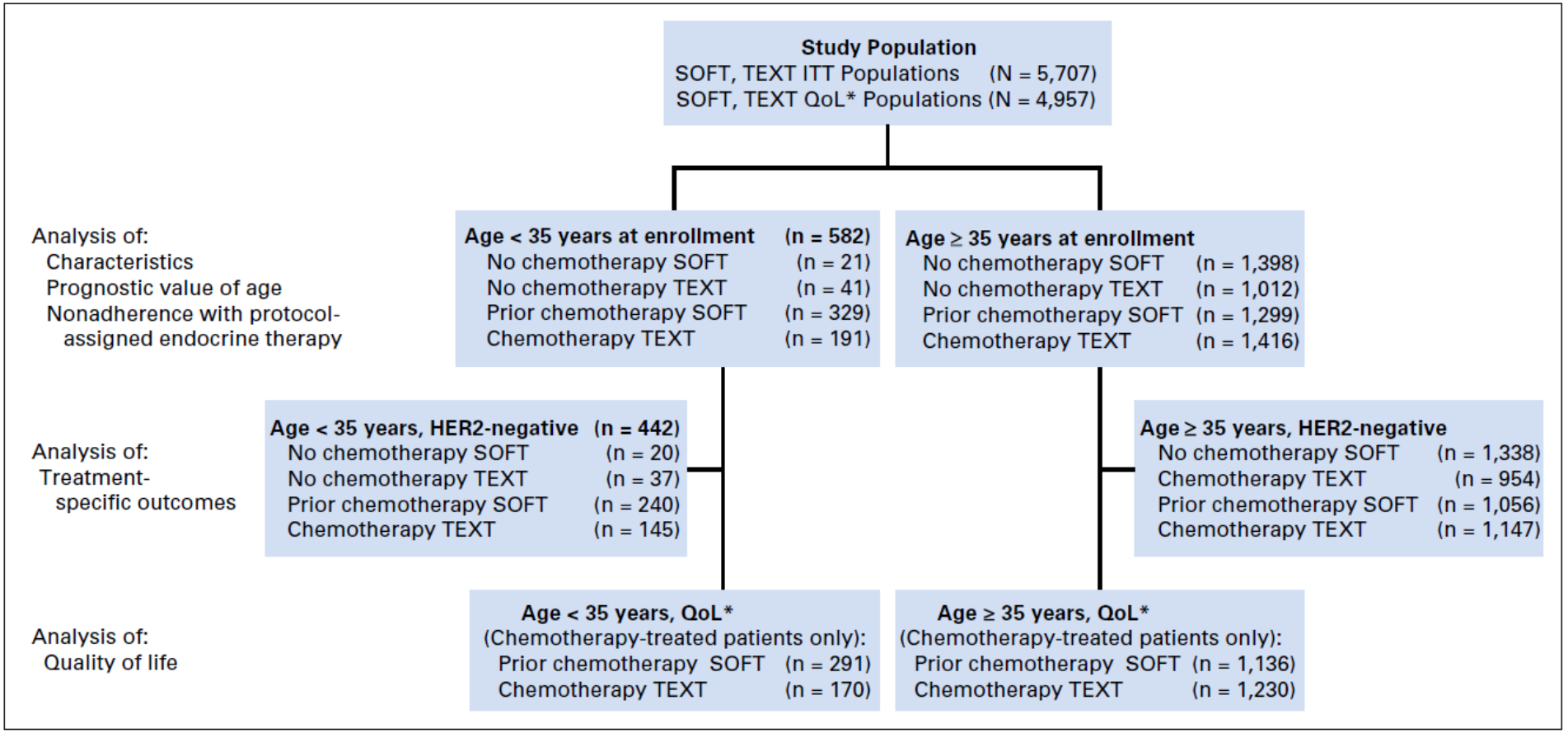
JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

