2d Asian meeting

Presentation 1: SIOG guidelines for breast cancer treatment

Matti Aapro (Switzerland)
Chosen Issues about the Older Cancer Patient with Breast Cancer

Matti S. Aapro
IMO
Genolier
Switzerland
VERY MUCH Chosen Issues about the Older Cancer Patient with Breast Cancer

Matti S. Aapro
IMO
Genolier
Switzerland
Dr Aapro is a consultant for Amgen, BMS, Celgene, GSK, Helsinn, JnJ Novartis, Merck, Merck Serono, Pfizer, Pierre Fabre, Roche, Sandoz, Teva, Vifor and has received honoraria for lectures at symposia of Amgen, Bayer Schering, Cephalon, GSK, Helsinn, Hospira, Ipsen, JnJ OrthoBiotech, Merck, Merck Serono, Novartis, Pfizer, Pierre Fabre, Roche, Sandoz, Sanofi, Teva, Vifor

No responsibility accepted for involuntary errors or omissions. The list may be incomplete, and does not reflect consultancy for NGOs, Universities, Governmental agencies, and others.
From 1990-1994 to 2000-2004, breast cancer mortality in the EU has declined but the fall was modest (-6%) at age ≥65.

See also Smith BD, J Clin Oncol 2011
THANKS TO
Laura Biganzoli
and the team

Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA)

Lancet Oncology 2012
THE TEAM

- Members of the task force: Matti Aapro (CH), Riccardo Audisio (UK), Laura Biganzoli (I), Etienne Brian (F), Stefano Ciatto (I), Bruno Cutuli (F), Margot Gosney (UK), Ian Kunkler (UK), Sibylle Loibl (D), Catherine Oakman (I), Malcom Reed (UK), Catherine Terret (F), Adri Voogd (NL), Hans Wildiers (B)
- Lorenza Marotti (Eusoma Executive Director) & Eusoma Secretariat

Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA)
Management of older individuals with breast cancer

Background

- Limited level I clinical evidence

- Evidence derives mainly from:
  - Retrospective subgroup analyses
  - Extrapolation of trial results from younger patients

- Different disease biology
- More co-morbidities

- Different expectations of treatment
- Different barriers to treatment

Influence:
- Overall morbidity
- Mortality
- Treatment toxicity
Which schedule?  
Any benefit?  
... in the elderly

Courtesy of A. Benavides
Jeanne-Marie…
“Can’t be serious?”
Management of older individuals with breast cancer

Consensus domains

- Screening mammography
- Ductal carcinoma in situ
- Surgery
- Radiotherapy
- Primary endocrine therapy
- Adjuvant therapy
- Metastatic breast cancer
- Drug safety & compliance
- Patient expectations
- Barriers to treatment
- Male breast cancer
- Geriatric evaluation

- Post BCS* radiotherapy
- Adjuvant chemotherapy

* Breast conservative surgery

Biganzoli et al. Lancet Oncol 2012
Post-breast conserving surgery radiotherapy: CALGB 9343

Age ≥70, clinically node-negative, lumpectomy - negative margins, tumor ≤ 2cm, ER-positive or indeterminate

R

Radiation
Tamoxifen

Tamoxifen

Patient characteristics

<table>
<thead>
<tr>
<th></th>
<th>RT+Tam n=317</th>
<th>Tam n=319</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;75</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td>ER-positive</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Size ≤ 2 cm</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>No axillary dissection</td>
<td>63%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Hughes et al. ASCO 2010
“Study mature: 12-yrs median follow-up, half patients dead
Omitting radiation in women $\geq 70$ with clinical stage I breast cancer is a reasonable alternative for our pts”
Lumpectomy Plus Tamoxifen With or Without Irradiation in Women Age 70 Years or Older With Early Breast Cancer: Long-Term Follow-Up of CALGB 9343

Kevin S. Hughes, Lauren A. Schnaper, Jennifer R. Bellon, Constance T. Cirrincione, Donald A. Berry, Beryl McCormick, Hyman B. Muss, Barbara L. Smith, Clifford A. Hudis, Eric P. Winer, and William C. Wood

ABSTRACT

Results
Median follow-up for treated patients is now 12.6 years. At 10 years, 98% of patients receiving TamRT (95% CI, 96% to 99%) compared with 90% of those receiving Tam (95% CI, 85% to 93%) were free from local and regional recurrences. There were no significant differences in time to mastectomy, time to distant metastasis, breast cancer–specific survival, or OS between the two groups. Ten-year OS was 67% (95% CI, 62% to 72%) and 66% (95% CI, 61% to 71%) in the TamRT and Tam groups, respectively.

Conclusion
With long-term follow-up, the previously observed small improvement in locoregional recurrence with the addition of radiation therapy remains. However, this does not translate into an advantage in OS, distant disease-free survival, or breast preservation. Depending on the value placed on local recurrence, Tam remains a reasonable option for women age ≥ 70 years with ER-positive early-stage breast cancer.
SIOG & EUSOMA recommendations:
Post breast conservative surgery radiotherapy

- There is no subgroup of fit older patients in whom post-BCS whole breast radiotherapy may be systematically omitted

The difference in local control observed in the CALGB 9343 trial argues for whole breast radiotherapy even in ‘low risk’ patients with an anticipated survival of at least 5 years.

However, given the lack of OS benefit, and the fact that local relapses were successfully secondarily operated, this position should be balanced with the logistics of daily travel to undertake radiotherapy, and individual preference regarding the potential of local relapse.

