Comparison of Pre- Vs. Postoperative Chemotherapy in Breast Cancer Patients: Four-Year Results of Austrian Breast & Colorectal Cancer Study Group (ABCSG) Trial 7.

Sub-category: Adjuvant Therapy
Category: Breast Cancer - Local-Regional and Adjuvant Therapy
Meeting: 2001 ASCO Annual Meeting
Abstract No: 125
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Author(s): Raimund Jakesz, for the ABCSG, University of Vienna - General Hospital, Vienna, Austria.

Abstract:

Strategies employed in neoadjuvant cancer therapy are intended to contribute to both organ preservation and prognostic improvement. The ABCSG has conducted a nationwide Phase III trial to investigate whether combined pre- and postoperative chemotherapy is more efficient than postoperative chemotherapy alone administered to high-risk breast cancer patients (pts). Beginning in 1991, 301 receptor-negative pts were accrued to ABCSG Trial 7. As of 1996, receptor-positive pts with tumors larger than 3 cm were additionally entered regardless of nodal status, totaling to 423 eligible pts.

Three cycles of cyclophosphamide, methotrexate and fluorouracil (CMF, 600/40/600) were given i.v preoperatively to 214 pts and to 209 postsurgery. In both groups, evenly balanced as to risk factors, another 3 CMF cycles were administered to node-negative pts, and 3 cycles of epirubicin and cyclophosphamide (6 showing nodal involvement. The rate of breast-conserving interventions amounted to 66.7% in the preoperative arm and to 59.5% in that given exclusively postsurgical therapy. The rate of complete pathological tumor response (pCR) was 6.0% after 3 CMF cycles. The total rate of response to primary chemotherapy was 68.7%. We identified a significant difference in relapse-free survival (RFS) between pts who responded to therapy (70.8%) and non-responders (p=0.0001), the rate in exclusively postoperative chemotherapy being 77.0%. In comparison, pts receiving pre- and postsurgical chemotherapy showed a significantly inferior rate of RFS. No difference in overall survival was identified.

Implementing a neoadjuvant concept at an early date, ABCSG Trial 7 demonstrates that preoperative chemotherapy can clearly increase the rate of breast conservation. However, the key goal of improving RFS by means of combined pre- plus postoperative treatment was not met, most probably because of a suboptimal pCR rate. Using more efficient chemotherapy regimens (e.g. anthracyclines or taxanes) may increase the rate of pCR and subsequently improve survival in responding pts.

Associated Presentation(s):

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Meeting: 2001 ASCO Annual Meeting  Abstract No: 80  First Author: Alessandro Gianni
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