

Results: Median age was 59 (33–79), visceral disease in 60% and multiple site in 34%; 8 (16%) pts developed brain metastasis during T. All had overexpression of HER2 by IHC, FISH was centrally assessed in 78% and not amplified in 8%. T was administered for a median duration of 23 months (12–120). All pts received a median of 2 CT regimens (1–8); 9 out of 25 pts with endocrine responsive disease received endocrine therapy plus T after at least 1 CT regimen; 20 pts (40%) experienced CR and received T alone as maintenance for a median duration of 9 months (3–46); 23 (46%) pts received lapatinib, when the drug was licensed in Italy, after failure of at least two T-based CT lines. Median OS was 34 months (12–120). There were 3 cardiac events (6%) and consisted in asymptomatic decrease in LVEF to less than 50%; T-based CT was interrupted in 1 patient because of LVEF decrease to $\leq 40\%$.

Conclusions: T in multiple sequential lines demonstrated highly favorable outcomes in MBC pts. Overall the incidence of cardiac dysfunction was low.

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POSTER

Tumour Characteristics Determining Response to Neoadjuvant Chemotherapy in Locally Advanced Breast Cancer

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Background: Locally advanced breast cancer is a challenging situation in oncology with a wide spectrum of disease presentation and biological behaviours. Our aim was to determine the patient and tumour characteristics of patients with locally advanced breast cancer and also to determine the response rates to neoadjuvant chemotherapy regimens, recurrence patterns and disease free (DFS) and overall survival (OS) of patients.

Materials and Methods: Files of patients with locally advanced breast cancer followed up in our outpatient clinic between January 2000 and December 2009 were retrospectively analyzed. Patient and tumour characteristics, neoadjuvant chemotherapy regimens, types of surgery, response to neoadjuvant therapy, recurrence patterns and disease free and overall survival were determined. SPSS 15.0 for windows was used for statistical analysis. DFS and OS were estimated by using the Kaplan–Meier method. Log-rank test was used to evaluate multivariate analysis.

Results: Files of 115 patients with locally advanced breast cancer were analyzed. The mean age of patients was 48.94 (24–78) years and 3 of the patients were male. Premenopausal patients consisted 61.4% (n:70). Tumours showed inflammatory characteristics in 20.9% of patients (n:31). The patients received either anthracyclin containing or both anthracyclin and taxane containing neoadjuvant chemotherapy regimens 26.9%(n:31) and 70.4% (n:81) respectively. Clinical complete response rate, partial response rate, disease stabilization rates were 2.7%, 65.5% and 19.5% respectively and 12.4% of patients showed disease progression under neoadjuvant chemotherapy. Local surgical therapy could be done in 80% of patients where as 17.3% of patients (n:20) received primary radiotherapy as local treatment. Preoperative radiotherapy was given in 5.3% patients(n:6) because of inadequate response to neoadjuvant chemotherapy. Pathological complete response was achieved in 5.3% of patients all of whom had hormone receptor positive disease. Ratio of patients with triple negative disease was 11.3%(n:13) and progression under neoadjuvant chemotherapy was detected in 30.7% of this subgroup of patients. Recurrence patterns were local and systemic in 25.4% and 54.9% of the patients respectively. Median DFS of the patients were 26 months (CI: 10–42 months) and 5 year overall survival was found to be 77%.

Conclusion: Triple negative breast cancer show lower response rates to neoadjuvant chemotherapy regimens. New therapeutic choices are needed to achieve higher rates of complete response in patients with hormone receptor negative disease.

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POSTER

Prognostic Factors for Third-line Chemotherapy (TLCH) in Advanced Breast Cancer (ABC) – a Retrospective Study

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Background: The third-line of chemotherapy (TLCH) in Advanced breast cancer (ABC) is an important area of investigation, because is necessary a careful selection of patients to achieve clinical Benefit with the therapeutic options availables, with the principal objective of maintain quality of life (QoL) and survival benefit. For this reason, is important identify the patients who has a better opportunity of achieve these benefits.

