



Media Tip Sheet

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Additional Notable Research Presented at the 24th Annual Meeting of the American Society of Breast Surgeons

The following newsworthy abstracts presented at the 24th Annual Meeting of the American Society of Breast Surgeons (ASBrS) may be of particular interest, in addition to presentations during the Media Press Briefing. Researchers are available for telephone interviews. Onsite media is invited to attend all scientific sessions.

Abstracts

Low Rates of Local-regional Recurrence in Inflammatory Breast Cancer Patients After Contemporary Trimodality Therapy

Lead Author: Taiwo Adesoye, MD
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De-implementation of Low-value Care in Women ≥ 70 Years with Low-risk Breast Cancer During the COVID-19 Pandemic

Lead Author: Ton Wang, MD
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Los Angeles, CA

Assessing Mode of Recurrence in Breast Cancer to Identify an Optimised Follow-up Pathway – A 10-year Review

Lead Author: Michael Boland, MD
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ATTRIBUTION TO THE 24th ANNUAL MEETING OF THE AMERICAN SOCIETY OF BREAST SURGEONS IS REQUESTED IN ALL COVERAGE.

Abstract, Official Proceedings

Low Rates of Local-regional Recurrence in Inflammatory Breast Cancer Patients After Contemporary Trimodality Therapy

Authors: Taiwo Adesoye¹, Shlermine Everidge¹, Jennifer Chen², Susie Sun¹, Mediget Teshome¹, Vincente Valero¹, Wendy Woodward¹, Anthony Lucci¹

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Objective: Inflammatory breast cancer (IBC) represents an aggressive but rare subset (2-3%) of breast cancer with worse prognosis when compared to non-IBC. Historically, overall survival rates of 50% and local-regional recurrence (LRR) rates of 20% have been reported. The aim of this study was to evaluate LRR in a contemporary cohort of non-metastatic IBC patients undergoing trimodality therapy at a single institution, and to identify factors associated with local failure.

Methods: Patients with non-metastatic IBC who received trimodality therapy (neoadjuvant chemotherapy, modified radical mastectomy, and adjuvant radiation) and had surgical resection performed at our institution were identified from an institutional prospective database (2007-2019). Clinicopathologic factors were obtained, and local-regional and distant recurrence outcomes were reported. Survival outcomes were analyzed using Cox proportional hazards regression model.

Results: A total of 262 patients were treated over the study period. Median age at diagnosis was 52 years, and median follow-up was 5.1 years. A total of 124 (47%) patients were diagnosed with Stage IIIC disease. Surgical margins were negative in 261 (99%) patients, and 81 (30.9%) patients achieved pCR (breast and axilla). Local-regional recurrence was observed in 17 (6.4%) patients; this was isolated to the chest wall in 11 (64.7%) patients, and isolated to regional nodes in 4 (23.5%) patients. Distant recurrence was observed in 92 (35.1%) patients. There were 90 (34.4%) deaths during follow-up. The 5-year probability of LRR was 6.5% (95%CI 3.6-10.7%), and the 5-year overall survival was 69.9%. In multivariate analysis, pathologic complete response was associated with improved disease-free survival.

Conclusions: In Stage III IBC patients treated with contemporary trimodality therapy, the 5-year probability of local-regional recurrence was 6.5%, similar to non-IBC patients. Following chemotherapy, surgical resection with modified radical mastectomy to negative margins, followed by postmastectomy radiation therapy resulted in excellent long-term local-regional control.

Table. Clinicopathologic characteristics of patients with inflammatory breast cancer

Characteristic	Total N = 262
Age (years)	
<40	51 (19.5%)
41-50	71 (27.1)
51-60	82 (31.3)
61-70	47 (17.9)
>70	11 (4.2)
Race/Ethnicity	
White, non-Hispanic	212 (80.9%)
Hispanic	22 (8.4%)
Black	19 (7.3%)
Native American	2 (0.8%)
Other	7 (2.7%)
BMI (kg/m²)	
< 18.5	2 (0.8%)
18.5-24.9	47 (17.9%)
25-29.9	74 (28.2%)
>30	138 (52.7%)
Unknown	1 (0.4%)
Menopause status	
Pre-menopause	100 (38.2%)
Peri-menopause	26 (9.9%)
Post-menopause	136 (51.9%)
Clinical N Stage	
0	9 (3.4%)
1	112 (42.7%)
2	17 (6.5%)
3	124 (47.3%)
Tumor Subtype	
HR+ HER2-	105 (40.1%)
HR- HER2+	44 (16.8%)
HR+ HER2+	51 (19.5%)
HR- HER2-	62 (23.7%)
Pathologic complete response (pCR, breast and axilla)	
No	181 (69.1%)
Yes	81 (30.9%)
Lymphovascular Invasion	
No	124 (50.4%)
Yes	122 (49.6%)
Surgical Margins	
Negative	261 (99.6%)
Positive	1 (0.4%)

