[GS5-01] A randomized community-based trial of an angiotensin-converting enzyme inhibitor, lisino-pril or a beta blocker, carvedi-lol for the prevention of cardiotoxicity in patients with early-stage HER2-positive breast cancer receiving adjuvant trastuzumab


**The authors conclude that:** In patients with HER2-positive breast cancer receiving trastuzumab and an anthracycline, both lisino-pril and carvedi-lol during treatment reduced cardiotoxicity in patients, but not in those with non-anthracyline containing regimens. The use of lisino-pril or carvedi-lol may allow the use of an anthracycline without compromising trastuzumab treatment in those who might benefit from an anthracycline.

[GS5-02] Cardiovascular function and the effect of exercise training during adjuvant breast cancer treatment. Results from The EBBA-II trial
The authors conclude that: Our findings strongly support that tailored exercise training during adjuvant breast cancer treatment may counteract a decline in cardiovascular function, and in particular among those receiving chemotherapy. Our study supports incorporation of supervised clinical exercise programs into breast cancer treatment guidelines.

Final results of the trial at SABCS 2018 (the trial closes October 15, 2018) total included N=539 (NCT02240836)

[GS5-03] Lifestyle Intervention and Effect on Disease-free Survival in Early Breast Cancer Pts: Interim Analysis from the Randomized SUCCESS C Study

The authors conclude that: This explorative and non-planned interim analysis indicates that the completion of a systematic telephone life style intervention program may positively impact patient outcome in early breast cancer.
The authors conclude that: Collectively, these studies reveal that a reversible phenotypic state can confer chemoresistance in the absence of genomic selection and that the residual tumor state is a novel therapeutic window for chemo-refractory TNBC.

No survival benefit of chemotherapy escalation in patients with pCR and “high-immune” triple-negative early breast cancer in the neoadjuvant WSG-ADAPT-TN trial

The authors conclude that: Our exploratory results suggest independent
prognostic impact of mRNA markers and TIL's in early TNBC. Patients with both pCR (after 12 weeks) and “high-immune” signature (defined here by PD1) had excellent 3y-EFS and may be candidates for treatment de-escalation (e.g. omission of anthracyclines), whereas “low-immune” pCR patients may benefit from standard adjuvant poly-chemotherapy.

[GS5-07] International pooled analysis of the prognostic impact of disseminated tumor cells from the bone marrow in early breast cancer: Results from the PADDY study

Hartkopf AD, Brucker SY, Taran F-A, Harbeck N, et al.

The authors conclude that: Detection of DTC in the bone marrow is an independent prognostic marker in patients with non-metastatic breast cancer. Further studies should investigate the impact of DTC on metastatic cancer progression and their role for clinical decision making.