

P206 German multicentre decision impact study of Oncotype DX recurrence score (RS) on adjuvant treatment in estrogen receptor positive (ER+) node negative (N0) and node positive (N+) early breast cancer

Predictive and prognostic factors

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Goals: Oncotype DX has been shown to provide prognostic and predictive information beyond traditional parameters in N0 and N+ disease. Its use is supported by international guidelines. For N0 disease published clinical experience demonstrates that RS impacts adjuvant clinical decision making. Evidence for RS-guided adjuvant decision making in N+ disease is limited.

Methods: Patients with ER+, HER2?negative early breast cancer, N0 and N+ (1–3 positive nodes) and no contraindication to adjuvant chemotherapy (CT) are eligible. Adjuvant treatment recommendations of physicians, confidence of physicians and patients in the decision making all before and after testing with Oncotype DX and actual adjuvant treatment received are recorded and compared.

Results: As of today data for 70 patients are available with a split of 51 (72.9%) N0 and 19 (27.1%) N+. Overall, 40 (57.1%) women had low, 20 (28.6%) intermediate and 10 (14.3%) high RS. Initial treatment recommendations changed in 31 (44.2%) cases based on RS. A shift in treatment recommendations was reported for 17 (42.5%) cases with low, 9 (45.0%) with intermediate and 5 (50%) with high RS. Actual adjuvant treatment was the same as the treatment recommended after knowledge of RS results in 61 (87.1%) cases. Before Oncotype DX testing 32 (45.7%) patients had been recommended adjuvant treatment containing chemotherapy whereas 27 (38.6%) actually received adjuvant chemotherapy after testing.

Conclusion: Early results of our study suggest an impact of Oncotype DX RS on adjuvant treatment decision making. Updated results will be presented at the meeting.