

Clinical Breast Cancer

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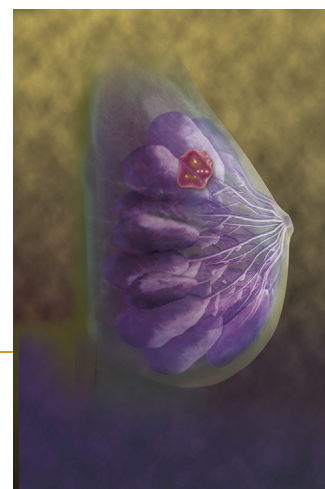


Illustration by Erin Moore

Original Studies

- 337 Initiation of Adjuvant Endocrine Therapy in Black and White Women With Breast Cancer**
Vanessa B. Sheppard, Alejandra Hurtado de Mendoza, Jun He, Yvonne Jennings, Megan C. Edmonds, Bridget A. Oppong, Mahlet G. Tadesse
- Adjuvant endocrine therapy (AET) is recommended for women diagnosed with hormone receptor (HR) positive breast cancer. AET reduces breast cancer recurrence and mortality. Black women have high rates of breast cancer mortality and recent reports suggest that black women with HR positive disease have higher breast cancer mortality than white women with HR positive disease. Thus, initiation of AET may be particularly important for black women with HR positive breast cancer. Information about the impact of race on initiation of AET is limited and has been inconsistent. This study focused on 270 black ($n = 150$) and white ($n = 120$) women with HR positive breast cancer. We found that the initiation of chemotherapy was related to a combination of woman's age and race rather than just her race alone. Black women (≤ 50 years old) had the lowest rate of AET initiation 59.7%. The proportional representation of Black and White women in our study may have aided our ability to examine differences within subgroups rather than just between Blacks and Whites which highlights the need for diverse study samples.
- 347 Evaluation of Prognosis in Hormone Receptor–Positive/HER2-Negative and Lymph Node–Negative Breast Cancer With Low Oncotype DX Recurrence Score**
Jane Meisel, Chao Zhang, Cameron Neely, Pia Mendoza, Shuo You, Tatiana Han, Yuan Liu, Aysegul A. Sahin, Ruth O'Regan, Xiaoxian Li
- Patients in both the 1-10 group and the 11-18 group had good prognoses. Those who experienced recurrence were more likely to be premenopausal and to have failed to comply with the recommended endocrine therapy regimen. Endocrine therapy remains important in these patients.
- 353 Characteristics and Prognostic Factors for Patients With HER2-overexpressing Breast Cancer and Brain Metastases in the Era of HER2-targeted Therapy: An Argument for Earlier Detection**
Aki Morikawa, Rui Wang, Sujata Patil, Adi Diab, Jonathan Yang, Clifford A. Hudis, Heather L. McArthur, Kathryn Beal, Andrew D. Seidman
- A retrospective cohort study of one hundred HER2-positive breast cancer patients with brain metastases (BM) was conducted to examine the clinical characteristics and outcome in the era of HER2-targeted therapy. The factors associated with survival included: performance status, number of BM, non-CNS disease control, anti-HER2 therapy use after the BM diagnosis, and presence of neurological symptoms.

362 Difference in Risk of Breast and Ovarian Cancer According to Putative Functional Domain Regions in Korean BRCA1/2 Mutation Carriers

Ji Soo Park, Seung-Tae Lee, Jung Woo Han, Tae Il Kim, Eun Ji Nam, Hyung Seok Park

We investigated risk factors for cancers among Korean women with the BRCA1/2 mutation. Higher cancer risk was related to BRCT domain of BRCA1 for breast cancer, and BRC repeats of BRCA2 for ovarian cancer. Parity was a risk-reducing factor among BRCA1/2 mutation carriers. Risk factors can be used for personalized preventive strategies of BRCA1/2 mutation carriers.

374 Feasibility Study of Weekly Nanoparticle Albumin-Bound Paclitaxel (150 mg/m²) Followed by Fluorouracil, Epirubicin, and Cyclophosphamide Therapy as Neoadjuvant Chemotherapy for HER2-Negative Breast Cancer

Yasuyuki Kojima, Hisanori Kawamoto, Toru Nishikawa, Ryosuke Hayami, Arata Shimo, Ei Haku, Kyoko Akiyama, Koichiro Tsugawa

In this single-arm phase II study we evaluated the feasibility of weekly nanoparticle albumin-bound paclitaxel 150 mg/m² the first 3 of 4 weeks followed by FEC (5-FU [fluorouracil], epirubicin, and cyclophosphamide) as neoadjuvant treatment for HER2-negative breast cancer. The completion rate was 75.8% (25 of 33) and the pathological complete response rate was 30.3% (10 of 33). The efficacy might be sufficient, although relatively frequent Grade 3 neutropenia and peripheral neuropathy occurred.

380 Chemotherapy Dose Intensity and Overall Survival Among Patients With Advanced Breast or Ovarian Cancer

Neelima Denduluri, Gary H. Lyman, Yunfei Wang, Phuong Khanh Morrow, Richard Barron, Debra Patt, Debajyoti Bhowmik, Xiaoyan Li, Menaka Bhor, Patricia Fox, Rahul Dhanda, Shanmugapriya Saravanan, Xiaolong Jiao, Jacob Garcia, Jeffrey Crawford

A retrospective cohort study of patients with advanced breast (n = 874) and ovarian cancer (n = 170) was conducted to evaluate the association between relative dose intensity of first-line intravenous myelosuppressive chemotherapy and overall survival. Factors associated with increased mortality were identified for both cancer types. Knowledge of potential risk factors may help inform the effect of dose modification strategies on mortality.

387 Phase II Study of Paclitaxel and Dasatinib in Metastatic Breast Cancer

Patrick G. Morris, Selene Rota, Karen Cadoo, Stephen Zamora, Sujata Patil, Gabriella D'Andrea, Theresa Gilewski, Jacqueline Bromberg, Chau Dang, Maura Dickler, Shanu Modi, Andrew D. Seidman, Nancy Sklarin, Larry Norton, Clifford A. Hudis, Monica N. Fornier

Overexpression and activation of tyrosine kinase Src has been linked to breast carcinogenesis and bone metastases. We conducted a phase II trial in patients with HER2-negative metastatic breast cancer receiving weekly paclitaxel and the SRC inhibitor dasatinib (120 mg daily). The primary end point was response according to Response Evaluation Criteria in Solid Tumors and secondary end points included progression-free survival (PFS) and overall survival (OS). We enrolled 40 patients, including 2 men, but the study was stopped early because of slow accrual. The overall response rate was 23%. The median PFS and OS was 5.2 [95% confidence interval [CI], 2.9-9.9] and 20.6 [95% CI, 12.9-25.2] months, respectively. Toxicities were as expected and included fatigue, neuropathy, and diarrhea. We were unable to find any predictive biomarker of treatment benefit.

395 Breast Cancer and Ovulation Induction Treatments

Robabeh Taheripanah, Firoozeh Balash, Robab Anbiaee, Mohammedreza Mahmoodi, Azadeh Akbari Sene

In this case control study of 928 women with breast cancer and 928 controls, we found no statistically significant relationship between infertility and ovulation induction drugs with the risk of breast cancer development, except for significant increases in the risk of breast cancer among patients who had used human menopausal gonadotropin for >6 months.

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