Abstract, Official Proceedings

De-implementation of Low-value Care in Women ≥ 70 Years with Low-risk Breast Cancer During the COVID-19 Pandemic

Authors: Ton Wang, Christina Weed, Joshua Tseng, Alice Chung, Marissa Boyle, Farin Amersi, Armando Giuliano

Institution: *Cedars-Sinai Medical Center, Los Angeles, CA*

Objective: Women ≥ 70 years with Stage I estrogen receptor-positive (ER+) invasive breast cancer (IBC) have an excellent prognosis, but due to their age and co-morbidities are at high risk for treatment-related complications. Based on clinical trials demonstrating its safety, NCCN guidelines in 2004 proposed omitting radiotherapy after breast-conserving surgery (BCS) in women ≥ 70 years old with T1, clinically node-negative (cN0), ER+ IBC. Similarly, Choosing Wisely in 2016 recommended omitting sentinel lymph node biopsy (SLNB) in women ≥ 70 years with early-stage, ER+ IBC. Despite these long-standing guidelines, current national rates of post-BCS radiotherapy and SLNB in women eligible for omission of these therapies are greater than 65% and 80%, respectively. Resource-limited environments during the COVID-19 pandemic led to renewed interest in avoiding low-value care. The objective of our study was to determine whether there has been de-implementation of post-BCS radiotherapy and SLNB in women ≥ 70 years with low-risk breast cancer since 2020.

Methods: We analyzed a prospectively maintained database at a tertiary academic institution of women ≥ 70 years who received BCS for IBC from January 2012 to June 2022. Patients were divided into 2 cohorts: (1) patients with low-risk IBC (pT1, cN0, and ER+/HER2-) who were eligible for radiotherapy and SLNB omission and (2) patients with high-risk IBC (pT2-T4, cN+, ER-, or HER2+) who were ineligible for radiotherapy and SLNB omission. Patient clinicopathologic features and annual rates of radiotherapy and SLNB in both cohorts were analyzed.

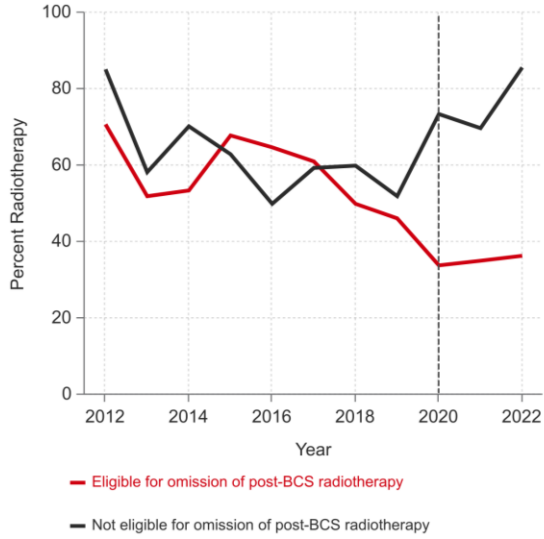
Results: A total of 617 patients were included in the study, of which 364 (59%) had low-risk IBC and were eligible for radiotherapy and SLNB omission, and 253 (41%) had high-risk IBC and were ineligible for omission of these therapies. In patients with low-risk IBC, annual rates of radiotherapy were stable from 2012-2019, averaging 57% (range 46-71%). There was a significant decrease in radiotherapy rates in 2020, from 46% in 2019 to 34% in 2020 ($p < 0.01$), which was sustained through 2022 (36% in 2022). In contrast, radiotherapy usage in patients with high-risk IBC was stable during the study period, from 85% in 2012 to 86% in 2022 (range 50-86%) with no significant change in 2020 ($p = 0.06$). In patients with low-risk IBC, SLNB rates gradually decreased from 88% in 2012 to 55% in 2022, but without significant change in 2020 ($p = 0.13$). In patients with high-risk IBC, rates of SLNB were stable throughout the study period, from 93% in 2012 to 86% in 2022. Factors significantly associated with SLNB and radiotherapy receipt in patients with low-risk IBC were higher grade, pathological nodal status, and endocrine therapy receipt ($p < 0.01$).

Conclusions: This study demonstrates appropriate de-escalation of post-BCS radiotherapy in women ≥ 70 years after the 2020 COVID-19 pandemic. Significant de-implementation of radiotherapy and SLNB was seen in patients with T1, cN0, ER+/HER2- breast cancer concurrent with persistently high rates of radiotherapy and SLNB in patients with higher-risk tumors. This trend continued for 2 years following the acute resource limitations associated with the pandemic, suggesting sustained changes in provider practice patterns.

