Novidades do SABCS 2018

Régis Resende Paulinelli, MD, PhD

Hospital das Clínicas - UFG

Hospital Araújo Jorge - ACCG


UT Health
San Antonio
AACR
American Association for Cancer Research
Baylor College of Medicine

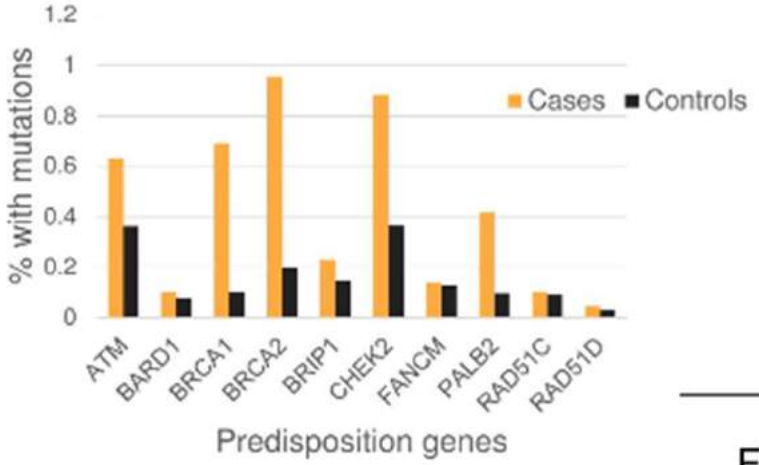
San Antonio Breast Cancer Symposium – December 4-8, 2018

Age-related breast cancer risk estimates for the general population based on sequencing of cancer predisposition genes in 19,228 breast cancer patients and 20,211 matched unaffected controls from US based cohorts in the CARRIERS study

Fergus J. Couch, Ph.D.
Mayo Clinic

San Antonio Breast Cancer Symposium – December 4-8, 2018

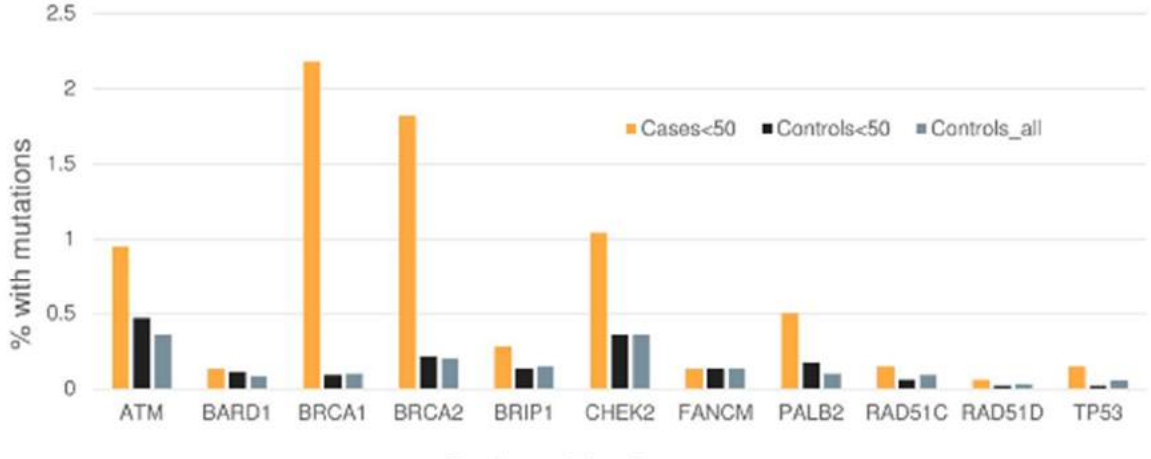
Frequency of mutations for known breast cancer predisposition genes (all races and ethnicities)



Case mutation frequency	4.2%
Control mutation frequency	1.6%

San Antonio Breast Cancer Symposium – December 4-8, 2018

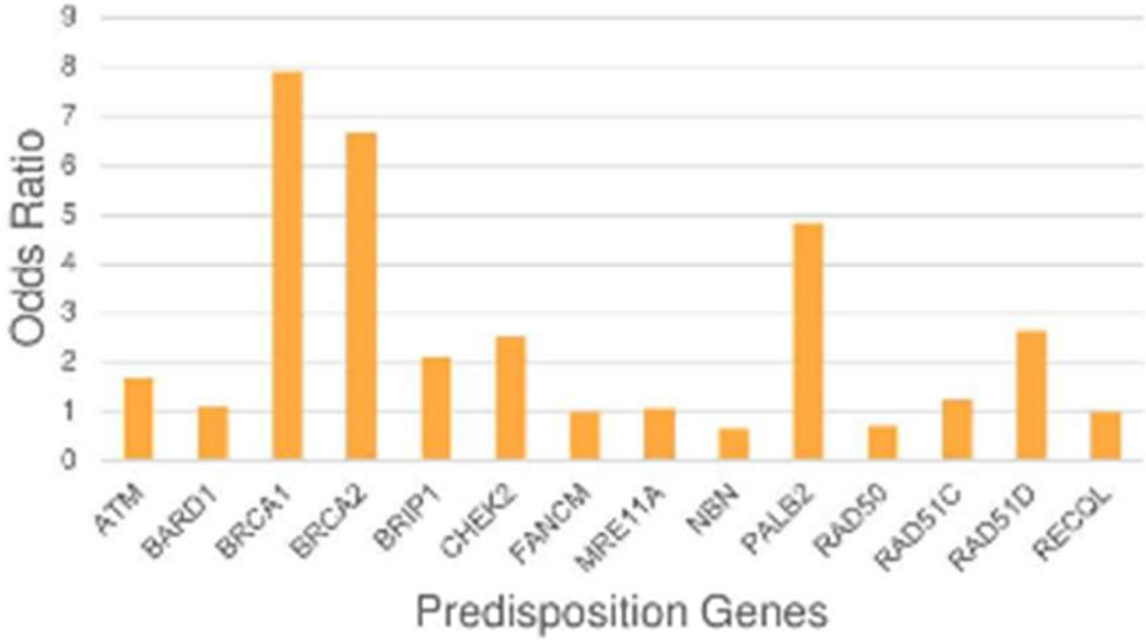
Frequency of mutations in cases =<50 years at diagnosis



