

Riunione Annuale  
**GIM** GRUPPO  
ITALIANO  
MAMMELLA

**ANCHE IN DIRETTA  
STREAMING**

ISCRIZIONE ONLINE SU [WWW.OVERGROUP.EU](http://WWW.OVERGROUP.EU)

**25/26 NOVEMBRE 2021**

**PADOVA**  
**HOTEL NH**  
Via Niccolò Tommaseo, 61

RESPONSABILE SCIENTIFICO  
PROF.SSA VALENTINA GUARNERI

# Un anno di ricerca italiana nel carcinoma della mammella

Prof.ssa Valentina Guarneri  
DiSCOG, Università di Padova  
Istituto Oncologico Veneto, IRCCS



# Composite risk and benefit from adjuvant DD CT in HR+ BC

npj | Breast Cancer

ARTICLE OPEN

## Composite risk and benefit from adjuvant dose-dense chemotherapy in hormone receptor-positive breast cancer

Fabio Puglisi<sup>1,2</sup>, Lorenzo Gerratana<sup>1,2</sup>, Matteo Lambertini<sup>3,4</sup>, Marcello Ceppi<sup>5</sup>, Luca Boni<sup>5</sup>, Filippo Montemurro<sup>6</sup>, Stefania Russo<sup>7</sup>, Claudia Bighin<sup>8</sup>, Michelino De Laurentiis<sup>9</sup>, Mario Giuliano<sup>10</sup>, Giancarlo Bisagni<sup>11</sup>, Antonio Durando<sup>12</sup>, Anna Turletti<sup>13</sup>, Ornella Garrone<sup>14</sup>, Andrea Ardizzoni<sup>15</sup>, Teresa Gamucci<sup>16</sup>, Giuseppe Colantuoni<sup>17</sup>, Adriano Gravina<sup>18</sup>, Sabino De Placido<sup>10</sup>, Francesco Cognetti<sup>19</sup> and Lucia Del Mastro<sup>3,20</sup>

<b>ARM A</b> EC x 4 → T x 4 q. 3 w	<b>ARM C</b> EC x 4 → T x 4 q. 2 w + <b>Pegfilgrastim</b>
<b>ARM B</b> FEC x 4 → T x 4 q. 3 w	<b>ARM D</b> FEC x 4 → T x 4 q. 2 w + <b>Pegfilgrastim</b>

**Factorial study** aimed at assessing two separate hypothesis:

- **Factor 1:** A+C vs B+D = the efficacy and safety of 5-FU in addition to EC→T
- **Factor 2:** A+B vs C+D = the efficacy and safety of a 50% increase in dose-density

**Ancillary analysis of the GIM2 phase III trial**, which demonstrated that in patients with node-positive eBC, dose-dense adjuvant chemotherapy improved DFS as compared with standard interval chemotherapy.



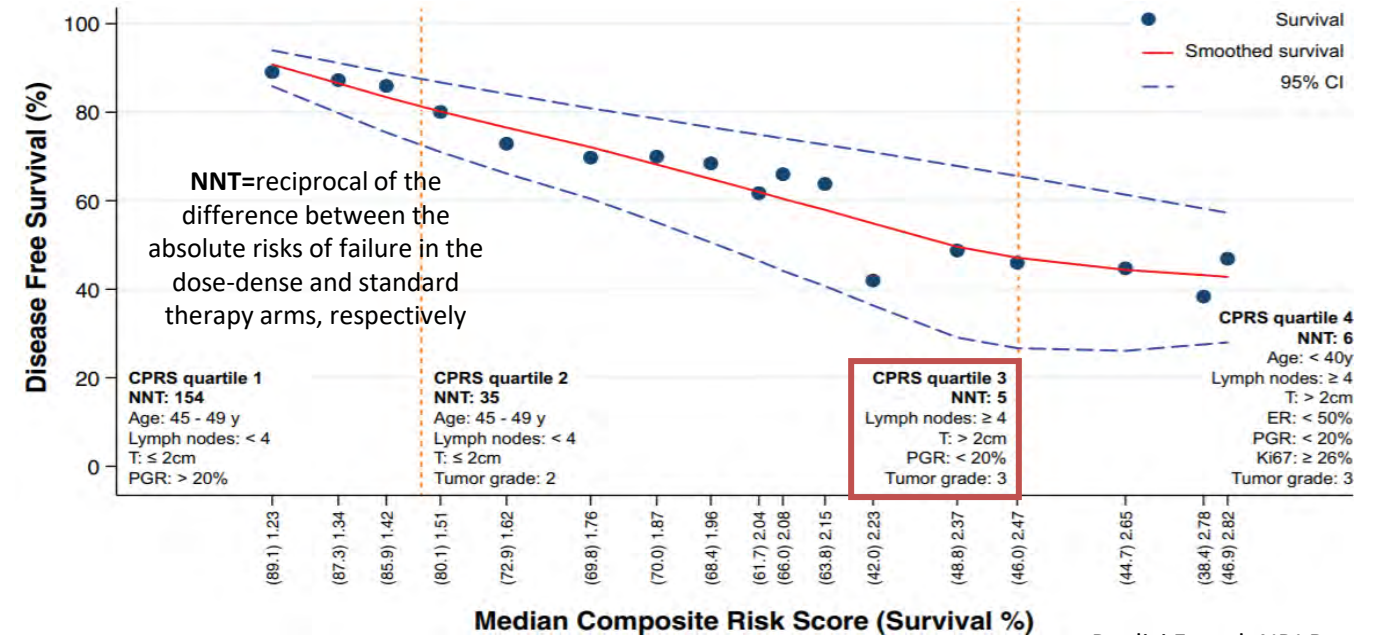
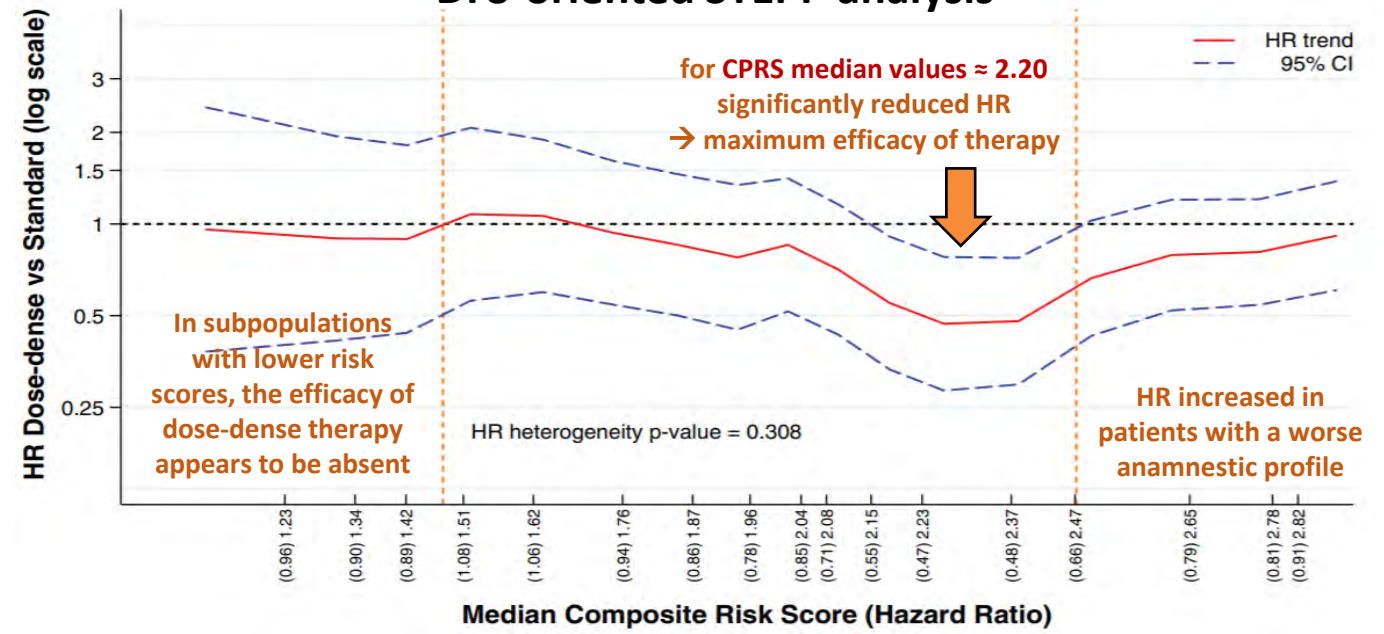
**Evaluation of the absolute treatment effect through a composite measure of recurrence risk (CPRS) in patients with HR+/HER2- eBC.**