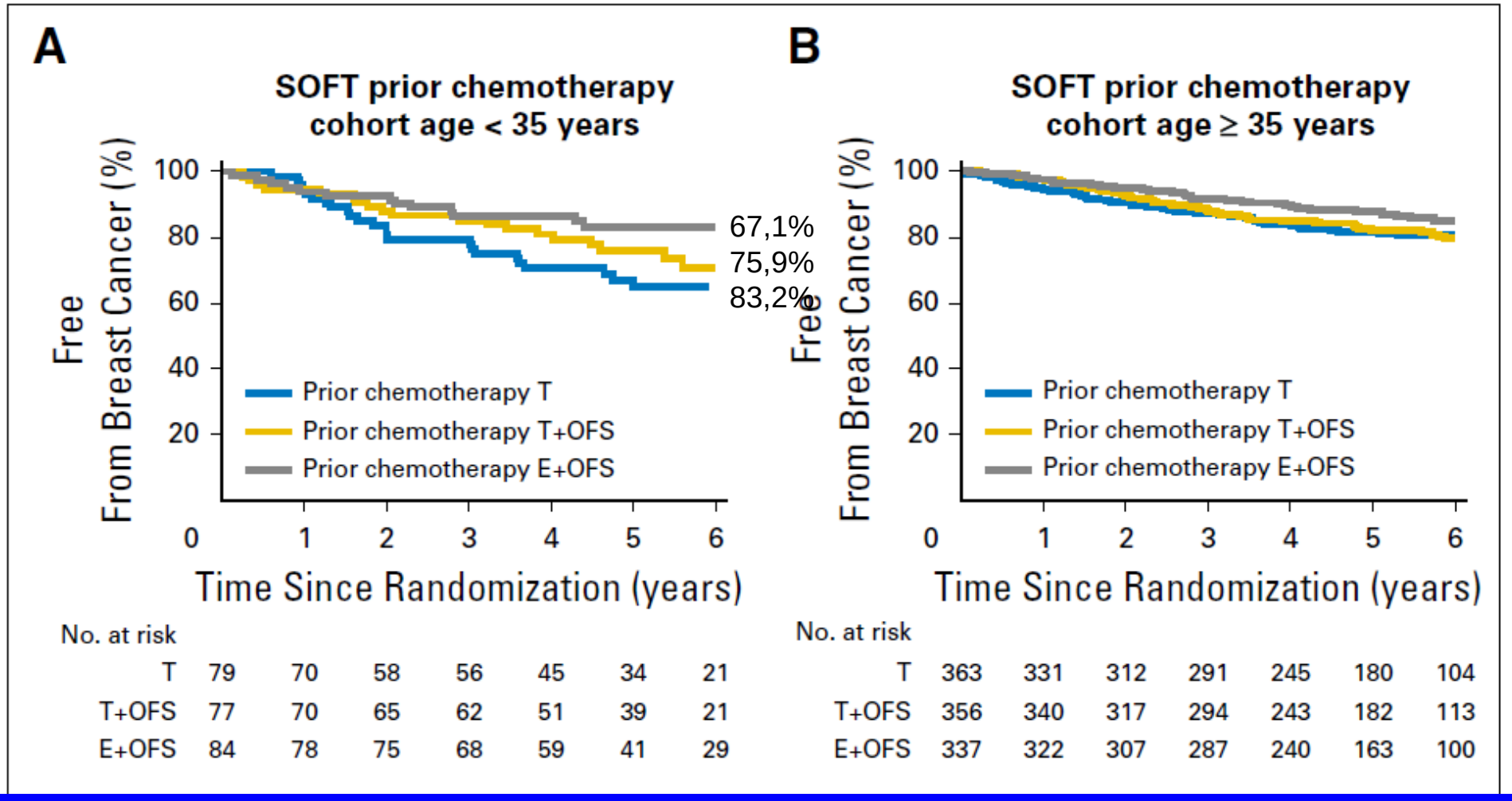
Treatment Efficacy, Adherence, and Quality of Life Among Women Younger Than 35 Years in the International Breast Cancer Study Group TEXT and SOFT Adjuvant Endocrine Therapy Trials

Poornima Saha, Meredith M. Regan, Olivia Pagani, Prudence A. Francis, Barbara A. Walley, Karin Ribi, Jürg Bernhard, Weixiu Luo, Henry L. Gómez, Harold J. Burstein, Vani Parmar, Roberto Torres, Josephine Stewart, Meritxell Bellet, Antonia Perelló, Faysal Dane, Antonio Moreira, Daniel Vorobiof, Michelle Nottage, Karen N. Price, Alan S. Coates, Aron Goldhirsch, Richard D. Gelber, Marco Colleoni, and Gini F. Fleming; for the SOFT and TEXT Investigators and the International Breast Cancer Study Group

