

# L'oncologo e le donne con tumore al seno metastatico



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## Quante donne vivono con un cancro della mammella metastatico

età (anni)	Casi incidenti (de novo)	Tutti i casi incidenti (de novo + evoluzione)	Casi prevalenti (de novo)	Tutti i casi prevalenti (de novo + evoluzione)
15-39	100	400	300	800
40-49	300	1200	1100	3700
50-59	600	2000	1800	6200
60-69	700	2600	2500	8300
70-79	900	3000	2500	8800
80-99	800	4800	2000	9300
15-99	3400	14000	10200	37100

**TABELLA 29.** Stima dei casi di tumore della mammella metastatici nel 2014, sia incidenti che prevalenti, sia metastatici all'esordio che successivamente. Da Crocetti et al.<sup>3</sup>

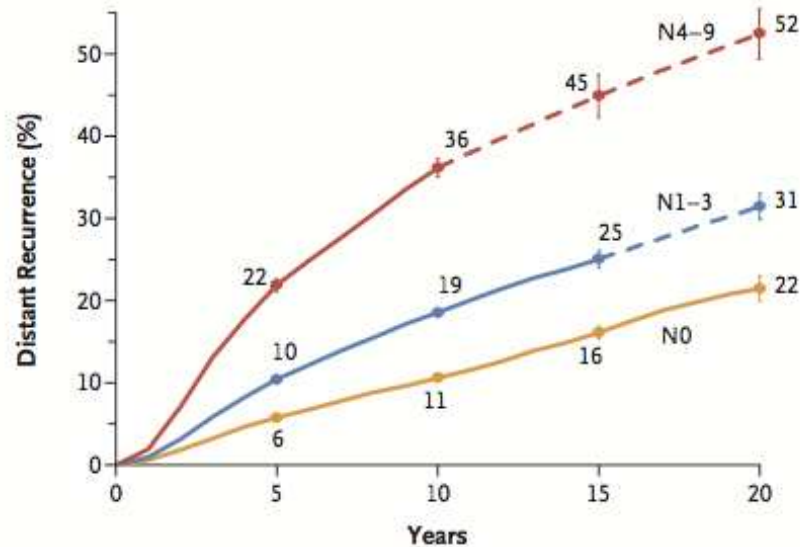
## Carcinoma della mammella metastatico

- il 5-10 % dei casi di tumore della mammella viene diagnosticato in stadio metastatico alla diagnosi
- il 20-30% delle pazienti diagnosticate in stadio precoce sviluppa una recidiva di malattia a distanza entro i primi 10-15 anni dal trattamento del tumore primitivo



# Risk of Distant Recurrence or Death from Breast Cancer after 5 yrs ET, during a 20-year study period

**A Risk of Distant Recurrence**



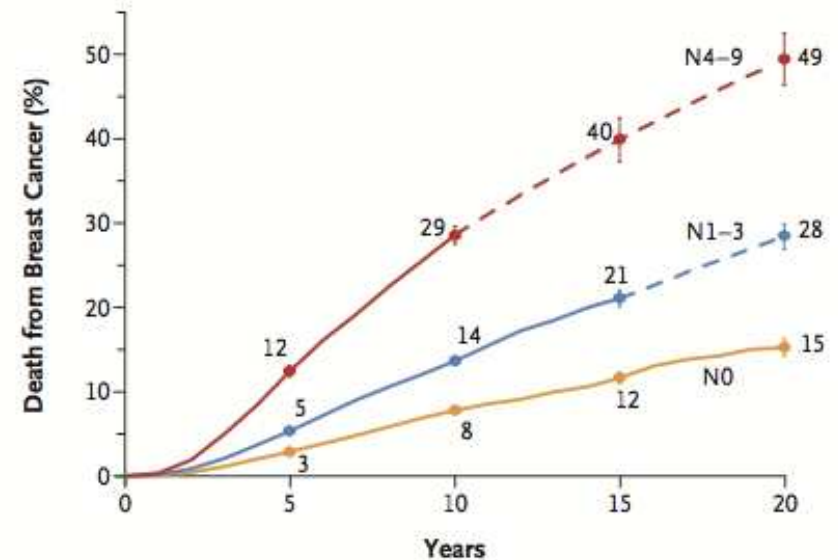
**No. at Risk**

	0	5	10	15	20
N4-9	12,333	8,116	2165	259	52
N1-3	31,936	23,576	7250	949	183
N0	29,925	24,081	8571	1982	414

**No. of Events —  
annual rate (%)**

	0-5	5-10	10-15	15-20
N4-9	2568 (4.8)	969 (4.0)	121 (3.1)	13 (2.2)
N1-3	3126 (2.2)	1421 (1.9)	241 (1.7)	39 (1.8)
N0	1646 (1.2)	835 (1.1)	272 (1.3)	68 (1.4)

**B Risk of Death from Breast Cancer**



**No. at Risk**

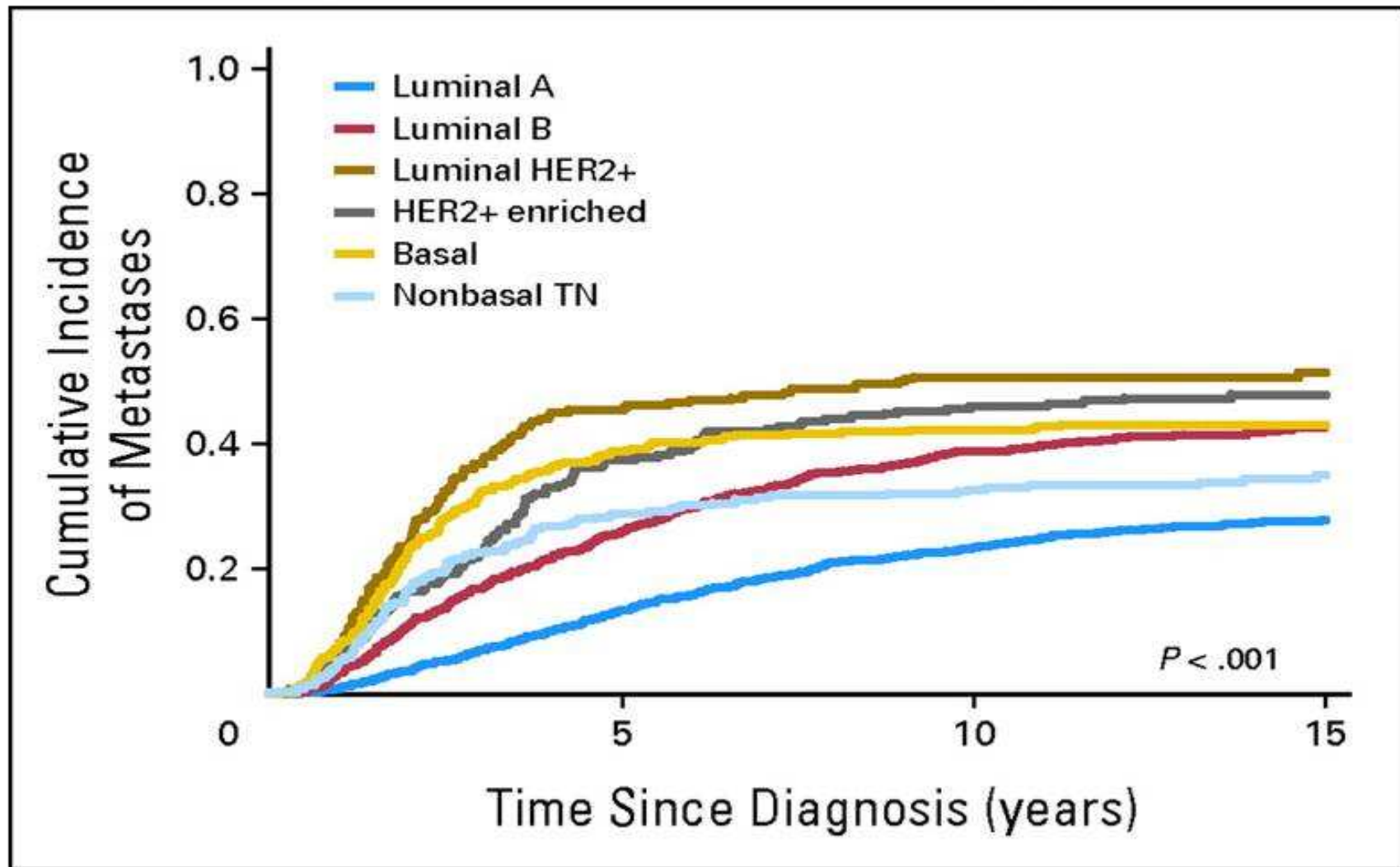
	0	5	10	15	20
N4-9	12,333	9,079	2481	294	57
N1-3	31,936	24,866	7728	1011	197
N0	29,925	24,819	8926	2144	476

