Tamoxifen Vs. Tamoxifen Plus Aminoglutethimide for Stage I and II Receptor-Positive Postmenopausal Node-Negative or Node-Positive Breast Cancer Patients: Four-Year Results of a Randomized Trial of the Austrian Breast Cancer Study Group (ABCSG). (Meeting abstract).

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Sub-category:
Breast Cancer

Category:
Breast Cancer

Meeting:
1999 ASCO Annual Meeting

Abstract No:
253

Author(s):
H Samonigg, R Jakesz, H Hausmaninger, D Depisch, M Fridrik, M Stierer, G Steger, R Kolb, F Hofbauer, G Reiner, M Schmid

Abstract:

Adjuvant tamoxifen (T) has been shown to reduce relapse and mortality among node-positive postmenopausal breast cancer patients (pts). The potential role of aromatase inhibitors as adjuvant therapy for early breast cancer is examined in current trials. A randomized trial was initiated by the ABCSG to assess the addition of aminoglutethimid (AG) to standard adjuvant T in postmenopausal pts with receptor-positive, node-negative or node-positive, stage I-II breast cancer. Between 1990 and 1996, a total of 2, 021 pts was randomized to receive either T for 5 years (20 mg bid for the first 2 years and, due to new data on an increased risk of endometrial cancer, 20 mg/day for the next 3 years) or the same plus AG 250 mg bid for the first 2 years. Median age of the pts was 64 years (range, 41-80). Tumor stage was T1c in 43% and T2 in 39%. Axillary node status was negative in 62% and positive in 38% of the pts. Both groups were well balanced as to pt characteristics and prognostic factors. All randomized and eligible pts were included in the analysis according to the intention-to-treat principle. At a median follow-up of 49 months (range, 3-88 months), relapse-free survival (RFS) and overall survival (OS) rates for pts of the T group were 86% and 94%, and 86% and 95% for the T+AG group, both showing no significant difference. Subset analyses indicated that in both groups, pts with tumor grading 1 and 2 had a significantly better RFS (p=0.0001) and OS (p=0.0034) than pts with tumor grading 3. In multivariate analyses, the prognostic factors with a significant prognostic impact for RFS and OS were tumor size, axillary node status, progesterone receptor status and local treatment. 21% of the pts from the T group and 29% from the T+AG group were withdrawn from the study. The higher rate of withdrawals in the T+AG group was due to more side effects. In conclusion, adding AG to T fails to improve prognosis of postmenopausal pts with receptor-positive, node-negative or node-positive, stage I-II breast cancer within an observation period of 4 years.

Associated Presentation(s):

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Meeting: 1999 ASCO Annual Meeting Abstract No: 1 First Author: EA Stadtmauer

Category: Breast Cancer

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Category: Tumor Biology - Tumor/Cell Biology

2. Effect of change of body mass index (BMI) during therapy on the efficacy of endocrine therapy in premenopausal patients with breast cancer: An analysis of the ABCSG-12 trial.

Meeting: 2011 ASCO Annual Meeting   Abstract No: 514   First Author: G. Pfeiler
Category: Breast Cancer - HER2/ER - ER+

3. Impact of body mass index (BMI) on endocrine therapy in premenopausal breast cancer patients: An analysis of the ABCSG-12 trial.

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Meeting: 2005 ASCO Annual Meeting
Presenter: Hellmut Samonigg, PhD
Session: Developmental Therapeutics: Immunotherapy (General Poster Session)

2. Phase II trial to explore the influence of concomitant chemotherapy on the immunogenicity of the cancer vaccine IGN101 in patients with epithelial cancers

Meeting: 2003 ASCO Annual Meeting
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