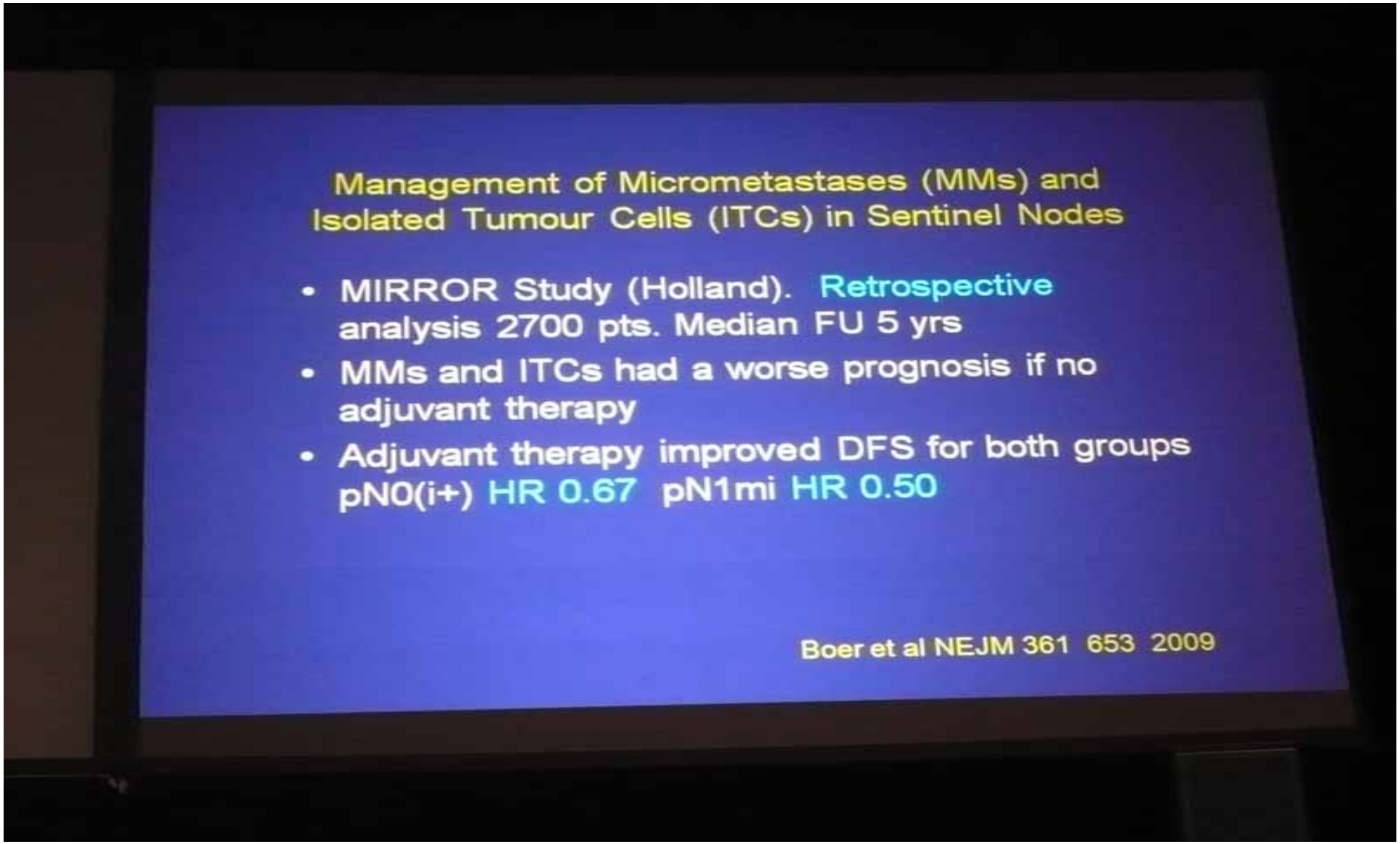
Projektgruppensitzung Post SABCC 2009

Lokale und primär-systemische Therapie

Paepke S, Schwarz-Boeger U, Ettl J, Kiechle M

Problematik:
Mikrometastasen und isolierte Tumorzellen im SLN

Problematik:
Mikrometastasen und isolierte Tumorzellen im SLN



Problematik:
outcome bei pN0+i/pN1mi

307 Gobardhan PD et al: Prognostic value of lymphogenic micrometastasis of patients with BC: A multicenter cohort study.

N= 1411; 2000-2002; DFS identisch pN0-pN1mi

„*The presence of micrometastasis disease in the SLN is in itself not an indication for adjuvant systemic therapy*."