**No. of Events —  
annual rate (%)**

	0-5	5-10	10-15	15-20
N4-9	1463 (2.6)	1154 (4.1)	185 (3.7)	20 (2.3)
N1-3	1600 (1.1)	1506 (1.9)	319 (1.9)	52 (1.8)
N0	826 (0.6)	890 (1.0)	228 (0.8)	77 (1.0)



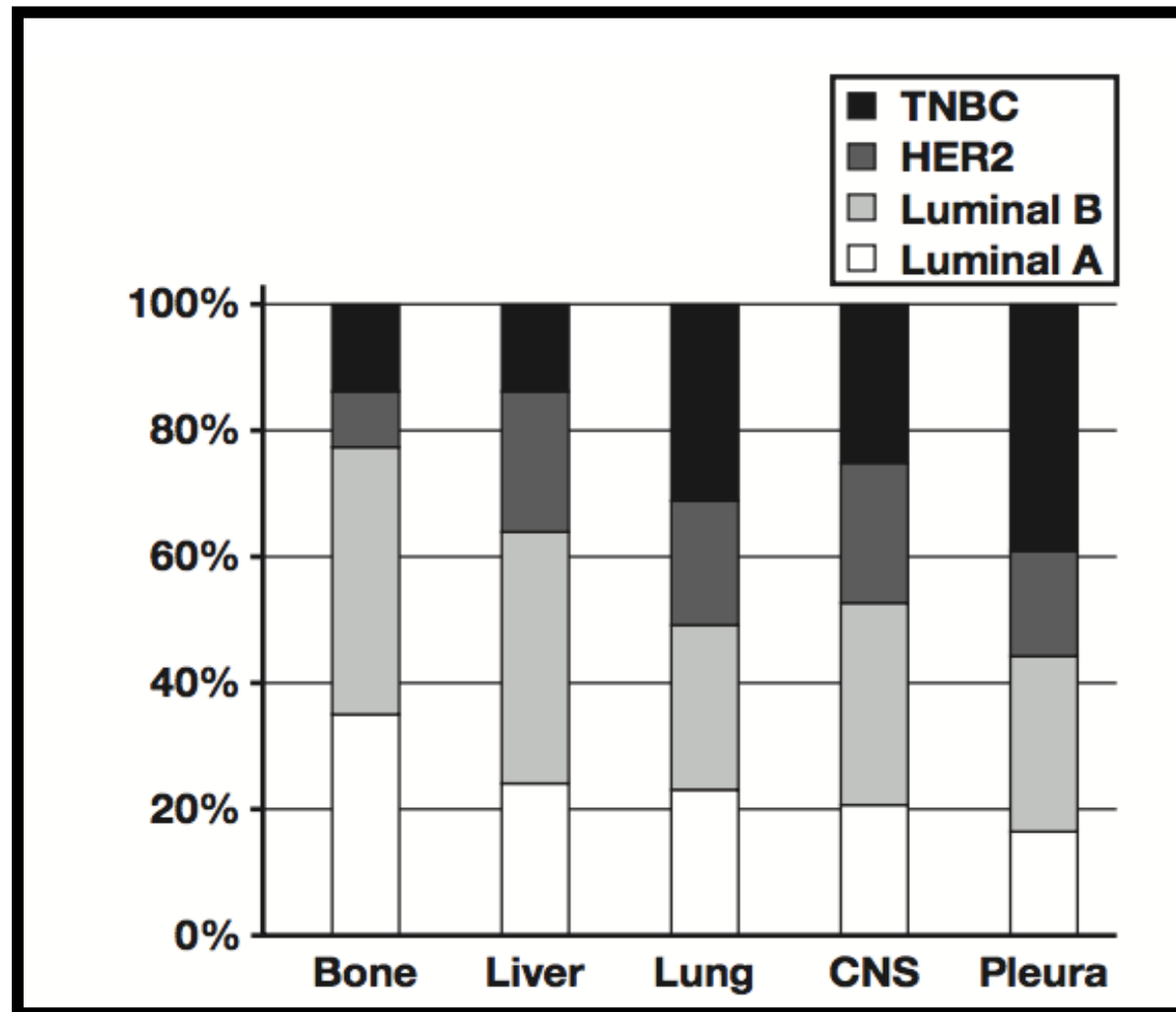
# Cumulative Incidence of First Distant Metastasis By Breast Cancer Subtype



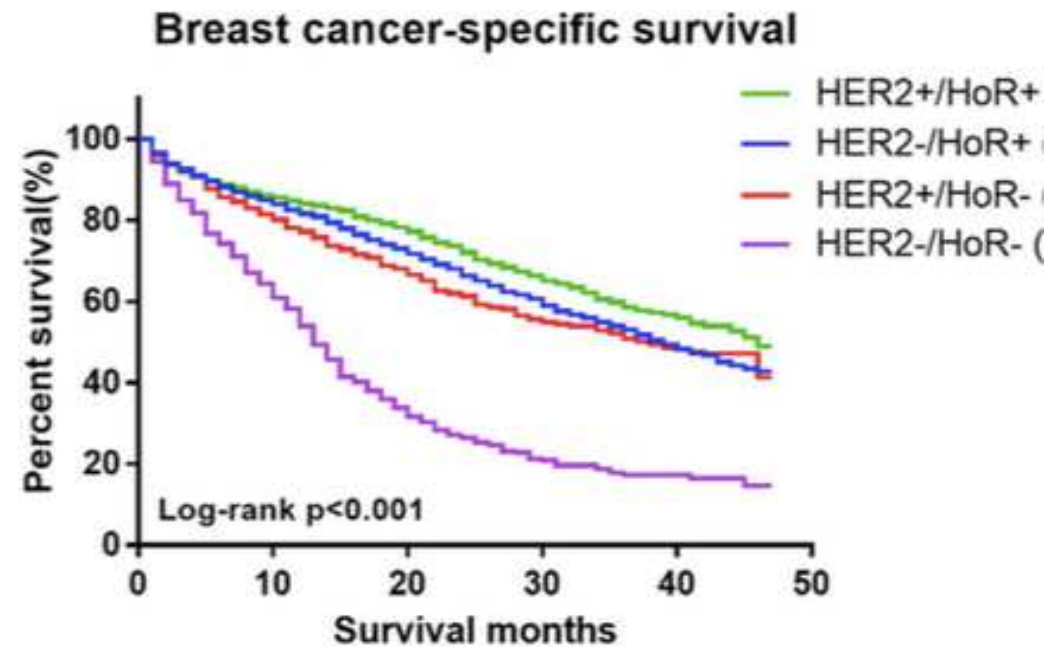
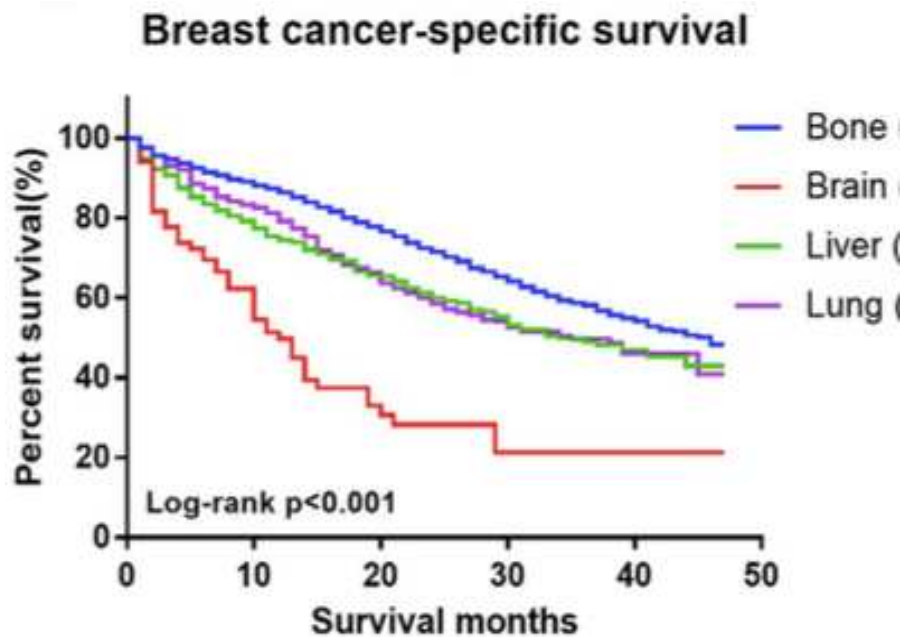
Kennecke H et al. JCO 2010;28:3271-3277

