

P200 RETROSPECTIVE ANALYSIS OF TREATMENT DECISIONS IN PATIENTS WITH INTERMEDIATE RECURRENCE SCORE RESULTS

Poster Abstracts II

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Goals: The Oncotype DX[®] assay is validated as a prognosticator and a predictor of likelihood of chemotherapy benefit in ER positive early breast cancer (ERBC). Patients (pts) with high Recurrence Score results have significant benefit from chemotherapy and pts with low Recurrence Score results have minimal, if any benefit. Some pts with intermediate Recurrence Score results may have a moderate benefit from chemotherapy, increasing the importance of considering other clinical and pathological parameters associated with risk of recurrence in order to optimize treatment decisions. The aim of this study was to assess the impact of intermediate Recurrence Score results and other factors on treatment decisions.

Methods: A retrospective study of ERBC with intermediate Recurrence Score results treated between 2005 and 2010 in a single institution was performed and identified 116 pts. The physician's recommendations prior to knowing the Recurrence Score results were consistently recorded and clinicopathological features and treatment decisions were obtained from pts' records. Five patients had missing data and were excluded.

Results: Before receiving the Recurrence Score result, 33 pts (29.7%) were recommended chemo-hormonal therapy (CHT) and 78 pts (70.3%) were recommended hormonal therapy (HT) alone. After receiving the Recurrence Score result, 13/33 (39%) pts originally recommended CHT received HT and 11/78 (14%) of pts originally recommended HT received CHT. Overall, 24/111 (22%) pts received different treatment than that recommended prior to knowing the Recurrence Score result. Pts who received CHT (n = 30) had higher Recurrence Score results and younger mean age than those who received HT (n = 81). The change rate was similar in grade 2 (24.1%) and grade 3 (27.3%), but lower in grade 1 tumors (6.6%) (p = 0.27). There was a trend (p = 0.06) towards larger tumor size in CHT-recommended pts compared to HT-recommended pts.

Conclusion: A clinically relevant proportion of pts with intermediate Recurrence Score results had a change in treatment decisions demonstrating that clinicians considered intermediate Recurrence Score results to be informative. Younger pts and pts with higher intermediate scores tended to be recommended CHT and pts with lower intermediate scores tended to be recommended HT alone. Changes occurred in all grades but were more likely in grade 2 and 3 tumors. No significant relationships.