We retrospectively identified and reviewed the medical records of all patients and 20.5% had IHC 2 lesions: 35 (75%), and median number of twice group and was 0/6 (0%) in IHC 2 inco Universitario Lozano Ado-trastuzumab emtansine (T-DM1) is the standard second line group to that of IHC 2 Eribulin is a widely used drug for the management of HER2(-) MBC. This is the first report to demonstrate the dif All known HER2 Of the 48 patients identified in 19 Spanish public and private centres, 47 fully L. Orcajo Rincon, J. Rodrıa, Cartagena, Spain, | Breast cancer, metastatic Volume 28 | Supplement 5 | September 2017

Background: Ado-trastuzumab emtansine (T-DM1) is the standard second line chemotherapy for HER2 overexpressed metastatic breast cancer (MBC). Tumor HER2 status is measured by either immunohistochemistry (IHC) or fluorescence in situ hybridization (FISH). A previous study showed no difference in objective response rate (ORR) with trastuzumab monotherapy between IHC 3+ and IHC 2+/FISH positive groups. It is not known whether response to T-DM-1 differs between IHC 3+ and IHC 2+/FISH positive patients. The aim of this study is to compare the efficacy of T-DM1 in IHC 3+ group to that of IHC 2+/FISH positive group.

Methods: We retrospectively identified and reviewed the medical records of all patients with HER2 positive MBC who received T-DM1 in our hospital from October 2013 to December 2016. In the efficacy analysis, we excluded five patients who had HER2 negative tumors at metastatic sites.

Results: A total of 44 patients were identified and 36 patients were available for efficacy analysis of ORR. Median age was 58 years old (range 28-80), 95.5% received prior trastuzumab. 45.5% received at least one chemotherapy for MBC, 29.5% received more than four lines of chemotherapy; 79.5% had IHC 3+ and 20.5% had IHC 2+/FISH positive. ORR was 16/30 (53.3%) in IHC 3+ group and was 6/6 (0%) in IHC 2+/FISH positive group (P = 0.024). Median progression free survival (PFS) was 7.0 months (95% CI, 5.58 to 8.42) in IHC 3+ group and was 2.0 months (95% CI, 0.00-4.57) in IHC 2+/FISH positive group.

Conclusions: ORR and PFS were significantly worse in HER2 2+/FISH positive patients compared with IHC 3+ patients. This is the first report to demonstrate the difference of T-DM1 efficacy by HER2 test results.
309P Nab-paclitaxel (Nab-P) in HER2-ve advanced breast cancer (ABC) HR+, HER2-breast cancer pre-treated or untreated with aromatase-inhibitors (AI) for advanced disease.

Methods: An indirect comparison with a network meta-analysis comparing EE with PL or PF in the treatment of metastatic HR+, HER2-breast cancer pre-treated or untreated with AI for advanced disease was performed. The Progression-Free-Survival (PFS) was the primary end point of all our indirect comparisons. The indirect comparison was performed both for patients pre-treated with AI and for patients never treated with AI for advanced disease. Efficacy data were expressed as Hazard Ratio (HR) and 95% Confidence Interval (95CI), assuming an α-error of 5% as index of statistical significance.

Results: All the data of the BOLERO-2 trial, the Bachelot et al network meta-analysis (Breast Cancer Treat Rep 2014), the PALOMA-2 and the Paloma-3 trial were analyzed and indirectly compared in a network meta-analysis. 2 orders of comparison were performed: EE vs PL for patients never treated with AI for advanced disease and EE vs PF for patients pre-treated with AI for advanced disease. The pooled HR and 95%CI were respectively 0.597 (0.355-1.005, p = 0.89) and 1.1 (0.7-1.6, p = 0.97) for EE vs PL (never treated with AI) and EE vs PF (pre-treated with AI). No major reasons of clinical and methodological heterogeneity were detected in an independent qualitative analysis.

Background: Chemotherapy (CTx) is a cornerstone in HR+/HER2- advanced/meta-static breast cancer (a/mBC) after endocrine failure. In this indication, vinorelbine...