JOURNAL OF CLINICAL ONCOLOGY

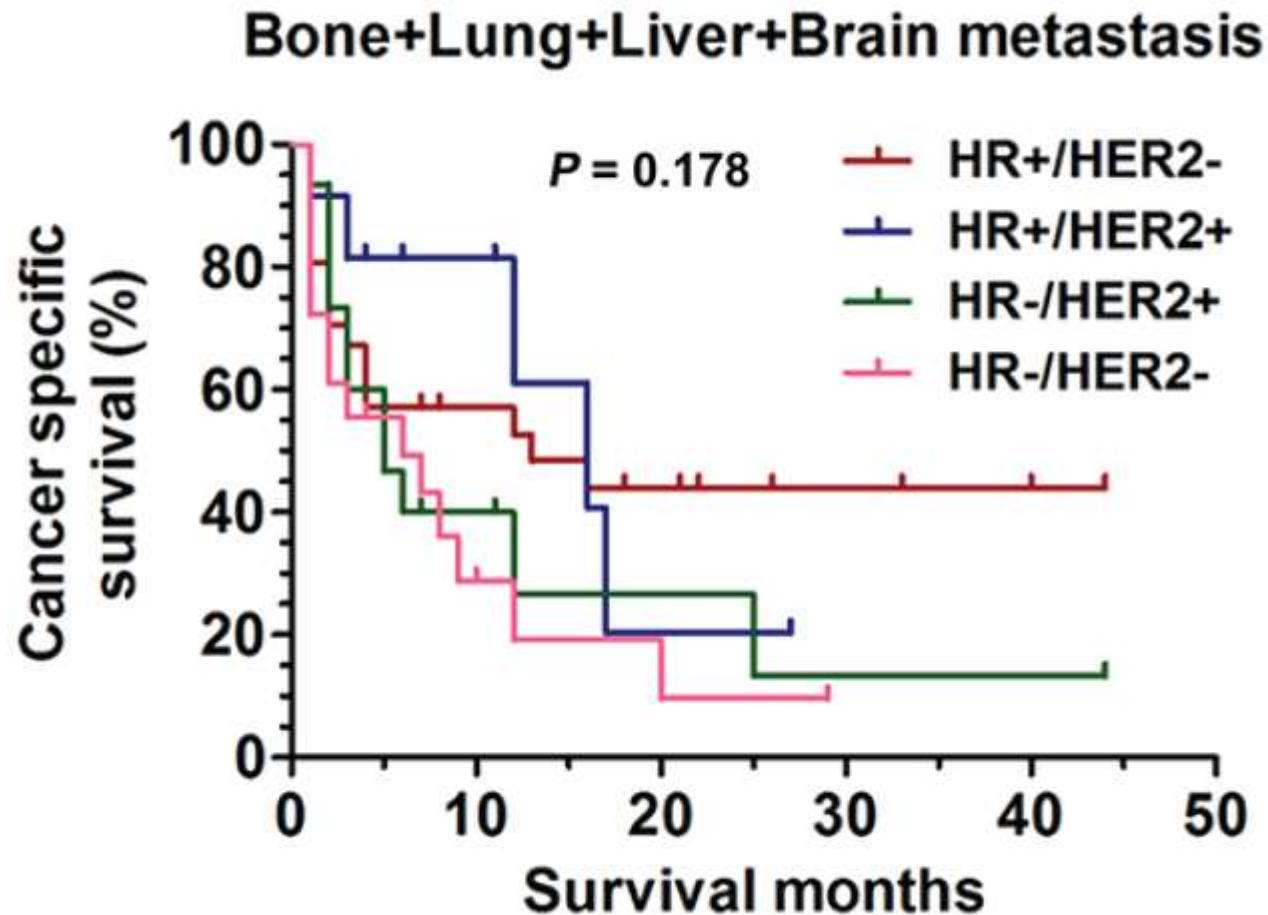
la sede di ripresa di malattia è diversa a seconda della biologia di malattia



