indicated that SLNB should be performed in pts with DCIS if they would receive mastectomy or breast reconstruction; 6) With short-term follow-up of 42 months in one center, SLNB could replace ALND for SLN negative pts with low axillary recurrence; 7) SLNB could decrease postoperative complications significantly, and improve the quality of life for breast cancer pts.

Friday, 18 April 2008 12:30–14:30

POSTER SESSION

Metastatic disease

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The prognostic significance of discordant receptor results and the progesterone receptor in metastatic breast cancer

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Background: In metastatic breast cancer (MBC), both the oestrogen receptor (ER) and the progesterone receptor (PgR) are usually analysed. If either is positive, the patient is classed as having a receptor positive tumour and may be offered endocrine therapy, if clinically appropriate. However, in the presence of a positive ER, the prognostic significance of the PgR is unknown.

Materials and Methods: We have performed a retrospective analysis of the data from a total of 1870 patients entered on to three, international, randomised phase 3 studies of letrozole or anastrozole in MBC. Data were analysed using SPSS, V12.0.1. The main outcomes were assessed using Kaplan–Meier analysis, with log rank tests and associated probabilities.

Results: Both receptors were analysed in 1010 patients. 31 patients had tumours that were both ER and PgR negative (−) and were excluded. Of the remaining 979, 726 (74.2%) had tumours that were both ER and PgR positive (+), 213 (21.8%) had tumours that were ER+PgR− and 40 (4.1%) had tumours that were ER−PgR+.

919 patients were assessable for response. There were no significant differences in objective response or median duration of response between patients with ER+PgR+ tumours and those with discordant receptor results. However, the median overall survival (OS) was significantly longer for those with tumours that were ER+PgR+ (800 days) than those with discordant receptor results (600 days, $p = 0.01$). For patients with ER+ tumours that were also PgR+, the median OS was significantly longer (800 days) than for those with tumours that were PgR− (625 days, $p = 0.02$).

Conclusions: In patients with MBC, the median OS was significantly longer in those with tumours that were both ER and PgR positive than those with tumours with discordant receptor results. In patients with ER positive tumours, those who also had a positive PgR had a significantly longer median OS than those with PgR negative tumours. The PgR status provides important prognostic information for overall survival and should continue to be assessed routinely in patients with MBC.

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French (lapatinib) authorization for temporary use (ATU) – design, operation and initial safety data

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Background: ATU is a specific process established by the French Medical Agency (AFSSAPS) to allow early access to drugs in development under specific circumstances (rare disease, unmet medical need). The Lapatinib (Tyverb®) ATU started in January 2007, after the interim analysis and subsequent closure of the pivotal study EGF100151 pivotal study comparing capecitabine+lapatinib vs capecitabine in the ErbB2+ (HER2+) metastatic breast cancer setting (NEJM 355:2733, 2006).

Patients and Method: Women with HER2-positive, locally advanced or metastatic breast cancer who progressed after treatment with regimens that included an anthracycline, a taxane, and trastuzumab were eligible to receive the combination of Lapatinib-Capecitabine combination via the ATU, after central review of such criteria. Unlike EGF100151, the ATU allows enrollment of patients without measurable disease, with ECOG PS 2, and with brain metastasis. The preliminary safety results are presented.

Results: Between January 2007 and January 2008, 1018 patients have been approved to receive Lapatinib+capecitabine in the ATU, in 233 French centers. Safety data are presented for 693 patients involved as of September 30 2007. Non Serious Adverse Events (AE) and Serious Adverse Events (SAE) that were possibly or not related to the treatments were reported spontaneously by the physicians. A total of 126 cases were reported (88 AE, 38 SAE). The most common AE during therapy with lapatinib plus capecitabine were gastrointestinal (diarrhoea, nausea, and vomiting), dermatologic (palmar-plantar erythrodysesthesia and rash) and linked to general disorders (progressive disease). No new safety signals were identified. Apart from progressive disease, which is not reported as an AE in clinical trials, the reported AE are consistent with the known safety profile of lapatinib and capecitabine. Among non serious cardiac adverse events, asymptomatic decreases in LVEF were reported in 2 patients and retrosternal pain was reported in 1 patient. 18/38 SAE, including 3/22 deaths (1 septic shock, 1 disease progression with pulmonary disorders and one cardiac disorder), were reported as possibly related to the drugs.

Conclusion: The safety profile seen in this preliminary analysis of 693 patients receiving Lapatinib + capecitabine for breast cancer was consistent with that observed in study EGF100151. The ATU will continue until lapatinib launch in France. Updated data will be available at the time of presentation.

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Lapatinib plus paclitaxel versus paclitaxel alone for first line metastatic breast cancer (MBC) in ErbB2+ patients – Quality of Life (QOL) results

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Background: A Phase III randomized, multicenter, double-blind, placebo-controlled study compared lapatinib and paclitaxel (L+P) versus paclitaxel alone (P) for 1st line MBC in adult women. In a sub-group analysis of ErbB2+ patients, time to tumor progression for L+P was significantly improved, with an emerging trend for survival benefit. This analysis focuses on the impact on QOL in the subset of the randomized ITT population that overexpressed ErbB2.

Methods: QOL was assessed using the Functional Assessment of Cancer Therapy-Breast (FACT-B) questionnaire. Outcome measures included FACT-B total score, FACT-general (FACT-G) score and trial outcome index (TOI) score. Higher scores indicate better QOL. Patients completed the FACT-B at the screening visit, week 9, every 12 weeks thereafter, and at discontinuation of therapy. Changes from baseline scores were analyzed for the ErbB2-positive subset (FISH+ or IHC3+) using analysis of covariance with baseline value as a covariate. Missing post-baseline data were imputed using the LOCF method for scheduled visits. No imputation was applied to the assessment at discontinuation.

Results: Of 579 randomized patients, 86 were ErbB2+ and 85 completed at least one item from the FACT-B ($n = 48$ L+P; $n = 37$ P). More than 70% of ErbB2-positive patients had QOL information at study discontinuation. Overall, the L+P arm showed improvement compared to the P arm for FACT-B total scores, FACT-G scores, and TOI scores at all scheduled visits. The treatment difference increased over time. These group differences in mean change from baseline, although not statistically significant, increased in favor of L+P from 2.9 to 6.3 (FACT-B), 1.1 to 3.5 (FACT-G), 1.8 to 5.3 (TOI) from week 9 to week 45, respectively. For the assessment at discontinuation, treatment differences were statistically significant for FACT-B total score (10.6, $p = 0.039$, 95% CI = 0.5, 20.6) and TOI score (7.4, $p = 0.032$, 95% CI = 0.6, 14.2), and they approached statistical significance for the FACT-G score (7.7, $p = 0.066$, 95% CI = −0.5, 16.0).

Conclusions: While not all differences were statistically significant, lapatinib plus paclitaxel demonstrated consistently better QOL compared to paclitaxel alone for ErbB2-positive patients.