## Multivariate Cox regression model stratified by treatment for the variables used by the CPRS

	Log (HR)	HR	95% CI	P value
<b>AGE</b>				
<35	0.425	1.53	0.72–3.24	0.268
35–39	0.859	2.36	1.39–3.99	0.001
40–44	0.113	1.12	0.68–1.84	0.665
45–49	0.000	1.00	Ref.	
≥50	0.322	1.38	0.94–2.03	0.100
<b>NODES</b>				
1–3	0.000	1.00	Ref.	
≥4	0.737	2.09	1.61–2.71	<0.001
<b>T</b>				
≤2	0.000	1.00	Ref.	
>2	0.577	1.78	1.36–2.34	<0.001
<b>ER%</b>				
<50	0.262	1.30	0.92–1.82	0.135
≥50	0.000	1.00	Ref.	
<b>PGR%</b>				
<20	0.293	1.34	0.96–1.86	0.083
20–49	0.140	1.15	0.82–1.62	0.418
≥50	0.000	1.00	Ref.	
<b>HISTO G</b>				
G1	0.000	1.00	Ref.	
G2	1.022	2.78	1.13–6.80	0.026
G3	1.092	2.98	1.20–7.40	0.018
<b>KI67%</b>				
<14	0.000	1.00	Ref.	
14–19	0.166	1.18	0.75–1.85	0.483
20–25	0.068	1.07	0.72–1.58	0.741
≥26	0.095	1.10	0.77–1.57	0.605

**Number of positive nodes, tumor size and histological grade** were the most important prognostic factors in terms of DFS → contributed the most to the CPRS.

## DFS-oriented STEPP analysis

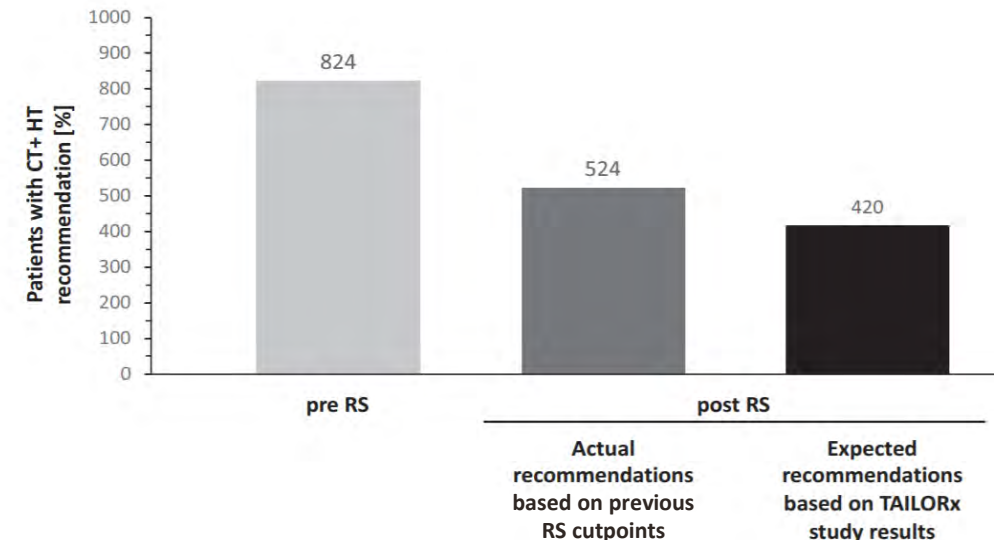
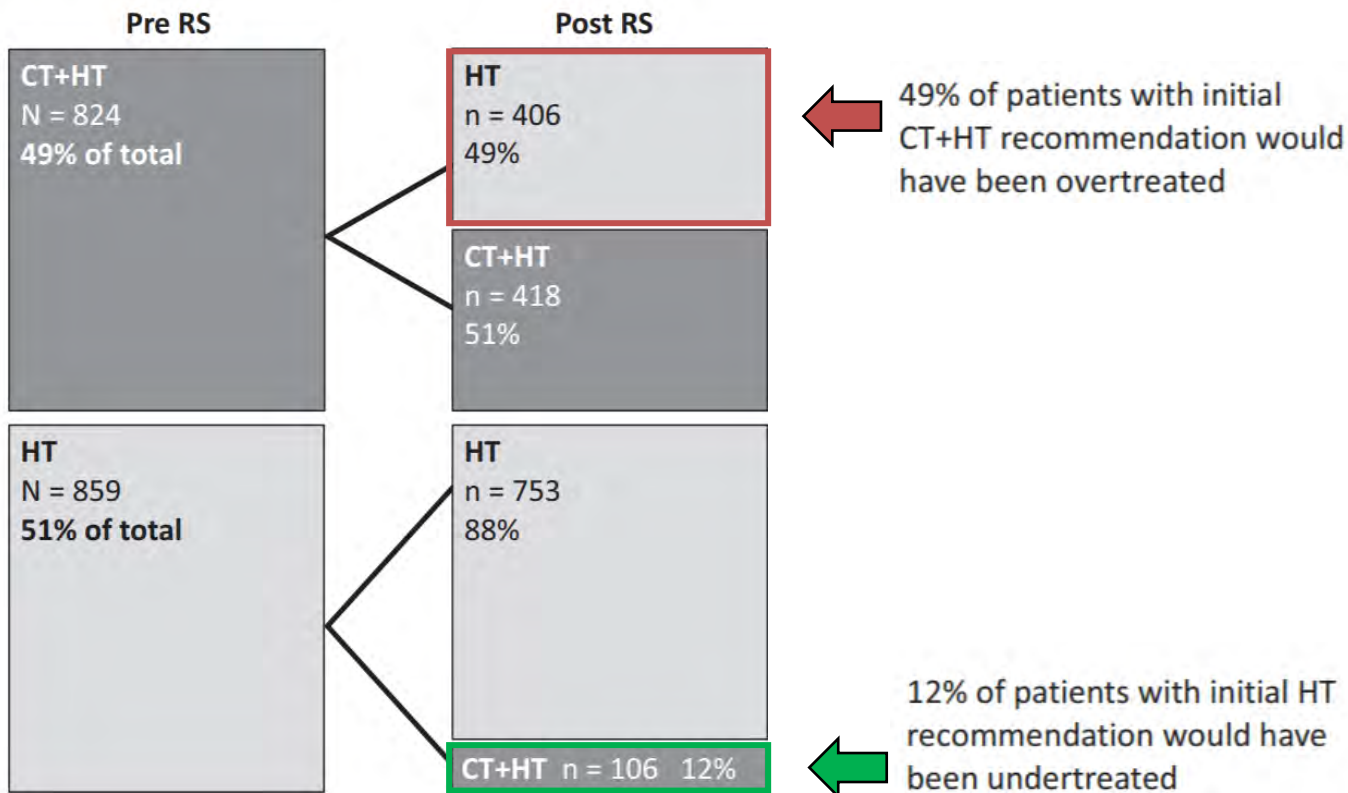