# Survival by site of metastatic disease, and BC cancer subtype

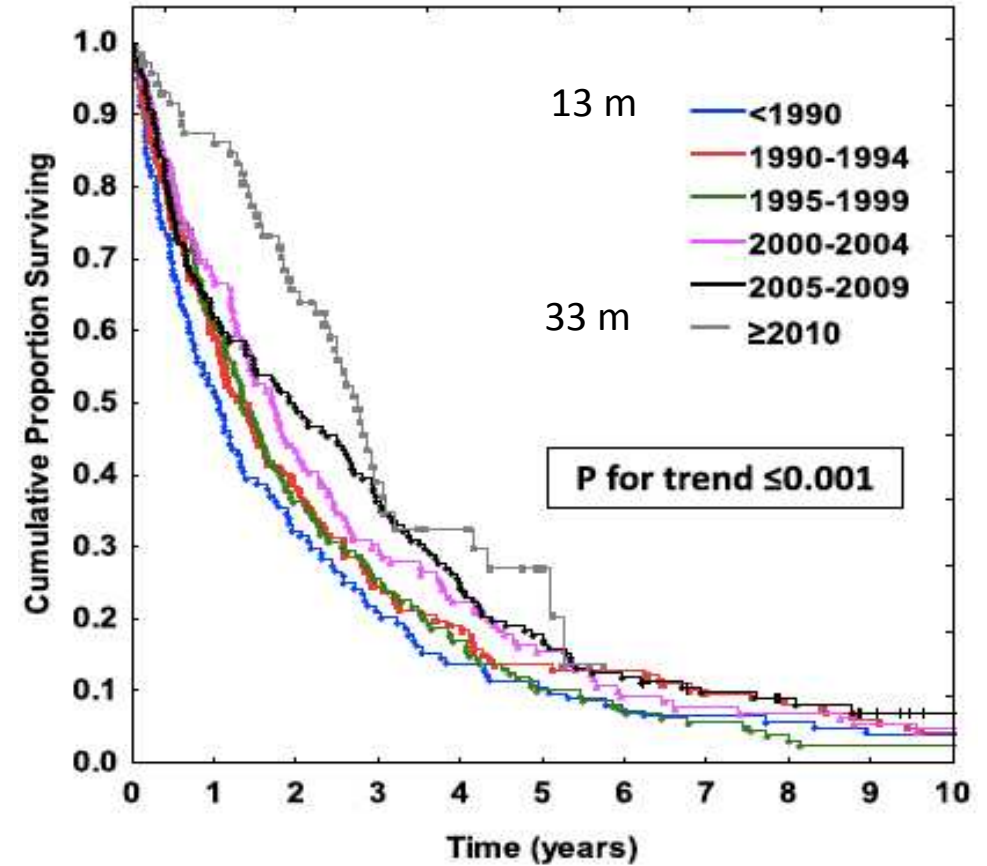
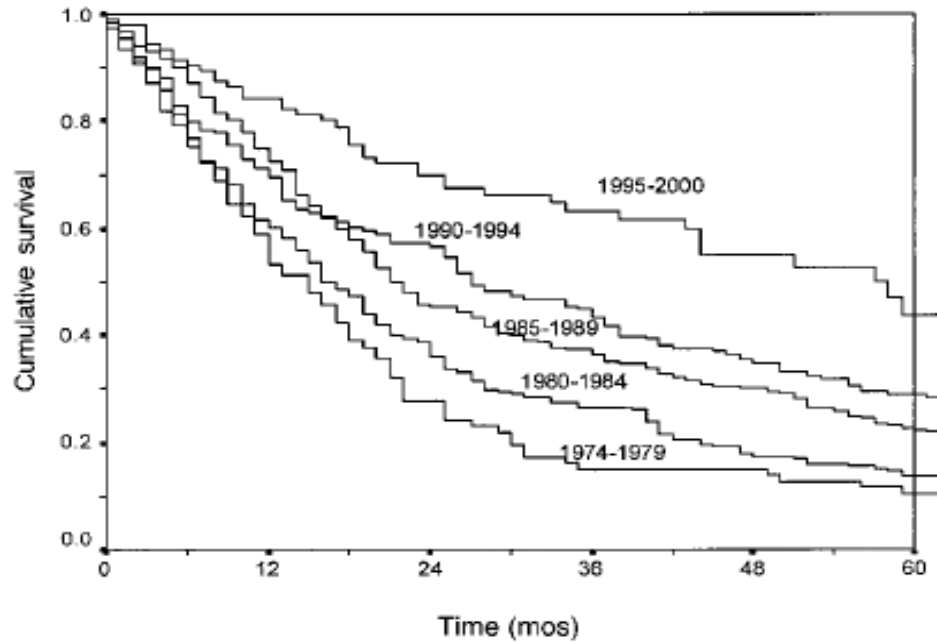


# Survival in advanced patients is function of disease subtype





# Overall survival from time from recurrence



# Sopravvivenza della malattia metastatica dalla diagnosi

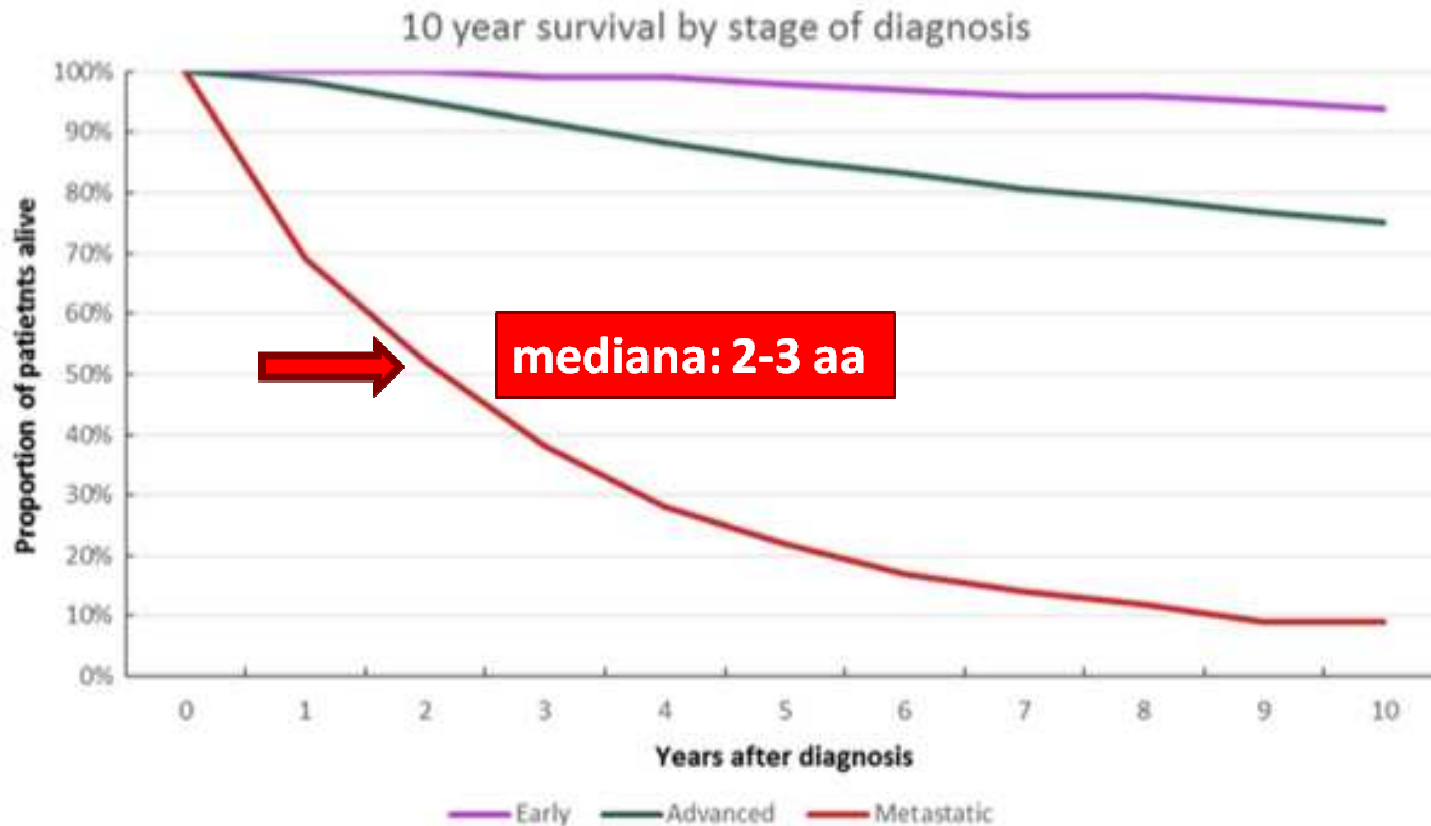
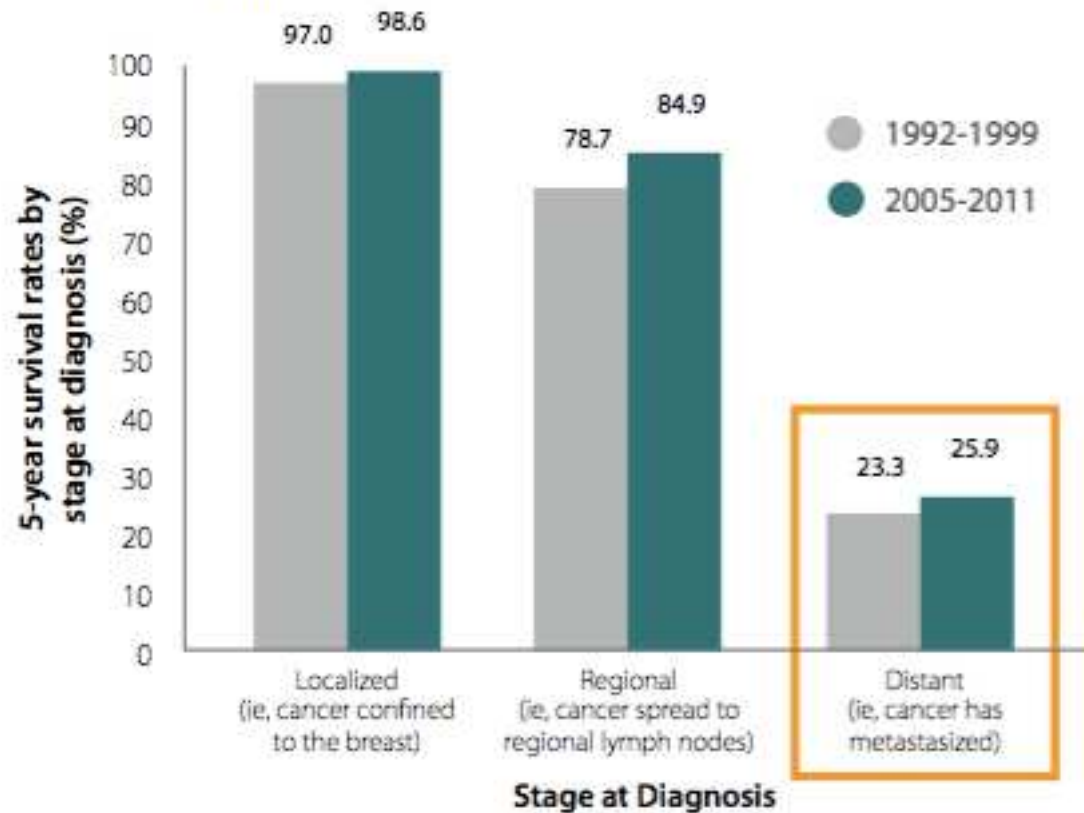