- # 308 Alran S et al: Distant metastasis free survival in BC pts. with micrometastases in the SLN: Results in 582 positive SLN-patients in a single institution.

  N= 2695; 2000-2006; N= 582 N+ (307 N1; 154 pN1 mi; 121 pN0+i)

  pN1mi HR 2.8 vs. N1; pN0+i no influence

Problematik:

SLNB bei mulitfokalem unilateralem Mammakarzinom

- # 305 Giard S et al: Feasibility of SLNB in multiple unilateral synchronous BC: Results of a french prospective multi-institutional study.

  N= 216; 2006-2007; False Negative Rate 13.6% (7-20%)

„…we do not recommend SLNB as a routine procedure for multiple unilateral synchronous BC even for small tumour foci.“

Operative Details:
subkutane Mastektomie mit Erhalt des MAK

- # 3105 Kang S et al: Comparison between nipple-areola saving subcutaneous mastectomy (NASSM) and conventional subcutaneous mastectomy (SSM) in local relapse and prognosis: 5 y follow up results.

  N= 202; 1996-2006; LRR 8.9% vs. 6.0% n.s.; DFS 88.2% vs. 88.4% n.s.; n= 8 LR in NAC

- # 3107 Niemeyer M et al: Extended indications for skin conserving of the nipple areola complex during subcutaneous mastectomy.

  N= 203; 2003-2006; LRR 2.1%

Operative Details:

subkutane Mastektomie mit Erhalt des MAK –

operativer Zugangsweg

- # 3105 Kang S et al: Comparison between nipple-areola saving subcutaneous mastectomy (NASSM) and conventional subcutaneous mastectomy (SSM) in local relapse and prognosis: 5 y follow up results.
  N= 202; 1996-2006; LRR 8.9% vs. 6.0% n.s.; DFS 88.2% vs. 88.4% n.s.; n= 8 LR in NAC

- # 3107 Niemeyer M et al: Extended indications for skin conserving of the nipple areola complex during subcutaneous mastectomy.
  N= 203; 2003-2006; LRR 2.1%

- # 3108 Huston TL et al: Nipple-Areolar sparing mastectomy via an inframammary fold incision is a viable option in patients with scarring from prior breast surgery.
  n= 88; 2006-2009; partial nipple necrosis 9%; total nipple loss 7%; no local or distant failure

Operative Details:
Erhalt der Pectoralisfascie

- # 3109 Dalberg K: 11 year follow up of a randomised study of pectoral fascia preservation after mastectomy for EBC.