Case mutation frequency	7.3%
Control mutation frequency	1.8%

CARRIERS breast cancer risk estimates by panel gene

	Relative Risk	p-value
ATM	1.7	0.001
BARD1	1.1	0.80
BRCA1	7.9	<0.001
BRCA2	6.7	<0.001
BRIP1	2.1	0.01
CHEK2 (truncating)	2.5	<0.001
FANCM	1.0	0.95
MRE11A	1.0	0.90
NBN	0.6	0.16
PALB2	4.8	<0.001
RAD50	0.7	0.15
RAD51C	1.2	0.58
RAD51D	2.6	0.15
RECQL	1.0	0.89



Radiotherapy or surgery of the axilla after a positive sentinel node in breast cancer patients: 10-year results of the EORTC AMAROS trial

By the EORTC Breast Cancer Group and
Radiation Oncology Group
In collaboration with the Dutch BOOG Group
and ALMANAC Trialists' Group

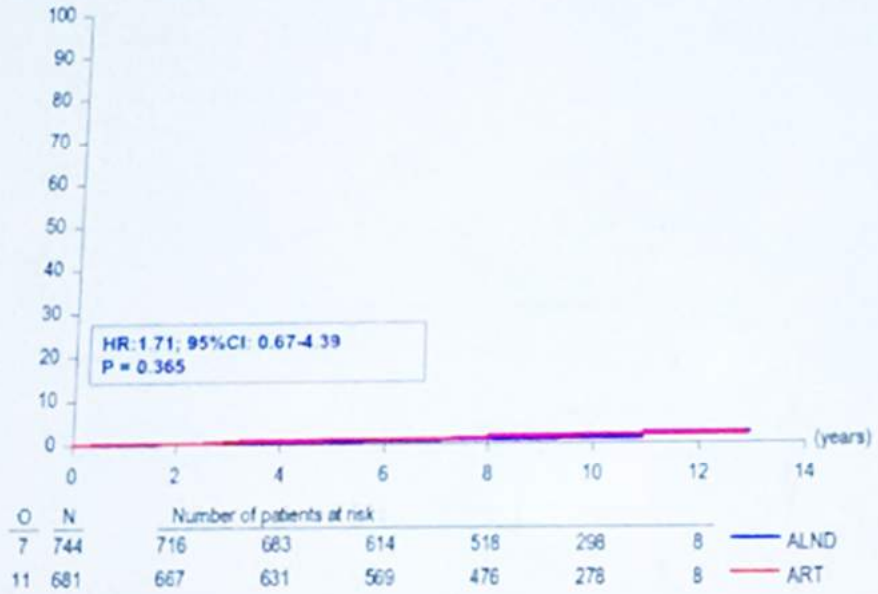
Emiel J Rutgers
The Netherlands Cancer Institute,
Amsterdam

Clinical trial information: NCT00014612

@EORTC

Axillary recurrence rate

AxSN+ ITT population



Lymphedema: clinical observation and/or treatment

P-value from exact Fisher's test

San Antonio Breast Cancer Symposium, December 4-8, 2018

Regional node irradiation:

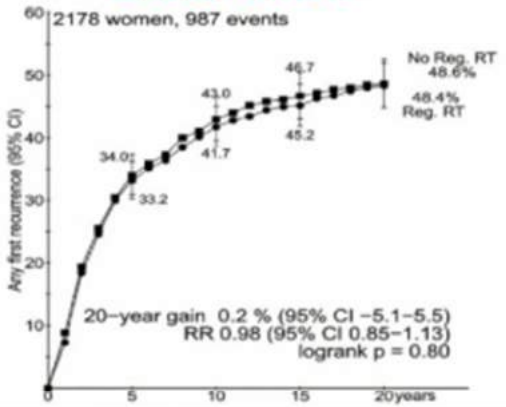
Meta-analysis of 13,500 women in 14 trials

Early Breast Cancer Trialists' Collaborative Group (EBCTCG)

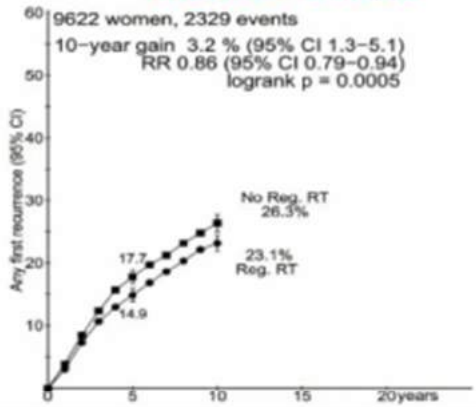
Writing Committee: David Dodwell (presenter), Carolyn Taylor, Paul McGale, Charlotte Coles, Fran Duane, Richard Gray, Thorsten Kühn, Christophe Hennequin, Robert Hills, Sileida Oliveros, Yaochen Wang, Jonas Bergh, Kathy Pritchard, Sandra Swain, Jens Overgaard, Philip Poortmans, Tim Whelan