# PONDx: real-life utilization of Oncotype-Dx

Multicenter, prospective, observational study to investigate the real-life use of RS<sup>®</sup> results in Italy (27 reference centers in Lombardia, Lazio, Emilia Romagna, Campania, Abruzzo, and Marche) and its impact on treatment decisions, by recording:

- 1) Pre-RS decision for HT +/- CT
- 2) RS results
- 3) Post-RS decision → % changes in recommendations

## 1738 HR+/HER2- eBC pts



Expected recommendations assuming decision-making according to TAILORx results	
Population	Change in CT + HT recommendations %
Overall	-49%
NO	-47%

# Real-life utilization of Oncotype-Dx across: Italian experiences

2017

The Oncologist®

First Prospective Multicenter Italian Study on the Impact of the 21-Gene Recurrence Score in Adjuvant Clinical Decisions for Patients with ER Positive/HER2 Negative Breast Cancer

MARIA VITTORIA DIECI,<sup>a,b</sup> VALENTINA GUARNERI,<sup>a,b</sup> TOMMASO GIARRATANO,<sup>a</sup> MARTA MION,<sup>e</sup> GIAMPAOLO TORTORA,<sup>f</sup> COSTANZA DE ROSSI,<sup>g</sup> STEFANIA GORI,<sup>h</sup> CRISTINA OLIANI,<sup>i</sup> LAURA MERLINI,<sup>j</sup> FELICE PASINI,<sup>k</sup> GIORGIO BONCIARELLI,<sup>l</sup> GAIA GRIGUOLO,<sup>a</sup> ENRICO ORVIETO,<sup>m</sup> SILVIA MICHIELETTO,<sup>c</sup> TANIA SAIBENE,<sup>c</sup> PAOLA DEL BIANCO,<sup>d</sup> GIAN LUCA DE SALVO,<sup>d</sup> PIERFRANCO CONTE<sup>a,b</sup>

Impact of 21-Gene Breast Cancer Assay on Treatment Decision for Patients with T1–T3, N0–N1, Estrogen Receptor-Positive/Human Epidermal Growth Receptor 2-Negative Breast Cancer: Final Results of the Prospective Multicenter ROXANE Study

The Oncologist®

2019

MARIA VITTORIA DIECI,<sup>a,b</sup> VALENTINA GUARNERI,<sup>a,b</sup> FABLE ZUSTOVICH,<sup>d</sup> MARTA MION,<sup>e</sup> PAOLO MORANDI,<sup>f</sup> EMILIO BRIA,<sup>a,h</sup> LAURA MERLINI,<sup>j</sup> PIERLUIGI BULLIAN,<sup>j</sup> CRISTINA OLIANI,<sup>k</sup> STEFANIA GORI,<sup>m</sup> TOMMASO GIARRATANO,<sup>b</sup> ENRICO ORVIETO,<sup>l</sup> GAIA GRIGUOLO,<sup>a</sup> SILVIA MICHIELETTO,<sup>c</sup> TANIA SAIBENE,<sup>c</sup> PAOLA DEL BIANCO,<sup>b</sup> GIAN LUCA DE SALVO,<sup>b</sup> PIERFRANCO CONTE,<sup>a,b</sup> ON BEHALF OF THE VENETO ONCOLOGY NETWORK

2020



Prospective observational study on the impact of the 21-gene assay on treatment decisions and resources optimization in breast cancer patients in Lombardy: The BONDX study

Alberto Zambelli<sup>a,\*</sup>, Edda Simoncini<sup>b</sup>, Monica Giordano<sup>c</sup>, Nicla La Verde<sup>d</sup>, Gabriella Farina<sup>e</sup>, Valter Torri<sup>f</sup>, Giorgio Colombo<sup>g</sup>, Giulia Piacentini<sup>a</sup>, Vittoria Fotia<sup>a</sup>, Lucia Vassalli<sup>b</sup>, Palma Pugliese<sup>c</sup>, Paola Poletti<sup>a</sup>, Elena Rota Caremoli<sup>a</sup>, Carlo Tondini<sup>a</sup>

ARTICLE OPEN

PONDx: real-life utilization and decision impact of the 21-gene assay on clinical practice in Italy

Francesco Cognetti<sup>1✉</sup>, Riccardo Masetti<sup>2</sup>, Alessandra Fabi<sup>3</sup>, Giulia Bianchi<sup>4</sup>, Donatella Santini<sup>5</sup>, Alessia Rognone<sup>6</sup>, Giovanna Catania<sup>3</sup>, Domenico Angelucci<sup>7</sup>, Giuseppe Naso<sup>8</sup>, Mario Giuliano<sup>9</sup>, Lucia Vassalli<sup>10</sup>, Patrizia Vici<sup>11</sup>, Giovanni Scognamiglio<sup>12</sup>, Daniele Generali<sup>13</sup>, Alberto Zambelli<sup>14</sup>, Marco Colleoni<sup>15</sup>, Corrado Tinterri<sup>16</sup>, Francesco Scanzi<sup>17</sup>, Leonardo Vigna<sup>18</sup>, Paola Scavina<sup>19</sup>, Teresa Gamucci<sup>20</sup>, Emilia Marrazzo<sup>21</sup>, Angelo Fedele Scinto<sup>22</sup>, Rossana Berardi<sup>23</sup>, Maria Agnese Fabbri<sup>24</sup>, Graziella Pinotti<sup>25</sup>, Daniela Franco<sup>26</sup>, Daniela Andreina Terribile<sup>2</sup>, Giuseppe Tonini<sup>27</sup>, Daniela Cianniello<sup>28</sup> and Sandro Barni<sup>29</sup>


npj | Breast Cancer

2021

# MiR-100 as a predictor of endocrine responsiveness and prognosis

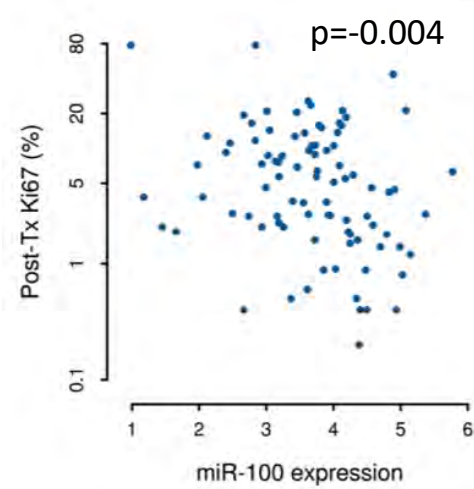
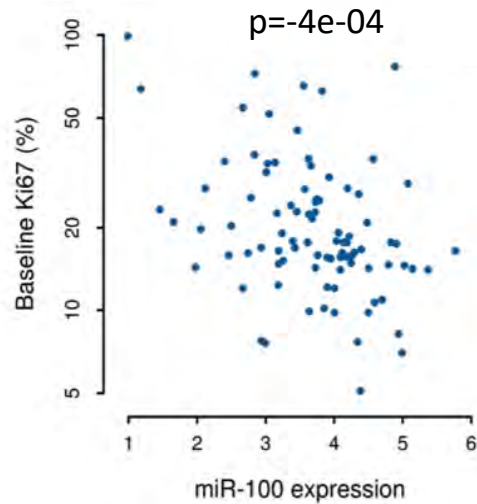


