

PS3-09-02 : Retrospective observational study of premenopausal ER+/HER2- patients in Greece with axillary tumor burden but low Oncotype DX® Recurrence Score who did not receive chemotherapy

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INTRODUCTION AND OBJECTIVES

RxPONDER indicated that premenopausal women with 1–3 positive nodes and a RS 0–25 had modest DRFI (2.4%) and IDFS (4.9%) benefits from chemo-endocrine versus endocrine therapy alone. Our observational study aimed to establish a registry and report **real-world** outcomes in premenopausal, node-positive women with low RS who, either by choice or due to comorbidities, did not receive chemotherapy and were treated with endocrine therapy alone (\pm OFS).

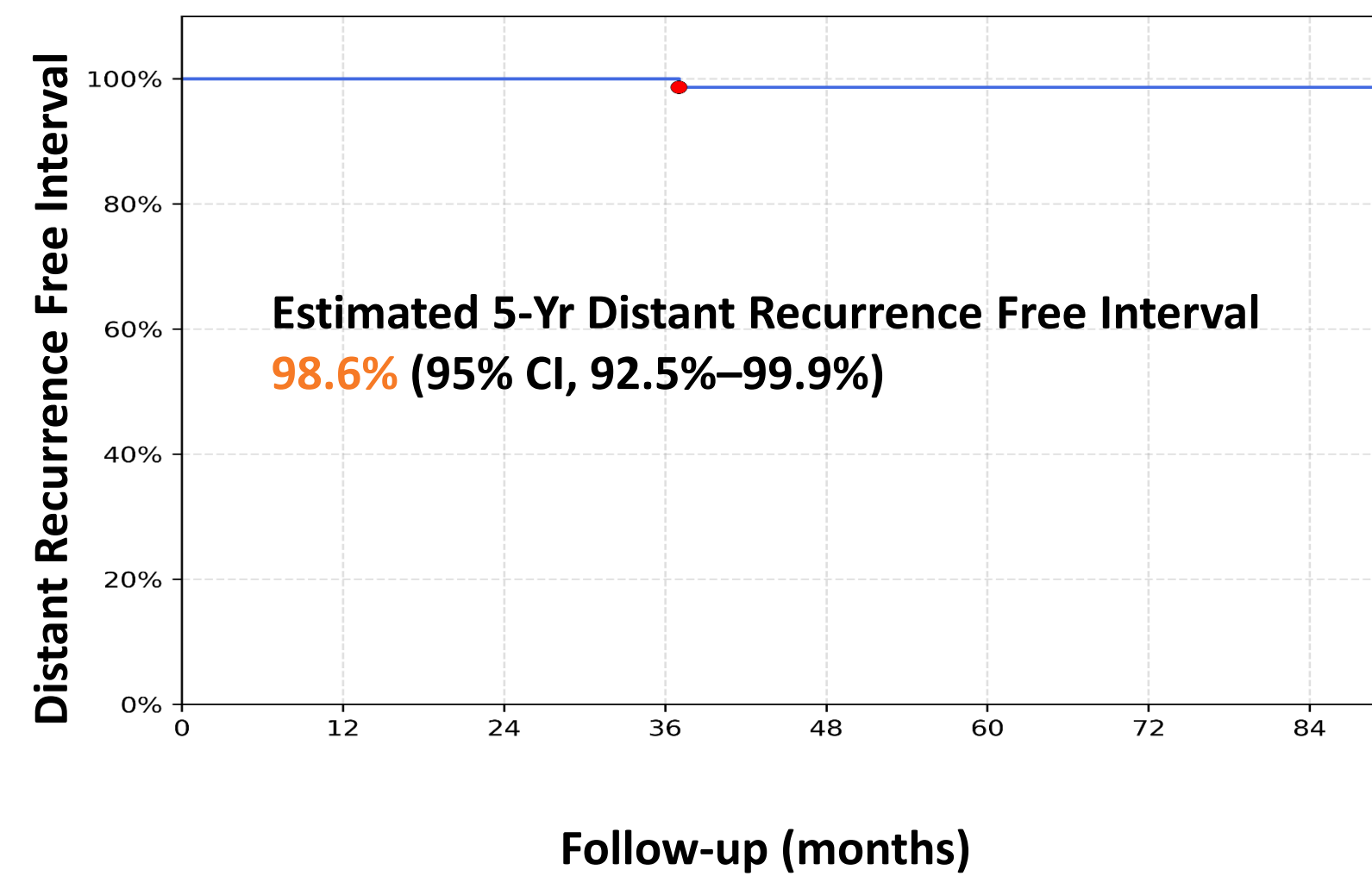
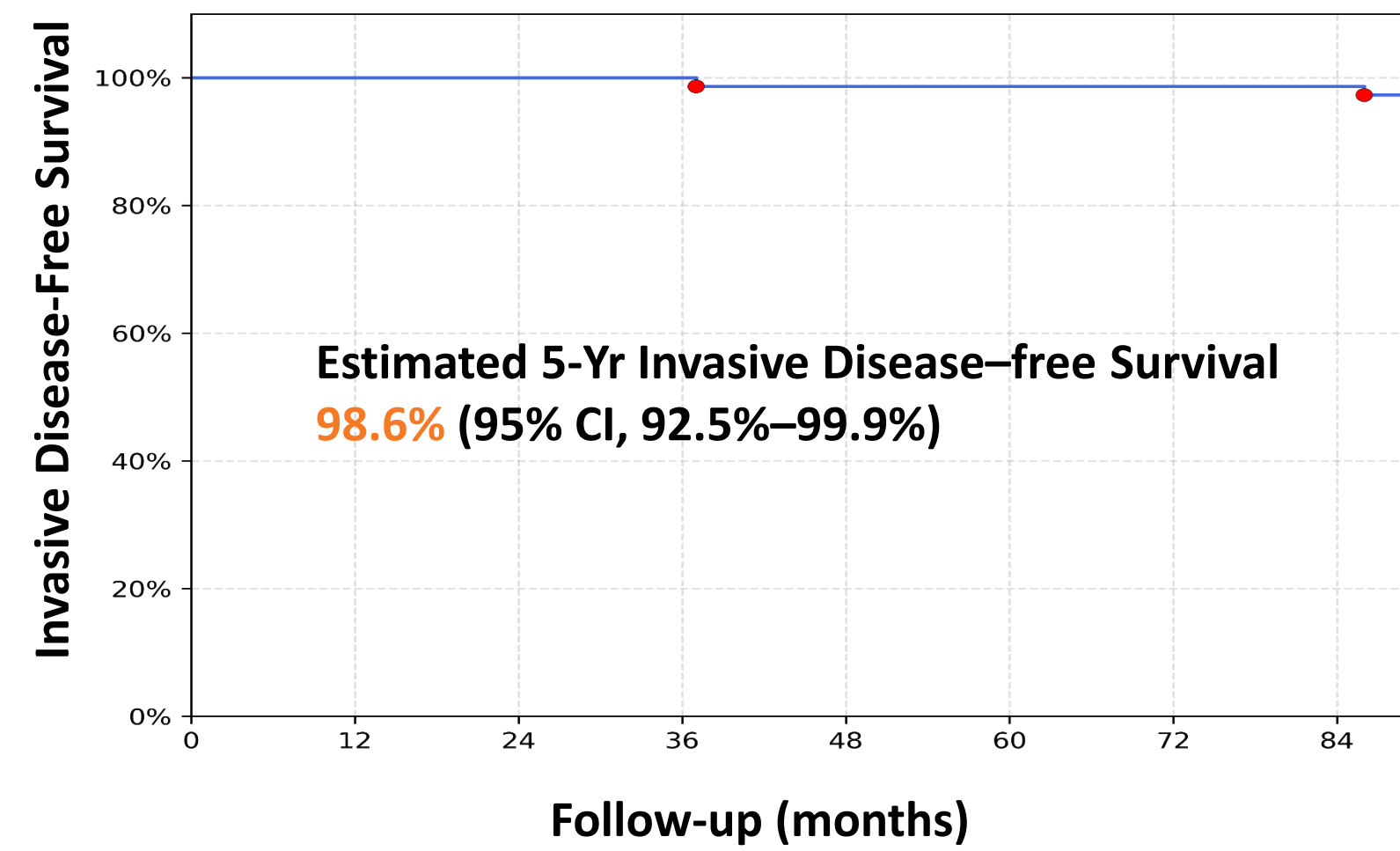
METHODS AND RESULTS

