

# Wie viele molekulare Tests braucht man?

Frauenklinik



Friedrich-Alexander-Universität  
Medizinische Fakultät



**Universitätsklinikum  
Erlangen**



# Frau Denise Meinhard (erfunden)

## Vorstellung zur Zweitmeinung

- 46 jährige Mutter → Kinder 6, 9 und 12
- Suspekter Befund in der Mammografie bei einer Früherkennungsuntersuchung (nach unauffälliger Früherkennung 2 Jahre vorher) → 18 mm großer suspekter Herdbefund linke Brust zusätzlich mehrere 5mm große Befunde von gruppiertem Mikrokalk
- Stanze: NST, G2, ER85% PR90%, HER2: 1+ Ki-67: 25%
- OncotypeDX: 25
- Endokrine Induktionstherapie mit Letrozol und GnRH
- Vater Prostatakarzinom mit 70

# Operation:

- Segmentektomie und Sentinel node
- 2,1 cm großes NST, G2, ER 90%, PR80%, Ki-67: 5% (Abfall von 25%)
- pN0 (0/1)
- → Empfehlung für humangenetische Testung
- CHEK2 I157T Mutation/Variante
- Frage nach Chemotherapie



# Predict Beast Cancer

**DCIS or LCIS only?**  Yes  No

**Age at diagnosis**     
Age must be between 25 and 85

**Post Menopausal?**  Yes  No  Unknown

**ER status**  Positive  Negative

**HER2/ERRB2 status**  Positive  Negative  Unknown

**Ki-67 status**  Positive  Negative  Unknown  
Positive means more than 10%

## Treatment Options

**Hormone Therapy**  No  5 Years  10 Years  
Hormone (endocrine) therapy  
Available when ER-status is positive

**Chemotherapy**  None  2nd gen  3rd gen

**Trastuzumab**  No  Yes  
Available when HER2/ERRB2 status is positive

**Bisphosphonates**  No  Yes  
Available for post-menopausal women

**Invasive tumour size (mm)**     
If there was more than one tumour, enter the size of the largest tumour. If neo-adjuvant therapy was undertaken, enter the size before neo-adjuvant therapy.

**Tumour grade**  1  2  3

**Detected by**  Screening  Symptoms  Unknown  
Detected as part of a preventive [screening programme](#)

**Positive nodes**

**Micrometastases only**  Yes  No  Unknown  
Enabled when positive nodes is 1.  
[Why can't I enter micrometastases?](#)

## Results

All treatments have side effects. Weigh up the benefits shown with the side effects [in this website](#).

Select number of years since surgery you wish to consider:

