



Letter

Systemic adjuvant treatment for premenopausal node-negative breast cancer

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1. IBCSG Trial VIII

Adjuvant systemic therapy for premenopausal patients with node-negative early breast cancer continues to pose clinical dilemmas. The overview of ovarian ablation trials included only 502 patients under 50 years of age at randomisation with node-negative disease [1]. The oestrogen receptor status was known for virtually all these cases. The more recently published chemotherapy overview [2] included 4540 patients aged under 50 years of age, but the number of node-negative cases was not stated. No published trial has simultaneously evaluated the impact of chemotherapy, ovarian ablation and the combination of these modalities.

In 1990, we initiated a study (IBCSG Trial VIII) comparing untreated controls with six cycles of classical CMF [3], two years of monthly goserelin [4], or six cycles of CMF followed by 18 months of goserelin. By 1992, evidence from other trials [5] led us to discontinue enrolment in the untreated control arm, though we continued follow-up of all patients and recruitment to the three active treatment arms. As of 30 September 1998 we have accrued 1060 patients out of a target 1170. This analysis describes the 200 patients randomised during the period when all four arms were open to recruitment. Because the trial is ongoing, the results for the three treatment groups are combined. The analysis, therefore, addresses the question of whether treatment is more effective than no treatment in premenopausal patients with node-negative breast cancer. Analyses fol-

lowing completion of trial accrual will allow comparison between the three treatment options.

45 patients were randomised to receive no adjuvant treatment and 155 to receive one of three active regimens. Oestrogen receptor status of the primary tumour was positive in 119 (60%), negative in 63 (32%), and unknown in 18 (9%) of the patients. Tumour size was 2

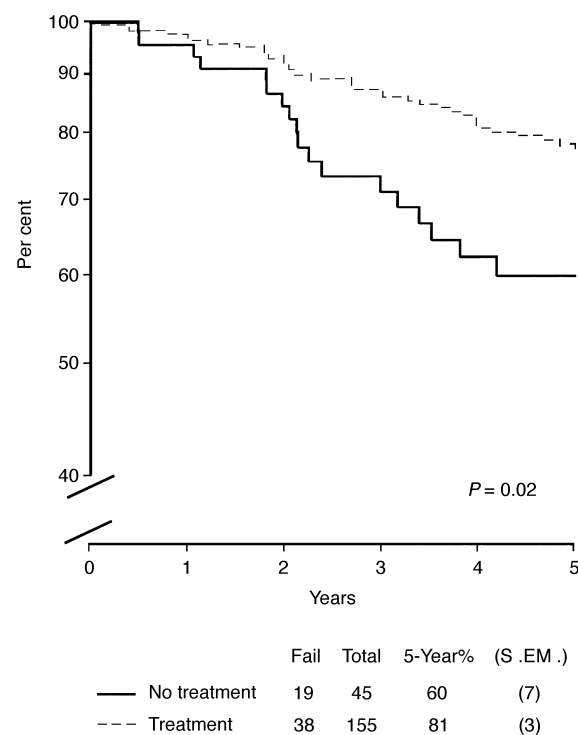


Fig. 1. Disease-free survival for the first 200 patients enrolled in IBCSG Trial VIII before 2 April 1992, at a median follow-up of 5.8 years.

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cm or less in 105 (53%), more than 2 cm in 82 (41%), and not recorded in 13 (7%). 47 patients (24%) were aged under 40 years at randomisation.

Five-year disease-free survival of treated patients was significantly longer than for the untreated controls (77% versus 60%; hazard ratio = 0.51; $P = 0.02$) (Fig. 1). Adjustment for oestrogen receptor, tumour size and age did not alter the estimate of treatment effect (hazard ratio = 0.50; $P = 0.02$).

These results support the decision in 1992 to close the untreated control arm and add to the data supporting adjuvant systemic treatment for premenopausal women with node-negative breast cancer. When complete, this trial will provide unique evidence on the relative efficacy of chemotherapy, chemical ovarian ablation and their combination.

References

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