PRISMA

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Real-World Evaluation of Treatment Trends in Breast Cancer: The PRISMA Study

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SAN ANTONIO BREAST CANCER SYMPOSIUM®

UT Health San Antonio Mays Cancer Center

AACR American Association for Cancer Research®

Introduction

- Breast cancer (BC) is the most common cancer and the leading cause of cancer-related death in women.
- Triple-negative BC (TNBC) and high-risk ER+ HER2- BC are aggressive BC subtypes with high recurrence rates.
- In Portugal, data on treatment of TNBC and high-risk ER+HER2- BC is limited.

Objective

- To characterize early TNBC and high-risk ER+ HER2- multimodal treatment patterns.

Methods and Materials

- Multicentric retrospective collection of aggregated data from patients diagnosed between January 2019 and June 2023.
- The study included adult patients diagnosed with stage II - III TNBC or high-risk ER+ HER2- BC eligible for neoadjuvant chemotherapy (NACT).

Conclusions

- This data provides a real-world characterization of TNBC and high-risk ER+HER2- BC treatment.
- There was a high adherence to NACT and adjuvant endocrine therapy (AET), per guidelines, in this period.
- Observed delays in surgery suggest inter-hospital care variations that may inform healthcare policy, ultimately improving patient outcomes.

Results

1585 Patients

642 TNBC

Clinical characterization

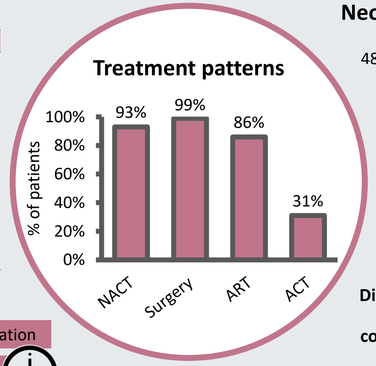
Baseline characteristics	n (%)
Age, <65 years	503 (78.3)
Female sex	642 (100.0)
Menopausal status	
Premenopausal	246 (45.7)
Postmenopausal	269 (50.0)
Unknown	23 (4.3)
Histology on biopsy	
Invasive carcinoma, NST	562 (87.5)
Lobular	6 (0.9)
Other/unknown	74 (11.5)

Waiting times

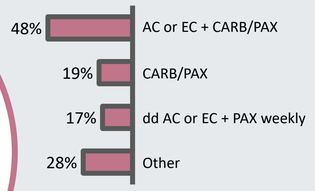
5.0 Weeks between therapeutic decision and initiation

5.4 Weeks between end of NACT and surgery

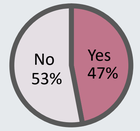
Treatment patterns



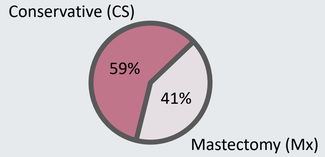
Neoadjuvant chemotherapy (NACT)



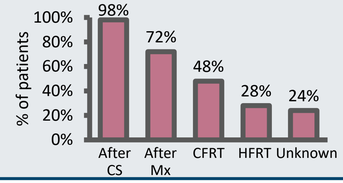
Did patients achieve a pathological complete response?



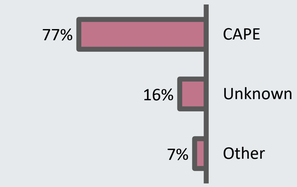
Surgery



Adjuvant radiotherapy (ART)



Adjuvant chemotherapy (ACT)



943 ER+HER2-

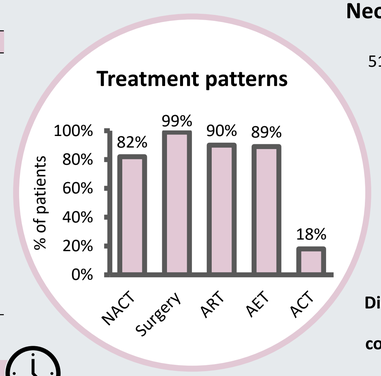
Clinical characterization

Baseline characteristics	n (%)
Age, <65 years	729 (77.3)
Gender, female	936 (99.3)
Menopausal status	
Pre-menopausal	410 (43.8)
Postmenopausal	493 (52.7)
Unknown	33 (3.5)
Histology on biopsy	
Ductal (no special type)	778 (82.5)
Lobular	116 (12.3)
Other/unknown	49 (5.2)
Ki-67, ≥20%	549 (68)
Multi-gene assays	52 (5.5)

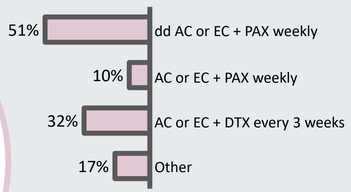
Waiting times

5.7 Weeks between end of NAT and surgery

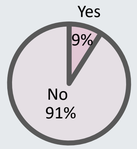
Treatment patterns



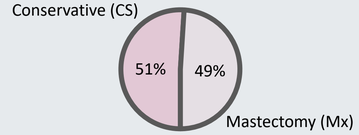
Neoadjuvant chemotherapy (NACT)



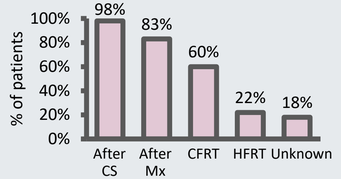
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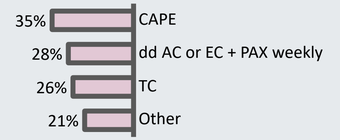
Surgery



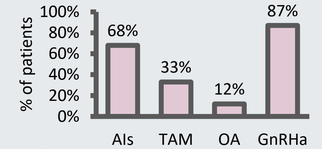
Adjuvant radiotherapy (ART)



Adjuvant chemotherapy (ACT)



Adjuvant endocrine therapy (AET)



The % of patients receiving AIs and TAM is based on those who underwent AET (n = 803). The % receiving OA and GnRHa is based on those who received ovarian function suppression (n = 211).

Contact

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Legend: AC, doxorubicin and cyclophosphamide; ACT, adjuvant chemotherapy; AET, adjuvant endocrine therapy; Ais, aromatase inhibitors; ART, adjuvant radiotherapy; CARB, carboplatin; CAPE, capecitabine; CS, conservative surgery; DTX, docetaxel; EC, epirubicin and cyclophosphamide; GnRHa, GnRH antagonists; HFRT, hypofractionated radiation therapy; Mx, mastectomy; NACT, neoadjuvant chemotherapy; NST, No Special Type; OA, ovarian ablation; PAX, paclitaxel; TAM, tamoxifen; TC, docetaxel and cyclophosphamide.

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