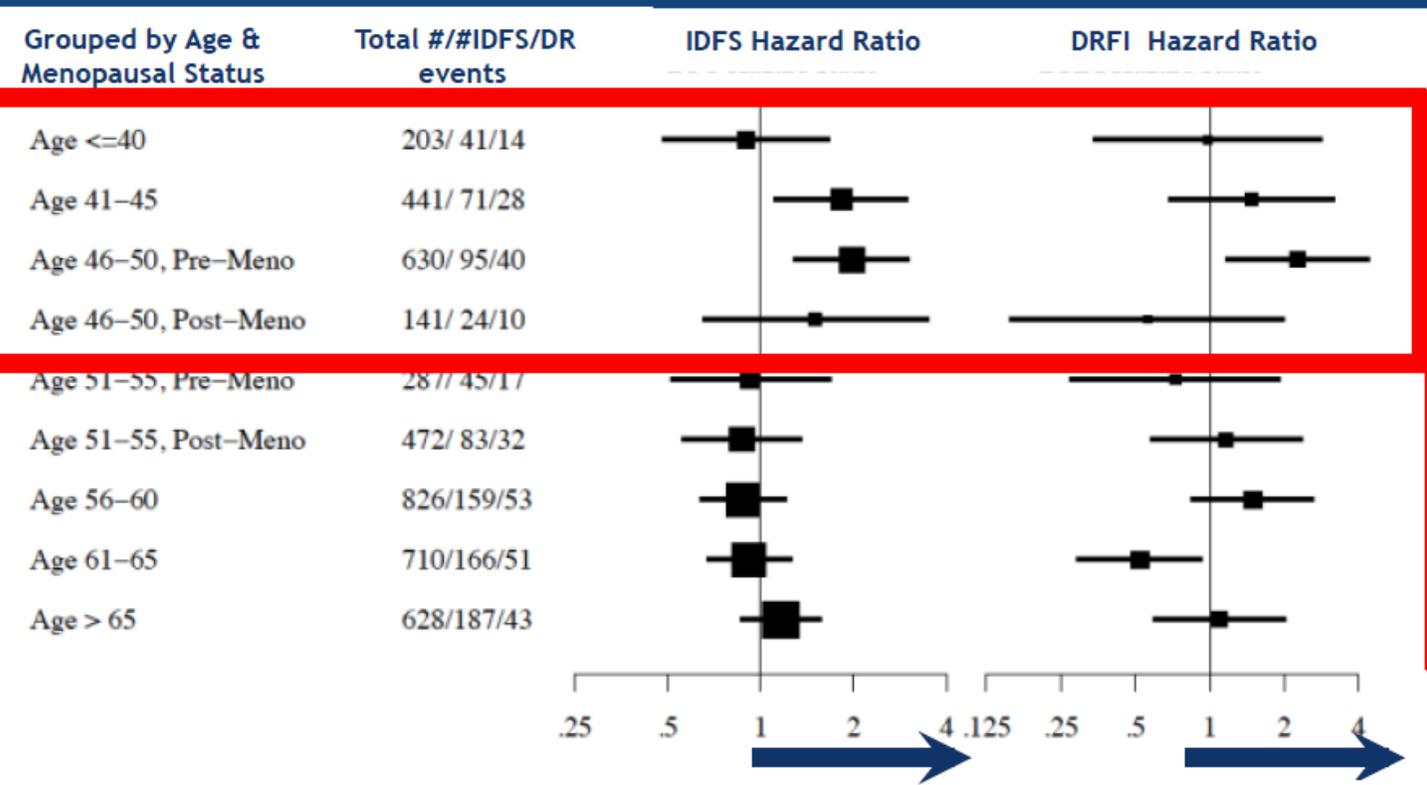
5  10  15

This table shows the percentage of women who survive at least 10 years after surgery.

Treatment	Additional Benefit	Overall Survival %
Surgery only	-	88%
+ Chemotherapy	2.9% (2.2% – 3.6%)	91%

If death from breast cancer were excluded, 97% would survive at least 10 years, and 3% would die of other causes. [i](#)

