

P213 RECURRENCE SCORE FOR PROGNOSIS AND PREDICTION OF PACLITAXEL BENEFIT IN NODE(+)/ER(+) BREAST CANCER

Poster Abstracts II

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Goals: The Recurrence Score (RS) predicts outcome in ER+ pts treated with adjuvant endocrine therapy (ET) and benefit from adjuvant chemotherapy (CT). We studied the prognostic and predictive impact of RS in N+, ER+ pts treated with adjuvant CT plus ET in the NSABP B-28 trial.

Methods: B-28 compared doxorubicin/cyclophosphamide (ACx4) with ACx4 followed by paclitaxel (PAC)x4. Pts >50 yrs and those <50 yrs with ER+ and/or PR+ tumors also received 5 yrs of tamoxifen concurrently with CT. Between 8/95 and 5/98, 3,060 pts were accrued. Present study includes 1,065 pts ER+ by central TMA IHC, tamoxifen treated, assessed by RS. Median follow-up time was 11.2 yrs.

Table: Kaplan–Meier estimates of 10-yr outcomes Endpoints	RS Low n = 386	RS Intermediate n = 364
LRR %; 95% CI	3.3 (1.8–5.5)	7.2 (4.8–10.3)
DFS event%; 95% CI	24.2 (20.2–28.9)	43.0 (38.1–48.0)
DR %; 95% CI	19.1 (15.4–23.6)	35.1 (30.3–40.0)
Death %; 95% CI	10.0 (7.4–13.6)	25.3 (21.1–30.0)

Results: RS significantly predicted loco-regional recurrence (LRR), disease-free survival (DFS) event, distant recurrence (DR), and death, in univariate analyses (Table). In multivariate analyses, RS was independently prognostic beyond clinical and pathologic factors ($p < 0.001$). Pts with low RS had similar outcomes when treated with AC+PAC vs. AC (LRR: 3.1% vs. 3.4%, HR = 1.19; DFS event: 23.9% vs. 24.5%, HR = 1.01; DR: 19.1% vs. 19.2%, HR = 0.95; Death 11.5% vs. 8.5%, HR = 1.28, respectively.) Majority of PAC benefit was observed in pts with intermediate RS (LRR: HR = 0.75, DFS event: HR = 0.84, DR: HR = 0.88, death: HR = 0.74) or high RS (LRR: HR = 0.80, DFS event: HR = 0.81, DR: HR = 0.86, death: HR = 0.86). However, interaction tests between RS and PAC benefit were not statistically significant.

Conclusion: RS significantly predicted risk for LRR, DFS event, DR, and death, in N+, ER+ pts treated with AC or AC+PAC. Although there was no significant interaction between RS and PAC

benefit, pts with low RS had similar outcomes whether treated with AC or with AC+PAC and most of PAC benefit was evident in pts with intermediate/high RS. These results support previous findings of lack of CT benefit in pts with low RS.

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