

Transcript Details

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www.reachmd.com
info@reachmd.com
(866) 423-7849

Investigating the Risk of Breast Cancer Recurrence After a 10-Year Disease-Free Interval

Announcer:

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Dr. Birnholz:

This is ReachMD. I'm Dr. Matt Birnholz. Joining me is Dr. Anne-Sophie Vertongen from the Department of Gynecology and Obstetrics at the University Hospital of Leuven in Leuven, Belgium.

Dr. Vertongen, welcome to you.

Dr. Vertongen:

Hello. Thank you.

Dr. Birnholz:

So you're the, uh, first author of a study, preliminary study, that's examining the risk of breast cancer recurrence after a 10-year disease-free interval, and I want to stress that—after a 10-year disease-free interval—because that is a unique feature here that is not often examined or studied. Much of the literature is far before 10 years when we're considering recurrence. What brought you in to this particular study, uh, and this particular pursuit?

Dr. Vertongen:

Yeah, so we saw at our hospital that we have a lot of patients who are now 10 years disease-free. Um, we didn't know exactly what we needed to do with them, like: Did we still need the strict follow-up every year? We saw them in our—our hospital—in our hospital, and, um—or can we send them back to the GP? Uh, so that's why we wanted to see in—in this population are there, um, risk factors for relapse, uh, after 10 years so that we can keep, um, following these patients more strictly than other ones.

Dr. Birnholz:

And when we consider relapse before 10 years, we have, uh, some of the risk factors that come to mind pretty quickly. As you were examining this, did you start with some of those risk factors and—and—and as your study proceeded, did it look like they were carrying through beyond 10 years, or were there some differences that came out?

Dr. Vertongen:

So, uh, what we saw... The first thing that we saw was that the, uh, nodal invasion that we, uh, looked at as end-stage, um, keep—kept on being the, uh, the most important one, um, and then further we also looked at the T-stage, which is the—the, um, the diameter of the tumor, um, and that was still, um, significant in univariable analysis, but it was not significant anymore into multivariable, which was a—which was weird, um... But then we also looked at the NPI, which is the Nottingham Prognostic Index, which combines the T-stage, the end-stage and the grade, and that was highly significant, so I think, uh, that would be, uh, a good—a good index to look at if you want to see, um—if you want to predict relapse after 10 years.

And then something that we also found which was a bit weird was that, uh, HER2, um, negative, uh, patients had more relapse than HER2-positive, which was something that we did not expect, um... We thought that most patients who will relapse, um... Most HER2 patients, uh, HER2-positive patients, they will, when they relapse, relapse in the first 10 years and not in the 10 years—in the years after, so that was very interesting to see, I think.

Dr. Birnholz:

Yeah. What do you think could possibly... It's obviously very speculative at this point. What could possibly account for something like that? That's a very strange discrepancy, after 10 years HER2-negative, uh, patients having a higher, um, risk of relapse. What do you think might account for that?

Dr. Vertongen:

Um, well, we thought that as HER2-positive tumors are, uh, most—most of the time more, um, aggressive, that they mostly will relapse within the first 10 years, and if they are—if they didn't relapse in the first 10 years, then they're probably treated very well and they will not relapse in the future anymore either, um, so that's—that's one, um, hypothesis. Um, another thing that we, um, thought of is that we—our population is from, uh, 2000 until 2008, patients who were diagnosed then, um, and then we didn't treat, uh, as much with, um, trastuzumab and pertuzumab, uh, yet either, so maybe, um, the pathologists didn't, um, look at it as—as—as well as they can look at it now at HER2 status, so that might be something to look at as well in the future.

Dr. Birnholz:

Do you think that might also account for some of the factors that turned up a little bit lower on the—the risk of decreasing significance? I was surprised, for instance, that body mass index at diagnosis really didn't turn up among the highest, uh... You would think a high BMI would play a pretty significant role beyond 10 years in many, many health outcomes, including breast cancer recurrence, but it didn't seem to be among the—the—the higher or more significant, um, risk factors. What do you think about that?

Dr. Vertongen:

I was even... I was actually more surprised it was significant because we have seen that, uh, BMI is more important with postmenopausal patients, um, in the, um, first 10 years, but, um, I didn't expect it to be, um, this—this significant after 10 years as well because it can change so much, the BMI at diagnosis and after 10 years, so, um, I was more surprised that it was significant, actually.

Dr. Birnholz:

That's great. If you were looking at next steps for this line of research, again keeping a focus on patients beyond 10 years, uh, past their diagnosis, what would be the next step in—in helping to elucidate or understand more about this—this patient population?

Dr. Vertongen:

Well, I think it's—it's important that... Because this was just the start. We just did this in... It's a single-center study. It's a retrospective study. Um, I think it's—it's important that it's validated, uh, by other—other populations in other countries and see if—if they have the same findings as us, um, and we're... Right now we're, um, reviewing the data again with, um, more, uh, recent follow-up until September 2019, and then I would hope to publish it. And we will see in our hospital if we can already use it, but I think it's important that it's done in other hospitals as well to look at this population.

Dr. Birnholz:

Well, I really want to appreciate your time. We've been speaking about the risk of breast cancer recurrence after 10-year disease-free interval, and I've been speaking with Dr. Vertongen from the Department of Gynecology and Obstetrics at the University Hospital of Leuven in Leuven, Belgium. Thanks again for your time.

Dr. Vertongen:

Thank you for your interest.

Dr. Birnholz:

For access to this and other episodes in breast cancer research and treatment, visit ReachMD.com where you can Be Part of the Knowledge. I'm Dr. Matt Birnholz. Thanks again for listening.

Announcer:

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