Fig. 4 Ten-year overall survival of early and advanced breast cancer patients

## Sopravvivenza stadio IV negli anni .....

5-year Survival Rates by Stage at Diagnosis (Female Breast Cancer, US SEER), 1992-1999 Compared With 2005-2011

ACS, 2003; SEER, 2015



# Main Goals in the Treatment of mBC

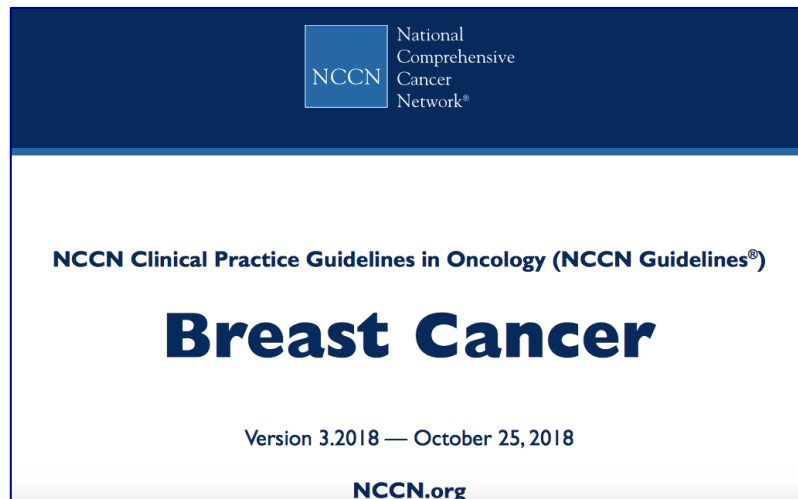
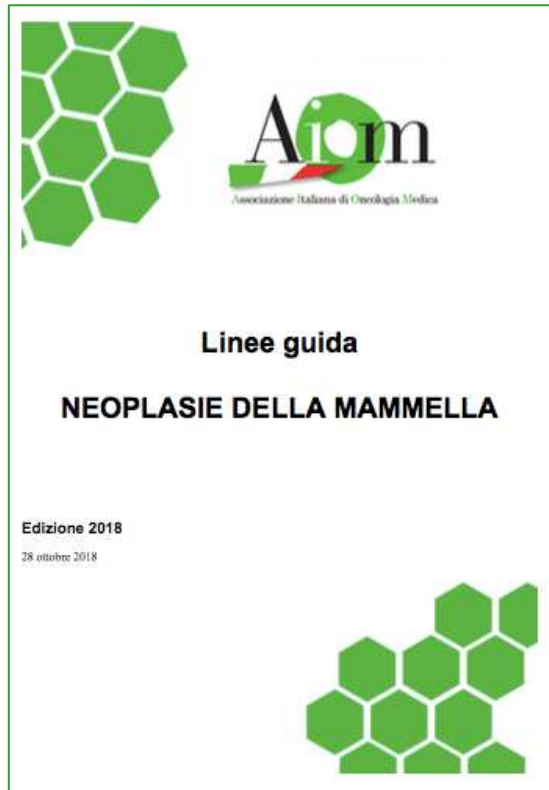
- **Balancing treatment efficacy and toxicity is the main objective**
- Aims of treatment:
  - Improve survival (*...but not cure..*)
  - Delay disease progression / prolong duration of response
  - Palliate symptoms
  - Improve/mantein QoL

