ROLE OF EARLY CIRCULATING TUMOR CELL (CTC) MONITORING FOR PREDICTION OF CLINICAL OUTCOME IN PATIENTS WITH HER-2 NEGATIVE METASTATIC BREAST CANCER RECEIVING FIRST-LINE TREATMENT WITH BEVACIZUMAB AND PACLATAXEL

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INTRODUCTION

Circulating tumor cells (CTC) have been associated with clinical outcomes in metastatic breast cancer. CTCs are one of the most promising predictive and prognostic markers for HER-2 negative metastatic breast cancer patients. The aim of our study was to describe the detection of good prognosis CTCs and measure the potential utility of this technique to find patients who at risk to have a good outcome.

METHODS

CTCs were measured in a cohort of patients treated with first-line chemotherapy (FEC 6 cycles) or first-line chemotherapy followed by trastuzumab 6 cycles + lapatinib 12 months, with T790M mutation and CTCs were measured with the CellSearch system (Veridex, Kite Garwood, NJ, USA) at baseline and after 18 months of treatment. The percentage of CTCs < 10 was used to predict good outcome.

RESULTS

In the cohort of 111 eligible patients, 106 (95.4%) had a CTC count < 10 at baseline and 101 (91.2%) had a CTC count < 10 after 18 months of treatment. The patients with CTCs < 10 at baseline had a significant improvement in progression-free survival (HR 0.30, p = 0.046) and overall survival (HR 0.37, p = 0.033) compared to patients with CTCs ≥ 10 at baseline. There was also a significant correlation between CTC count at baseline and overall survival (HR 0.34, p = 0.002) and progression-free survival (HR 0.39, p = 0.003).

CONCLUSIONS

CTC count at baseline and after 18 months of treatment may be a useful tool to predict clinical outcome in HER-2 negative breast cancer patients. Further studies are needed to confirm these findings.

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