Results: Fifteen patients with advanced HER2-positive ILC were identified, median age 59 years, 67% ER-positive, 80% grade 2, 27% pleomorphic. Nine patients had been previously treated for early HER2-positive ILC, of whom 6/9 received adjuvant trastuzumab. Patients received a median of two lines of treatment for advanced disease (range 1–7), including trastuzumab (86.70%), TDM1 (40%), pertuzumab (20%) and lapatinib anti-HER2 TKIs (tyrosine kinase inhibitors) (33.3%). Median overall survival was 51.3 months (95%CI 8.8–not reached); similar to that reported with dual HER2 targeting in the CLEOPATRA trial. Thirty-four patients with early HER2-positive ILC were identified, median tumour size 24 mm, median two involved nodes (range 0–16), 76% ER-positive, 68% grade 2, 21% pleomorphic. Seven of 34 patients (20.6%) received NAC, with trastuzumab in 5/7 (71.4%). Among 5/7 NAC patients who underwent surgery, pCR was noted in 3/5 (60%). Five patients received primary endocrine therapy, with trastuzumab in 1/5 (20%). Twenty-one patients received adjuvant chemotherapy, with trastuzumab in 18 (85.7%). Nine of 34 patients relapsed (26.5%) after a median disease-free interval of 111.3 months (95%CI 111.2–not reached), with locoregional (4/9; 44.4%), bone-only (2/9; 22.2%), bone and visceral disease (2/9; 22.2%) or brain-only disease (1/9; 11.1%). The 5-year overall survival rate for the early disease cohort was 78% (95%CI 59–89%).

Conclusion: In this single-institution study, we report outcomes for patients with HER2-positive ILC comparable with those expected for HER2-positive IDC, despite incomplete exposure to all anti-HER2 therapies.

Reference

[1] Metzger-Filho O, Procter M, De Azambuja E, Leyland-Jones B, Gelber R, Dowsett M et al. Magnitude of trastuzumab benefit in patients with HER2-positive, invasive lobular breast carcinoma: results from the HERA trial. J Clin Oncol 2013;31:1954–60.

Clinical Outcomes in Triple-negative Lobular Breast Cancer: a Single-institution Experience

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Purpose: Invasive lobular carcinomas (ILC) are characterised by loss of the cell adhesion molecule, E-cadherin, most commonly due to somatic CDH1 mutations. These are typically oestrogen receptor (ER)-positive/HER2-negative luminal tumours, which have a similar prognosis to that expected for luminal invasive ductal carcinomas (IDC). However, approximately 15% of ILC will be ER-negative; either at the time of breast cancer diagnosis or at metastatic relapse due to loss of ER expression. Previous studies have suggested that patients with triple-negative ILC have a superior prognosis to matched controls with triple-negative IDC, despite different clinical features, including higher rates of leptomeningeal disease, ovarian and peritoneal metastases [1].

Methods: Retrospective collection of clinical data from all patients with triple-negative ILC diagnosed between 2004 and 2014 at the Royal Marsden Hospital. Primary end point; median overall survival in patients with metastatic triple-negative ILC, secondary end points include median disease-free interval (DFI) after treatment of early disease, rate of response to neoadjuvant chemotherapy (NAC) and patterns of disease relapse.

Results: Twenty-three patients with advanced triple-negative ILC were identified, median age 48 years, all female. Eleven patients had been previously treated for early triple-negative ILC; 76 for early (54/76) or advanced (2/76) ER-positive ILC. Nineteen of 23 patients received a median of two lines of palliative chemotherapy (range 0–6) and the median OS was 18.32 months (95% CI 13.0–32.8). Sixteen patients with early triple-negative ILC were identified, median tumour size 3 cm, 43.8% grade 3, 62.5% axillary node-positive (median two nodes, range 0–35). Three received NAC (no pathological complete response but imaging responses in 2/3) and nine received adjuvant chemotherapy. Eleven of 16 patients relapsed (68.8%), most commonly with locoregional (3/11; 27.3%), bone-only (2/11; 18.2%) or brain-only disease (2/11; 18.2%). Median DFI was 28.5 months (95%CI 15–78.8) and the 5-year overall survival rate for the cohort was 52% (95%CI 23–74%).

Conclusion: In our institution we report a high rate of relapse after treatment for early triple-negative ILC, but the median overall survival from metastatic disease is similar to that expected from triple-negative IDC.

Reference

[1] Pestalozzi BC, Zahrieh D, Mallon E, Gusterson BA, Price KN, Gelber RD et al. Distinct clinical and prognostic features of infiltrating lobular carcinoma of the breast: combined results of 15 International Breast Cancer Study Group clinical trials. J Clin Oncol 2008;26(18):3006–14.

The GOLD (Geriatric Oncology Liaison Development) Service and its Impact on Oncology Outcomes in Breast Cancer Patients: a Retrospective Analysis

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Purpose: Outcomes for older patients with cancer are poorer than their younger counterparts. The GOLD service is a recent development in oncology. Patients older than 65 years, with comorbidities, polypharmacy or poor performance status regardless of tumour type are referred to the GOLD clinic for optimisation before starting or during systemic treatment and/or radiotherapy. The aim of this retrospective analysis is to review the impact of the GOLD assessment on breast cancer patients.

Methods: We reviewed all patients who were referred to the GOLD clinic between March 2016 and May 2018. We analysed tumour type, age, type of treatment, reason for referral and outcome. The primary end point was whether patients were able to start or continue planned treatment.

Results: In total, 456 patients were seen in the GOLD clinic. The most common tumour types were gastrointestinal (137; 30%) and lung (53; 12%). Only 19 (4%) had breast cancer: median age 77 years. At the time of referral, 11 (58%) had or were due chemotherapy [five (26%) adjuvant, three (10%) neoadjuvant, three (10%) palliative], five endocrine therapy [two (10%) adjuvant, three palliative (15%)] and one adjuvant radiotherapy (5%). Reasons for referral: comorbidities 47%, functional decline 31%, optimisation (15%) and recent admission (10%). Seventeen (89.4%) patients were able to start or continue their treatment following a GOLD review. The four most common actions were (1) change in medication: 11 (57%); (2) general practitioner instructions: nine (47%); (3) AHP referral: four (21%) and (4) oncology instructions: three (15%). All but one patient completed their planned treatment.

Conclusion: A small number of breast cancer patients were referred to the GOLD service compared with other tumour types. Most patients were able to start/continue the proposed treatment with optimisation. A retrospective review of patients who were not referred will help further define which patients will benefit from this service.

Current UK Practice of Management of Pregnancy-associated Breast Cancer

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Purpose: With the trend towards delayed child-bearing, the incidence of pregnancy-associated breast cancer (PABCs) is rising and remains an important clinical problem. The aim of this national retrospective study was to describe the current practice of PABCs and any variation in the provision of care and adherence to treatment.

Methods: All oncological units in the UK are eligible for inclusion and encouraged to participate. Trainees from eight units entered through the Breast Cancer Research Collaborative initiative. A trainee lead with a supervising consultant with a special interest in breast cancer was identified to coordinate the study. Trainees registered the study locally at each institution. A questionnaire was developed by members of the collaborative steering group including trainees across surgical, clinical oncology, medical oncology and gynaecological specialties. Each centre collected information on current PABCs practice (including baseline characteristics, surgical, medical