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The long term outcome of patients on primary endocrine therapy
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Goals: Primary endocrine therapy (PET) is usually reserved for women diagnosed with oestrogen receptor positive breast cancer who decline or are considered unfit for surgery. The aim of this study was to analyse the long-term outcome of such women treated at Royal Marsden Hospital.

Methods: A retrospective search of a prospectively-maintained database identified women who had invasive breast cancer and were started on PET as their first treatment. We excluded any patient given neoadjuvant endocrine therapy or de nove stage IV disease. Patient demographics and tumour characteristics were analysed as well as their long-term follow-up.

Results: Between 1/1/2010 and 17/3/2015, 95 patients were commenced on PET who met the eligibility criteria. Median age was 84 years (IQR 80–89). Median Charlson co-morbidity score was 7 (IQR 6–7). The most common reasons given for PET were patient frailty (67%) and patient choice (29%). The most common drug prescribed was letrozole (92%) and ER receptor positivity with Allred score of 8 out of 8 was found in 93% of patients. None of the patients had HER-2 receptor positive disease. Median follow-up was 23.8 months (IQR 11.8–40.5). Most tumours were grade 2 (n = 62, 65%) and ductal (n = 72, 76%). Median size on ultrasound at diagnosis was 25 mm (IQR 17–32).

Clinical/radiological local progression requiring change of endocrine therapy occurred in 30 (32%) women and 11 of these (11.6% of total) were started on PET as their first treatment. We excluded any patient given neoadjuvant endocrine therapy or de novo stage IV disease. Patient demographics and tumour characteristics were analysed as well as their long-term follow-up.

Conflict of Interest:

Conclusion(s): For the majority of women commenced on PET, avoidance of surgery was facilitated and prevented disease progression with most patients dying of unrelated causes.

Conflict of Interest: No significant relationships.

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Retrospective multicenter analysis comparing conventional with oncoplastic breast conservation: oncologic and surgical outcome in women with high risk breast cancer from the OPBC-01/ITOP2 study
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Goals: Recent data suggest that margins above 2 mm matter regarding local recurrence rate. We hypothesize that oncoplastic