## MiR-100 is a predictor of endocrine responsiveness and prognosis in patients with operable luminal breast cancer

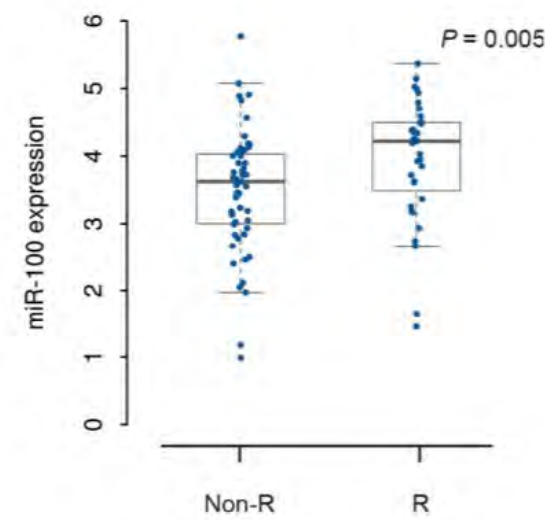
Annalisa Petrelli,<sup>1</sup> Sara Erika Bellomo,<sup>2</sup> Ivana Sarotto,<sup>3</sup> Franziska Kubatzki,<sup>4</sup> Paola Sgandurra,<sup>4</sup> Furio Maggiorotto,<sup>4</sup> Maria Rosaria Di Virgilio,<sup>5</sup> Riccardo Ponzoni,<sup>4</sup> Elena Geuna,<sup>6</sup> Danilo Galizia,<sup>6</sup> Anna Maria Nuzzo,<sup>7</sup> Enzo Medico,<sup>2,8</sup> Umberto Miglio,<sup>3</sup> Enrico Berrino,<sup>3,9</sup> Tiziana Venesio,<sup>3</sup> Salvatore Ribisi,<sup>1</sup> Paolo Provero,<sup>10,11</sup> Anna Sapino,<sup>3,9</sup> Silvia Giordano,<sup>1,2</sup> Filippo Montemurro <sup>6</sup>

The **predictive value of baseline tumor levels of miR-100 with respect to response to endocrine therapy** (tamoxifene or letrozole) was explored in a prospective study of endocrine therapy given either preoperatively, or for the treatment of de-novo MBC → 90 evaluable patients.

**Response = Ki67  $\leq$  2.7% after 21 +/- 3 days of treatment**



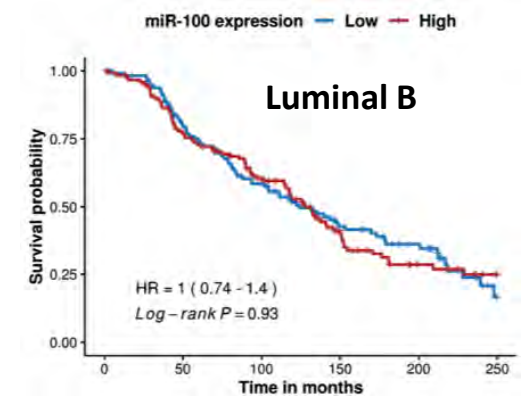
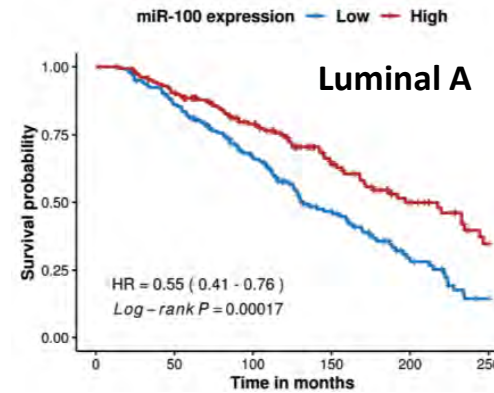
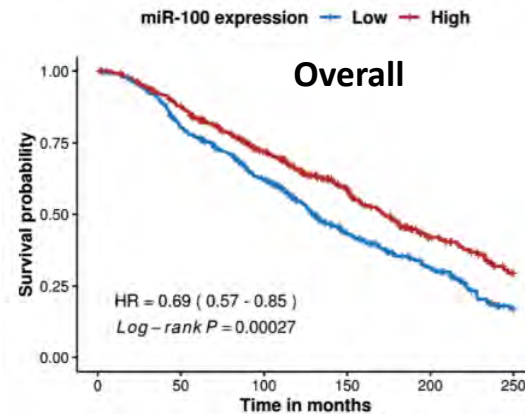
MiR-100 levels showed a **significant negative correlation with both baseline and post-treatment Ki67 values**, both in the overall population and in post-menopausal pts receiving letrozole



Median miR-100 values were significantly higher in CCCA responders compared with non-responders

Increased MiR-100 associated with CCCA (OR 1.852, 95% CI 1.094-3.134, p=0.022)

METABRIC dataset interrogated to evaluate the prognostic value of miR-100 expression in 719 ER-positive BC patients undergoing adjuvant ET



High MiR-100 associated with improved OS in the overall population and in Luminal A subgroup. NO effect on Luminal B subgroup.

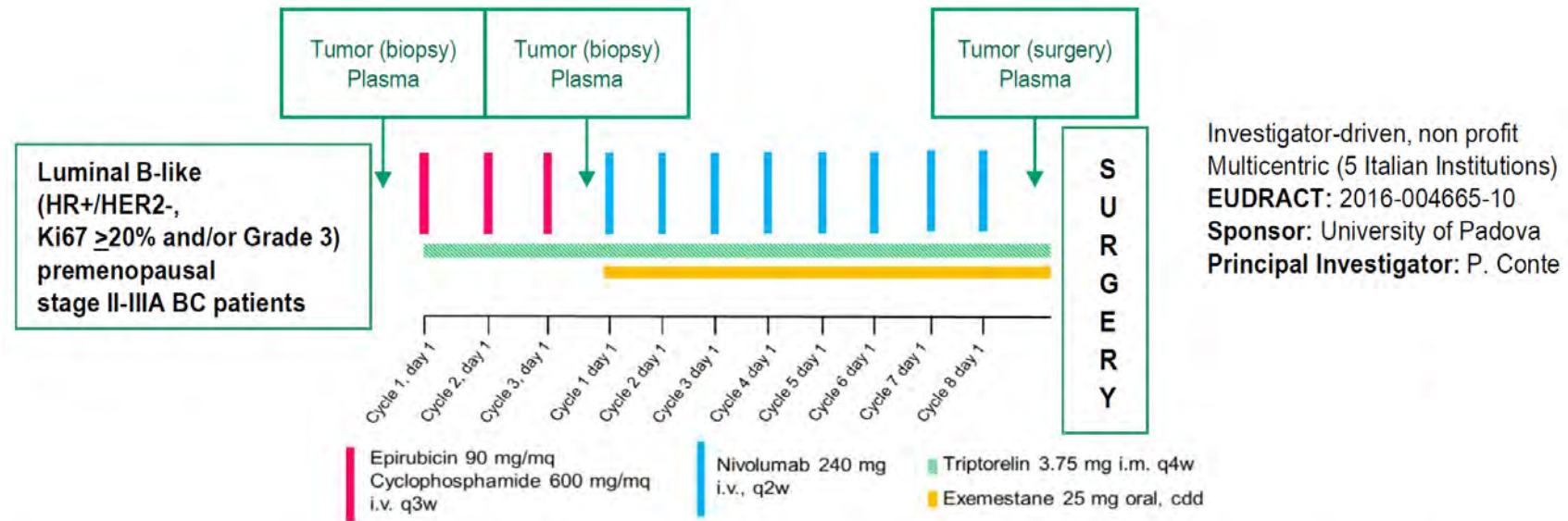
# GIADA study: neoadjuvant CT + immunoT in Luminal B-like BC



## CLINICAL CANCER RESEARCH

### Neoadjuvant chemotherapy and immunotherapy in Luminal B-like breast cancer: results of the phase II GIADA trial

Maria Vittoria Dieci, Valentina Guarneri, Anna Tosi, Giancarlo Bisagni, Antonino Musolino, Simon Spazzapan, Gabriella Moretti, Grazia Maria Vernaci, Gaia Griguolo, Tommaso Giarratano, Loredana Urso, Francesca Schiavi, Claudia Pinato, Giovanna Magni, Marcello Lo Mele, Gian Luca De Salvo, Antonio Rosato, and Pierfranco Conte