# TAILORx: Updated Analysis - Effect of Age, RS, and Clinical Risk on Chemotherapy Benefit (ITT Population)



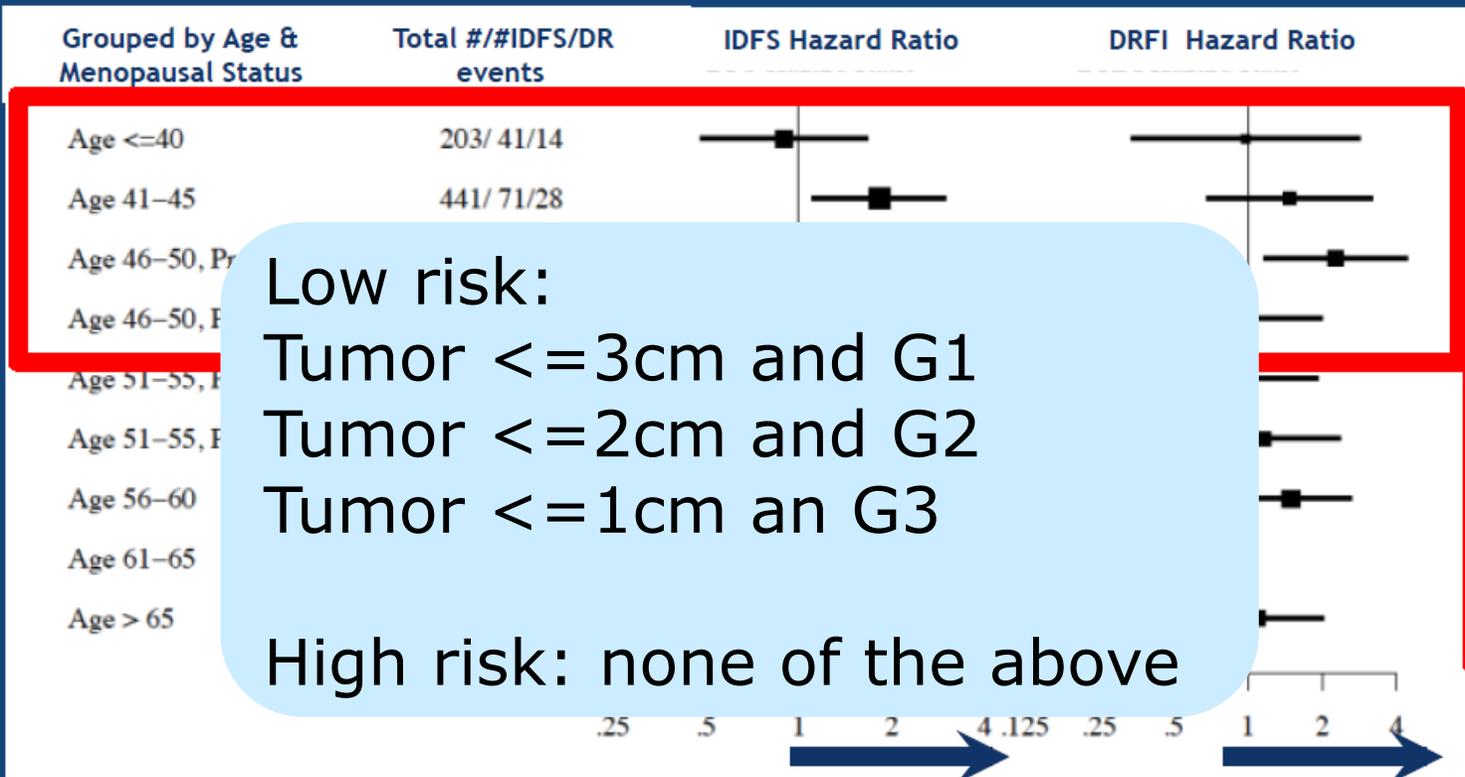
## 12-Year DRFI Rates in Age ≤ 50 Years & RS 16-25

	Estimated Absolute Chemo Benefit <u>Not Stratified</u> by Clinical Risk	Clinical Risk	No.	Estimated Absolute Chemo Benefit <u>Stratified</u> by Clinical Risk
RS 16-20 (N=886)	Δ +0.4% (±SE 2.1%)	Low	671 (76%)	Δ -0.5% (±SE 2.2%)
		High	215 (24%)	Δ +3.1% (±SE 5.4%)
RS 21-25 (N=476)	Δ +7.8% (±SE 3.4%)	Low	319 (67%)	Δ +5.9% (±SE 3.4%)
		High	157 (33%)	Δ +11.7% (±SE 7.2%)

### 3-way treatment interaction test

- IDFS
  - Chemo-Age-RS (p=0.007)
  - Chemo-Menopause-RS (p=0.06)
- DRFI
  - Chemo-Age-RS (p=0.43)
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Low risk:  
 Tumor <=3cm and G1  
 Tumor <=2cm and G2  
 Tumor <=1cm and G3  
 High risk: none of the above

