followed by trastuzumab, and in ER+, endocrine therapy. The choice mainly depending on the efficacy of neoadjuvant treatment, were fixed on October 21, 2020. After surgery, patients received for the treatment of HER2+ primary breast cancer (Fig. 1). For the (18 vs. 6 w), and in ER+ patients, with/without endocrine therapy, with/without prolonged anti

Methods: patients enrolled in the NeoLaTH-II study (total no: UMIN 00007576); comprehensive pathological complete response plus ypN0 (CpCRypN0) was confirmed in 46% (98/212) of total patients, and in 62% and 34% of ER-positive (−) and ER-positive (+) patients, respectively. Long-term 5-year follow-up after surgery has been successful. Here, we report the survival outcome of patients enrolled in the NeoLaTH-II study.

Results: Among the followed-up patients (n=212), Table 1, the 5-year disease-free survival (DFS) rate was 88% (95% CI: 82.5-91.9%). It is higher than the efficacy of neoadjuvant treatment than in those who did not (91.7% vs 85.1%, p<0.0087) (Fig. 2).

- Among non-pCR patients, G2S (defined as only focal invasive tumor residues confirmed in the recent viser biopsy; near pCR) was confirmed in 20 patients (835 ER- patients and 11/78 ER+ patients).
- The 5-year DFS rate was higher in patients who achieved CpCRypN0 (CpCRypN0 plus near pCR) than in those who did not (91.3% vs 84.2; p=0.0170) (Fig. 3).
- Adjuvant A was performed in 65% (140/212) of 5-year distant DFS was similar between patients with and without adjuvant A. In the ER− cohort, the 5-year distant DFS rate ranged between 95-93% in patients who did not achieve CpCRypN0 regardless of use of adjuvant A.

- Four (T3N1 in 3) patients had brain metastasis; 2 of them had achieved CpCRypN0 and adjuvant A-based therapy was omitted.

Discussion: Achieving CpCRypN0 after neoadjuvant treatment is a predictor of good prognosis. We found that achieving CpCRypN0 is also associated with a favorable outcome, as compared with those without pCR. In these patients, a good survival outcome was observed regardless of use of adjuvant A-based therapy. Thus, omission of adjuvant A-based therapy may be considered. However, brain metastasis did occur in some cases, even in patients who achieved CpCRypN0. Thus, such risk should be taken into account. Although dual HER2 blockade is generally less effective for ER+ patients, the 5-year distant DFS in ER+ cohort showed a good outcome, regardless of use of adjuvant A-based therapy, suggesting that omission of the A-Based regimen may also be considered in cases of CpCRypN0 / CpCRyoN0 after neoadjuvant treatment.

Conclusions: A good prognosis was observed with near pCR. The omission of adjuvant A-based therapy may be considered in patients who had CpCRypN0 / CpCRyoN0 after neoadjuvant treatment, however, the risk of brain metastasis should be taken into consideration.

References:

Table 1

<table>
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Fig.2

Fig.3

Table 1

Discussion:

Adjuvant A

Conclusions:

References: