

Special Session (Mon, 26 Sep, 13:15–14:15) Health Status in Screening in Elderly Patients – Is This the Way Forward?

311 INVITED
Geriatric Evaluation is the Principle Way of Assessing the Elderly Patients

Abstract not received

312 INVITED
The Use of Screening Tools in Geriatric Oncology

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Older patients represent the majority of cancer patients, and therefore a substantial proportion of patients in any oncology practice. Geriatric oncology research has demonstrated that these patients have a significant amount of geriatric problems, and that these problems impact the patient's prognosis and management independently from classic oncologic predictors.

However, the multidisciplinary assessment offered in specialized geriatric oncology programs is beyond what many oncology practices can do. A solution that has emerged is a two step approach: First, use a short screening tool on every patient. Then refer the patients screening positive for multidisciplinary work-up in parallel with their oncology work-up and reach an integrated treatment plan. In this presentation, we will discuss the short screening instruments that have been tested in cancer patients, their sensitivity and specificity for geriatric problems, and their practical integration into the patients' management. Notably discussed will be: the abbreviated CGA, the G8, the Gronigen Frailty Index, the Senior Adult Oncology Program 2 (SAOP2) questionnaire, the Triage Risk Screening Tool, and the Vulnerable Elders Survey 13 (VES13) questionnaire. Sensitivity is a key issue for screening tools and a high sensitivity is an important requirement for these tests. Some of these instruments meet it better than others: ranges in studies go from 65% to 100%. Such sensitivity usually comes at the cost of specificity and therefore it is important that the patients be further worked up to distinguish true from false positives and the impact of the true positive findings on the treatment plan.

Scientific Symposium (Mon, 26 Sep, 14:45–16:45) Breast Conservation in Young Women With Early Breast Cancer

313 INVITED
The Role of Radiotherapy in Reducing Local Relapse Risk in Young Women

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Data from the Early Breast Cancer Trialists' Collaborative Group (EBCTCG) clearly demonstrate the significant reduction in risk of local failure from radiotherapy following breast conserving surgery in the treatment of early stage disease. An approximate 70% reduction in the risk of local recurrence with radiotherapy was observed across multiple trials following treatment to the conserved breast compared to lumpectomy alone. Age was shown to impact risk of failure; however only limited information is available specifically on outcome of BCT in young women (defined as under 40 years of age) as analyses thus far from the EBCTCG present outcomes collectively in women <50 years of age compared to women 50–59, 60–69, ≥70 years. These results demonstrate a similar proportional reduction in local recurrence with radiotherapy irrespective of age, with a much greater absolute benefit in women under 50 years compared women 50 years and older. These results underscore the importance of radiotherapy in younger women but also highlight the underlying increased baseline risk of recurrence associated with younger age.

Review of the literature suggests the presence of biologically more aggressive disease in young women that impacts both local and systemic failure irrespective of local treatment. Diagnostic and treatment-related factors have thus been shown to result in significant improvements in outcome following BCT particularly in young women. Improvements in imaging can help to better select young women who are acceptable candidates for BCT. Surgical margins are now carefully assessed to negative margins can be achieved. Use of a boost dose of radiotherapy

to the tumour bed has been shown to significantly reduce the rate of in-breast tumour recurrence. Indications for systemic therapy have expanded to include most patients with invasive disease and some with DCIS. And choice of systemic therapy is being increasingly individualized based upon tumour characteristics including histologic sub-type and receptor expression. Thus, agents such as trastuzumab are being increasingly used with further reduction in local recurrence. And finally, the interplay between local and systemic control suggests gene profiling for systemic risk may help predict those patients at increased risk for local failure. Preliminary results are promising; prospective validation is forthcoming.

314 INVITED
What Are the Sources of Local Relapse?

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Breast-conserving therapy is the preferred treatment for patients with early-stage breast cancer. It offers equal local control and overall survival and superior psychosocial outcomes compared with modified radical mastectomy. However, an ipsilateral breast cancer recurrence can be traumatizing and can lead to death. There are three possible explanations for ipsilateral breast cancers: 1) a regrowth of clonogenic cells that were not removed by surgery or killed by radiotherapy that can be referred to as true recurrences, 2) a new primary tumour that arises from the remaining breast tissue and 3) a radiation-induced new primary breast cancer. Several definitions have been used to distinguish true recurrences from new primary tumours. Initially, these distinctions were based on spatial and temporal characteristics of the ipsilateral breast cancer (i.e., the farther from and the later after the initial primary tumour, the more likely it is to be a new primary tumour) and on shared common histopathologic criteria (e.g., type, grade, and hormone receptor status). In the quest for additional ways to distinguish new primary breast tumours from true breast cancer recurrences, biologic studies of clonal relationships between the new and original tumour have also been performed. These studies have relied on ploidy, loss of heterozygosity, p53 analysis, or X chromosome inactivation or have been based on DNA copy number alterations (CNAs). New gene-expression data also support the possibility to diagnose radiation-induced breast cancers. We will discuss the potential implications of better defining the pathogenic nature of ipsilateral breast cancers, both clinical – in terms of prognosis and treatment – and scientific.

315 INVITED
What Are the Effects of Systemic Therapy in Reducing Local Relapse Risk?

S. Aebi¹. ¹Luzerner Kantonsspital, Medical Oncology, Lucerne, Switzerland

Systemic therapies (adjuvant endocrine treatments, chemotherapies, and adjuvant trastuzumab) reduce the risk of recurrence and death from breast cancer. Locoregional relapses indicate a high risk of distant metastatic disease. The likelihood of a local recurrence is determined by biological properties of the cancer as well as the extent of surgery and the use of radiation therapy. The metaanalyses of the EBCCTG reveal that polychemotherapy (cyclophosphamide, methotrexate, and fluorouracil (CMF)-based and anthracycline-based) reduce the relative risk of locoregional recurrence by more than 60 percent; similarly, tamoxifen diminishes the same risk by about 50 percent. More recent developments of adjuvant drug therapy yield similar results: Aromatase inhibitors reduce the risk of local recurrences by at least an additional 30 percent as compared to tamoxifen monotherapy. Certain but not all trials investigating taxane-based chemotherapies report superior protection from locoregional recurrences as compared to non-taxane-containing chemotherapies. Trastuzumab reduces the risk of locoregional recurrence in patients with HER2 amplified/overexpressing breast cancer. The effect of systemic therapies on the risk of locoregional recurrence will be reviewed. Preliminary conclusions suggest that more efficient therapies which are associated with a lower risk of recurrence will also protect from locoregional relapse.

316 INVITED
Breast Conservation in Young Women With Early Breast Cancer

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In the last ten years a number of revolutions have occurred in our understanding of the biology of breast carcinoma and have deeply influenced our approaches to the disease in terms of prevention, detection and treatment.