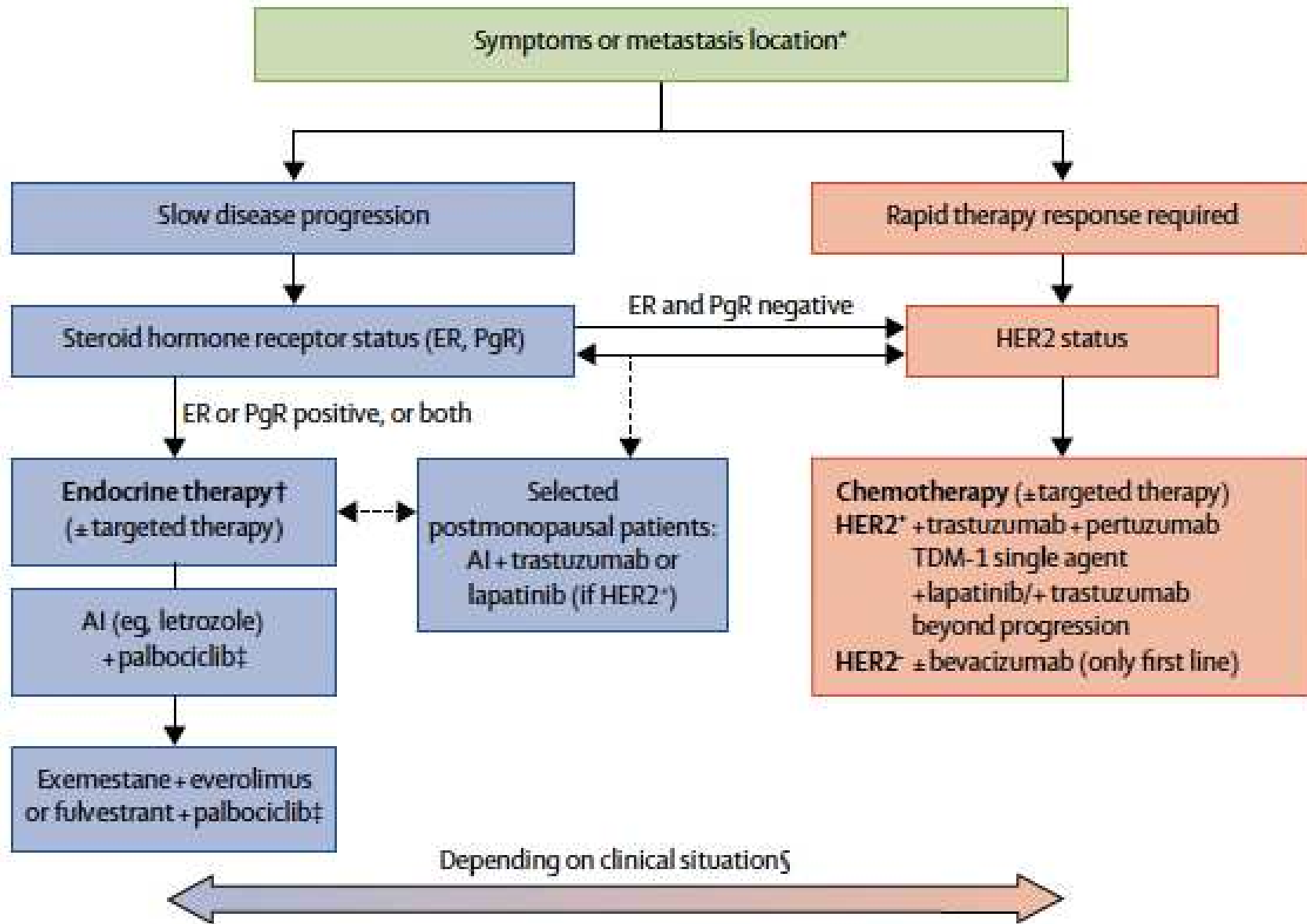


## Metastatic BC: main drivers of treatment

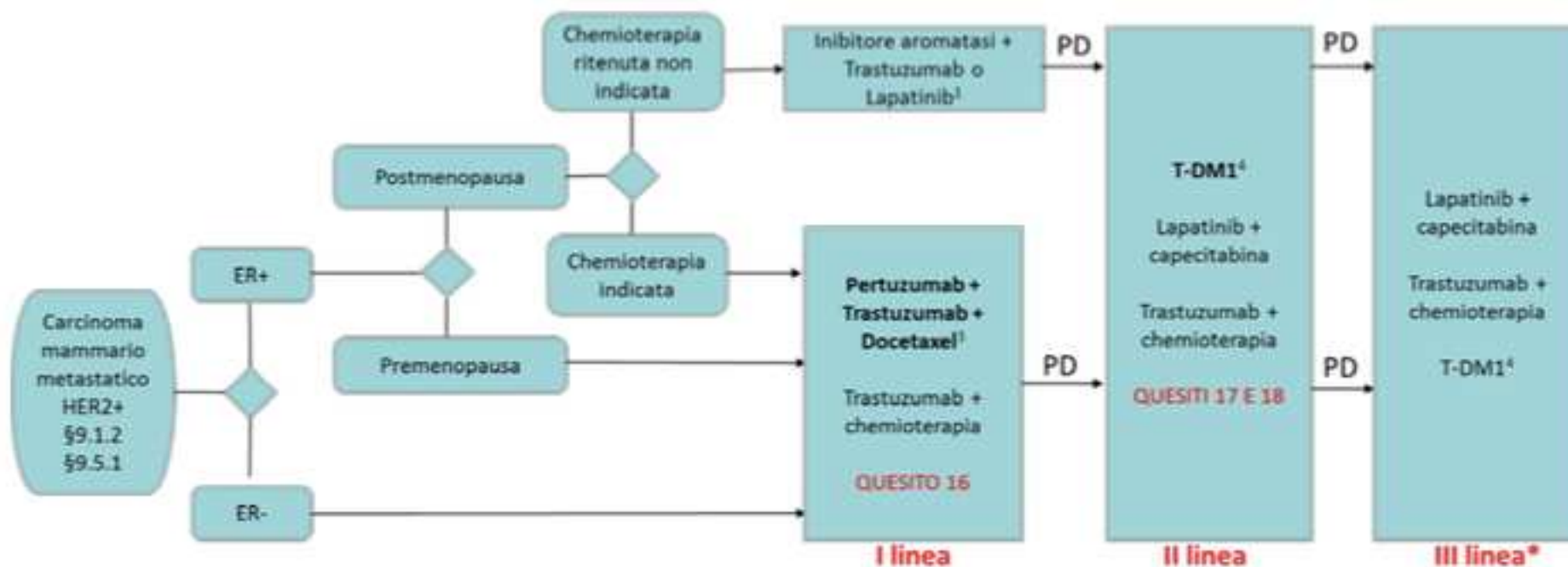
- subtype (defined by ER/HER2 status)
- sites of disease
- disease free-interval
- presence and extent of symptoms
- prior therapy
- availability of effective local therapies
- patient preferences







**Figura 11 – CARCINOMA MAMMARIO METASTATICO HER2-POSITIVO: Terapia medica in base alle caratteristiche patologiche e cliniche**





[www.breastcancerrevision.com](http://www.breastcancerrevision.com)



# Global Status of Advanced / Metastatic Breast Cancer

## 2005 - 2015 Decade Report

 Pfizer Oncology



ABC3

FINAL REPORT - March 2016



## SECTION 1: **PATIENT CARE PERSPECTIVES**

Examines information and communication needs, decision making, quality of life and daily living, supportive care, and end-of-life care. In addition, 6 cancer centers from around the world are profiled to understand the approaches to patient care.



## SECTION 2: **POLICY, SOCIETY, AND COMMUNITY IMPACT**

Assesses health policy, economic burden, public understanding of mBC, the impact of patient support and advocacy organizations, workplace perspectives, and the impact of mBC on caregivers and social relationships.



## SECTION 3: **SCIENTIFIC LANDSCAPE**

Details the global burden of BC, history of progress in BC, the mBC innovation plateau, and the focus for the future.

# Patients' preferences ...

## Prioritized mBC Patient Needs

Breast Cancer Center Survey, Pfizer, 2015

Support 79%	Quality of Life 72%	mBC Management 32%	Financial Support /Cost / Insurance 31%
Emotional / Psychosocial Support	Pain Control / Management	Survival: OS, PFS	Especially US, UK, Australia
Family Support	Quality of Life	Effective / more effective treatment	
Social Support	Nutrition / Diet / Weight	Alternative / new treatment options	
Availability of caregivers / physician	Symptom Control / Management		

BCC Quant July 21-Aug 26, 2015

Q14, Q42 Base = Total Respondents (n=568); Sweden included (n=582)

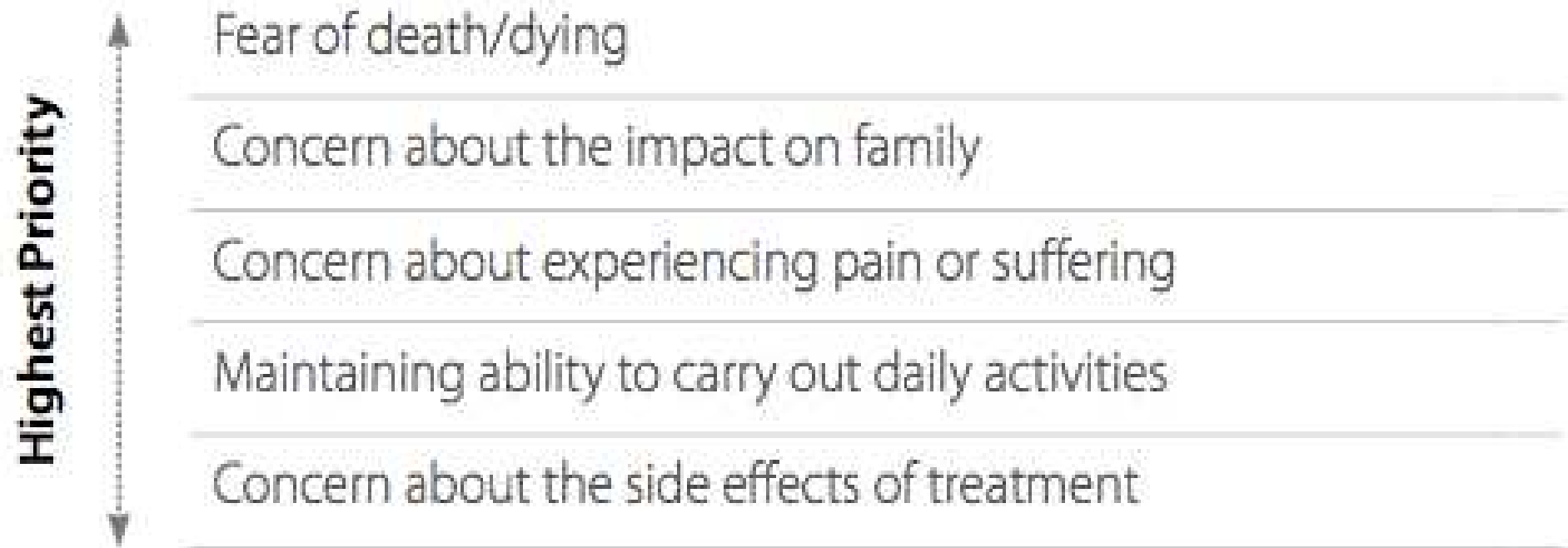
Q14, Beyond the medical needs that are focused only on addressing the cancer itself, what do you think are the top 5 most important needs of \*mBC patient? (Top 5)