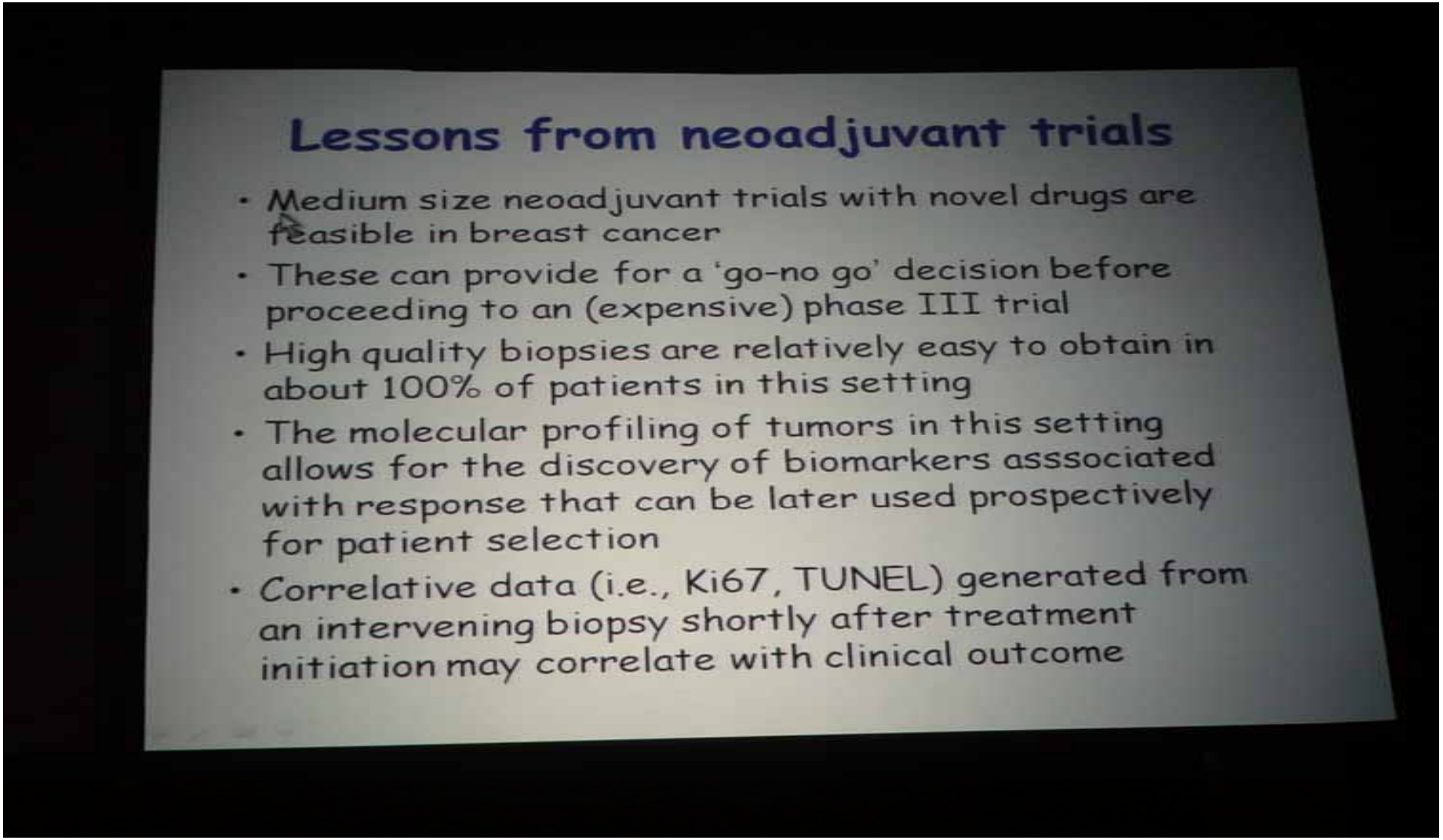
  n= 247; 1993-1997; HR 1.8 (CI 0.8 – 4.0)

