

# A clinical case

- 40 y.o. patient. No co-morbidity. No familial history of breast and/or ovarian cancer. Two children. Employee at the postal office.
- Recent right quadrantectomy and ipsilateral axillary nodes dissection.

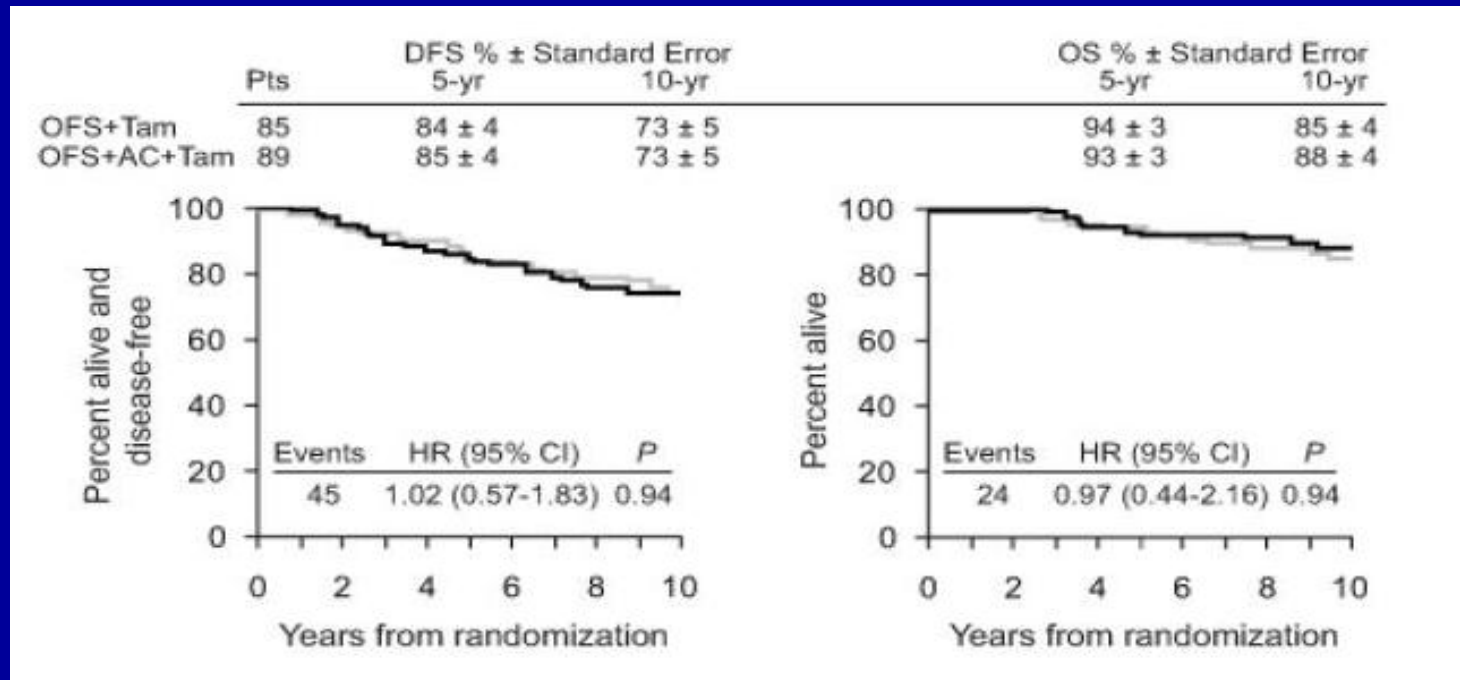
## Pathology report:

- ductal infiltrating carcinoma, presence of vascular invasion, free margins
- pT 1,5 cm, 2/24 + nodes
- Grade 1, ER+ 80%, PgR+ 50%, Ki-67 5%, Her-2 negative

