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[250] COMPARISON OF ADJUVANT THERAPY WITH TAMOXIFEN AND GOSERELIN VS. CMF IN PREMENOPAUSAL STAGE I AND II HORMONE-RESPONSIVE BREAST CANCER PATIENTS: FOUR-YEAR RESULTS OF AUSTRIAN BREAST CANCER STUDY GROUP (ABCSG) TRIAL 5. R. Jakesz, H. Hausmaninger, H. Samonigg, E. Kubista, D. Depisch, M. Fridrik, M. Stierer, M. Gnant, G. Steger, R. Kolb, G. Jatzko, F. Hofbauer, G. Reiner and G. Luschin-Ebengreuth for ABCSG; Dept. of General Surgery – Surgical Clinic, Vienna General Hospital, U of Vienna, Vienna, Austria.

Adjuvant chemotherapy is still the treatment of choice in premenopausal patients with stage I and II breast cancer. To test the efficacy of the endocrine combination of tamoxifen (TAM) and goserelin (GOS) compared with chemotherapy, the ABCSG has conducted a prospective randomized trial beginning in 1990. Representing 28% of all suitable patients in Austria, 1,045 patients with estrogen and/or progesteron receptor-positive, radically operated breast cancer were randomly allocated to cyclophosphamide (C, 600 mg/m²), methotrexate (M, 40 mg/m²) and 5-fluorouracil (F, 600 mg/m²) days 1 and 8 i.v. for 6 cycles, or GOS 3.6 mg subcutaneously every 28 days for 3 years and TAM 20 mg orally for 5 years. 51% of the patients had a T1 lesion, 46% had nodenegative disease and 58% underwent breast-conserving surgery. The median follow-up was 42 months. Within this follow-up, 157 patients experienced a recurrence and 56 patients died. Patients treated with combination endocrine treatment showed a significantly improved recurrence-free survival (RFS) compared with CMF (p < 0.02), yet overall survival (OS) was not statistically different. The prognostic factors for RFS in multivariate analysis were age (0.0001), tumor stage (0.01), nodal stage (0.0001) and therapy (0.02); and those for OS were tumor and nodal stage (0.0003 and 0.0001). Patients who developed amenorrhea following CMF had a significantly better RFS and OS than those who did not (0.001 and 0.05 respectively). 20.9% of all patients with endocrine treatment terminated the therapy prematurely due to side effects and 72% of the CMF patients received full dose. Although premature, these data indicate a significant benefit of the GOS + TAM combination over CMF. Fouryear results will be presented.