We conducted a retrospective multicenter study across 9 institutions in Greece, including pre-/peri-menopausal women with ER+/HER2-, pN1/pN1mic early breast cancer. **74 pts** were included in our cohort (3 additional were excluded from statistical analysis since they were itc tumors). Median age at diagnosis was 47 years (range 26–54). Median RS was 12 (range 0–22). **Median follow-up was 4.8 years** (range 1–150 months), with 45% of pts followed for >5 years. Total events: 1 patient developed a distant recurrence in the lung (T1, N1mic, G3, no OFS, RS 17) after 37 months. 1 patient diagnosed with contralateral breast cancer (T1, N1, G2, with OFS, RS 15) after 86 months. No event in 3 itc pts.

Table 1. Clinical characteristics of our cohort vs RxPONDER premenopausal cohort

Category	Subcategory	Total cohort, n (%)	RxPONDER Premenopausal cohort, %
T Stage	T1	60 (81.1%)	56.3%
	T2	13 (17.5%)	37.3%
	T3	1 (1.4%)	6.4%
N Stage	N1mic	33 (44.6%)	Not reported in final analysis
	N1 (1 positive lymph node)	34 (45.9%)	65.3%
	N1 (2 positive lymph nodes)	5 (6.8%)	25.7%
	N1 (3 positive lymph nodes)	2 (2.7%)	9%
Grade (G)	1	17 (23.0%)	21.7%
	2	50 (67.6%)	67.6%
	3	7 (9.4%)	9.6%
Endocrine therapy*	+ OFS	39 (52.7%)	19% (endocrine arm)
	- OFS	35 (47.3%)	81% (endocrine arm)
Age	<50	53 (71.6%)	69.3%
	\geq 50	21 (28.4%)	30.7%
Radiotherapy (RT)	Yes	59 (79.7%)	Not reported
	No	15 (20.3%)	Not reported

Chart 1. IDFS and DRFI



DISCUSSION

These **real-world data** suggest that **selected pts** may do well with endocrine therapy alone. However, it is worth mentioning that in contrast to RxPONDER, over half received ovarian function suppression (52.7%), nearly half had N1mic disease (44.6%), and most presented with T1 tumors (81.1%). Thus, indicating a biologically distinct subgroup with potentially different treatment needs.

CONCLUSION

This retrospective study underscores the value of individualized treatment planning with Oncotype DX in pre- and peri-menopausal patients with limited axillary disease. Randomized controlled trials with longer follow-up, such as the OFSET Chemo (NRG-BR009), are needed to further refine outcomes and optimize treatment strategies in this subgroup.

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