Any recurrence

Older trials

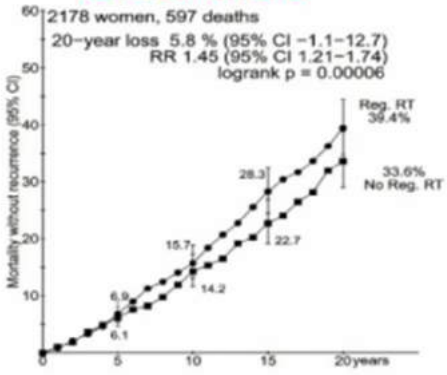


Newer trials

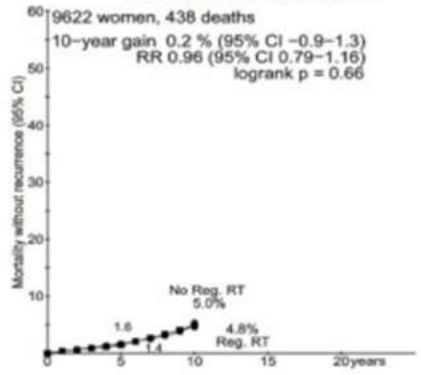


Non-breast-cancer mortality

Older trials

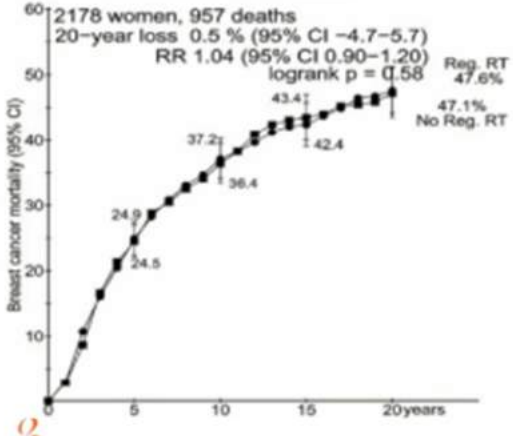


Newer trials

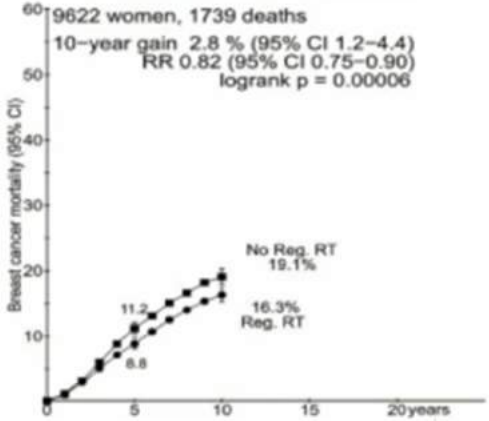


Breast cancer mortality

Older trials

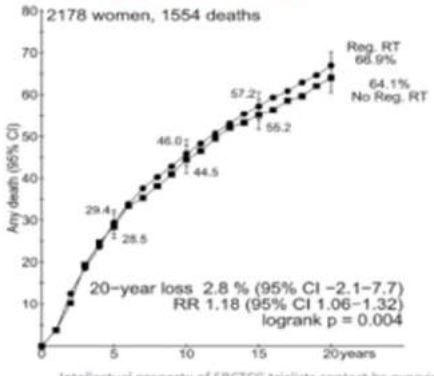


Newer trials

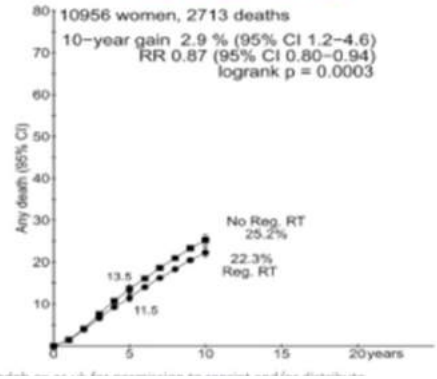


Overall mortality

Older trials



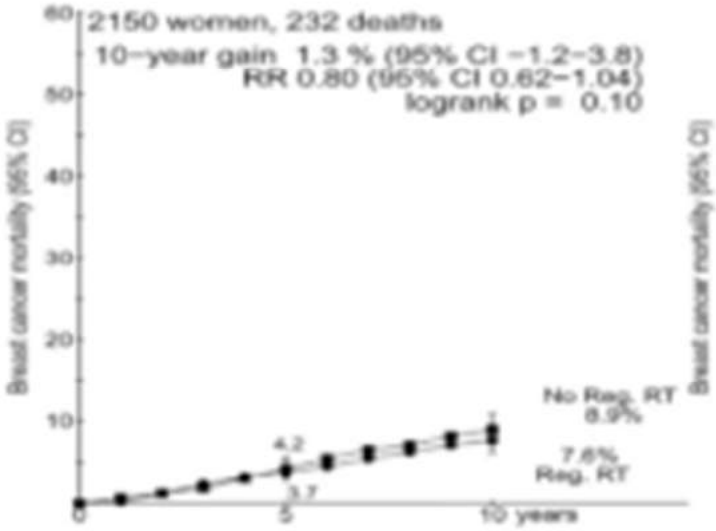
Newer trials



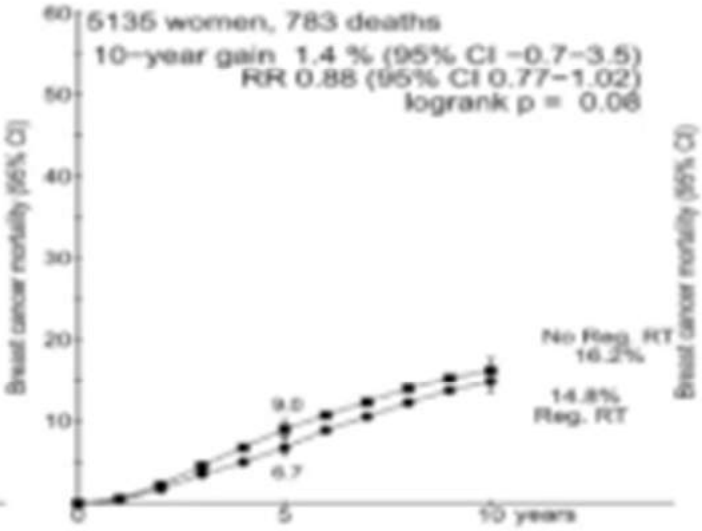
San Antonio Breast Cancer Symposium, December 4-8, 2018