\*Stage IV / Unresectable Advanced BC  
Respondents were from US, UK Germany, Italy, Portugal, Brazil, Mexico, Australia, and Sweden



# Primary Patient Concerns

mBC Patient and Caregiver Qualitative Research, Pfizer, 2016



## Common Words Signifying Patient Experiences Throughout mBC Diagnosis and Treatment

Wardley, 2008; Danesh, 2014; Luoma, 2004; Aranda, 2005

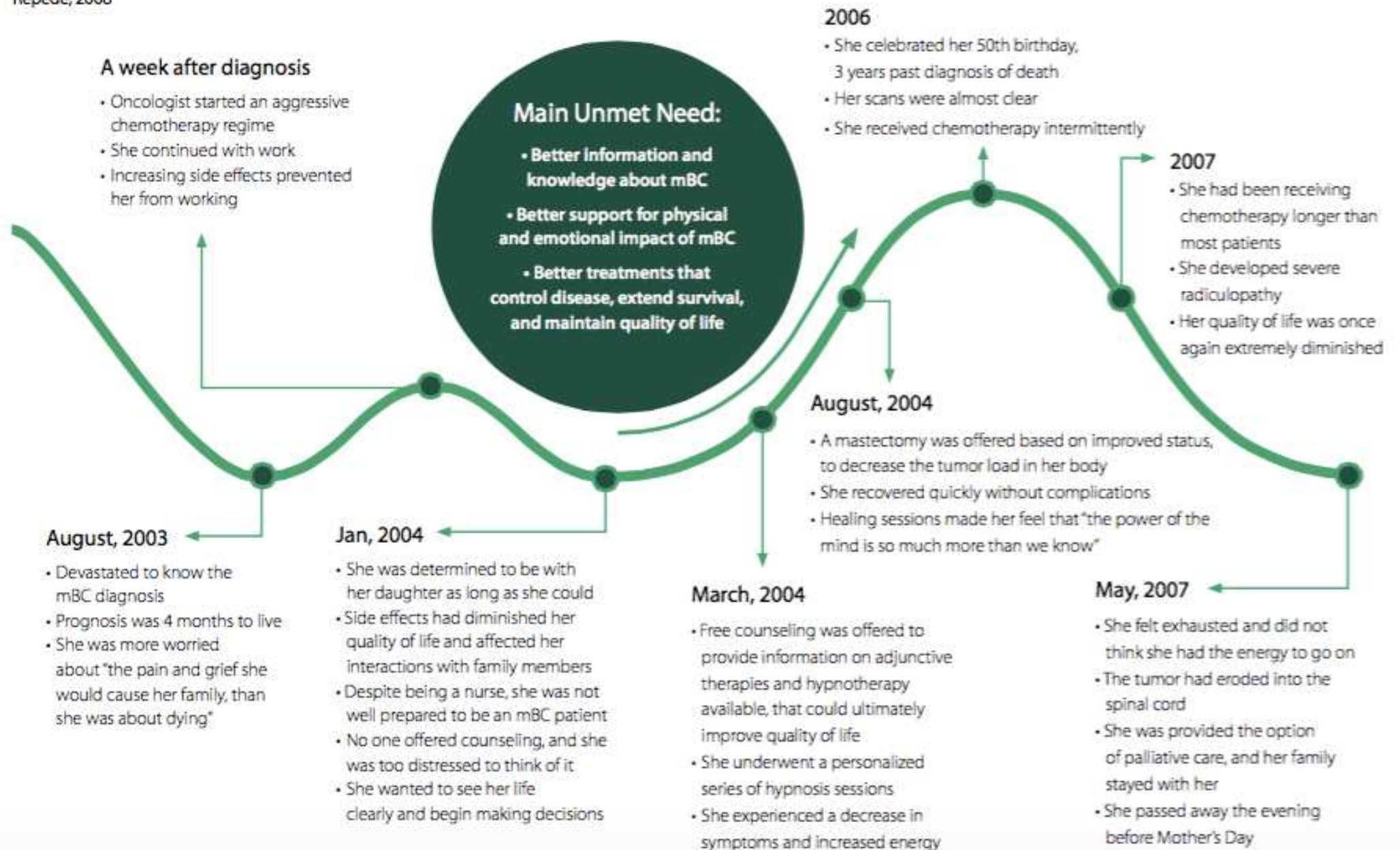
Worse  
Fear  
Treatment  
Diminishing Confidence  
Cure  
Anxiety  
Recurrence  
Poor Side Effects  
Quality Of Life  
Depression  
Disappointment  
Distrust  
Shock  
Physician



Figure 1.1

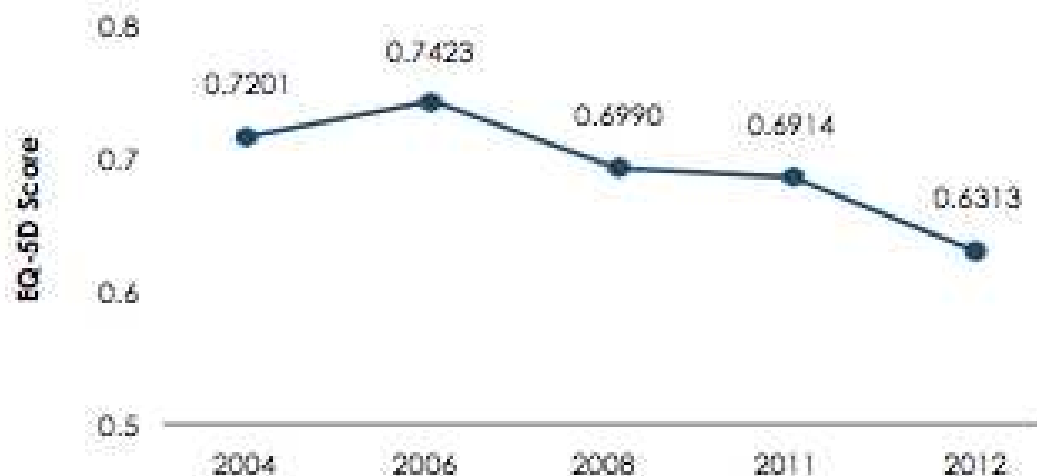
## Highs and Lows of the mBC Patient Experience

Based on personal journal notes from a 47-year-old female, US, nurse with mBC  
Repede, 2008



## Analysis suggests **limited improvement in quality of life** for patients with mBC over the last decade

### Quality of life in patients with mBC as assessed by EQ-5D, 2004-2012, Generic (non-Cancer Specific) Health Utility Score<sup>2</sup>



