Real-World Treatment Patterns and Outcomes in Hormone Receptor Positive HER2 Negative Early-Stage Breast Cancer in a Private Community Oncology Practice of Brazil

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Abstract

Purpose: This study aims to assess the disease characteristics, practice patterns and outcomes of patients (pts) in a real-world setting with HR-positive (+)/HER2-negative (-) early breast cancer (EBC) treated in Brazil's largest private community oncology network.

Methods: Retrospective study from the Oncoclínicas&CO real-world database from 2016 to 2021.

Results: In total, 1,786 cases were selected. Median age was 57 years, 566 (32%) were premenopausal, 1,179 (66%) were LR, 351 (20%) IR, and 256 (14%) HR. The 3-year iDFS was 86% (95% CI, 84%-89%) in LR population, 87% (82%-91%) in IR, and 72% (95% CI, 65%-81%) in HR.

Conclusions: Real-world outcomes were inferior to those reported in major adjuvant trials, underscoring the need for improved implementation of evidence-based care.

Introduction

Hormone receptor–positive, HER2-negative early breast cancer is the most common subtype in Brazil. Real-world evidence is crucial to understand treatment patterns and outcomes. This study evaluates disease characteristics, adjuvant therapy use, and survival outcomes in pts treated within Brazil's largest private oncology network.

Methods and Materials

A retrospective study from the Oncoclínicas&CO real-world database from 2016 to 2021.We assessed risk profile distribution (high-risk [HR], intermediate-risk [IR] or low-risk [LR]) as per recente adjuvant trials in EBC (monarchE / NATALEE), endocrine and chemotherapy (CT) prescriptions and 3-year invasive disease-free survival (iDFS).

Results

In total, 1,786 cases were included. Median age was 57 years, 32% were premenopausal, 66% were LR,20% IR, and 14% HR. In postmenopausal pts, aromatase inhibitor (AI) was used by 74% with LR, 79% with IR and 83% with HR.

In premenopausal pts, ovarian function suppression (OFS) combined with tamoxifen or AI was prescribed to 18% LR pts, 15% IR, and 48% HR.

CT was offered to 32%, 38%, and 73% of postmenopausal pts in LR, IR, and HR groups.

In premenopausal pts, 55%, 57%, and 78% received CT in LR, IR, and HR groups.

The 3-year iDFS was (95% CI, 84%-89%) in LR population, 87% (82%-91%) in IR, and 72% (95% CI, 65%-81%) in HR.

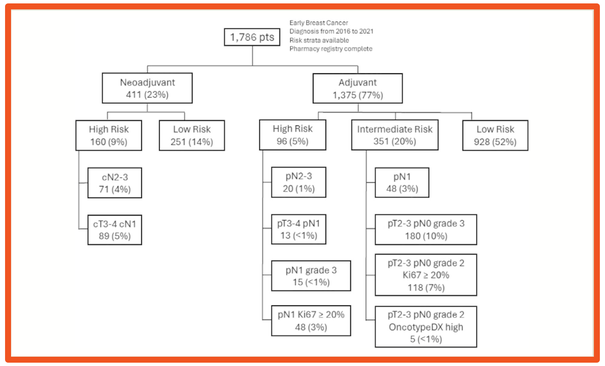


Figure 1. Risk profile distribution of the overall population as per initial therapy, with detailed classification of intermediate and high-risk subsets

	Risk	Chemo	Total
Premenopause	High	78%	100%
	Intermediate	57%	100%
	Low	55%	100%
Post Menopause	Risk	Chemo	Total
	High	73%	100%
	Intermediate	38%	100%
	Low	32%	100%

Tabel 1. Risk and Chemotherapy by Menopausal Status

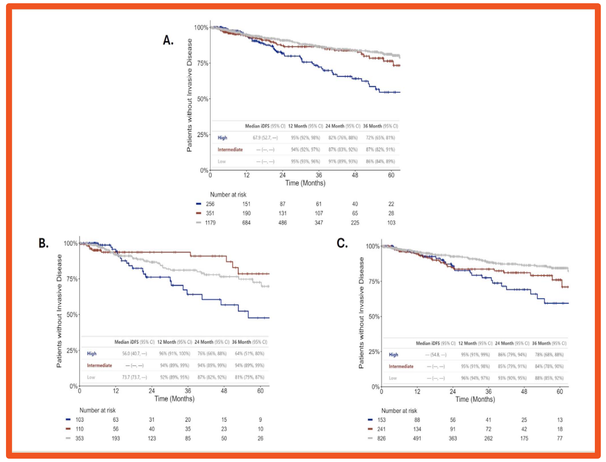


Chart 1. Kaplan-Meier curve of invasive disease-free survival stratified by risk category in the overall population (A), on premenopausal patients (B), and on postmenopausal (C).

Discussion

This RWE study provides one of the largest Brazilian datasets describing clinical characteristics, treatment patterns, and outcomes of pts with HR+/HER2– EBC treated in private oncology practices. Despite most pts being classified as low-risk, a notable proportion of premenopausal women with intermediate- or high-risk disease did not receive CT or OFS, which may contribute to worse outcomes.

The results highlight key treatment gaps when compared to randomized clinical trials. The 3-year iDFS for high-risk pts was 72% in this cohort—lower than that observed in the *MonarchE* (84%) and *NATALEE* (87%) control arms. Such discrepancies may reflect variations in patient selection, treatment adherence, and systemic therapy delivery in daily practice.

Moreover, RWE from middle-income countries such as Brazil provides valuable insights into real-world effectiveness and health system challenges, supporting the development of local clinical guidelines and policy decisions.

Conclusions

Real-world outcomes were inferior to those reported in major adjuvant trials, underscoring the need for improved implementation of evidence-based care. These findings reinforce the importance of medical education, standardized treatment pathways, and targeted strategies to reduce recurrence risk and optimize outcomes for high-risk pts in routine clinical practice.

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References

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