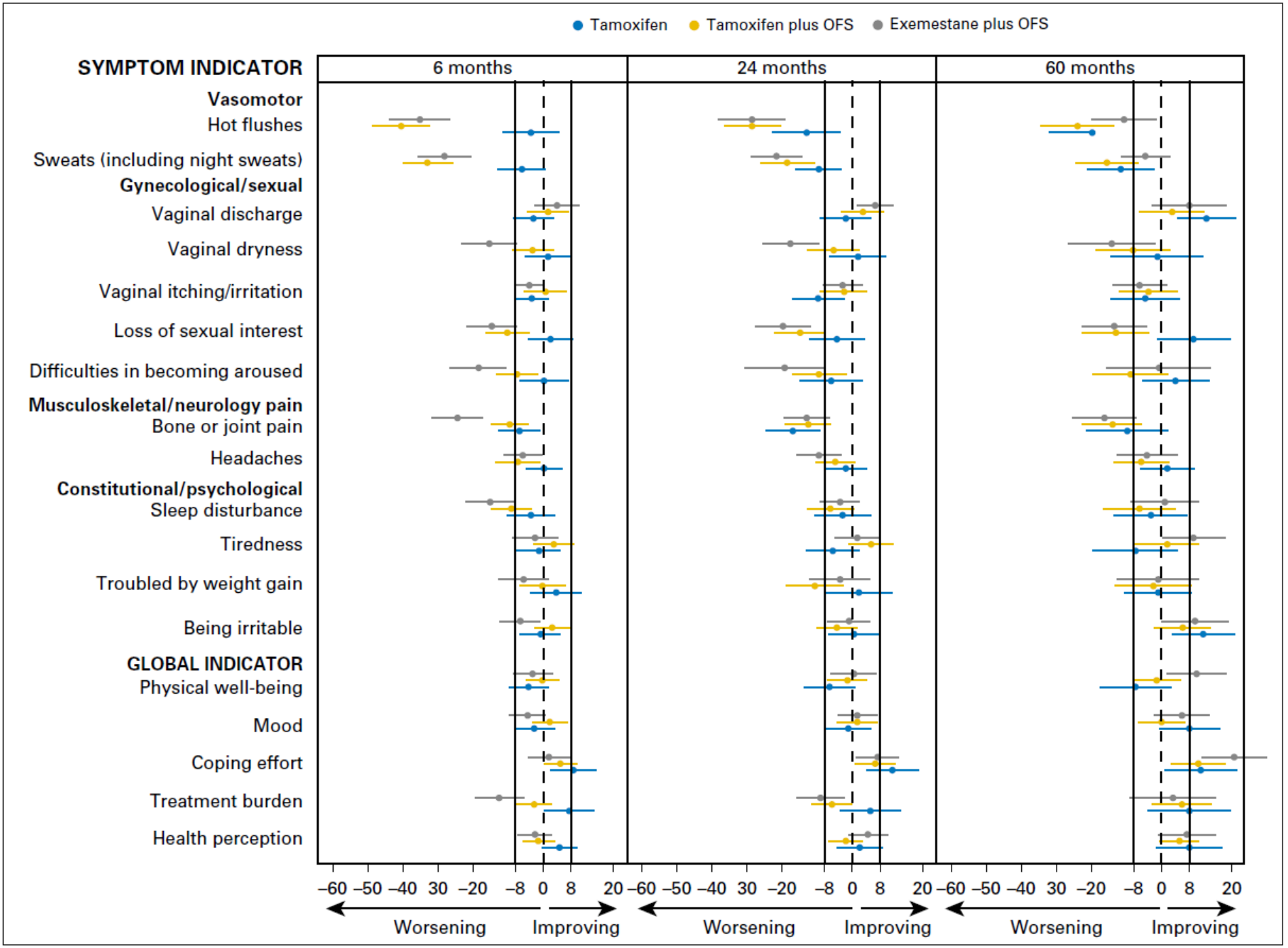
Conclusion:
In women younger than 35 years with HR (+) breast cancer, adjuvant OFS combined with tamoxifen or exemestane produces:
1. large improvements in BCFI compared with tamoxifen alone.
2. Menopausal symptoms are significant but are not worse than those seen in older premenopausal women



Saha P, et al. JCO, 2017; 35(27), SEPTEMBER 20, 2017: 3113.



Saha P, et al. JCO, 2017; 35(27), SEPTEMBER 20, 2017: 3113.


Tamoxifen
Tamoxifen plus OFS
Exemestane plus OFS
SYMPTOM INDICATOR
6 months
24 months
60 months
Vasomotor
Hot flushes
Sweats (including night sweats)
Gynecological/sexual
Vaginal discharge
Vaginal dryness
Vaginal itching/irritation
Loss of sexual interest
Difficulties in becoming aroused
Musculoskeletal/neurology pain
Bone or joint pain
Headaches
Constitutional/psychological
Sleep disturbance
Tiredness
Troubled by weight gain
Being irritable
GLOBAL INDICATOR
Physical well-being
Mood
Coping effort
Treatment burden
Health perception
–60 –50 –40 30 –20 –8 0 8 20
Worsening
Improving

VOLUME 35 · NUMBER 27 · SEPTEMBER 20, 2017

JOURNAL OF CLINICAL ONCOLOGY

EDITORIAL

Ovarian Suppression for Women Younger Than 35 Years: New Data to Support Informed Decision Making

Philip D. Poorvu and Ann H. Partridge, *Dana-Farber Cancer Institute and Harvard Medical School, Boston, MA*

See accompanying article on page 3113

Thus, judicious use of OFS represents an opportunity to improve breast cancer outcomes for our youngest patients, but we must select patients carefully, actively manage the consequences, and adapt to the individual patient's experience and preferences.

Future research must explore many still-unanswered questions about the use of OFS in young breast cancer survivors, such as management of inadequate suppression, duration of therapy, and utility in the context of emerging predictive biomarkers and promising novel, targeted therapies (eg, cyclin-dependent kinase 4/6 inhibitors).

VOCÊ INDICA ABLAÇÃO/SUPRESSÃO OVARIANA NA ADJUVÂNCIA NA PRÉ-MENOPAUSA?

Sempre para pacientes até 35 anos

Acima de 35 anos devem ser discutidas as opções