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Young HOPE/JCOG2402: A Randomized Phase III Study of Response-Guided Therapy Following Neoadjuvant Endocrine Therapy to Optimize Adjuvant Treatment in Premenopausal HR+/HER2- Breast Cancer：

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Background

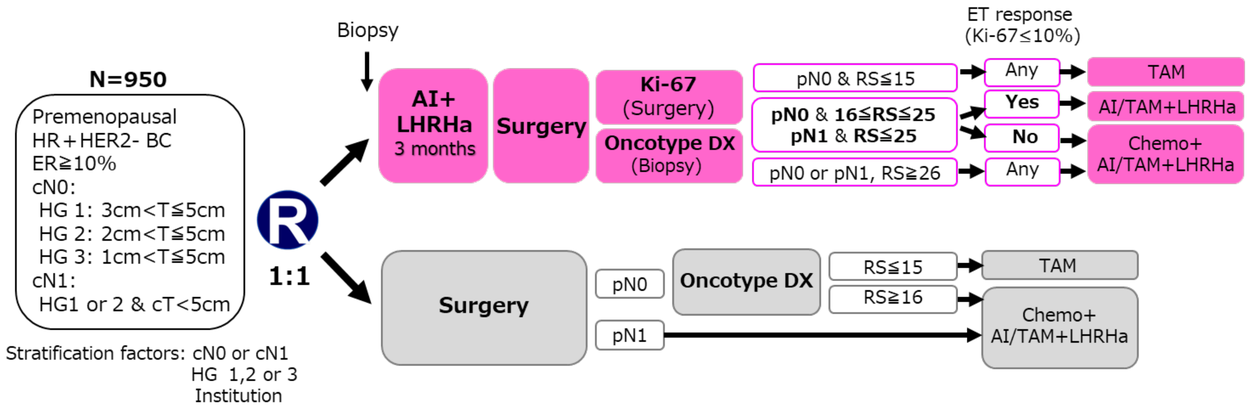
- Premenopausal breast cancer (BC) is increasing worldwide, particularly among hormone receptor (HR)-positive, HER2-negative subtypes.
- The TAILORx and RxPONDER trials demonstrated that premenopausal women with HR-positive/HER2-negative BC at intermediate risk* derive benefit from adding chemotherapy (CT) to endocrine therapy (ET).[1-3]
  ※intermediate risk was defined as node-negative with high clinical risk and Oncotype DX Recurrence Score [RS] of 16–20, node-negative with RS 21–25, or node-positive with RS ≤25
- The ADAPT trial suggested that patients achieving endocrine response (Ki-67≤10%) after neoadjuvant endocrine therapy (NET) had excellent outcomes without CT, regardless of menopausal status.[4-5]
- Thus, ET response may serve as a biomarker to identify premenopausal patients who could safely omit CT.

Purpose

- A randomized controlled trial to evaluate the non-inferiority of an ET response–guided treatment strategy compared with standard surgery plus adjuvant therapy in premenopausal HR+/HER2- BC with intermediate risk.
- To increase the number of patients who can be treated with ET alone by omitting CT in those with high endocrine sensitivity.

Study design

Phase 3, multicenter, randomized controlled study



Primary endpoint	**Event-free survival (EFS)**
Key secondary endpoints	Overall survival (OS) Relapse-free survival (RFS) Distant metastasis-free survival (DMFS) Incidence of adverse events HR-QOL (ePRO with EORTC QLQ-C30, BR42) The proportion of endocrine therapy alone in adjuvant therapy ET response rate in an experimental arm Proportion remaining premenopausal
Accrual	Starting in December, 2025

Key eligibility criteria

- Women aged 18 years or older, ECOG PS 0-1
- HR+HER2- breast cancer
- ER expression ≥ 10%
- cN0; HG 1: 3 cm<T≤5 cm, HG 2: 2 cm<T≤5 cm or HG3: 1 cm<T≤5 cm
  cN1; cT<5 cm and HG 1/HG 2
- Premenopausal women with spontaneous menses within 12 months

Statistical methods

Planned Sample size: 950 patients

- Assuming that the 5-year EFS is 92% in both the standard and experimental arms
- The non-inferiority margin was set at a hazard ratio of 1.45 (corresponding to a 3.4% difference in 5-year event-free survival) with a one-sided α of 0.05 and 70% power

Planned accrual period: 5 years
Follow-up period: 7 years

References

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