Newer trials: Breast cancer mortality

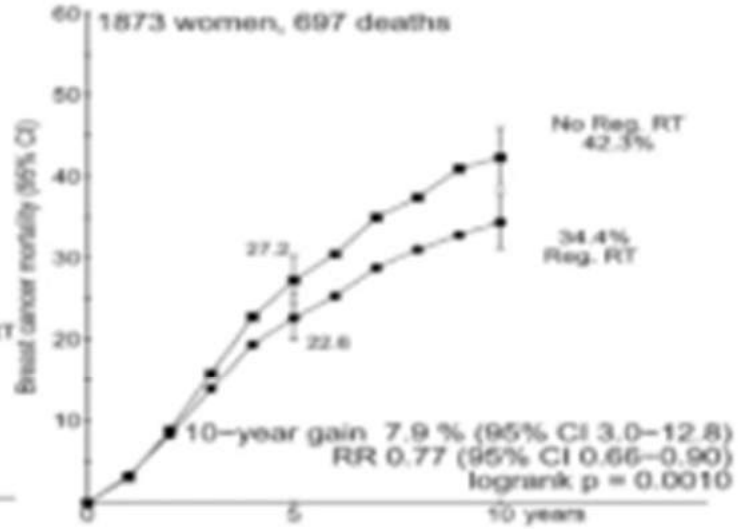
pN0



pN1-3



pN4+



SABCS, December 4-8, 2018

RAPID

Randomized Trial of Accelerated Partial Breast Irradiation using 3-Dimensional Conformal Radiotherapy (3D-CRT)

T Whelan, J Julian, M Levine, T Berrang, DH Kim, CS Gu, I Germain, A Nichol, M Akra, S Lavertu, F Germain, A Fyles, T Trotter, F Perera, S Balkwill, S Chafe, T McGowan, T Muanza, W Beckham, B Chua, I Olivotto, for the RAPID Trial Investigators

Ontario Clinical Oncology Group

SABCS, December 4-8, 2018

NRG ONCOLOGY

Advancing Research. Improving Lives.™

Primary results of NSABP B-39/ RTOG 0413 (NRG Oncology): A randomized phase III study of conventional whole breast irradiation (WBI) versus partial breast irradiation (PBI) for women with stage 0, I, or II breast cancer

F Vicini (NSABP PI), R Cecchini, J White (RTOG PI), T Julian, D Arthur, R Rabinovitch, R Kuske, D Parda, P Ganz, M Scheier, K Winter, S Paik, H Kuerer, L Vallow, L Pierce, E Mamounas, J Costantino, H Bear, I Germain, G Gustafson, L Grossheim, L Petersen, R Hudes, W Curran, N Wolmark

Main Trial Differences

RAPID (N = 2,135, 18% DCIS)

- APBI 90% 3D conformal photons; 10% IMRT
- WBI 16 fraction regimen, 20% Boost
- 100% node negative
- Median age 61 years old

NRG B39/0413 (N = 4,216, 24% DCIS)

- APBI 71% 3D conformal photons; 29% brachytherapy
- WBI 25-28 fraction regimens, 80% boost
- 10% node positive
- Median age 54 years old

Main Trial Differences

RAPID (N = 2,135, 18% DCIS)

- APBI 90% 3D conformal photons; 10% IMRT
- WBI 16 fraction regimen, 20% Boost
- 100% node negative
- Median age 61 years old

NRG B39/0413 (N = 4,216, 24% DCIS)

- APBI 71% 3D conformal photons; 29% brachytherapy
- WBI 25-28 fraction regimens, 80% boost
- 10% node positive
- Median age 54 years old

Main Trial Differences

RAPID (N = 2,135, 18% DCIS)

- APBI 90% 3D conformal photons; 10% IMRT
- WBI 16 fraction regimen, 20% Boost
- 100% node negative
- Median age 61 years old

NRG B39/0413 (N = 4,216, 24% DCIS)

- APBI 71% 3D conformal photons; 29% brachytherapy
- WBI 25-28 fraction regimens, 80% boost
- 10% node positive
- Median age 54 years old

Main Trial Differences

RAPID (N = 2,135, 18% DCIS)

- APBI 90% 3D conformal photons; 10% IMRT
- WBI 16 fraction regimen, 20% Boost
- 100% node negative
- Median age 61 years old

NRG B39/0413 (N = 4,216, 24% DCIS)

- APBI 71% 3D conformal photons; 29% brachytherapy
- WBI 25-28 fraction regimens, 80% boost
- 10% node positive
- Median age 54 years old

APBI (1 week, BID) Main Findings

RAPID (N = 2,135)

- 8-yr IBTR WBI 2.8% vs APBI 3%, P= NS
- Non-inferiority endpoint met

NRG B39/0413 (N = 4,216)

- 10-yr IBTR WBI 4.1% vs APBI 4.8%, P = NS
- Non-inferiority endpoint not met
- Recurrence Free Interval 1.6% worse with ABPI, P = 0.02

IBTR by PBI Method

Treatment Group	# of Pts	# of Events	Hazard Ratio (HR)	HR 95% Confidential Interval	10-yr Cum Incidence
WBI	2,011	67	REF		3.8%
PBI					
Multi-catheter brachytherapy	130	9	2.21	1.10 – 4.46	7.7%
Single-entry brachytherapy device	358	24	2.15	1.34 – 3.44	7.8%
3DCRT (external beam)	1,535	55	1.04	0.73 – 1.49	3.7%

This analysis used a per-protocol population, which excluded those who did not receive their randomly assigned treatment

NRG

APBI (1 week, BID) Main Findings

- RAPID (N = 2,135)
  - 3-yr Grade 3 Toxicity WBI 1% vs APBI 4.5%, P < 0.001
  - 7-yr fair/poor cosmesis more common in the APBI arm

