Breast Cancer News from Oral Sessions

Most Women With Early Stage Breast Cancer Can Forgo Chemotherapy When Guided by a Diagnostic - Test of 21-Tumor Genes Helps Tailor Treatment Decisions. 

Summary includes data not in the abstract

“This study, which never would have happened without federal funding for cancer research, will transform care immediately, and for the better. These data provide critical reassurance to doctors and patients that they can use genomic information to make better treatment decisions in women with early-stage breast cancer. Practically speaking, this means that thousands of women will be able to avoid chemotherapy, with all of its side effects, while still achieving excellent long-term outcomes,” said ASCO Expert Harold Burstein, MD, PhD, FASCO.

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Click to see the corresponding article in the New York Times

Randomized phase II neoadjuvant study (GeparNuevo) to investigate the addition of durvalumab to a taxane-anthracycline containing chemotherapy in triple negative breast cancer (TNBC). First Author: Sibylle Loibl, German Breast Group (GBG), Neu-Isenburg, Germany

Conclusions: Combination of chemotherapy with durvalumab/placebo yielded a high pCR rate in TNBC. Treatment was feasible. Unblinded results will be presented at the meeting. Funding and drug were provided by Astra-Zeneca and Celgene. Clinical trial information: NCT02685059.

J Clin Oncol 36, 2018 (suppl; abstr 104)
Everolimus (EVE) + exemestane (EXE) vs EVE alone or capecitabine (CAP) for estrogen receptor-positive (ER+), human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer (ABC): BOLERO-6, an open-label phase 2 study. First Author: Guy Heinrich Maria Jerusalem, CHU Sart Tilman Liège and Liège University, Liège, Belgium

Conclusions: The estimated HR of PFS for EVE + EXE vs EVE (0.74) is indicative of a treatment benefit. While the estimated HR of PFS for EVE + EXE vs CAP was 1.26, the CAP arm may have been favored by baseline imbalances and potential informative censoring. The safety profile of EVE + EXE was consistent with the known profile of this combination. Clinical trial information: NCT01783444.

J Clin Oncol 36, 2018 (suppl; abstr 1005)

See also Publication in JAMA