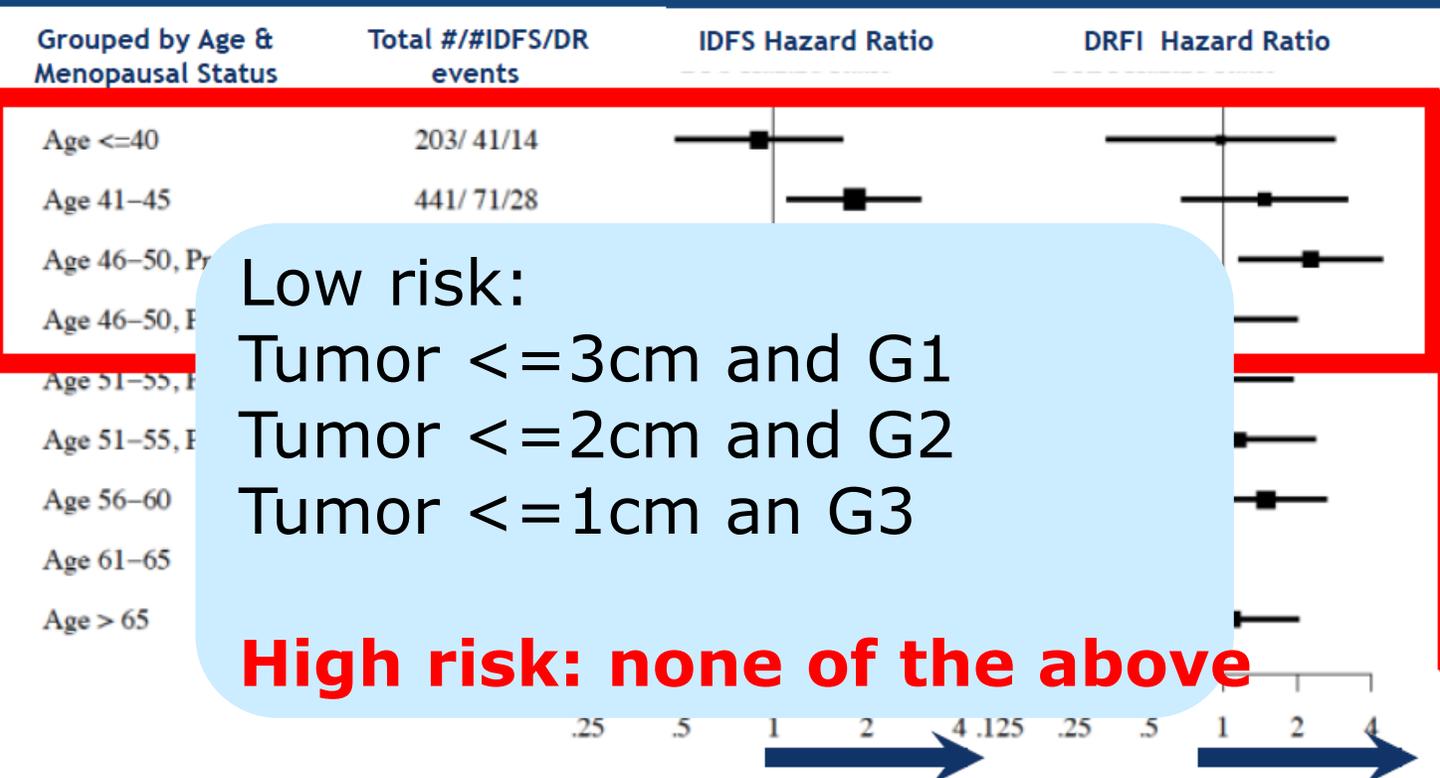
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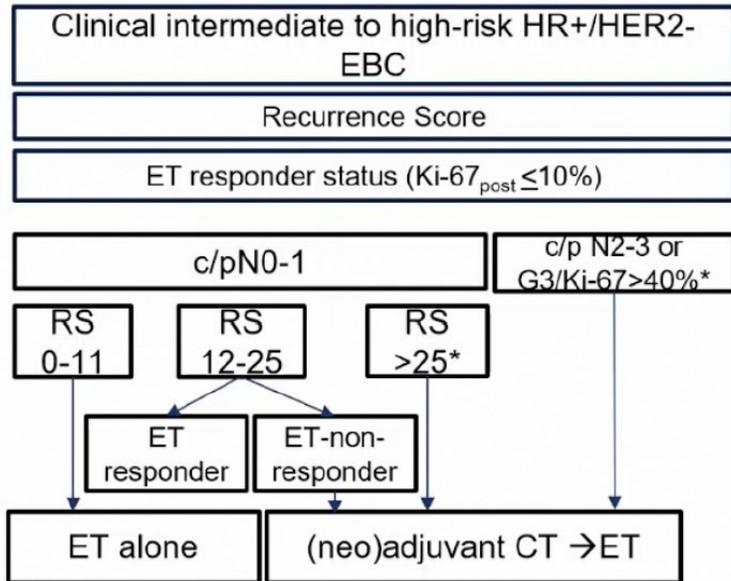
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# ADAPT

