

**PO3-18-10**

**Impact of age and ovarian function suppression (OFS) on endocrine response to short preoperative endocrine therapy (ET): Results from the multicenter WSG-ADAPTcycle trial (n=5,290)**

Presenting Author(s) and Co-Author(s):

O. Gluz. West German Study Group, Moenchengladbach, Germany; Breast Center Niederrhein, Ev. Hospital Bethesda, Moenchengladbach, Germany; University Clinics Cologne, Moenchengladbach, Nordrhein-Westfalen, Germany

M. Christgen. Medizinische Hochschule Hannover, Hannover, Niedersachsen, Germany

U. Nitz. West German Study Group and Breast Center Niederrhein, United States

S. Küemmel. Breast Unit, Kliniken Essen-Mitte, Essen, Germany

M. Braun. Rotkreuzklinikum München, Germany

M. Thill. Agaplesion Markus Krankenhaus, 60431 Frankfurt a.M., Hessen, Germany

R. Wuerstlein. Breast Center, Dept. OB&GYN and CCC Munich, LMU University Hospital, Munich, Germany

P. Wimberger. Universitätsklinikum Carl Gustav Carus, Technische Universität Dresden, Dresden, Sachsen, Germany

A. Hartkopf. Women's Clinic, University Clinics Tuebingen, Tuebingen, Germany

C. Schem. Mammazentrum am Krankenhaus Jerusalem, Hamburg, Germany

M. Zaiss. Clinic for Interdisciplinary Oncology & Hematology GbR, Freiburg, Baden-Wuerttemberg, Germany

V. Bjelic-Radasic. Breast Unit, Helios University Clinic, University Witten/Herdecke, Germany

M. Just. Onkologische Schwerpunktpraxis Bielefeld, Bielefeld, Germany

K. Veselinovic. Breast Center, University Hospital Ulm, Department of Women's Health, Ulm, Baden-Wuerttemberg, Germany

M. Vincent. Breast Center, Municipal Hospital Holweide. Cologne, Cologne, Nordrhein-Westfalen, Germany

M. Graeser. West German Study Group, Moenchengladbach, Germany; Breast Center Niederrhein, Ev. Hospital Bethesda, Moenchengladbach, Germany; Department of Gynecology, University Medical Center Hamburg, Moenchengladbach, Nordrhein-Westfalen, Germany

K. Krauss. Breast Center Niederrhein, Ev. Hospital Bethesda, Moenchengladbach, Moenchengladbach, Nordrhein-Westfalen, Germany

O. Hoffmann. University Hospital Essen, Germany

K. Lütke-Heckenkamp. Department of Oncology and Hematology, Niels-Stensen-Kliniken, Georgsmarienhütte, Germany

R. Kates. West German Study Group GmbH, Moenchengladbach, Moenchengladbach, Nordrhein-Westfalen, Germany

C. zu Eulenburg. West German Study Group, Moenchengladbach, Germany; Department of Medical Biometry and Epidemiology, University Medical Center Hamburg, Hamburg, Germany

P. Schmid. Barts Cancer Institute, Queen Mary University London, London, England, United Kingdom

R. Baehner. Precision Oncology, Exact Sciences, Redwood City, California, United States

H. Kreipe. Medical School Hannover, Institute of Pathology, Hannover, Germany; Institute of Neuropathology, United States

N. Harbeck. University of Munich, Munich, Bayern, Germany

**Background** In HR+/HER2- early breast cancer (EBC), short preoperative endocrine therapy (ET) offers a promising tool for assessment of ET-efficacy based on Ki67-decrease after 2-4 weeks of treatment. Low post-endocrine Ki67 (Ki67<sub>post</sub>) is associated with good prognosis in several large prospective trials. WSG-ADAPT demonstrated that Ki67<sub>post</sub> is a promising tool for decision making in cases with uncertain adjuvant chemotherapy indication, e.g., in premenopausal patients (pts.) with N0 and Recurrence Score (RS, Oncotype DX®) RS 16-25 or N1 and RS ≤25. Preliminary results from the phase III ADAPTcycle trial indicated higher efficacy of preoperative ET in premenopausal pts. if ovarian function suppression (OFS) was used together with tamoxifen (TAM) or aromatase inhibitors (AI). In the ADAPTcycle screening population, we are now able to validate these results and investigate the influence of age subgroups, Recurrence Score, and individual biological markers, as well as OFS on ET-response. **Methods** In ADAPTcycle (n=5,290 screened until 06/23 at 84 sites in Germany), N0-1 pts. with RS >25 or N2-3 pts with RS ≤25 and ET-response (Ki67<sub>post</sub> ≤10%) were randomized to (neo)adjuvant standard chemotherapy (CT) or ribociclib + AI +/- GnRH-analog (n=1,670 randomized). Participation of premenopausal pts. with N1-disease and RS ≤25 or N0 and RS 16-25 was allowed irrespective of ET-response, but randomization recommended only for ET-responders. Use of OFS + TAM or AI for ET response assessment in the preoperative phase was protocol-recommended. This analysis includes all patients with baseline RS and data on ET-response. Ki67-response is defined as Ki67<sub>post</sub> ≤10% (central pathology assessment) after 2-4 weeks of therapy (OFS-use recommended for 4 weeks). ER-, PR-, and HER2-levels are analyzed by IHC and mRNA. **Results** Results on ET-response according to age and clinicopathological as well as tumor biological characteristics will be presented at the meeting.

So far, ADAPTcycle with >5,000 pts. screened is the largest trial worldwide to look at ET response assessment in pre- and postmenopausal pts. with HR+/HER2- EBC. The results thus have the potential to impact clinical practice. **Contact Information**  
oleg.gluz@wsg-online.com