Primär Systemische CTX E P Winer

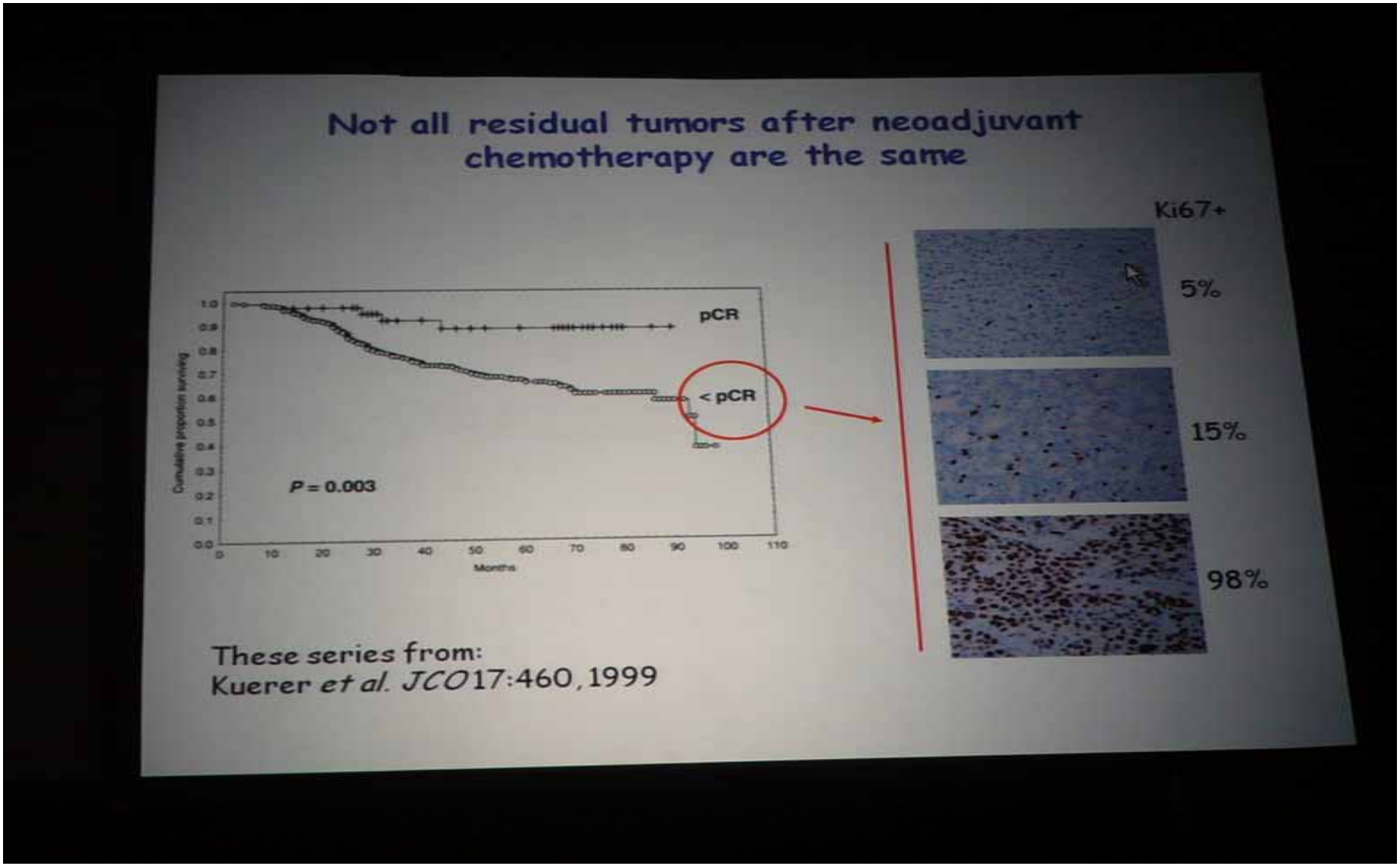
TNBC/BRCA1 like: Cisplatin x4 (75mg/m²)

ASCO 2009	pCR 72%
SABCC 2009	pCR 27% (Silver et al)
	+ Bevacicumab pCR 33% (Phase II) (Golshan M)

