

E12. Metastatic Breast Cancer Session

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Many different challenges exist in the management of metastatic breast cancer (MBC). Contrary to the early breast cancer setting, where level 1 evidence exists for the majority of treatment options, for MBC there are few approved standards of care, particularly after first line treatment.¹ Randomised controlled trials in MBC are usually limited to the first line setting and address specific questions about individual drugs. The design of these trials is sometimes at odds with the questions asked in routine practice. Several international guidelines exist and are widely used for adjuvant therapy, but there is no clear consensus on treatment of MBC. As a consequence, very few approved standards of care are available, particularly after first line treatment.¹ Acknowledging the urgent need for these guidelines, the European School of Oncology (ESO) joined forces with the European Breast Cancer Conference (EBCC) and created a MBC Task Force. This task force, working since 2005, held its first open meeting at the EBCC-5 in Nice in March 2006. This interactive session attempted to focus on what were considered to be some of the main issues and provided general recommendations regarding MBC management, published as 12 statements.¹

During EBCC-6 in Berlin, the second public session on MBC Guidelines will be held. We will focus on some prominent or controversial issues addressed in the 12 Statements. Audience participation is encouraged and welcomed. We expect to publish detailed guidelines and formal recommendations after the conference in a peer-reviewed form, with adequate supporting references and documentation, regarding each of the subjects discussed.

The subjects chosen for this session are:

- a. 'Can metastatic breast cancer be cured?'. Statement 4 of the previous session ('*A small but very important subset of MBC patients, for example the ones with a solitary metastatic lesion, can achieve complete*

remission and a long survival. For these selected patients a more aggressive and multidisciplinary approach should be considered. A clinical trial addressing this specific situation is needed.') was particularly controversial and will be discussed in a point-counterpoint manner.

- b. 'Management of CNS metastases: a new era for a growing problem'. Less controversial but of growing importance, the issue of CNS metastases will be discussed by two experts in the field, followed by a discussion with the panel and audience.
- c. 'Treating MBC: Is more always better?' The advantages and disadvantages of combination chemotherapy and sequential use of monotherapy will be discussed again in a point-counterpoint manner, aiming at detailing statement 9 of the previous session ('*The choice between sequential use of single cytotoxic drugs and combination chemotherapy should be taken after consideration of the factors mentioned in paragraph 6, with greatest emphasis on the need for a rapid and significant response and on quality of life. For the majority of patients, overall survival outcomes from sequential use of single cytotoxic drugs are equivalent to combination chemotherapy. Duration of each regimen and number of regimens should be tailored to each individual patient.*')

Conflict of interest statement

None declared.

References

- [1] EBCC-ESO Metastatic Breast Cancer Guidelines Task Force. *Breast* 2007;16:9–10.