SABCS, December 4-8, 2018

San Antonio Breast Cancer Symposium, December 4-8, 2018

in partnership with

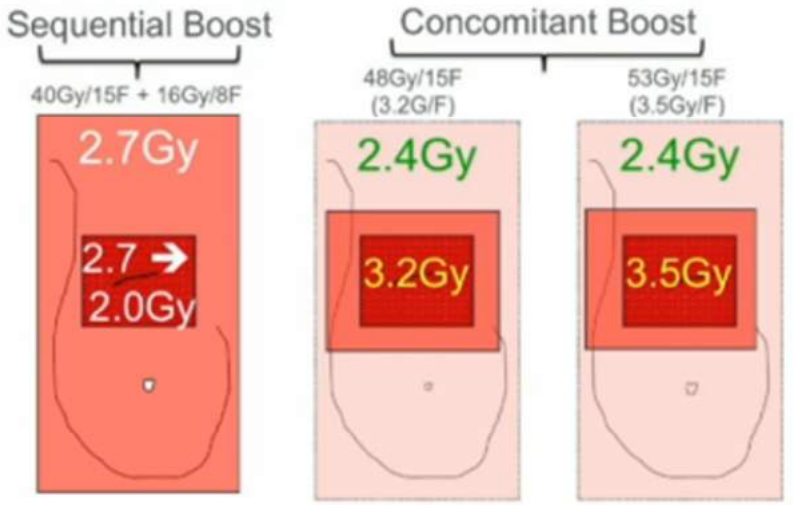
Dose escalated simultaneous integrated boost radiotherapy for early breast cancer: 3-year adverse effects - IMPORT HIGH trial (CRUK/06/003)

Dr Charlotte Coles, Clare Griffin, Anna Kirby, Joanne Haviland, Jenny Titley, Kim Benstead, Adrian Murray Brunt, Charlie Chan, Laura Ciurlionis, Omar Din, Ellen Donovan, David Eaton, Adrian Harnett, Penelope Hopwood, Monica Jefford, Peter Jenkins, Caroline Lee, Mary McCormack, Liz Sherwin, Isabel Syndikus, Yat Tsang, Nicola Twyman, Ramachandran Ventikaraman, Sairanne Wickers, Maggie Wilcox, Judith Bliss and John Yarnold

On behalf of the IMPORT HIGH Trial Management Group

San Antonio Breast Cancer Symposium
Thursday 6th December, 2018

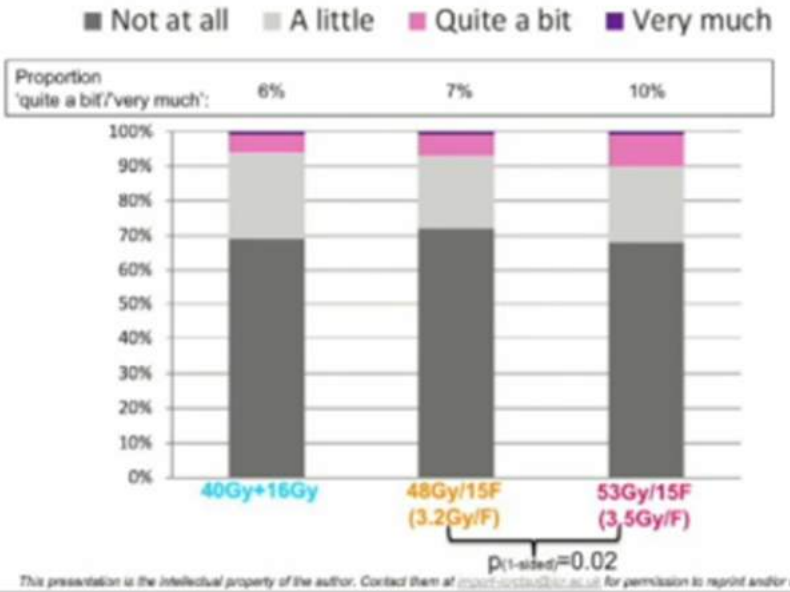
TRIAL DESIGN: Dose Escalated Intensity Modulated RT



SABCS, December 4-8, 2018

San Antonio Breast Cancer Symposium, December 4-8, 2018

ENDPOINTS: CRO: *breast induration* at 3 years



San Antonio Breast Cancer Symposium®, December 4-8, 2018

The impact of breast cancer surgery on quality of life: Long term results from E5103

Shoshana M. Rosenberg, Anne O'Neill, Karen Sepucha,
Kathy D. Miller, Chau T. Dang, Donald W. Northfelt,
George W. Sledge, Bryan P. Schneider, Ann H. Partridge

ECOG – ACRIN E5103
Bevacizumabe
4.994 pacientes.

DANA-FARBER CANCER INSTITUTE
HARVARD MEDICAL SCHOOL

San Antonio Breast Cancer Symposium®, December 4-8, 2018

QoL analysis: BCS vs. Mastectomy

	Mean score*		P**
	BCS	Mastectomy	
FACT-B	114	109	0.01
EQ-5D-3L Index	0.84	0.80	0.04
EQ-VAS	82	78	<0.01

*Higher scores=Better QoL

**Wilcoxon rank sum test p-value

Minimally important differences:
FACT-B: 7-8 points
EQ-5D-3L Index: 0.06 points
EQ-VAS: 7 points