Conversely, compliance to oral treatment should also be considered.
Post-operative Radiotherapy In Minimum-risk Elderly – PRIME II

Kunkler IH, Williams LJ, Jack W, Canney P, Prescott RJ, Dixon JM on behalf of the PRIME II investigators

San Antonio Breast Cancer Symposium, Dec 10-14th, 2013
Design

1326

WBI*, N=658

No WBI, n=668

* 40 - 50Gy in 15 – 25 #

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Local control

Local recurrence

<table>
<thead>
<tr>
<th></th>
<th>Local recurrence</th>
<th>5 yr actuarial rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>No RT (n=668)</td>
<td>26</td>
<td>4.1%</td>
</tr>
<tr>
<td>RT (n=658)</td>
<td>6</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Time to first local recurrence

Cumulative failure (%)

Time (years)

RT

No RT

RT

p=0.002
## Deaths

<table>
<thead>
<tr>
<th>Cause</th>
<th>No RT (n=668)</th>
<th>RT (n=658)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>BC present but not cause</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No Breast Cancer</td>
<td>36</td>
<td>29</td>
<td>65</td>
</tr>
<tr>
<td>Cause unknown</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50 (7.5%)</strong></td>
<td><strong>39 (5.9%)</strong></td>
<td><strong>89 (6.7%)</strong></td>
</tr>
</tbody>
</table>

- Breast cancer deaths 13.5% of all deaths
- Deaths without breast cancer: 73.0%

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• N= 633 women aged ≥65 years with stage I-IIIB breast cancer
• Standard chemotherapy (AC/CMF) vs capecitabine

CALGB 49907

Position Paper

International Society of Geriatric Oncology (SIOG) recommendations for the adjustment of dosing in elderly cancer patients with renal insufficiency

Stuart M. Lichtman\textsuperscript{a}, Hans Wildiers\textsuperscript{b}, Vincent Launay-Vacher\textsuperscript{c}, Christopher Steer\textsuperscript{d}, Etienne Chatelut\textsuperscript{e}, Matti Aapro\textsuperscript{f,*}
Effects Of Bisphosphonate Treatment On Recurrence And Cause-specific Mortality In Women With Early Breast Cancer: A Meta-analysis Of Individual Patient Data From Randomised Trials


Early Breast Cancer Trialists’ Collaborative Group (EBCTCG)’s Bisphosphonate Working Group.
Breast Cancer Recurrence: Postmenopausal Women*

Significantly Greater Effect on Bone than Other Distant Recurrence

* Includes induced menopause and women aged >55 if unknown

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# Bone Recurrence By Menopausal Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Events/Women Allocated</th>
<th>Bisph events Logrank Variance of O–E</th>
<th>Ratio of annual event rates Bisph : Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-menopausal ‡</td>
<td>170/3134 (5.4%)</td>
<td>−5.3</td>
<td>0.93 (SE 0.11)</td>
</tr>
<tr>
<td>Peri-menopausal *</td>
<td>28/461 (6.1%)</td>
<td>2.0</td>
<td>0.66 (SE 0.08)</td>
</tr>
<tr>
<td>Post-menopausal</td>
<td>222/5737 (3.9%)</td>
<td>−47.8</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>420/9332 (4.5%)</strong></td>
<td><strong>−51.1</strong></td>
<td><strong>0.774 (SE 0.062)</strong></td>
</tr>
</tbody>
</table>

- 99% or <--> 95% confidence intervals

Heterogeneity between 3 categories: $\chi^2 = 7.5; p = 0.02$

‡ includes women aged < 45 if unknown

* Includes women aged 45-55 if menopausal status unknown

**Significantly Reduced Bone Recurrence in Postmenopausal Women**
Mortality In Post-menopausal Women

Breast cancer mortality

11036 women  1146 events

10–y gain 3.1% (SE 1.3)
Logrank 2p = 0.004

All cause mortality

11036 women  1524 events

10–y gain 2.3% (SE 1.5)
Logrank 2p = 0.007

Not
23.8%
21.5%
Bisph
Bone health in cancer patients: ESMO Clinical Practice Guidelines†

R. Coleman¹, J. J. Body², M. Aapro³, P. Hadji⁴ & J. Herrstedt⁵ on behalf of the ESMO Guidelines Working Group*

¹Weston Park Hospital, Cancer Research-UK/Yorkshire Cancer Research Sheffield Cancer Research Centre, Sheffield, UK; ²CHU Brugmann, Université Libre de Bruxelles, Brussels, Belgium; ³Multidisciplinary Oncology Institute, Genolier, Switzerland; ⁴Department of Gynecology, Endocrinology and Oncology, Philipps-University of Marburg, Marburg, Germany; ⁵Department of Oncology, Odense University Hospital, Odense, Denmark
Take home messages

• Elderly patients breast cancer patients should be offered the same loco-regional and systemic treatment as younger patients
• Life expectancy, treatment tolerance, potential risks vs. expected absolute benefits, should be considered in all management decisions and geriatric assessments help in better defining these variables
• Patient preference and possible barriers (logistic, social, etc) to treatment administration should also be considered
SIOG 2014
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY
LISBON PORTUGAL
23 - 25 OCT.
14th SIOG Meeting, Lisbon - Portugal
SAVE THE DATE - 23 to 25 October 2014
DECEMBER 5: A JOINT MASCC SIOG SESSION
Chairs: D. Keefe (AUS) ; G. Zulian (CH)

...Bone health: a key factor in elderly and not so elderly patients with cancer  M. Aapro (CH)
...Mucositis and new drugs: to prevent or to treat? D. Keefe (AUS)
...Depression: an issue in survivorship for elderly cancer patients.  L. Balducci (USA)
...Ovarian cancer: issues in the long term for elderly patients  C. Steer (AUS)
Matti Aapro
IMO Genolier (Switzerland)

THANK YOU    MERCI