WHAT ARE PATIENTS EXPECTING?

A PATIENT'S TESTIMONIAL

COCIR VIRTUAL SESSION
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Lydie Meheus

Managing Director
The Anticancer Fund

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DIAGNOSIS

Fall 2018

by routine screening

Invasive Ductal Carcinoma, Grade 3

Luminal B

Hormone Sensitive

Her2 Positive

Ki-67: 80%

1.2 cm

THANKS TO THE BELGIAN SCREENING PROGRAMME!

- every other year/on prescription
- mammogram

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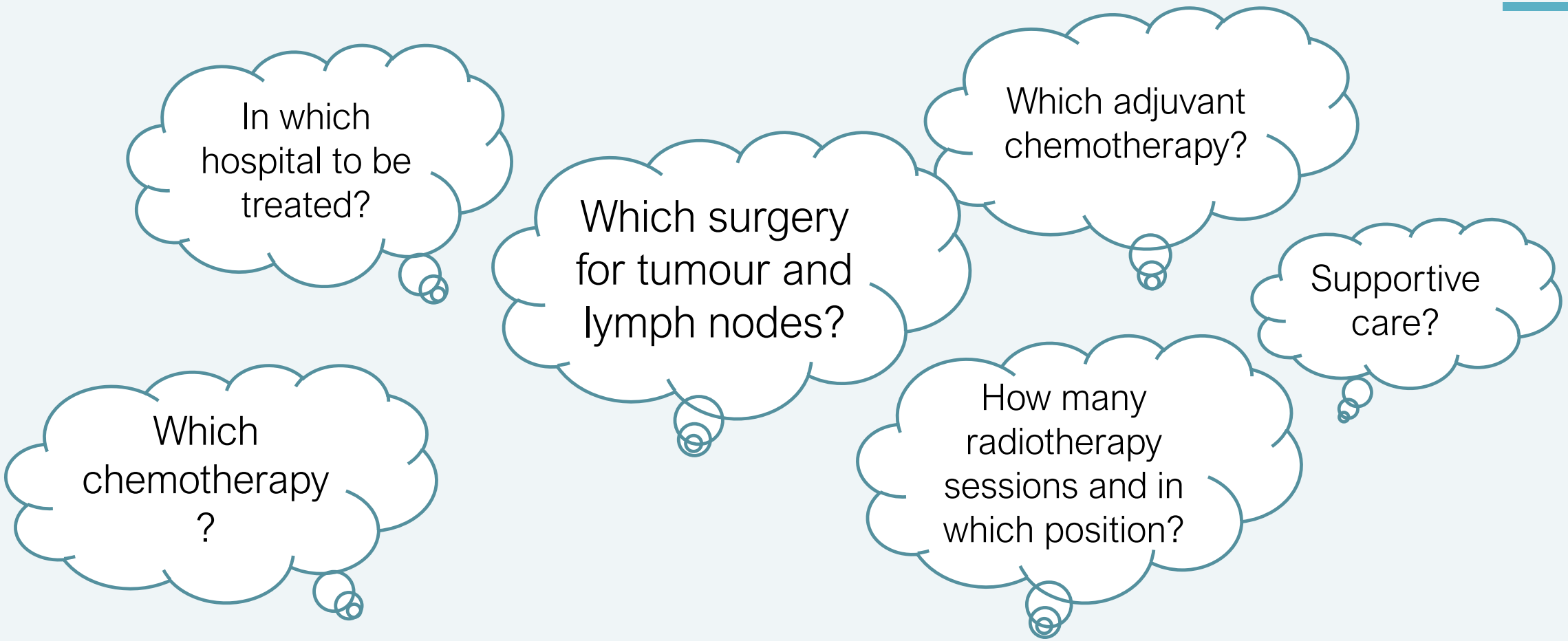
Access to the best treatment preferentially in Belgium



If I wanted to make informed treatment decisions, I needed help

MY CANCER NAVIGATOR to the rescue: personalized information

1. *Do you have cancer and feel lost?*
2. *Do you need clear information about your treatment?*
3. *My Cancer Navigator helps you find your way*

WHERE TO BE TREATED

- **Screening** often in hospital close to home
  - comfortable to **stay** in the local hospital for **treatment**
  - BUT treatment at **large-volume hospitals** is associated with **improved survival** for breast cancer patients[a]
- In Belgium, a **Royal Decree**[b] defines which centres are recognized as "breast clinics":
  - Coordinating centre - treats 125 patients/year
  - Satellite centre - treats 60 patients/year
  - Every surgeon operates on min. 50 new cases/year
  - Min. 2 surgeons/gynaecologists employed 0.8FTE

HOWEVER, BREAST CANCER PATIENTS ARE **NOT** PROTECTED BY THIS AS EVERY HOSPITAL IS STILL ALLOWED TO TREAT BC PATIENTS![c]

a: Greenup et al. 2018. Ann Surg. url // b: Koninklijk Besluit van 26 april 2007 url // c: EuropaDonna – de saga van borstkankerklinieken. url