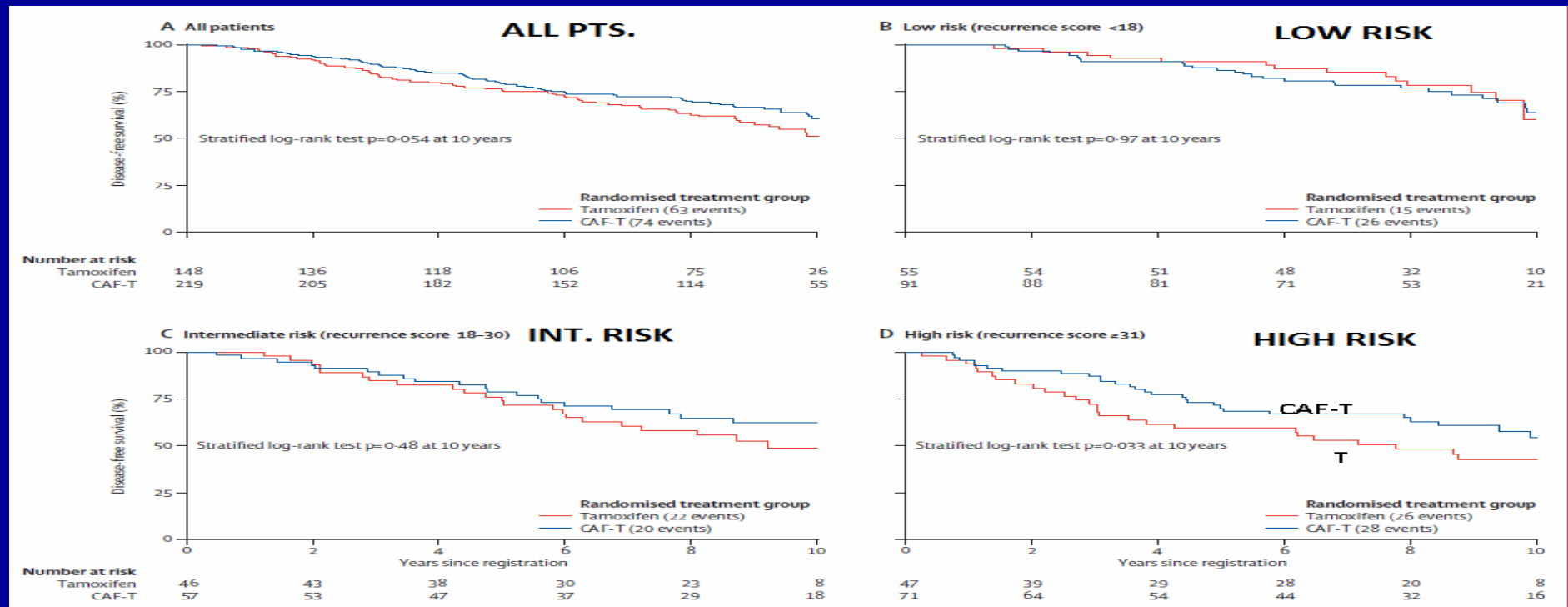
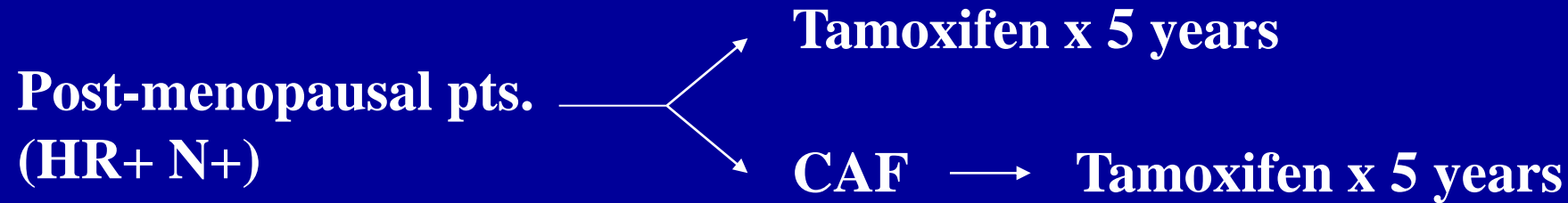
**Question: other than radiotherapy to the residual breast, what type of systemic treatment would you prescribe?**

# Adjuvant chemotherapy in HR+ N+ pre-menopausal patients

N= 174 pts.  $\swarrow$  ovarian suppression + tamoxifen for 5 years  
 $\searrow$  AC x 4  $\longrightarrow$  same endocrine therapy

