

## **P105 The MAGIC survey in HR+,?HER2? breast cancer (BC): when might multigene assays be of value?**

### Poster Abstracts I

---

M. Aapro M. De Laurentiis, B. Linderholm, E. Mamounas, C. Markopoulos, M. Martin, P. Neven, D. Rea, R. Rouzier, C. Thomssen Medical Oncology, Institut Multidisciplinaire d'Oncologie, Clinique de Genolier, Genolier, Switzerland; Department of Senology, National Cancer Institute G. Pascale Foundation, Naples, Italy; Department of Oncology, Sahlgrenska Academy and University Hospital, Gothenburg, Sweden; University of Florida Health Cancer Center at Orlando Health, Orlando, United States of America; Department of Surgery, Athens University Medical School, Athens, Greece; Medical Oncology Service, Hospital General Universitario Gregorio Marañón, Madrid, Spain; Multidisciplinary Breast Centre and Gynaecological Oncology, UZ Leuven, Leuven, Belgium; School of Cancer Sciences, University of Birmingham, Birmingham, United Kingdom; Department of Surgery, Institut Curie-Université Versailles-Saint-Quentin, Paris-Saint-Cloud, France; Department of Gynecology, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany

**Goals:** The MAGIC survey evaluated which criteria clinicians use regarding the need for adjuvant chemotherapy (AdjCT) and showed that there was substantial heterogeneity across clinicians and countries in treatment decisions (Aapro et al, EBCC 2014, abstract 24). Multigene assays (MGA) can help to make more-informed decisions by providing prognostic and predictive information beyond traditional parameters. We here present data on BC patient profiles with a high heterogeneity in treatment recommendations based on traditional parameters.

**Methods:** From August 2013 until January 2014, physicians with ≥5 years' experience in BC treatment and participating in multidisciplinary teams were invited for the MAGIC survey capturing treatment recommendations for randomly generated early BC patient profiles (n=672). A conjoint analysis was used to assess which patient attributes were considered for treatment decisions.

**Results:** The survey was completed by 911 physicians from 52 countries, of whom 72% had >10 years' experience. Their treatment recommendations showed that for BC patient profiles with only high-risk or only low-risk characteristics, there was a high consensus to recommend AdjCT or no AdjCT (endocrine treatment alone); 42% of the profiles had >75% probability of being recommended AdjCT and 6% had >75% chance of being recommended no AdjCT. There was substantial uncertainty for 52% of patient profiles with at least every fourth patient likely to receive a different treatment recommendation if visiting a different physician. 15% of patient profiles had a very high uncertainty with <50% probability to be recommended either chemotherapy and endocrine treatment or the latter alone. These patient profiles tended to have the following characteristics: >50 years old, tumor size <3cm, Grade 1 or 2 tumor, high ER expression, and Ki67 expression <20%.

**Conclusion:** There was substantial heterogeneity in treatment recommendations and an overall tendency to give chemo-endocrine rather than endocrine treatment alone. The highest uncertainty

in treatment decisions was seen in patients with intermediate risk by clinical and pathological parameters. MGAs may facilitate decision-making in these situations.