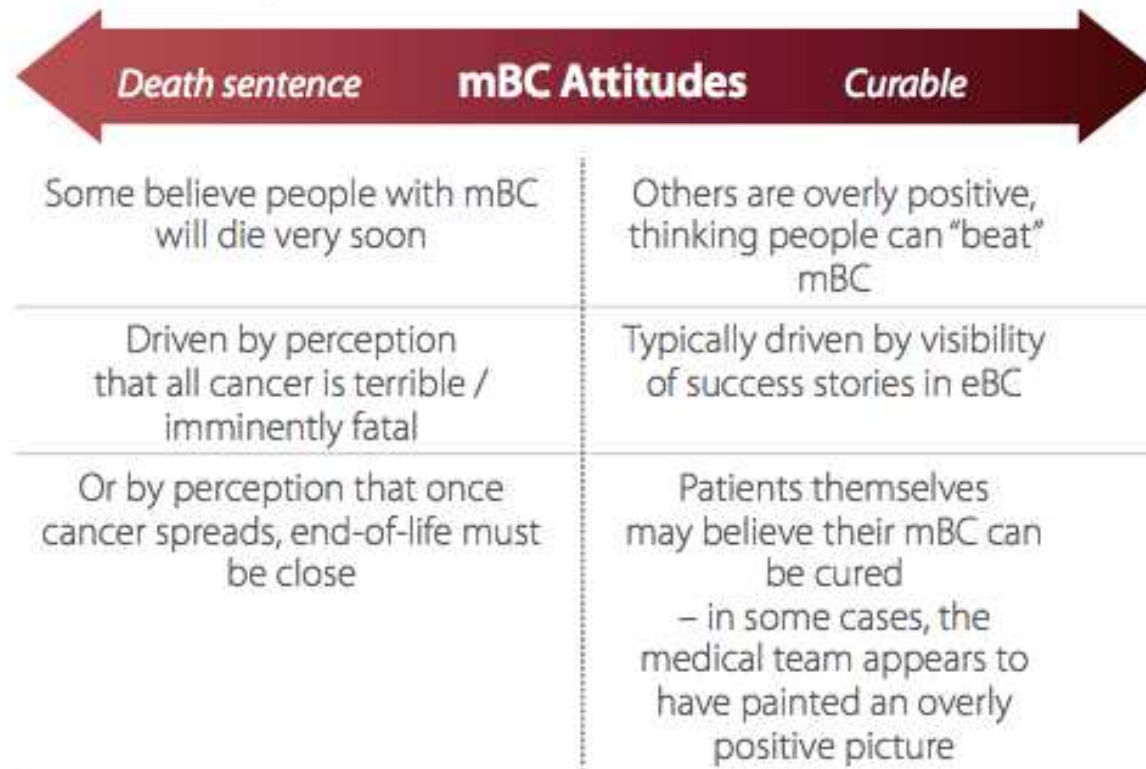
- An analysis of the trends in quality of life for mBC\* indicates that there **has not been significant improvement** over the past decade<sup>2</sup>
- In fact, there has been a **slight decrease in quality of life<sup>2</sup>**

\*Analysis was based on a review of 132 articles, of which a quantitative analysis was conducted of 14 studies reporting QoL measure values for mBC. Values are weighted based on sample size. This analysis indicates a numerical decrease over time, it does not intend to demonstrate statistical significance

# 48–76% of the general public believe that advanced/metastatic breast cancer is curable

## The Challenges of Extreme Societal Opinions Regarding mBC

mBC Patient and Caregiver Qualitative Research, Pfizer, 2016







## PALLIATIVE / SUPPORTIVE CARE

**Optimally, discussions about patient preferences at the end of life should begin early in the course of metastatic disease. However, when active treatment no longer is able to control widespread and life-threatening disease, and the toxicities of remaining options outweigh benefits, physicians and other members of the healthcare team should initiate discussions with the patient (and family members/friends, if the patient agrees) about end-of-life care.**

**(LoE/GoR: Expert opinion/A) (96%)**




## End of life care

**“ If the physician has been honest with the patient about prognosis, there are fewer misinterpretations about hope and extent of life. Oncologists must be able to say that the disease normally ends in death, but death can come at different times. For some, death may come within the first few years, but others live well for 5, 10, and even 20 years after diagnosis, and a few even survive the disease permanently. Oncologists should stress that no one can truly predict when the end will come and what it will be, but the best course of action is to prepare for every possible outcome. ”**

*“CJ” (Dian) Corneliussen-James, Co-Founder, President, and Director of Advocacy, METAvivor Research & Support, 2015*



A white ribbon symbol, representing breast cancer awareness, is centered at the top of the page. It is superimposed on a stylized, light pink silhouette of a woman's torso and breasts. The background of the entire page is a solid, darker pink color.

**La prognosi del tumore della mammella metastatico è migliorata nel corso degli anni, grazie ai progressi nella conoscenza della malattia e alla disponibilità di nuovi trattamenti: non è raro, infatti, trovare pazienti vive anche oltre 10 anni dalla diagnosi.**

# Nuovi farmaci 2001-2018 per il trattamento del CMM

tumore	farmaco	tipo	anno	indicazione
HER2 +	Lapatinib	target	2007	II linea in combinazione con capecitabina
	Pertuzumab	target	2012	I linea in combinazione con trastuzumab+taxano
	T-DM 1	target	2013	II linea dopo trastuzumab+taxano
ER+/HER2-	everolimus	target	2012	In associazione ad everolimus a fallimento di IA non steroideo
	palbociclib	target	2017	I linea in associazione a letrozolo II linea in associazione a fulvestrant
	ribociclib	target	2017	“
	abemaciclib		2018	
tutti	nab-paclitaxel	chemiot	2005	II linea dopo precedente chemioterapia
	eribulina	chemiot	2011	II linea dopo precedenti antracicline e taxani



**There are few proven standards of care in ABC management. After appropriate informed consent, inclusion of patients in well-designed, prospective, independent trials must be a priority, whenever such trials are available and the patient is willing to participate.**

**(LoE/GoR: Expert opinion/A) (100%)**





**The ABC community strongly calls for clinical trials addressing important unanswered clinical questions in this setting, and not just for regulatory purposes.**

**Clinical trials should continue to be performed, even after approval of a new treatment, to provide real world data on its performance, efficacy and toxicity.**

**(LoE/GoR: Expert opinion/A) (100%)**

## **G Registries and real-world data are essential to improve understanding of mBC**

In addition to further delineating subtypes and refining therapeutic targets, it is also essential that we gain greater understanding of the patient population with mBC to provide insight into a variety of aspects of care (Figure 3.19). In the United Kingdom, for example, a registry project

with the aim of accurately assessing what future cancer care would be required resulted in recommendations to all breast treatment units on data to be collected moving forward. (NCIN, 2015) We need to understand the true prevalence of mBC and the true recurrence from early to late disease, since most databases (eg, SEER in US) only capture data on patients with metastatic disease at initial diagnosis. (MBCN, 2015)

Figure 3.19

### Sample of Registries in mBC

<b>RegistHER</b> Tripathy, 2014	<b>NCT02315365</b> Clinicaltrials NCT02315365, 2015	<b>ESTHER Registry Study</b> Clinicaltrials NCT02393924, 2015	<b>SystHERs Registry</b> Tripathy, 2014
Large, multicenter, prospective, observational study including >1000 patients with newly-diagnosed HER2+ mBC. Describes the natural history of disease and treatment patterns; explores associations between demographics and clinical factors, therapies, cardiac toxicities, and patient outcomes	Study on quality of life, work productivity, and healthcare resource utilization in mBC	Observes the different anti-cancer treatment regimens and their sequencing throughout the course of disease in patients with unresectable locally advanced or mBC and describes the clinical outcome for each treatment regimen, measured as PFS	Gains in-depth data on demographic, clinicopathological, and treatment patterns and their associations with clinical outcomes, PROs, and healthcare resource utilization. In addition, this registry will establish tumor tissue and DNA repositories for use in future translational research

**Carlotta**  
**4.12.2018**