**Primary endpoint:** pCR (ypT0/is ypN0)  
**Secondary endpoints\*:** RCB, cOR in the breast by ultrasound, safety, tumor tissue biomarkers  
\*in this presentation

**Statistical design:** 2-steps,  $H_0=0.10$ ,  $H_1=0.25$ ,  $\alpha=0.05$ ,  $\beta=0.20$   
1<sup>st</sup> step:  $\geq 3$  pCR/18 pts (achieved in November 2018)  
2<sup>nd</sup> step  $\geq 8$  pCR/43 pts

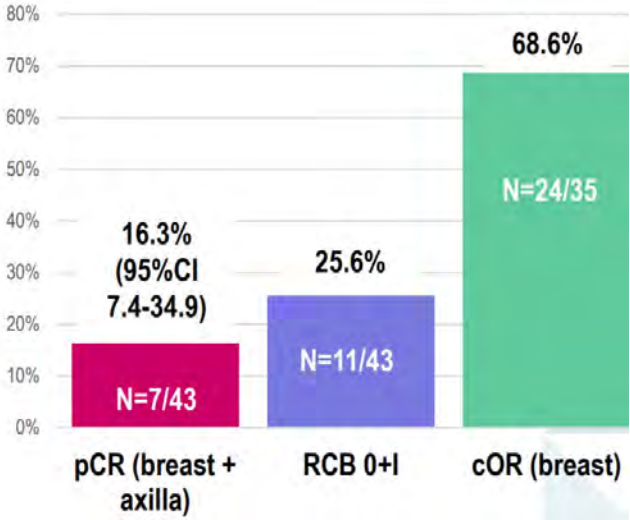


# Neoadjuvant immunotherapy in pre-menopausal HR+/HER2- EBC

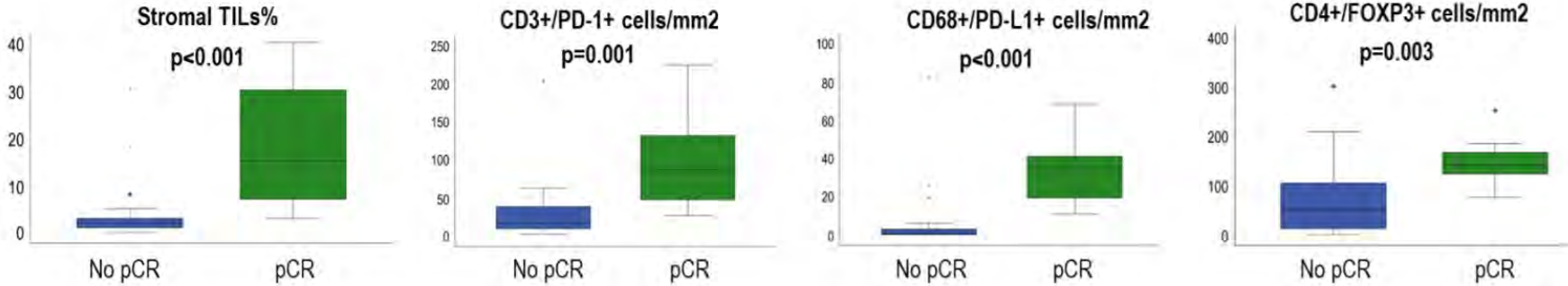
N=43 patients enrolled from October 2017 to October 2019



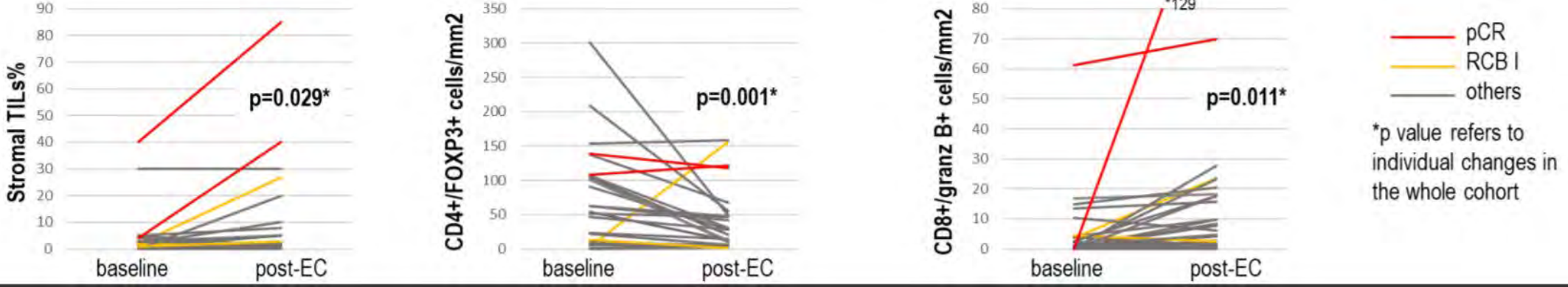
## Efficacy results



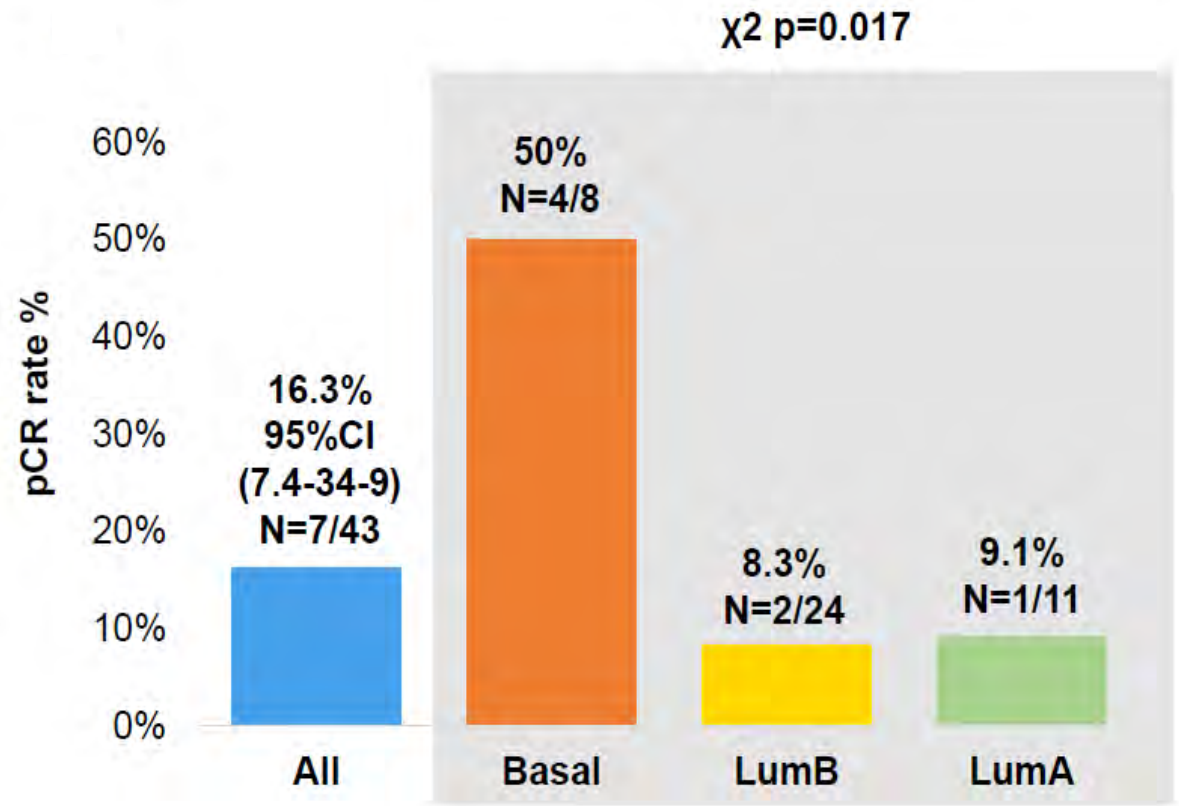
## Baseline biopsy: pCR vs non-pCR (n=39 including n=7 pCR)