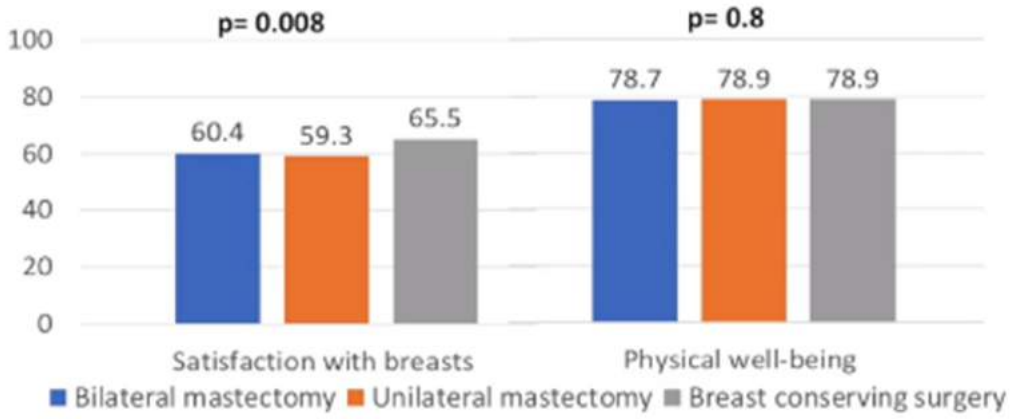
Local therapy and quality of life outcomes in young women with breast cancer

Laura Dominici, Jiani Hu, Tari King, Kathryn J. Ruddy, Rulla M. Tamimi, Jeffrey Peppercorn, Lidia Schapira, Virginia F. Borges, Steven E. Come, Ellen Warner, Ann Partridge, Shoshana Rosenberg

The Young Women's Breast Cancer Study (YWS)

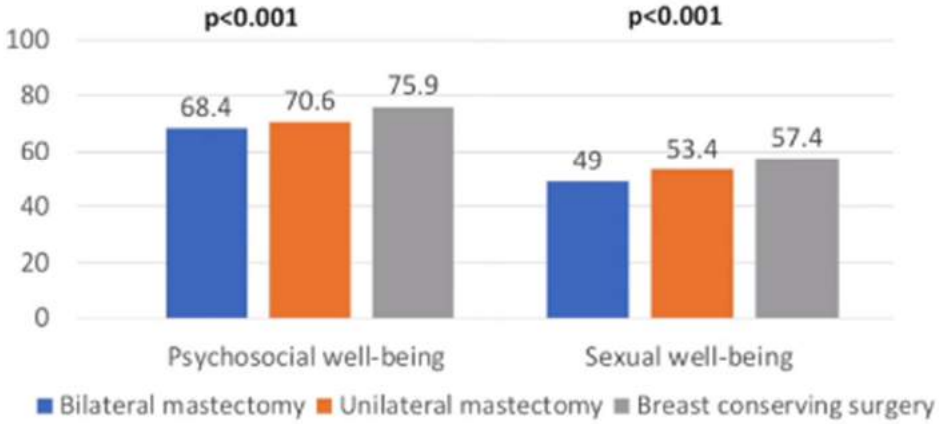
- Multicenter, prospective cohort study
- 12 participating hospitals (academic and community)

BREAST-Q Mean Scores



Higher score = Better QOL

BREAST-Q Mean Scores



Higher score = Better QOL

Multivariate Analysis: Satisfaction with Breasts

	β*(95% CI)	*P*-value**
Surgery factors:		
Unilateral mastectomy vs. BCS	-8.7 (-13.1, -4.3)	<0.001
Bilateral mastectomy vs. BCS	-9.3 (-14.4, -4.2)	<0.001
Other treatment factors:		
Radiation: Yes vs. No	-7.5 (-11.3, -3.6)	<0.001
Patient factors:		
Financial status: Uncomfortable vs. comfortable	-5.4 (-9.8, -1.0)	0.02

*β Difference in BREAST-Q score

**Not significant for age, race, marital status, work status, education level, stage, chemotherapy, endocrine therapy, time since surgery, lymphedema

San Antonio Breast Cancer
Symposium, December 4-8, 2018

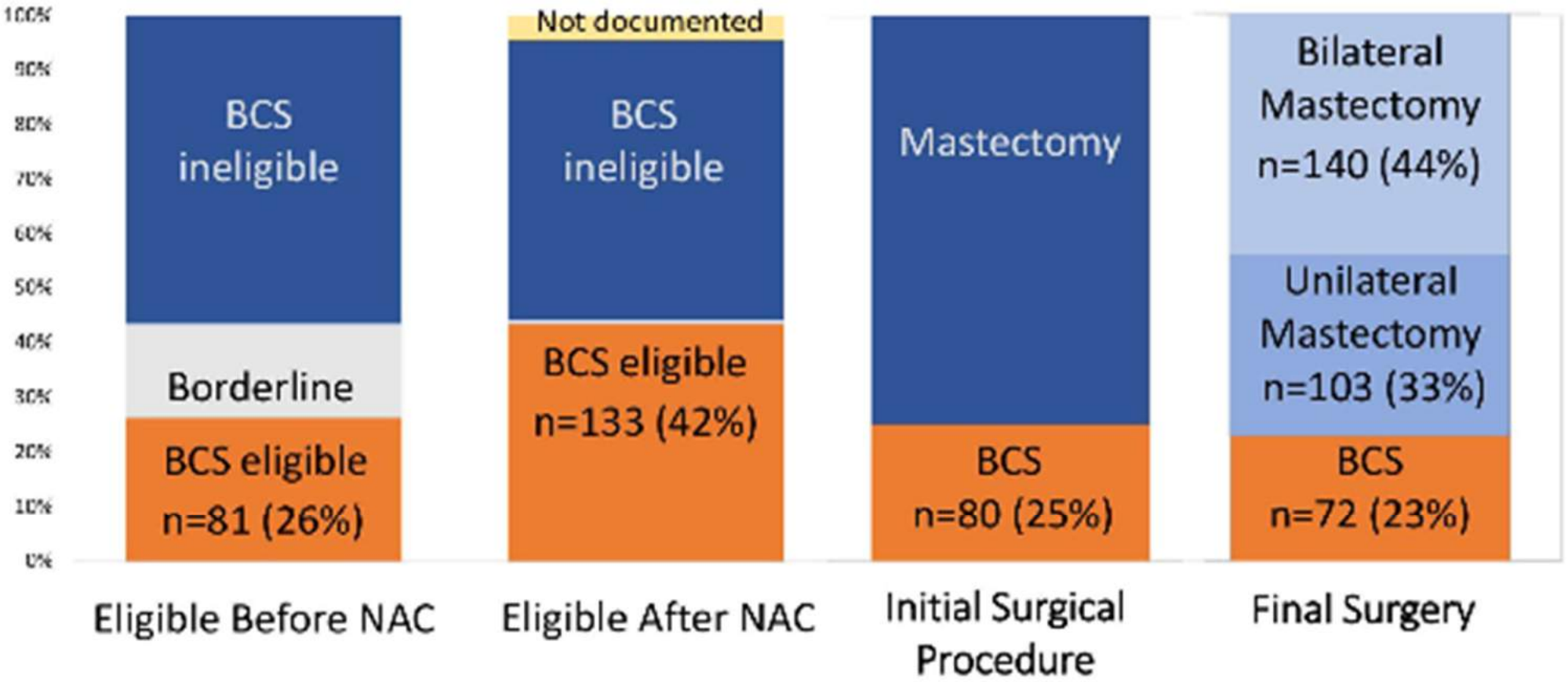
Surgical treatment after neoadjuvant systemic therapy in young women with breast cancer: Results from a prospective cohort study