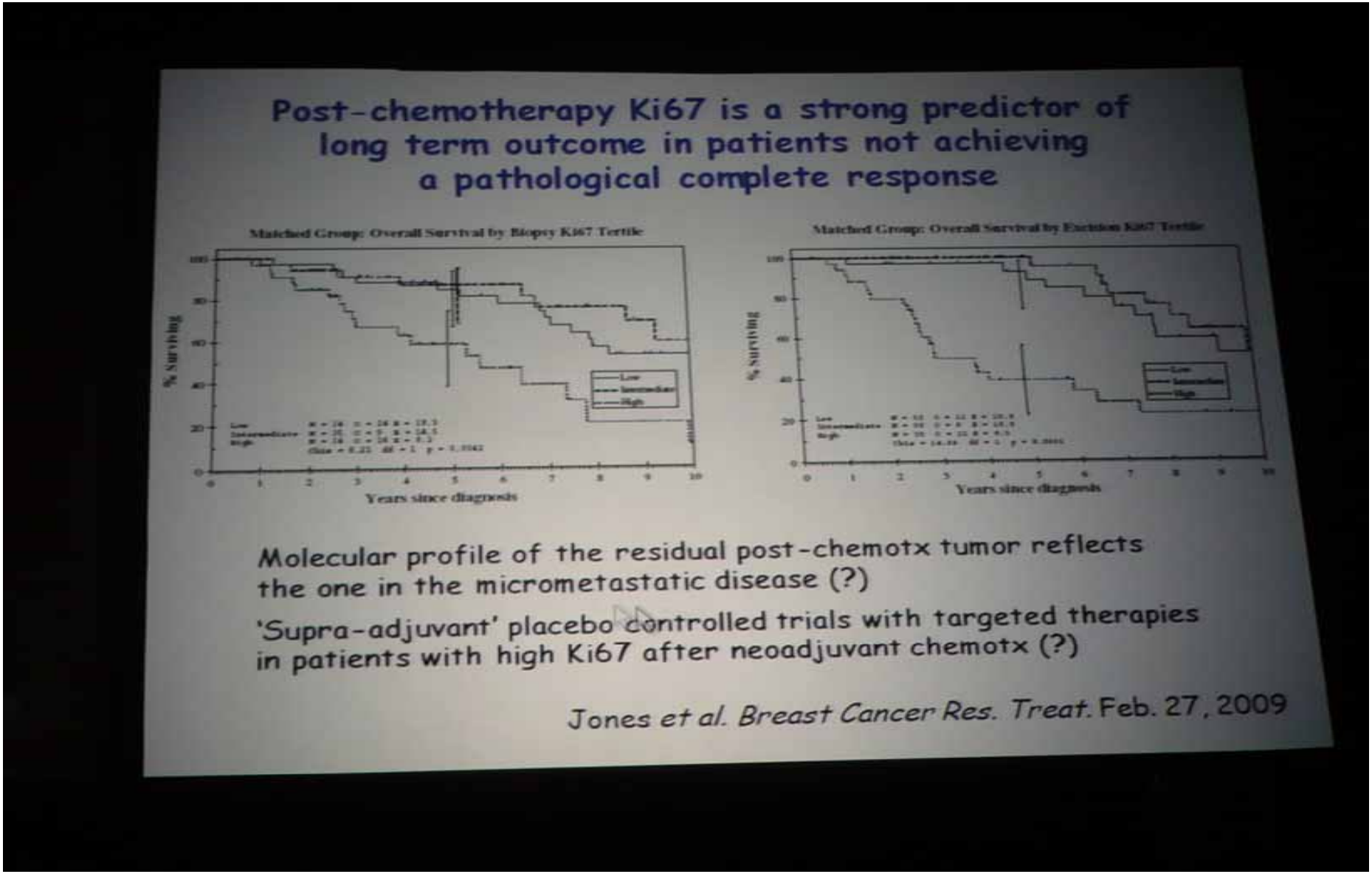
PST


Lessons from neoadjuvant trials
• Medium size neoadjuvant trials with novel drugs are feasible in breast cancer
• These can provide for a 'go-no go' decision before proceeding to an (expensive) phase III trial
• High quality biopsies are relatively easy to obtain in about 100% of patients in this setting
• The molecular profiling of tumors in this setting allows for the discovery of biomarkers asssociated with response that can be later used prospectively for patient selection
• Correlative data (i.e., Ki67, TUNEL) generated from an intervening biopsy shortly after treatment initiation may correlate with clinical outcome