## Changes from baseline to post-EC biopsy (n=30 paired samples suitable for analyses)



# GIADA study: neoadjuvant CT + immunoT in Luminal B-like BC



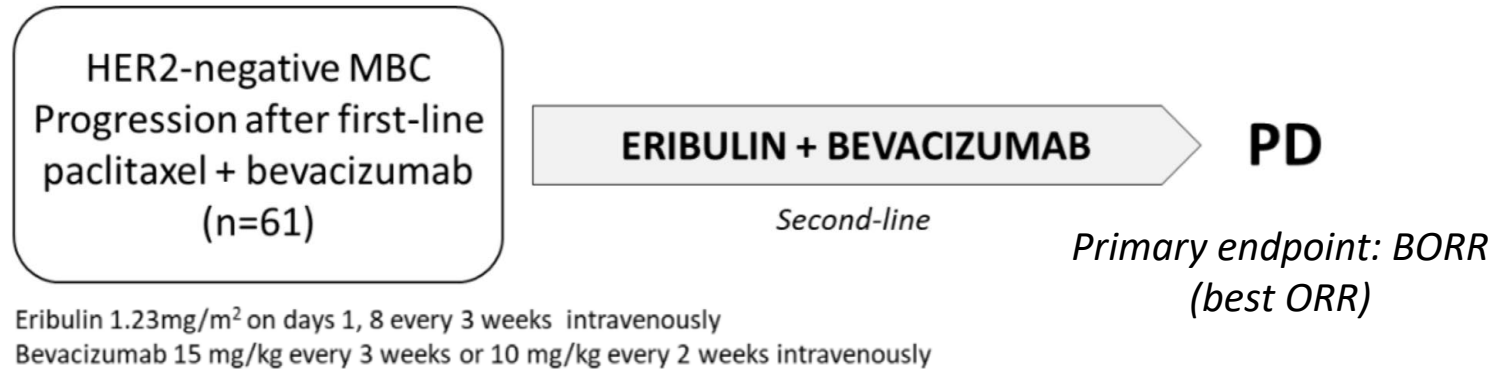
# GIM11-BERGI study: eribulin + bevacizumab in HER2- mBC



Eribulin in combination with bevacizumab as second-line treatment for HER2-negative metastatic breast cancer progressing after first-line therapy with paclitaxel and bevacizumab: a multicenter, phase II, single arm trial (GIM11-BERGI)

C. De Angelis<sup>1</sup>, D. Bruzzese<sup>2</sup>, A. Bernardo<sup>3</sup>, E. Baldini<sup>4</sup>, L. Leo<sup>5</sup>, A. Fabi<sup>6</sup>, T. Gamucci<sup>7</sup>, P. De Placido<sup>1</sup>, F. Poggio<sup>8</sup>, S. Russo<sup>9</sup>, V. Forestieri<sup>1</sup>, R. Lauria<sup>1</sup>, I. De Santo<sup>1</sup>, A. Michelotti<sup>10</sup>, L. Del Mastro<sup>8,11</sup>, M. De Laurentiis<sup>12</sup>, M. Giuliano<sup>1\*</sup>, S. De Placido<sup>1</sup> & G. Arpino<sup>1</sup>

## Multicenter, single-arm, Simon's two-stage, phase II study

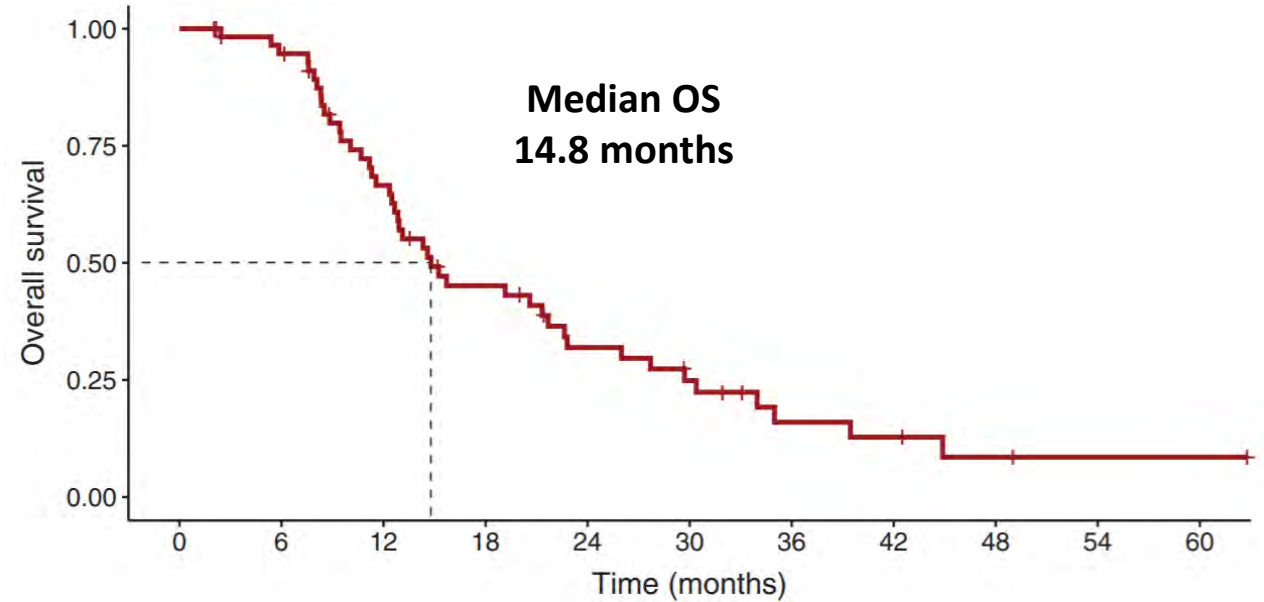
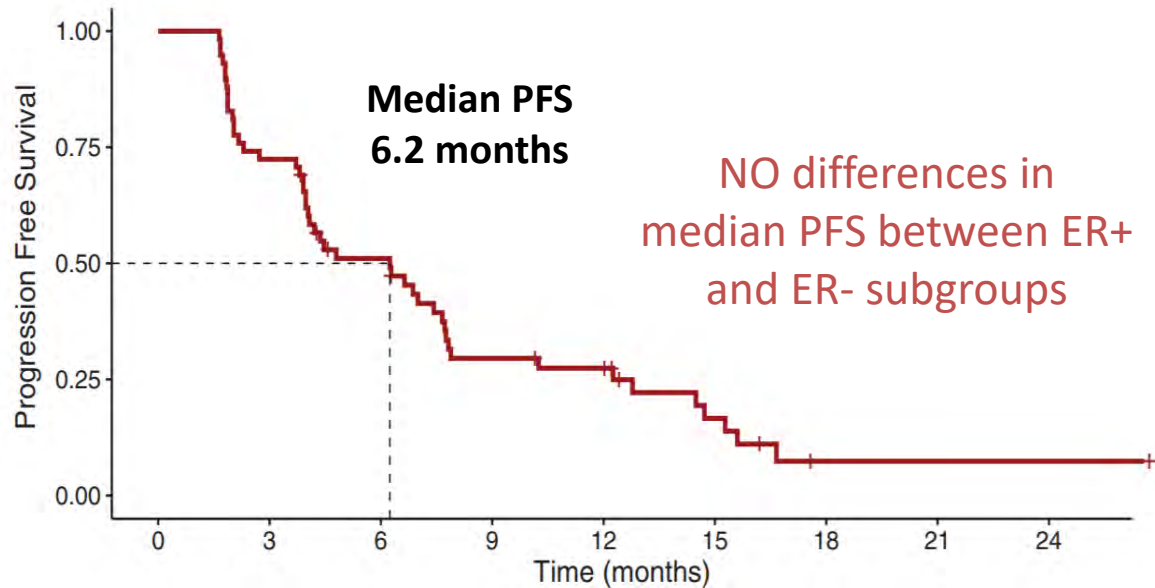


An overall clinical response rate of 25% as the target activity level and 12% as the lowest response rate of interest were considered → in case of ≥3 responses/19 patients monitored for a minimum of 18 weeks → II stage → 42 additional patients accrued (total 61 pts).