Hee Jeong Kim [1,2], Laura Dominici[1,3], Shoshana Rosenberg[1], Linda Ma Pak[1,3], Phillip D. Poorvu[1], Kathryn Ruddy[1], Rulla Tamimi[3], Lidia Schapira[5], Steven Come[6], Jeffrey Peppercorn[7], Virginia Borges[8], Ellen Warner[9], Hilde Vardeh[5], Laura Collins[6], Rachel Gaither[1], Tari King[1,3], Ann H. Partridge[1]

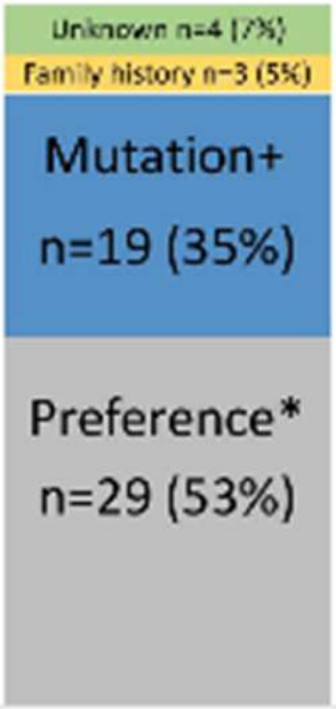
[1]Dana-Farber Cancer Institute, Boston, MA; [2]Asan Medical Center, Seoul, South Korea; [3]Brigham and Women's Hospital, Boston, MA; [4]Mayo Clinic, Rochester, MN; [5]Stanford University, Palo Alto, CA; [6]Beth Israel Deaconess Medical Center, Boston, MA; [7]Massachusetts General Hospital, Boston, MA; [8]University of Colorado Cancer Center, Aurora, CO; [9]Sunnybrook Health Science center, Toronto, ONT

The Young Women`s Breast Cancer Study (YWS)

Change in BCS eligibility after NAC and surgery



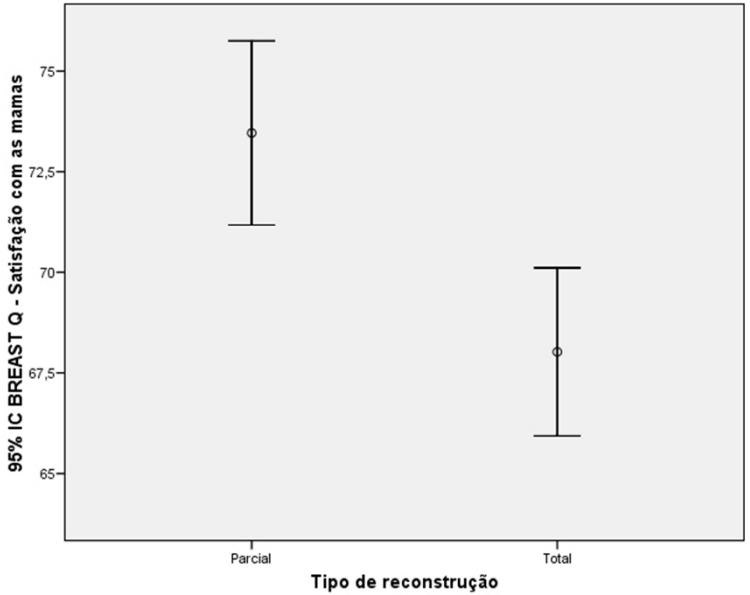
Reasons for choosing mastectomy in BCS-eligible patients (N=55)

