Objective in This Report

In this report, we evaluated the long-term prognostic benefit and clinical benefit of DFS in neoadjuvant ET patients treated with either neoadjuvant ET or adjuvant chemotherapy. The key messages are as follows:

- DFS is defined as the time from the date of primary enrollment until the date of the first event (recurrence in the ipsilateral chest wall, distant metastasis, or death from any cause).
- DFS is one of the strongest predictors of survival in breast cancer patients.
- DFS is a key endpoint for clinical trials in breast cancer treatment.
- DFS is used to assess the efficacy of neoadjuvant ET in breast cancer patients.
- DFS is important for oncologists and patients in making treatment decisions.

Conclusion

This is the first report of DFS in the largest neoadjuvant ET trial (NEOS).

- DFS is a critical endpoint for assessing the efficacy of neoadjuvant ET in breast cancer patients.
- DFS is a key endpoint for oncologists and patients in making treatment decisions.
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References


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Conflict of interest

This study was funded by the Pharmaceutical and Medical Research Foundation (PMRF). The authors declare that they have no conflicts of interest.

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P3-13-03 NEOS: A randomized, open label, phase 3 trial of adjuvant chemotherapy for postmenopausal breast cancer patients who responded to neoadjuvant letrozole: First report of long-term outcome and prognostic value of response to neoadjuvant endocrine therapy

Hiroti Iwata, M.D. email: hiwata@aichi-cc.jp
Clinical Trial Registration Information: UMIN (http://www.umin.ac.jp), Study ID: 00001090

Introduction

Neoadjuvant therapy (NT) for locally advanced breast cancer has the potential to improve survival outcomes by optimizing tumor response and minimizing postsurgical treatment (BC) before surgery.

Key Eligibility Criteria for Primary Registration

1. Postmenopausal women with histologically proven invasive breast cancer
2. ≥70% reduction in target tumor size with ≥20% change in target tumor volume or complete disappearance of target tumor
3. Positive lymph node status if N1–2
4. Without previous endocrine therapy

Key Eligibility Criteria for Secondary Registration

1. Clinical response to neoadjuvant therapy:
   - Complete response (CR)
   - Partial response (PR)
   - Stable disease (SD)

Statistical analysis plan

- This study utilizes a randomized selection design.
- The objective of this design is to select a sample with the best outcome.
- A questionnaire is sent to all centers scheduled for enrollment in this study.

Results of the questionnaire are as follows:

- The mean lowest 5-year DFS with LET plus chemotherapy that would be achieved by the 5-year DFS with surgery alone was 86.6%.
- The mean lowest 5-year DFS with LET plus chemotherapy that would be achieved by the 5-year DFS with surgery alone was 86.0%.
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Consort diagram

The CONSORT statement was followed for the conduct, reporting, and analysis of the study.

Follow-up

Median follow-up of 67 months was 67 months.

Survival

DFS in pts to neoadjuvant ET was statistically significantly worse than CR, PR, SD pts (p<0.0001, hazard ratio 4.7 (95%C.I. 3.9-5.3)).

Conclusion

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