# GIM11-BERGI study: eribulin + bevacizumab in HER2- mBC

Outcome	ITT population (N = 61), n (%)	PP population * (N = 58), n (%)	ER+ (N = 44), n (%)	ER- (N = 13), n (%)	ER+ versus ER- P value
Best overall response rate	15 (24.6)	15 (25.9)	11 (25.0)	4 (30.8)	0.727
Complete response	1 (1.6)	1 (1.7)	0 (0)	1 (7.7)	0.443
Partial response	14 (23.0)	14 (17.2)	11 (25)	3 (23.1)	
Stable disease	26 (42.6)	26 (44.8)	20 (45.5)	6 (46.2)	
Progressive disease	17 (27.9)	17 (29.3)	13 (29.5)	3 (23.1)	

\*Per-protocol analysis



# Sars-CoV-2 silent carriers among actively treated cancer pts

The Oncologist®

Symptom Management and Supportive Care

Enrollement: April, 1<sup>st</sup> 2020 – April, 30<sup>th</sup> 2020

## Prevalence and Clinical Impact of SARS-CoV-2 Silent Carriers Among Actively Treated Patients with Cancer During the COVID-19 Pandemic

ALBERTO ZAMBELLI<sup>Ⓜ, a</sup> LORENZO CHIUDINELLI,<sup>c</sup> VITTORIA FOTIA,<sup>a</sup> GIORGIA NEGRINI,<sup>a</sup> TOMMASO BOSETTI,<sup>a</sup> ANNA PAOLA CALLEGARO,<sup>b</sup> ANDREA DI CROCE,<sup>a</sup> ELENA ROTA CAREMOLI,<sup>a</sup> CECILIA MORO,<sup>a</sup> LAURA MILESI,<sup>a</sup> PAOLA POLETTI,<sup>a</sup> CRISTINA TASCA,<sup>a</sup> MARIO MANDALÀ,<sup>a</sup> BARBARA MERELLI,<sup>a</sup> STEFANIA MOSCONI,<sup>a</sup> ERMENEGILDO ARNOLDI,<sup>a</sup> ANNA BETTINI,<sup>a</sup> LUCIA BONOMI,<sup>a</sup> CATERINA MESSINA,<sup>a</sup> LAURA GHILARDI,<sup>a</sup> ALESSANDRA CHIRCO,<sup>a</sup> MICHELA MARACINO,<sup>a</sup> CARLO TONDINI<sup>a</sup>

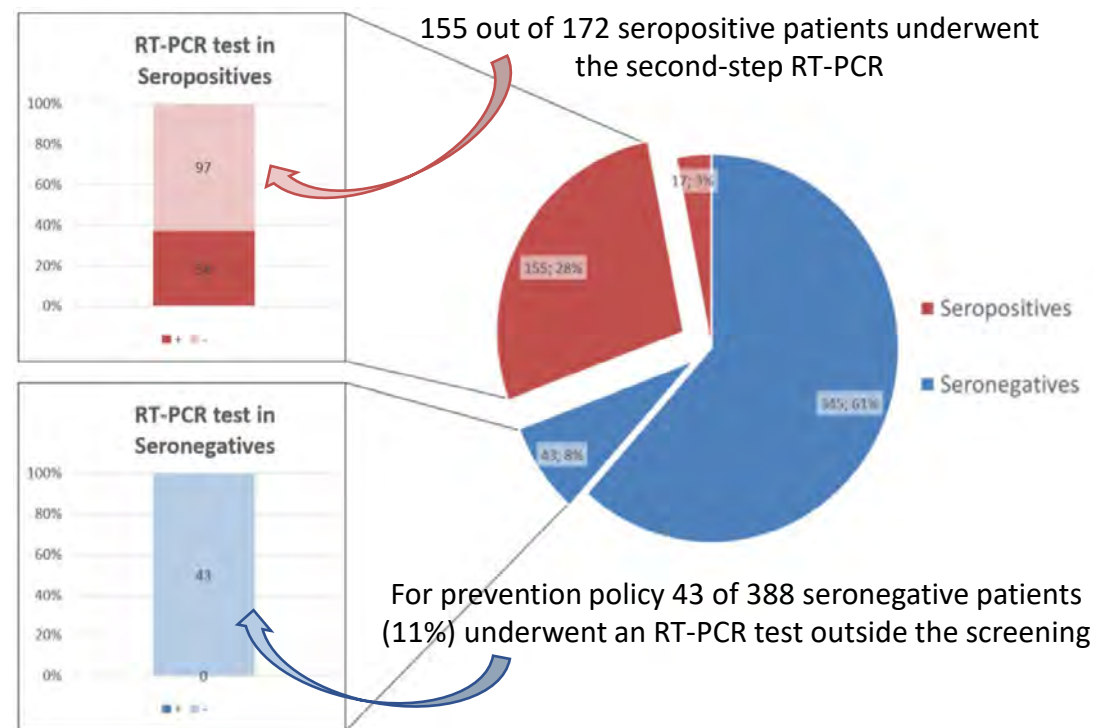
560 consecutive patients with cancer, asymptomatic for COVID-19 and on anticancer treatment at Papa Giovanni XXIII Hospital in Bergamo evaluated and tested for SARSCoV-2.

Two-step diagnostics: screening with rapid serological immunoassay for anti-SARS-CoV-2 immunoglobulin → *if +* → nasopharyngeal swab RT-PCR.

**Substantial prevalence of Sars-CoV-2 silent infection in actively treated cancer patients. 172 (31%) resulted positive for anti-SARS-CoV-2 IgM/IgG Ab**

