

Cancer Institute

The effect of (neo)adjuvant chemotherapy on long-term survival outcomes in invasive lobular breast cancer patients treated with endocrine therapy: a retrospective cohort study

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BACKGROUND

Invasive lobular carcinoma (ILC) may be less sensitive to chemotherapy than carcinoma of no special type (NST). However, studies on the long-term outcome of chemotherapy in ILC patients are scarce and inconclusive

CONCLUSION

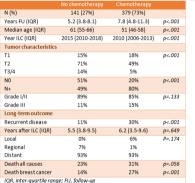
Chemotherapy is not associated with improved survival for ER+/HER2- ILC patients treated with endocrine therapy and who had an indication for chemotherapy.

PATIENTS AND METHODS



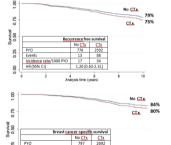
- Multivariable Cox proportional hazards models adjusted for T-status. N-status, year of diagnosis, age at diagnosis
- Inverse Probability of Treatment Weighting (IPTW) to obtain the average treatment effects (ATE) of chemotherapy on survival

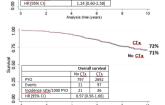
RESULTS



RFS	1.74	-0.54 - 4.02
BCSS	0.84	-1.21 – 2.89
OS	-0.99	-2.70 – 0.72
Abbreviations: ATE, average treatment effect; RFS, recurrence free survival; BCSS,		

breast cancer-specific survival OS, overall survival Interpretation of the ATE for BCSS (as example): When every woman in the population would receive chemotherapy, the average time to death due to breast cancer is estimated to be 0.84 years longer than when no woman in the population would receive chemotherapy. Since the 95% CI includes 0, this effect is non-significant





Analysis time (years)

13 28

Incidence rate/1000 PYO

75

LAY ABSTRACT

Invasive lobular breast cancer (ILC) may be less sensitive to chemotherapy than carcinoma of no special type (NST). We aimed to investigate whether adding chemotherapy upon endocrine therapy lowers the risks of disease recurrence and of dving from breast cancer, and additionally improves overall survival for ILC patients. We selected 520 women from our institutional breast cancer registry with a history of hormone-sensitive with endocrine therapy and who indication chemotherapy according national guidelines. We compared patients actually treated chemotherapy (n=379) with those who received no chemotherapy (n=141). We different statistical used approaches to estimate the added value of chemotherapy. We observed no differences in the risk of recurrence of breast cancer and dving from BC. nor a difference in overall survival between patients with and without chemotherapy, indicating no added value of chemotherapy.