10-year survival outcomes of early-staged breast cancer patients with intermediate- and high- risk hormone receptor-positive her2-negative disease

Abstract Number: 292
Presentation Number: PS2-04-19
Presentation Date/Time: 10/12/25, 5:00 - 6:30 PM

Winnie Yeo[1], Lok-Wa Yuen[2], Carol C Kwok[4], Inda Soong[5], Ting-Ying Ng[6], Joanne Chiu[7], Miranda Chan[8], Sharon Wing-Wai Chan[3], Ting-Ting Wong[2], Yolanda Ho-Yan Chan[9], Lawrence Pui-Ki Li[2], Chun-Chung Yau[2], Wai-Ka Hung[2], Polly Suk-Yee Cheung[2]

[1] Department of Clinical Oncology, Prince of Wales Hospital, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong. [2] Hong Kong Breast Cancer Foundation, Hong Kong. [3] Department of Surgery, United Christian Hospital, Hong Kong. [4] Department of Clinical Oncology, Princess Margaret Hospital, Hong Kong.
[5] Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital, Hong Kong. [6] Department of Clinical Oncology, Tuen Mun Hospital, Hong Kong. [7] Department of Medicine, Queen Mary Hospital, Hong Kong. [8] Department of Surgery, Kwong Wah Hospital, Hong Kong. [9] Breast Health Clinic, CUHK Medical Centre, Hong Kong.

香港乳癌基金會 HK Breast Cancer Foundation

Background

- Patients with high- and intermediate- risk HR-positive HER2-negative early breast cancer (EBC) have increased risk of disease relapse.
- Adjuvant endocrine therapy (ET) therapy combining with CDK4/6 inhibitors have improved outcomes of early-staged breast cancer (EBC) patients (pts) with intermediate- or high- risk HR-positive HER2-negative disease based on MonarchE and NATALEE studies.

Study Objectives:

• To assess the invasive disease-free survival (iDFS) of HR-positive HER2-negative EBC patients prior to the use of adjuvant CDK4/6 inhibitors.

Methods

- This is a retrospective study based on real-world patient data from the database of the Hong Kong Breast Cancer Foundation.
- Patients were consented for data collection from 11 public and 4 private hospitals/clinics in Hong Kong.
- Pts with HR-positive HER2-negative EBC who underwent definitive surgery between January 2006 and December 2011 were studied.
- The inclusion criteria of NATALEE were applied.
- Pts were divided into two groups:
  - Group 1, those who satisfied NATALEE criteria (considered to have intermediate- or high- risk);
  - Group 2, those not eligible for NATALEE and had stage 1 cancers.
- Patients background characteristics were collected.
- iDFS was evaluated using the Kaplan-Meier method.
- Descriptive statistics were used to report the clinical outcomes between the two groups.

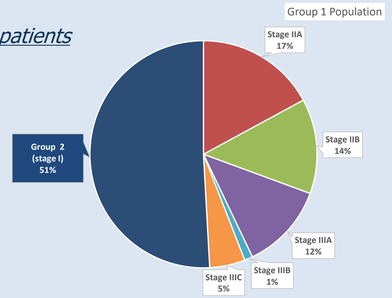
Methods (contd.)

The study was approved by the regional ethics committee of individual units.

Results

- A total of 3512 ER-positive HER2-negative EBC were included.
  - Group 1: 1885 (53.7%)
  - Group 2: 1627 (46.3%)

Tumour stage of patients in Group 1 and 2



Key Background characteristics:

- The median age was 50.2 years (range: 24.2-101.4).
- Menopausal status%) at diagnosis:
  - Premenopausal: 1624 (46.2%)
  - Postmenopausal, 1670 (47.6%)
  - Unknown status, 218 (6.2.
- Grade 3 tumours: 883 (25.2%) had grade 3 cancers.
- High tumour Ki67 (defined as >/=20%): 790 (25.2%)
- Adjuvant treatment:
  - Radiotherapy, 2459 (70.0%)
  - Chemotherapy, 2230 (63.5%)
  - Endocrine therapy: 3341 (95.1%)

Clinical Outcomes of patients:

- 10-year iDFS: Group 1 vs Group 2 = 77.1% vs 89.6% respectively.

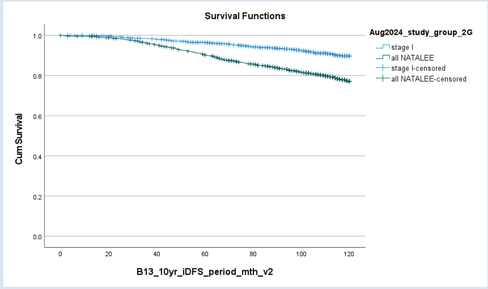


Table 2. 10-year iDFS according to patient subgroups (N=3512)

	Subgroups	Group 1	Group 2
Age	<65 years	90.4%	78.1%
	>/= 65 years	83.0%	69.8%
	P-value	0.004	0.016
Menopausal status	Premenopausal	90.4%	79.8%
	Postmenopausal	89.2%	74.6%
	P-value	>0.05	0.011
Tumour Grade	Grade 1-2	90.2%	78.0%
	Grade 3	84.9%	75.1%
	P-value	0.006	>0.05
Ki67	Low	91.1%	87.7%
	High	78.9%	76.2%
	P-value	>0.05	>0.05
Use of adjuvant chemotherapy	Yes	90.1%	78.5%
	No	89.3%	63.9%
	P-value	>0.05	<0.001
Use of adjuvant radiotherapy	Yes	92.5%	77.6%
	No	85.9%	75.1%
	P-value	<0.001	>0.05

Conclusion

- The present study confirmed that in the era prior to adjuvant ET plus CDK4/6 inhibitor, patients who had intermediate- or high- risk HR-positive HER2-negative EBC had worse prognosis.
- Among those who would have satisfied NATALEE criteria (Group 1)
  - older age and postmenopausal at diagnosis had significantly worse iDFS
  - use of adjuvant chemotherapy was associated with better iDFS.
- For those with stage 1 EBC (Group 2)
  - older age and high tumour grade had significantly worse iDFS
  - having receiving adjuvant radiotherapy was associated with better iDFS.
- Real-world studies such as the present one provide informative data and further studies may enable better determination of appropriate patient population for the use of adjuvant CDK4/6 inhibitor treatment

- Correspondence to: Winnie Yeo, MD, FRCP, Department of Clinical Oncology, Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong SAR, China. E-mail: winnieyeo@cuhk.edu.hk
- Conflicts of Interest: Yeo has received honorarium for consultancies and advisory role from Amgen, Astella, Astra Zeneca, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly, Fosun, Gilead, Glaxo Smith Kline, Merck Sharpe Dohme, Novartis, Pfizer, Roche, Sanofi, Taiho, Zai Lab. None of the other authors declare any conflict of interest. The statements presented in this abstract are the sole responsibility of the authors..