RADIOTHERAPY REGIMEN

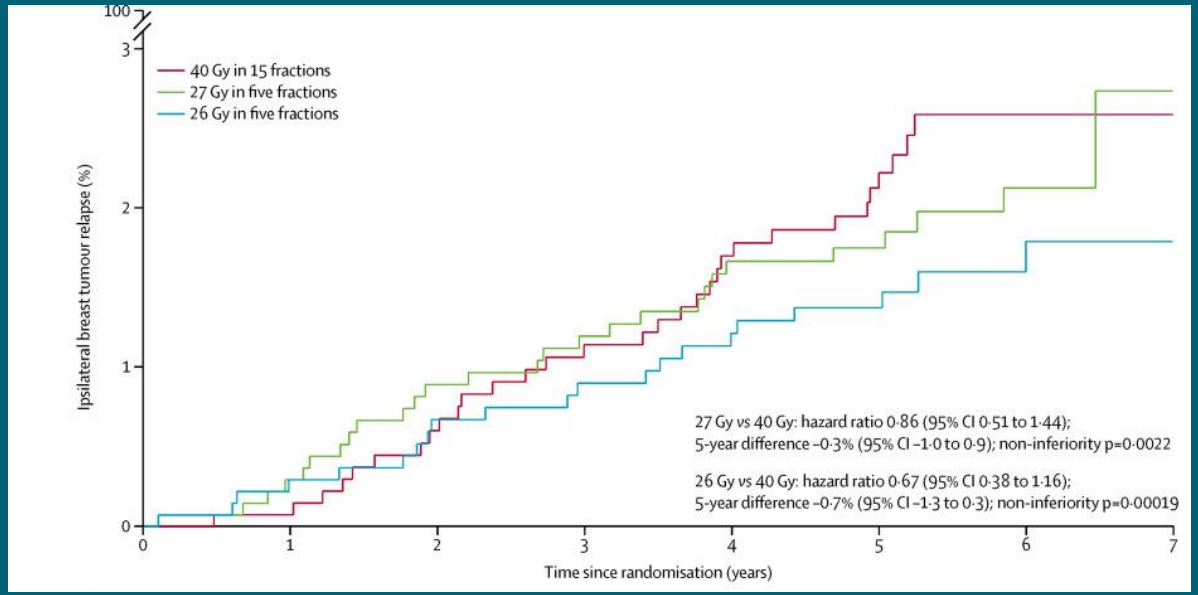
5 or 15 fractions?

FAST-FORWARD TRIAL

(Burns et al. 2020. The Lancet)

26 Gy in five fractions over 1 week is

- ✓ non-inferior to the standard of 40 Gy in 15 fractions over 3 weeks for local tumour control,
- ✓ safe in terms of normal tissue effects up to 5 years
- ✓ for patients prescribed adjuvant local radiotherapy after primary surgery for early-stage breast cancer



Brunt et al. 2020. The lancet. url

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RADIOTHERAPY POSITION

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Supine or Prone Position ?

PRONE POSITION

was associated with a reduction in the amount of irradiated lung in all patients and in the amount of heart volume irradiated in 85% of patients with left breast cancer.[a]

PRONE CRAWL POSITION

in whole breast and lymph node irradiation allows for good breast and nodal target coverage with better sparing of ipsilateral lung, thyroid, contralateral breast, contralateral lung and oesophagus when compared to supine position.[b,c]

Table 3. Radiation dose to the opposite breast in the two consecutive cohorts of the study

	First phase ($n = 20$)		Second phase ($n = 41$)		p for first vs. second phase	
	Mean dose (Gy)	V_{5Gy} (%)	Mean dose (Gy)	V_{5Gy} (%)	Mean dose	V_{5Gy}
Supine	0.85 ± 0.47	2.7 ± 2.0	0.61 ± 0.73	1.7 ± 2.8	0.096	0.073
Prone	1.26 ± 0.78	4.5 ± 3.4	0.74 ± 0.44	2.2 ± 2.0	0.00092	0.001
p for supine vs. prone	0.0038	0.0057	0.162	0.159		

a: Formenti et al. 2012. JAMA.; b: Deseyne et al. 2017. Radiation Oncology.; c: Varga et al. 2009. Int. J. Radiation Oncology Biol. Phys.

ADJUVANT TREATMENTS?

Chemotherapy? Anti-HER2? Endocrine therapy?

- Doxorubicin/Cyclophosphamide followed by Paclitaxel

  = STANDARD TREATMENT (anthracycline-based therapy)

But anthracyclines are quite toxic…

- Weekly Paclitaxel?

"7-year follow-up report of paclitaxel and trastuzumab for patients with small, node-negative HER2-positive breast cancer demonstrates **few disease recurrences** with even longer follow-up and further supports the use of this regimen **for adjuvant therapy** for this patient population. The 3-year and 7-year DFS in the APT trial were 98.7% and 93%, respectively, with just four distant recurrences at 7 years (1%)."

NCCN updated:

Paclitaxel + trastuzumab may be considered for patients with low-risk T1,N0,M0, HER2-positive disease, particularly those not eligible for other standard adjuvant regimens due to comorbidities.

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Tolaney et al. 2015. NEJM. Tolaney et al. 2017. JCO. Tolaney et al. 2019. JCO

Breast Cancer Treatments
De-escalation

Etienne Brain, MD PhD
Institut Curie
Saint-Cloud, France
etienne.brain@curie.fr

EORTC
European Organisation for Research and Treatment of Cancer
The future of cancer therapy

BIG
Breast International Group

institutCurie

Patients should be incentivized for screening

Patients should understand the multidisciplinarity of treatment

Patients need personalized information for informed decision making

Thank you!

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