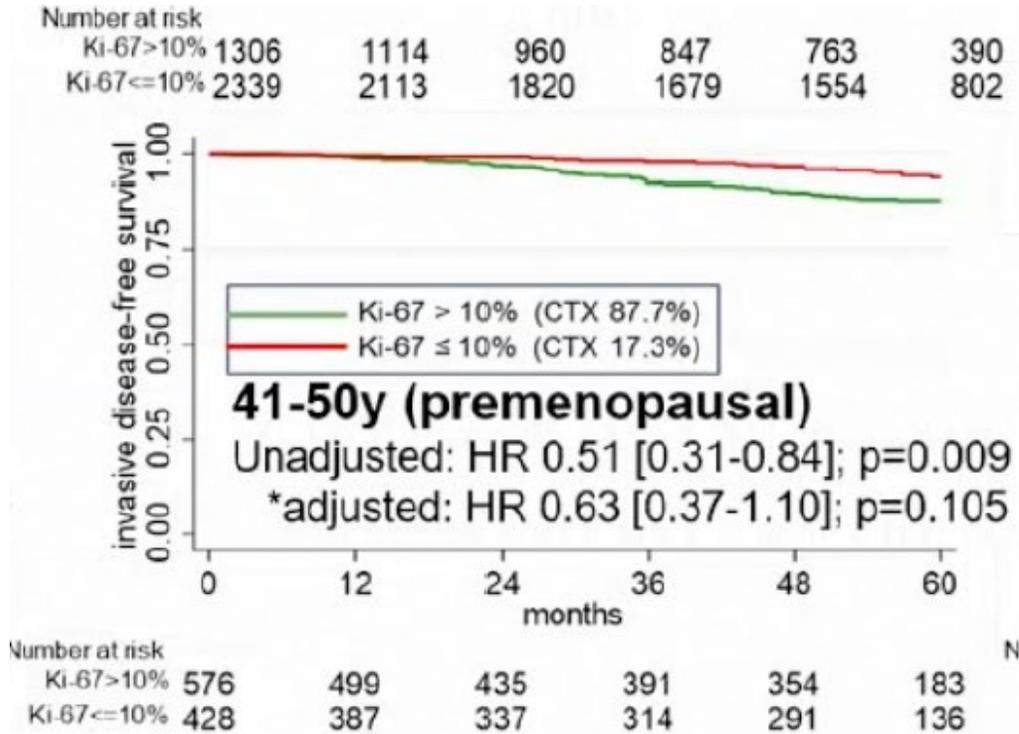


\* Direct randomization to CT w/out ET-response assessment possible

<sup>1</sup>Nitz et al, JCO 2022



Oleg Gluz et al.



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# Chemotherapie

- 6 Zyklen Docetaxel + Cyclophosphamid
- Frage: AI vs. TAM (GnRH)?
- Frage CDK4/6 Inhibitor?
- Frage OP bei CHEK2 I157T?