Figure.

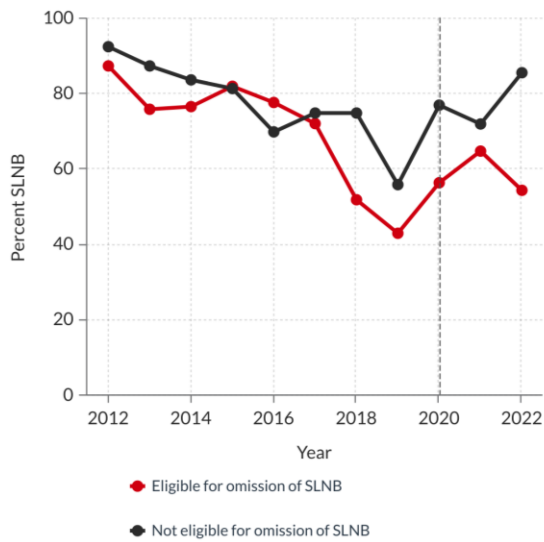
1A Trends in the Use of Post-Breast Conserving Surgery Radiotherapy: 2012-2022

Women ≥ 70 years old with invasive breast cancer



1B Trends in the Use of Sentinel Lymph Node Biopsy: 2012-2022

Women ≥ 70 years old with invasive breast cancer



Abstract, Official Proceedings

Assessing Mode of Recurrence in Breast Cancer to Identify an Optimised Follow-up Pathway – A 10-year Review

Authors: Michael Boland, Jack Horan, Conor Reid, Gordon Daly, Stephen Keelan, Adam Walmsley, Angus Lloyd, Marie Staunton, Michael Allen, Tej Tiwary, Abeeda Butt, Colm Power, Deirdre Duke, Arnold Hill

Institutions: *Beaumont Hospital, Dublin and Royal College of Surgeons, Dublin, Ireland*

Objective: Surveillance programmes for breast cancer patients differ significantly in different regions. The primary goal of surveillance after completion of breast cancer treatment is to identify recurrence and/or new breast primary early thereby maximising overall survival through timely intervention. Surveillance programmes often include annual clinical examination in combination with radiological assessment, usually mammography+/- magnetic resonance imaging (MRI). There remains significant debate around the value of annual clinical review for patients with a history of breast cancer. The aim of this study was to assess how local recurrent disease and/or new breast primaries were diagnosed in patients with a personal history of breast malignancy with a focus on evaluating the role of annual clinical examination.

Methods: A retrospective cohort study was performed utilising a prospectively maintained database in an academic tertiary referral symptomatic breast cancer centre. All patients between the years 2010 – 2020 who were diagnosed with a biopsy-proven breast cancer recurrence and/or new breast primary were included regardless of what treatment they subsequently received. Patients were excluded where data were incomplete or where they had evidence of distant metastatic disease. The primary outcome was the diagnostic modality in which the recurrence or secondary breast cancer was observed. Diagnostic modalities included (i) self-detection by the patient, (ii) clinical examination by a breast surgeon or (iii) radiological assessment (mammography, ultrasound, computed tomography (CT) and/or MRI).

Results: A total of 233 patients were identified with a breast cancer recurrence or new breast primary from 2010-2020. Following application of exclusion criteria, 140 patients were included. Of these, 75 (54%) were diagnosed radiologically; mammography (50/75; 67%), US (4/75; 5%), MRI (2/75; 3%) and CT (19/75; 25%) while 65 (46%) patients presented with clinical findings. In 63/65 (97%) of these, the patient noted a breast abnormality outside of their annual scheduled breast clinic appointment either by themselves (59 patients) or by a carer (4 patients). In only 2/65 (3%) patients, the abnormality was diagnosed by a breast surgeon at clinical examination. The most common clinical presentation was breast lump (28%), axillary lump (20%), or wound/scar abnormality (11%). Sixteen percent of recurrences/new primaries developed within 2 years post original diagnosis and 42% occurring within 5 years. The median time to recurrence in all patients was 48 months (range 2-263 months). Median overall recurrent tumour size (invasive and in-situ) and invasive tumour size were 35mm (range: 2-110mm) and 23mm (range: 2-110mm) respectively in the radiological group compared to 42mm (range: 8-250mm) and 26mm (range: 2-170mm) in the clinical group.

Conclusions: Less than 5% of patients with breast cancer recurrence/new breast primaries are diagnosed at routine clinical examination performed as part of a breast cancer surveillance programme. It is likely that breast cancer surveillance programmes may benefit from reduced focus on use of annual clinical examination. Greater focus should be placed on ensuring patients have timely access to a breast surgical clinic if they develop new symptoms/signs.