Early breast cancer systemic therapy

THE CLINICAL IMPACT OF USING THE IHC4 SCORE: OUR MDT EXPERIENCE IN A PROSPECTIVE SERIES OF POSTMENOPAUSAL WOMEN WITH ER POSITIVE EARLY BREAST CANCER

B.J. Yeo, M. Dowsett, I.E. Smith, L. Zabaglo
Breast Unit, Royal Marsden Hospital NHS Foundation Trust, London, UNITED KINGDOM

Patients with early breast cancer are offered adjuvant systemic therapies to reduce the chance of relapse and prolong survival. Currently we use several decision aids to estimate the benefit of systemic therapy by stratifying patients into risk categories. The IHC4 score is prognostic tool based on quantitative assessment of ER, PR, HER2 and Ki67% in addition to the clinicopathological information. The IHC4 score was developed from retrospective TransATAC data and predicts the residual risk of distant recurrence at 9 years. It has shown similar prognostic projections with OncotypeDX and has been shown to reclassify as many as half of the patients of intermediate risk on Adjuvant! Online with the potential in sparing some women with good prognosis cancers, the morbidity of chemotherapy. This study aims to prospectively evaluate the change in adjuvant treatment decision making based on the availability of the IHC4 score. The primary endpoint is the percentage change in the MDT recommendation for systemic therapy before and after the availability of the IHC4 score. Patients included were postmenopausal women undergoing primary surgery for ER positive breast cancer with 0–3 nodes. Exclusion criteria included HER2 + ve cancers, patients receiving neoadjuvant therapy and patients whose treatment decision would not be changed by the score (e.g. age or comorbidities). Final statistical analysis on the complete series with a data cut off of April 2014 will be presented. Currently, 84 scores have been included in the analysis between January 2013 and December 2013. The median age was 59 years and median tumour size 20mm. Prior to the availability of the IHC4 score, chemotherapy was advised to be either discussed or recommended in 54% of cases, whilst endocrine therapy alone was advised in 45%. After availability of the score, chemotherapy was recommended in 30% of cases whilst the recommendation for endocrine therapy alone increased to 70%. The IHC4 score has the potential to change a significant proportion of patients’ adjuvant treatment recommendations given through the MDT in this small prospective study.

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