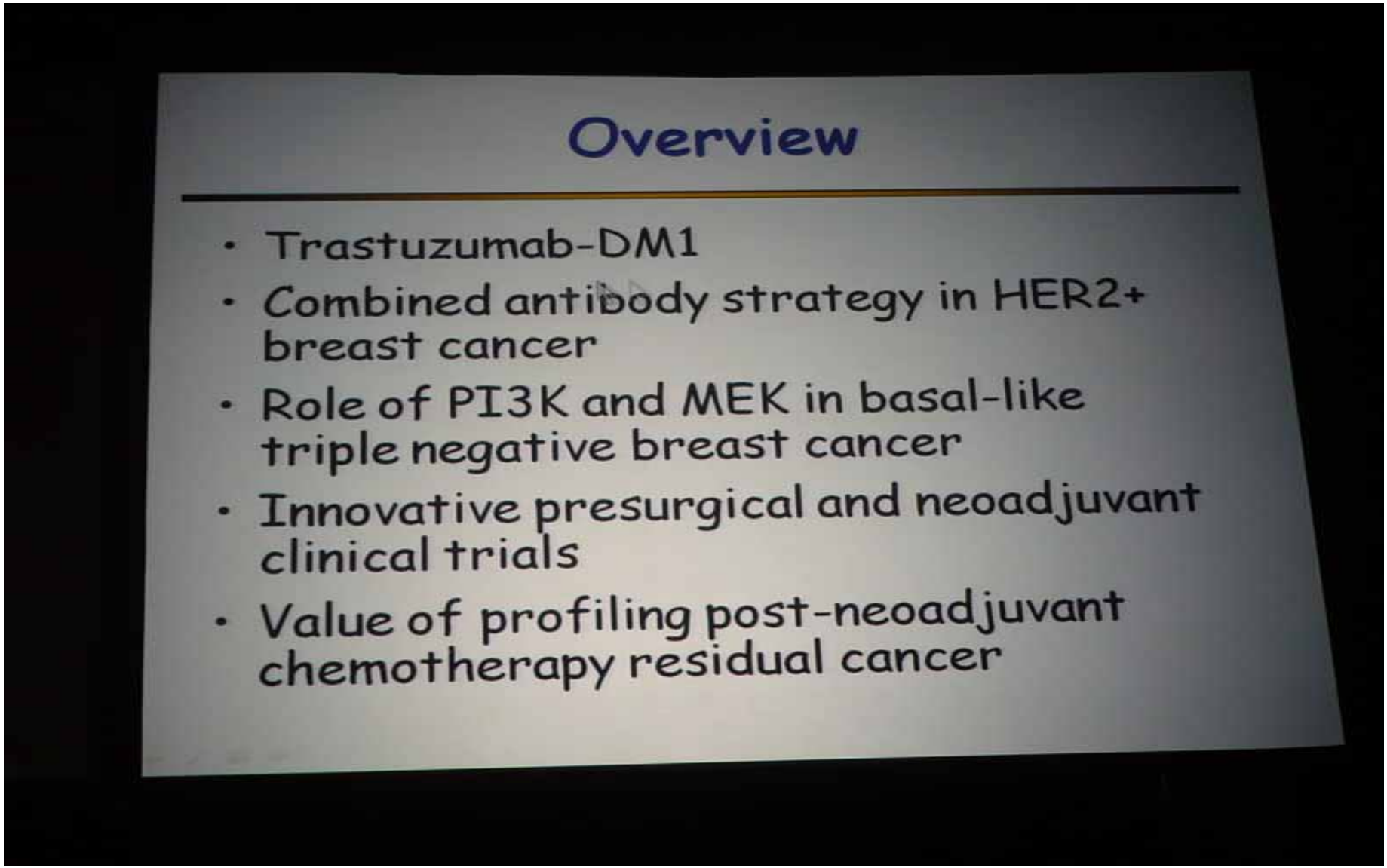
PST


Not all residual tumors after neoadjuvant chemotherapy are the same
pCR
< pCR
P = 0.003
Cumulative proportion surviving
Months
Ki67+
5%
15%
98%
These series from:
Kuerer et al. JCO17:460, 1999

PST


Post-chemotherapy Ki67 is a strong predictor of long term outcome in patients not achieving a pathological complete response
Matched Group: Overall Survival by Biopsy Ki67 Tertile
% Surviving
Years since diagnosis
Matched Group: Overall Survival by Excision Ki67 Tertile
% Surviving
Years since diagnosis
Molecular profile of the residual post-chemotx tumor reflects the one in the micrometastatic disease (?)
'Supra-adjuvant' placebo controlled trials with targeted therapies in patients with high Ki67 after neoadjuvant chemotx (?)
Jones et al. Breast Cancer Res. Treat. Feb. 27, 2009

Ausblick und offene Fragen PST



Primär Systemische CTX E P Winer

- „Creative oncology should not be practiced in the PST-setting.

  Use a standard regime.“