

Breast cancer-specific survival in patients with 21-gene Recurrence Score[®] results <11 classified as prognostic stage IA by new 8th edition AJCC Staging Manual

BACKGROUND

- Since 1977, the American Joint Committee on Cancer (AJCC) Cancer Staging Manual has been the most comprehensive guide to cancer staging.
- The AJCC Cancer Staging Manual 8th edition (2016) added for the first time histologic grade, ER, PR, and HER2 status, and the 21-gene Oncotype DX Breast Recurrence Score[®] (RS) assay results for prognostic staging [1].
- Patients with node-negative (N0), ER+, HER2-negative breast cancer and RS <11 are in prognostic stage IA, regardless of tumor size (T1-T2) or histologic grade (1-3) [1].
- The RS <11 cutpoint was selected based on results of the TAILORx trial, which showed that patients with RS <11 had a 5-year rate of freedom from distant recurrence of 99.3% [2].
- The SEER Program of the National Cancer Institute is an authoritative source of cancer incidence and survival statistics, collecting population-based data for ~30% of the US [3].
- In a previous analysis of SEER patients with N0 disease, breast cancer-specific survival (BCSS) was assessed by both standard (RS <18, 18-30, ≥31) and TAILORx (RS <11, 12-25, >25) RS cutpoints [4,5]. Patients with N0 disease and RS <11 or 11-17 had favorable 5-year BCSS, even with limited chemotherapy (CT) use.
- Here, we characterize the BCSS of patients with N0, HR+, HER2-negative breast cancer in the SEER registry who have RS <11 across categories of clinicopathologic features.

OBJECTIVE

• To determine BCSS of SEER patients with hormone receptor-positive (HR+), HER2-negative, N0 invasive breast cancer and RS <11, by categories of age, tumor size, and tumor grade

Methods

- RS results were provided electronically to SEER by Genomic Health as mandated by registry operations [2].
- Patients with RS results were eligible if they had N0, HR+ (by SEER and RT-PCR), HER2-negative (by RT-PCR only; HER2 status not available in SEER prior to 2010) breast cancer, diagnosed between January 2004 and December 2012.
- Excluded were those with node-positive disease, prior invasive tumors, or concurrent multiple tumors.
- SEER demographics, tumor characteristics, reported CT use, and BCSS were available through 2013.
- Under-reporting of CT use to SEER is well-known [6].
- BCSS was defined according to pre-existing robust methodology [7]. Actuarial estimates of BCSS by reported CT use were computed through 5 years with 95% confidence intervals (CI) using standard and nonstandard cutpoints (RS <11, 11-17, 18-25, 26-30, ≥31). The log-rank test was used to compare across RS groups.

RESULTS

Figure 1. Total SEER Population and Patients With N0, HR+, HER-negative Disease Eligible for This Analysis



a. The cohort that met eligibility requirements, was tested, and had RS results excludes 4,266 patients (8% of 53,947 patients) for the following reasons: HER2-positive breast cancer based on 21-gene assay HER2 single-gene result (3%), inadequate tissue sample (2%), multiple tumors (2%), and test cancellation (1%). Median follow-up overall was 44 months, median follow-up for RS <11 was 40 months.

RESULTS

- respectively.

Figure 2. Distribution of Patients With RS <11 by Age, Grade, and Tumor Size

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Table 1. Patient and Tumor Characteristics

		RS <11 (N=9304)
Age at diagnosis, y	≤50	2299 (24.7%)
	51 to 70	5756 (61.9%)
	>70	1249 (13.4%)
Tumor size ^a , cm	≤1	1808 (19.5%)
	>1 to 2	5056 (54.7%)
	>2 to 3	1734 (18.8%)
	>3 to 4	445 (4.8%)
	≥4	203 (2.2%)
Grade ^{a,b}	Low	3426 (38.0%)
	Intermediate	4909 (54.4%)
	High	686 (7.6%)
Race ^a	White	7747 (83.8%)
	Black	704 (7.6%)
	Other	797 (8.6%)
SES quintile ^a (Yost)	Lowest	1144 (12.5%)
	2nd lowest	1439 (15.7%)
	Middle	1757 (19.2%)
	2nd highest	2084 (22.7%)
	Highest	2749 (30.0%)

a. Among patients with nonmissing information. b. Low=well differentiated; intermediate=moderately differentiated; high=poorly differentiated, undifferentiated, or anaplastic.

 A total of 9,304 patients with N0, HR+, HER2-negative breast cancer in the SEER also had RS <11 (19% of those who met all other eligibility criteria).

• There was a wide range of ages, tumor size, and tumor grade.

Median age was 59 years.

Tumor size was >2 cm in 21% of patients.

• Histologic tumor grade was intermediate (moderately differentiated) and high (poorly differentiated) in 54% and 8% of patients,

• Median follow-up for this cohort was 40 months.



RESULTS

Figure 3.



*CT use is known to be under-reported in the SEER registries.

• 9000 patients with RS <11 and CT reported no/unknown had >99% 5-year BCSS

5-year BCSS Overall and RS <11, by Age



5-year BCSS Overall and RS <11, by Grade

RESULTS

STRENGTHS AND LIMITATIONS

STRENGTHS

- SEER rigor in cancer ascertainment and survival outcomes
- Largest cohort of patients with both traditional clinicopathologic factors assessed locally and 21-gene Oncotype DX Breast Recurrence Score assay results
- Population-based

SUMMARY AND CONCLUSIONS

- The 9,000 patients with RS <11 treated with hormonal therapy alone had 99.6% 5-year BCSS
- Excellent 5-year outcomes also observed with RS <11 in young patients, and in patients with large or high-grade tumors

SEER at this time has no information on recurrences.

randomization to treatment

LIMITATIONS

• No central ER, PR, HER2 IHC, or HER2 FISH assessments

Patients treated in clinical practice, no

SEER

SEER real-world evidence of outcomes of patients treated based on RS results confirm new AJCC 8th edition staging criteria that many with poor prognostic factors may be down staged to Stage IA using the 21-gene assay and treated with hormonal therapy alone.

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