Material and Methods: Since June 2009 to January 2010, we did a review of the files of the patients attended with third-line CHT and who previously received anthracyclins and taxanes for treatment of ABC. We collected information of 68 patients, who filled criteria for treatment of ABC and TLCH. The sample was of consecutive cases attended at Breast Tumour Unit. The median age was 47 (23 to 86 years), with a median Overall Survival of 35 months (10–170 months). The clinical characteristics of the patients was: Recurrent disease 35 patients, Clinical Stage: IV: 33 patients, the biologics subtypes were: Tumour with Hormonal Receptor positive were 43% of patients, Tumour Her 2 neu positive in 26% of patients, and Triple Negative tumour: 25% of patients, and 6% of patients without determination. The time of progression after second-line CH (SLCHT) were 6.4 months. Status Performance were: ECOG 1 (68%) and ECOG 2 (32%). The proportion of patients with visceral affection were: 54% vs 46% no-visceral. The number of sites with metastatic disease were: 1 site: 57% vs. 2 sites: 43%. 64% of the sample were treated with capecitabine and vinorelbine as TLCH.

Results: SLP were 4.8 months, and 8 months for OS. The statistical analysis of variables used was a logistic regression and the results shown three variables associated with poor prognosis for Disease Free Survival, and there were: DFS <3 months (of the last CHT treatment) (p: 0.027), Hb <12 gr, (p:0.012), DHL >500 (p:0.037). The variables associated with poor Overall Survival were: DFS <3 months (p: 0.010), Albumin <3.5 gr (p:0.001), and visceral disease (p: 0.0001).

Conclusion: We find in the sample studied that the criteria for treatment decision of TLCH in patients who present failure to anthracyclins and taxanes are: Those patients with low risk disease (non visceral sites) and DFS >3 months, and normal values of Hemoglobin, DHL and albumin.

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POSTER

Prognostic Factors in Triple Negative Breast Cancer – Clinical Experience in a Single Center

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Background: The Triple Negative Breast Cancer (TNBC) is a relevant area of study at the moment, because there is not a specific therapy. In hispanic population there is a significant problem about the information of different topics in oncology. We describe our experience of the clinical course of these biologic variant of disease in hospital of oncology which is a reference center of breast cancer.

Material and Methods: We analyzed breast cancer subtypes using a retrospective cohort of 255 patients who attended in 21st Century Medical Center in Mexico City. We identified patients with breast cancer who were diagnosed between January 2005 to January 2008, with a median follow-up of 52 months. Survival were evaluated by subtype using Kaplan Meier method and Cox regression analysis.

Results: Among 255 patients median age was: 51 years. The TNM classification: Stage II 108 patients (46.6%), Stage IIIA 58 patients (22.7%), Stage IIIB 27 patients (10.6%), Stage IV 8 patients (3.1%), 70% of patients with visceral disease. In early stage, the distribution was: size tumour: T2: 136 patients (53%), T3: 54 patients (21.1%), T4d: 18 patients (7%). pN1: 67 patients (26.2%), pN2: 27.4%. Histologic type was: Ductal: 222 patients (87%); nuclear grade: poorly differentiation: 139 patients (54.5%), vascular infiltration: 116 patients (45.5%), unknown 105 patients (41.2%). Predominant metastatic sites were: (skin, thoracic wall, brain, bone, lung, liver and mediastinal). 38% of the patients were treated with systemic therapy with a combination regimen with docetaxel and capecitabine. Overall Survival (OS) and Disease Free Survival (DFS) in 255 patients with triple negative breast cancer, was 59.8 months and 56.9 months for each one. In the patients with recurrence disease: DFS was 25.9 months and OS was 33.8 months. In 71 patients with recurrence disease: The prognostic factors identified were: tumour size, nuclear grade, number of positive nodes, vascular infiltration, all of them with statistical significance. The prognostic factors identify for risk of death were: tumour size, number of positive nodes and the vascular infiltration, all of them with statistical significance. An important factor was the vascular infiltration because, these factor was the only one consistent in the analysis of regression, with prognostic relevance in recurrence and risk of death.

Conclusions: We present the results of the experience of treatment of TNBC in our center, and a relevant factor associated with prognostic implication in recurrence and death was the vascular infiltration.