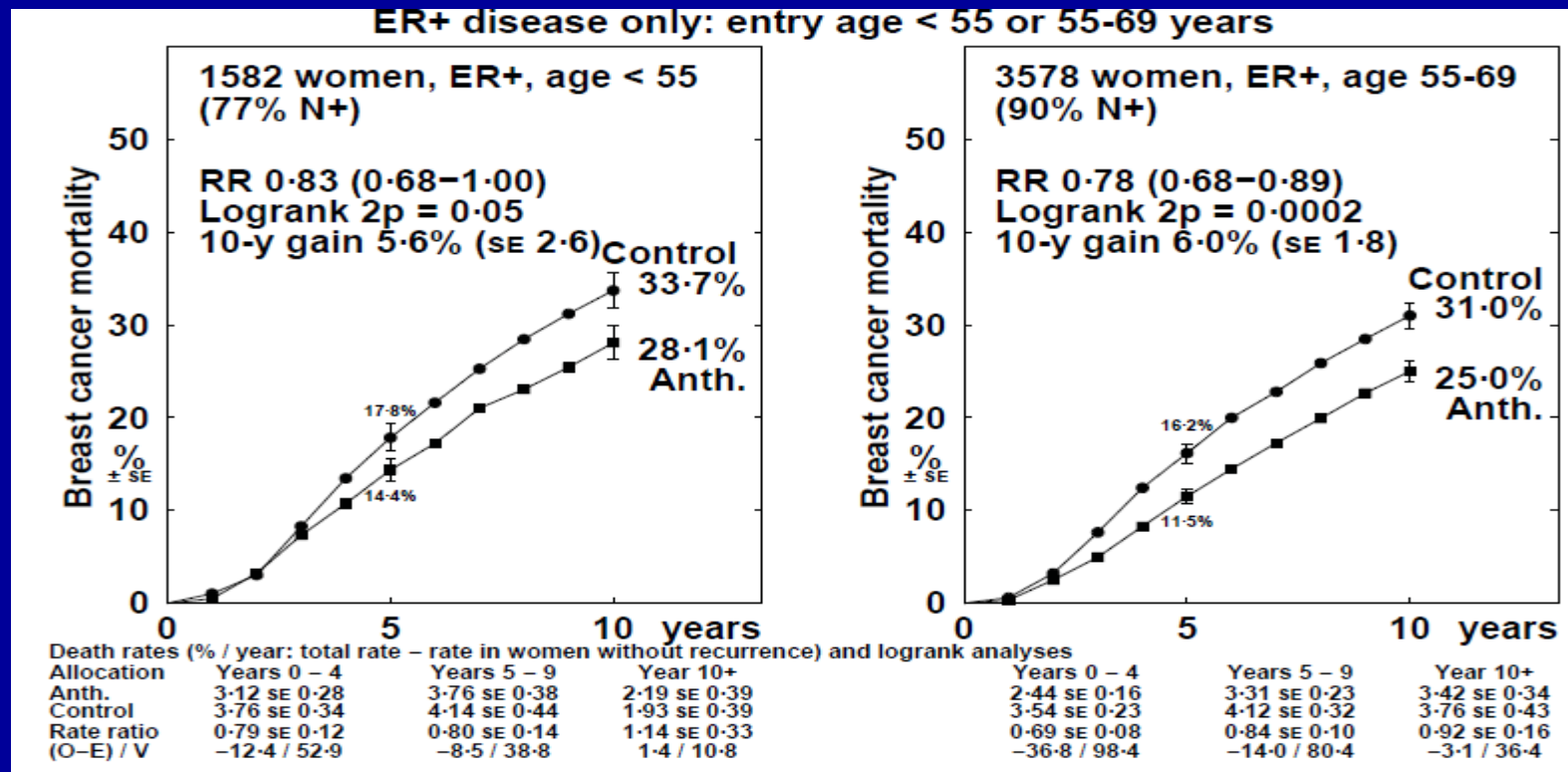


# Heterogeneity of the ER+ population



# The evidence coming from the EBCTCG overview

## Trials of chemotherapy vs. no chemotherapy (N+ and N-)



# Pros and Cons

## Individual studies

### Pros

- takes into account biological heterogeneity
- optimal endocrine therapy

### Cons

- either subgroup analysis or limited sample size

## EBCTCG overview

### Pros

- large numbers

### Cons

- biological heterogeneity
- sub-optimal endocrine therapy in the control arm
- endocrine effects by chemotherapy (ovarian suppression)