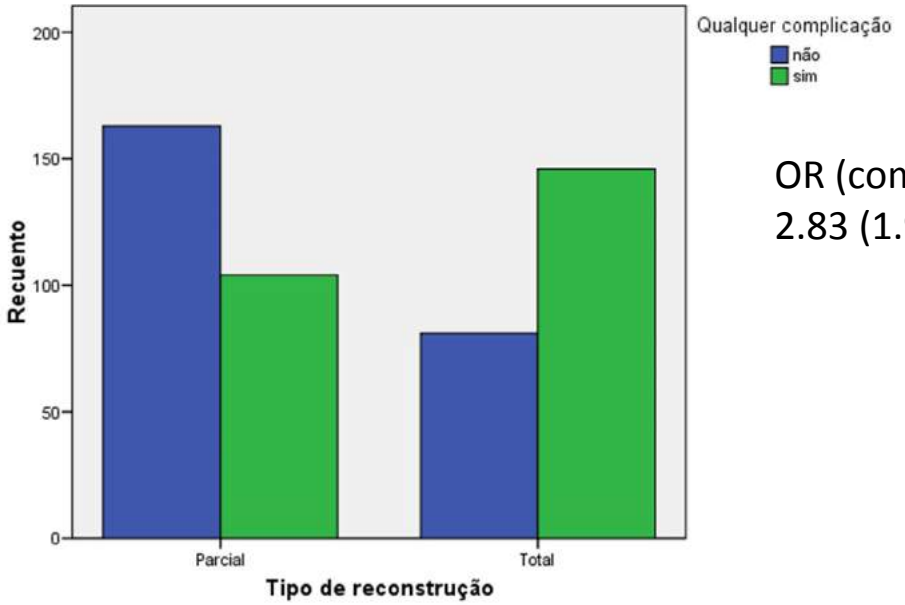


- The most common documented reason that BCS-eligible patients chose mastectomy was patient preference (53%)
- 40% chose mastectomy because of carrying a BRCA 1 or 2, or p53 mutation or having a strong family history
- 75% who chose mastectomy underwent bilateral mastectomy
- Among BCS-eligible patients with cCR and/or ultimately pCR who chose mastectomy, these reasons were similar

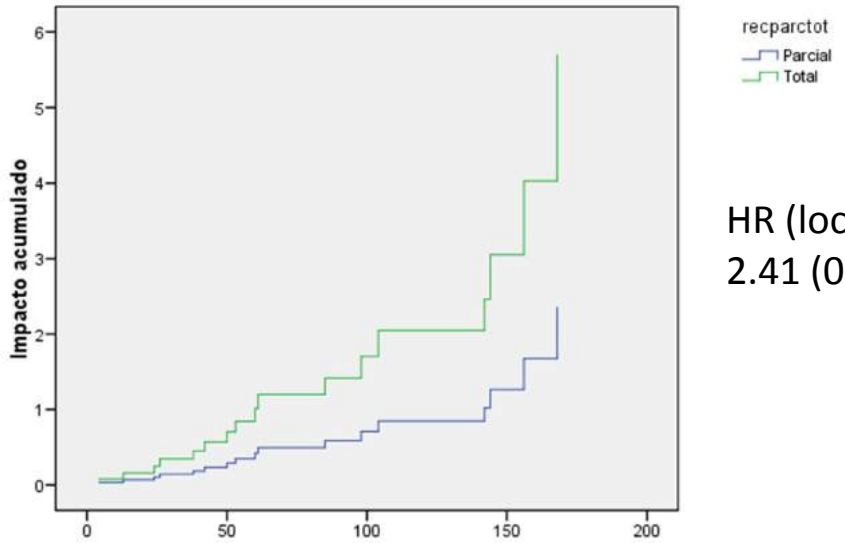
*Preference was defined as someone who chose mastectomy without having a mutation or strong family history

- 509 pacientes do consultório/hc/haj





OR (complications)= 2.83 (1.96-4.08)



HR (local recurrence) = 2.41 (0.83-7.04)

PD8-01 Microscopic extracapsular extension in sentinel lymph nodes does not mandate axillary dissection in Z0011-eligible patients

Barrio AV, Downs-Canner S, Cody HS, Van Zee KJ, Gemignani ML, Pilewskie M, Plitas G, El-Tamer M, Kirstein L, Capko D, Patil S, Morrow M.
Memorial Sloan Kettering Cancer Center, New York, NY.

Background
In ACOSOG Z0011 and AMAROS, matted nodes with gross extracapsular extension (ECE)—a risk factor for locoregional recurrence—were an indication for axillary dissection (ALND), but the effect of *microscopic ECE* (mECE) in the sentinel nodes (SLNs) on recurrence was not examined.
Methods
Between 2010-2017, 815 patients with cT1-2N0 breast cancer and SLN metastasis were prospectively managed according to Z0011 criteria, with ALND for those with >2 positive SLNs. Management of mECE was not specified. Here we report outcomes of patients with 1-2 positive SLNs treated with SLN biopsy alone (n=685) and evaluate the impact of mECE on nodal recurrence. Outcomes of the 118 patients treated with ALND, of which 70% had >2 positive SLNs, are provided for comparison.
Results
Median patient age was 58 years and median tumor size was 1.7 cm. In the SLN group, 210 (31%) had mECE. Patients with mECE were older, had larger tumors, were more likely to be hormone receptor positive (HR+) and HER2-, have 2 positive SLNs, and to receive nodal radiation. At a median follow-up of 41 months, no isolated axillary failures were observed. There were 11 nodal recurrences; 2 isolated, 4 synchronous with breast, and 5 with distant failure. The 5-year rate of any nodal recurrence was 1.6% and did not differ by mECE (2.3% vs 1.3%, p=0.84). No differences were observed in local (0% mECE vs. 1.9% no mECE, p=0.08) or distant (1.2% mECE vs. 4.6% no mECE, p=0.31) recurrence rates by mECE status. In comparison, in the 118 patients having ALND, 101 (86%) had mECE, and 1 combined nodal and distant recurrence was seen.
Conclusions
In Z0011-eligible patients, rates of nodal recurrence in patients with mECE are low after treatment with SLN biopsy alone, even in the absence of routine nodal radiation. The presence of mECE should not be considered a routine indication for ALND.

Pirenopolis • Goias • Brazil

BBCS

BRAZILIAN BREAST CANCER SYMPOSIUM 2019

May 16 - 18, 2019

Obrigado!

EM CADÁVER
E PORCO VIVO
INÉDITO EM CIRURGIAS MAMÁRIAS NO BRASIL

CURSO TEÓRICO PRÁTICO DE

ONCOPLASTIA E RECONSTRUÇÃO MAMÁRIA

Organização e supervisão
Dr. Maurício Resende (SE)
Dr. Cícero Urban (PR)
Dr. Regis Paulinelli (GO)

Dias **30/11 e 1°/12**,
em **Curitiba (PR)**

INSCRIÇÕES
Envio de Curriculum Lattes para
Oncoplastiacuritiba@sbmastologia.com.br

MAIS INFORMAÇÕES
(21) 2220-7711 ou
secretaria@sbmastologia.com.br
www.sbmastlogia.com.br