Highlights of Survivorship
Survivorship Highlights

• GS5_01. A randomized community-based trial of an angiotensin converting enzyme inhibitor, Lisinopril or a beta blocker, carvedilol for the prevention of cardiotoxicity in patients with early stage HER-positive breast cancer receiving adjuvant trastuzumab.

• GS5_02. Cardiovascular function and the effect of exercise training during adjuvant breast cancer treatment. Results from The EBBA-II trial.

• GS5_03. Lifestyle intervention and effect on disease-free survival in early breast cancer patients: Phase III data from the randomized SUCCESS C study.

• GS4_07. Race, ethnicity and clinical outcomes in hormone receptor-positive, HER2-negative, node-negative breast cancer: results from the TAILORx trial
Munster et al. A randomized community-based trial of an angiotensin converting enzyme inhibitor, Lisinopril or a beta blocker, carvedilol for the prevention of cardiotoxicity in patients with early stage HER-positive breast cancer receiving adjuvant trastuzumab. Abs. GS5_01
Prevention of Cardiotoxicity in HER-positive Breast Cancer on Adjuvant Trastuzumab

- HER2 positive breast cancer & planned trastuzumab for one year
- Randomized to receive carvedilol, lisinopril or placebo from the start of trastuzumab through 52 weeks of therapy
- Cardiotoxicity defined as an absolute decrease in LVEF of 10% or at least 5% decrease if the baseline LVEF was less than 50%
- Primary endpoint = cardiotoxicity during the 52 weeks of trastuzumab therapy and within the year of completing
- Secondary endpoints included toxicity, tolerability, quality of life, and lab values such as BNP and troponins
- Stratified based on exposure to anthracycline chemotherapy.

- 468 patients
- LVEF & quality of life assessments every 6 months x 2 years
- Only 250 patients completed the 52 weeks treatment period
- Most common reasons for coming off treatment were cardiotoxicities and side effects to the intervention

- Overall negative study: cardiac toxicity was 32% in the placebo cohort, 29% in the carvedilol cohort and 30% in the lisinopril cohort
- Significant benefit to both carvedilol and lisinopril over placebo in patients previously treated with an anthracycline
Thune et al. Cardiovascular function and the effect of exercise training during adjuvant breast cancer treatment. Results from The EBBA-II trial. Abs. GS5_02
EBBA-II trial: Cardiovascular function & effect of exercise during adjuvant treatment

- 18-75 years
- Breast cancer Stage I/II DCIS/LCIS (3)
- No known severe illness (heart failure, uncontrolled diabetes etc)
- Capable of participating in exercise
- No previous cancer

All participants (n= 545)

12 month exercise program tailored based on assessed cardiovascular function

Standard of care Norwegian Breast Cancer Group guidelines (NBCG)
Janni et al. Lifestyle intervention and effect on disease-free survival in early breast cancer patients: Phase III data from the randomized SUCCESS C study Abs. GS5_03
Lifestyle Intervention and DFS in Early Breast Cancer: SUCCESS C Study

- SUCCESS C study = randomized phase III trial of Docetaxel/Cyclophosphamide x 6 or FEC x 3 followed by Docetaxel x 3
- second randomization of lifestyle intervention (LI) or non-lifestyle intervention (non-LI).
- LI= 2 yr telephone and mail-based lifestyle intervention program - goal of weight loss through diet and exercise
- Non LI = general recommendations for a healthy lifestyle through mailings
- BMI between 24.0 and 40.0 kg/m²: 1146 patients in each lifestyle intervention
- LI lost and average of 1.0 kg and non-LI gained 0.95 kg.
- no difference in DFS or OS
- Only about 64% of patients completed the lifestyle invention
- unplanned explorative subgroup analysis on patients in both groups who that completed the planned intervention = significant difference in DFS between the two groups.
Albain et al. Race, ethnicity and clinical outcomes in hormone receptor-positive, HER2-negative, node-negative breast cancer: results from the TAILORx trial Abs. GS4_07
Race, ethnicity and clinical outcomes: results from the TAILORx trial

- Enrolled 9,719 women HR+, HER2 -, node negative breast cancer
- Randomized to 4 arms based on the 21 gene recurrence score (RS)
- Planned analysis examining association between clinical outcomes with race or ethnicity
- Ethnicity: non-Hispanic 91%, Hispanic 9%
- Race: White 84%, black 7%, Asian 4%, and other or unknown 4%
Race, ethnicity and clinical outcomes: results from the TAILORx trial

Relapse Free Interval and Overall Survival in the B+C arms (RS 11-25)

9-year RFI percent (SE)
- White: 92.9 (0.5)
- Black: 88.3 (1.7)
- Asian: 90.9 (2.3)
- Oth/Unk: 95.2 (2.5)

9-year OS percent (SE)
- White: 93.9 (0.4)
- Black: 89.8 (1.7)
- Asian: 97.0 (1.1)
- Oth/Unk: 97.8 (1.0)

Δ black vs white -4.5%
Δ black vs white -4.1%