

P197 Oncotype Dx; St. Gallen risk group and Adjuvant!online nomogram as prognostic predictor for lymph nodes positive breast cancer patients

Predictive and prognostic factors

L. Leitzin N. Sikorsky, M. Levirov, E. Grikstass, M. Steiner Oncology Department, Lynn Medical Center, Haifa Israel

Goals: With the introduction of Oncotype Dx in clinical practice we compared its prognostic prediction to the St. Gallen risk group and Adjuvant!online nomogram and analyzed its impact on clinical decision on adjuvant therapy in lymph nodes positive breast cancer.

Methods: Surgical specimens of 71 women with node positive early breast cancer (1–4 positive nodes) were examined by Oncotype Dx. The risk group definitions were compared with those defined by St. Gallen prognostic subgroups and by Adjuvant!online nomograms.

Results: By Oncotype Dx, 62% of patients were defined as low, 32% intermediate and 6% high risk, and this distribution was independent to the number of positive lymph nodes, size of lymph node metastasis and presence of extracapsular extension. The risk group classification was identical between Oncotype Dx and St Gallen classification in 31% of patients. In 63% of patients St.Gallen risk classification allocated patients in worse and in 6% in better prognostic group than Oncotype Dx. In all cases 10 years recurrence rate calculated by Adjuvant!online was higher than the rate estimated by Oncotype Dx. Initial treatment plan (without Oncotype Dx testing) coincided with treatment decision based on Oncotype Dx results in 53.5% of cases. In 46.5% of patients treatment decision was changed due to Oncotype Dx results (in 38% from chemotherapy to hormonal therapy and in 8.5% the opposite). Those findings were compared with our previous study which analyzed 82 patients with negative lymph nodes. In node negative patients initial treatment plan coincided to final decision in 79% of patients, in 16% it was changed from chemotherapy to hormonal therapy and in 5% the opposite due to Oncotype Dx results.

Conclusion: Oncotype Dx allocated node positive early breast cancer patients in lower risk group than other classification methods and it may avoid unnecessary chemotherapy.