



## THEME 2

### THEME #2—ADJUVANT SYSTEMIC THERAPY FOR POSTMENOPAUSAL ENDOCRINE-RESPONSIVE BREAST CANCER: MULTIPLE VARIATIONS ON A CENTRAL THEME

- 61-year-old postmenopausal woman with left breast cancer
- Invasive ductal carcinoma, grade 2, Ki-67 17%, T = 2.0 cm, ER 80%, PR 70%, SNB negative, HER2 negative
- Breast conserving surgery; breast irradiation planned
- Patient is otherwise healthy

#### FIRST VARIATION—RISK ASSESSMENT AND THE ROLE OF GENE EXPRESSION PROFILES IN TREATMENT PLANNING

*Discussant: Terry Mamounas, MD, MPH, FACS*

This patient would like to be certain she is doing everything possible to minimize her risk of recurrence, but would prefer to avoid chemotherapy if possible.

Based on her clinical/pathologic features and results from Adjuvant! Online, what would you tell her about her estimated risk of recurrence at 10 years with locoregional therapy alone?

1. 5% to 10%
2. 11% to 15%
3. 16% to 20%
4. 21% to 25%
5. >26%

A 21-gene recurrence score assay is ordered and performed on available formalin-fixed tumor tissue. The recurrence score is 25.

How would this result change your recommendations regarding her systemic therapy? 5% to 10%

1. Would NOT change my recommendation. I would suggest adjuvant endocrine therapy only.
2. Would DEFINITELY change my recommendation. Based on this result I would suggest adjuvant chemotherapy followed by endocrine therapy.
3. I would recommend that the patient participate in the TAILORx clinical trial.

#### SECOND VARIATION—ADJUVANT SYSTEMIC THERAPY: WHAT'S THE BEST APPROACH?

*Discussant: Stephen Jones, MD*

What is the most appropriate evidence-based adjuvant endocrine therapy for this patient?

1. Tamoxifen x 5 years
2. Tamoxifen x 5 years followed by an aromatase inhibitor (AI) x 5 years
3. Tamoxifen x 2-3 years followed by an AI for 3-2 years
4. AI x 5 years
5. AI x 2 years followed by tamoxifen for 3 years

#### THIRD VARIATION—ADDRESSING CONCERNS REGARDING BONE HEALTH

*Discussant: Robert Coleman, MD, FRCP, FRCPE*

She is concerned about bone health with adjuvant endocrine therapy. Results from a baseline DEXA scan are normal.

Would you recommend a bone-targeted agent as a component of this patient's systemic therapy?

1. Yes
2. Yes, when bone mineral density < -2.0
3. No

Which bone-targeted agent would you use?

1. Oral bisphosphonate
2. Zoledronic acid
3. Recommend participation in a clinical trial of denosumab