**Among Ig-seropositive pts tested with RT-PCR nasopharyngeal swabs, 38% were SARS-CoV-2 silent carriers**

**2-step diagnostics: feasible and effective in detecting silent carriers**



# Pregnancy after BC

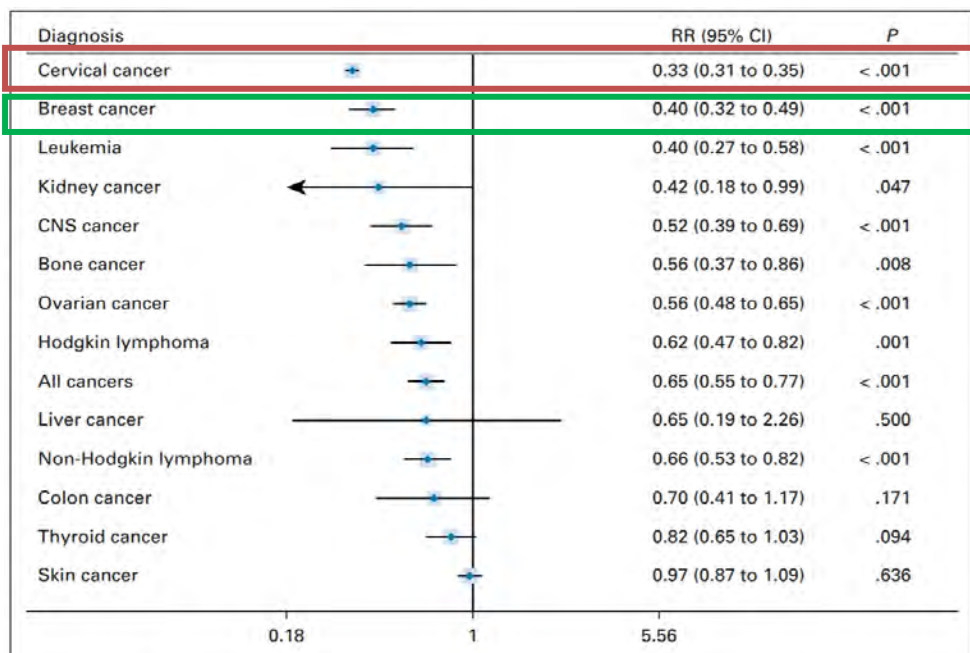


review articles

## Pregnancy After Breast Cancer: A Systematic Review and Meta-Analysis

Matteo Lambertini, MD, PhD<sup>1,2</sup>; Eva Blondeaux, MD<sup>1,3</sup>; Marco Bruzzone, MSc<sup>4</sup>; Marta Perachino, MD<sup>1,2</sup>; Richard A. Anderson, MD<sup>5</sup>; Evandro de Azambuja, MD, PhD<sup>6</sup>; Philip D. Poorvu, MD<sup>7</sup>; Hee Jeong Kim, MD<sup>8</sup>; Cynthia Villarreal-Garza, MD, PhD<sup>9,10</sup>; Barbara Pistilli, MD<sup>11</sup>; Ines Vaz-Luis, MD, PhD<sup>11</sup>; Cristina Saura, MD, PhD<sup>12</sup>; Kathryn J. Ruddy, MD, MPH<sup>13</sup>; Maria Alice Franzoi, MD<sup>11</sup>; Chiara Sertoli, MD<sup>1</sup>; Marcello Ceppi, MSc<sup>4</sup>; Hatem A. Azim Jr, MD, PhD<sup>9</sup>; Frederic Amant, MD, PhD<sup>14,15</sup>; Isabelle Demeestere, MD, PhD<sup>16</sup>; Lucia Del Mastro, MD<sup>1,3</sup>; Ann H. Partridge, MD, MPH<sup>7</sup>; Olivia Pagani, MD<sup>17</sup>; and Fedro A. Peccatori, MD, PhD<sup>18</sup>

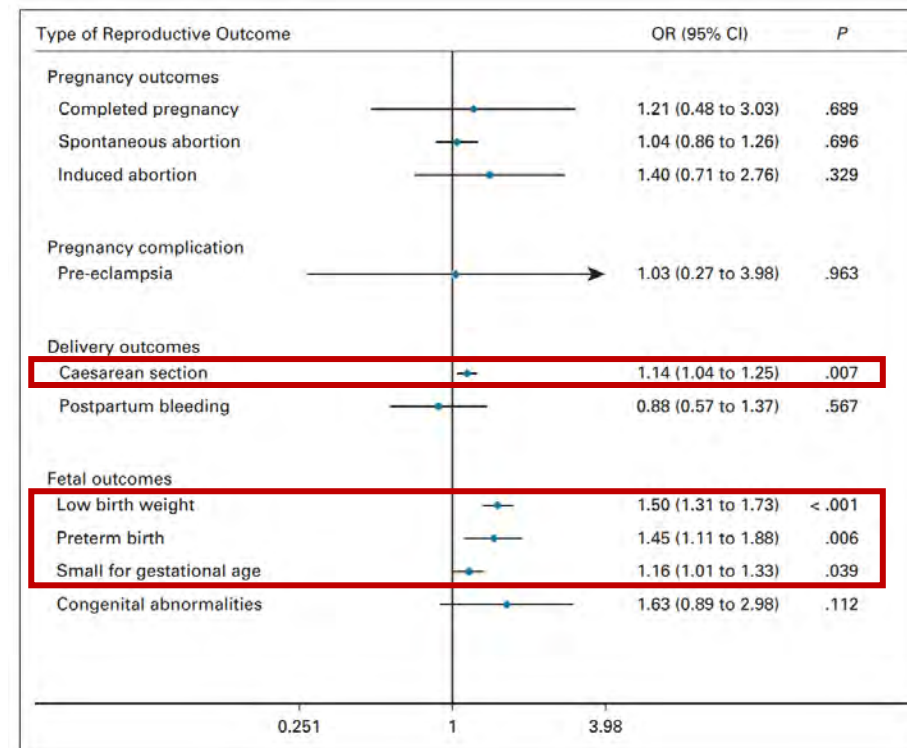
### Likelihood of pregnancy after cancer diagnosis



*Cervical cancer associated with the lowest likelihood of pregnancy*

*Among 46780 pts with BC, 2026 (4.2%) had a subsequent pregnancy*

### Reproductive outcome of BC pts with pregnancy



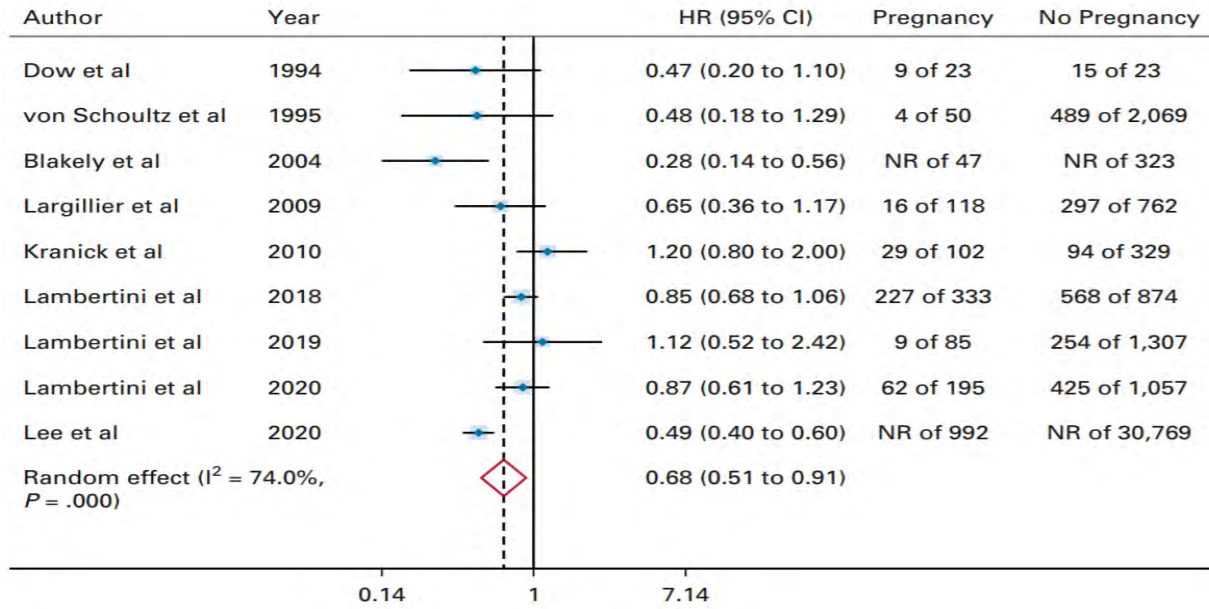
*Increased risk among BC versus general population*

Patients with cancer had 35% reduced likelihood of having a subsequent pregnancy compared with the general population (RR 0.65; 95% CI 0.55-0.77).

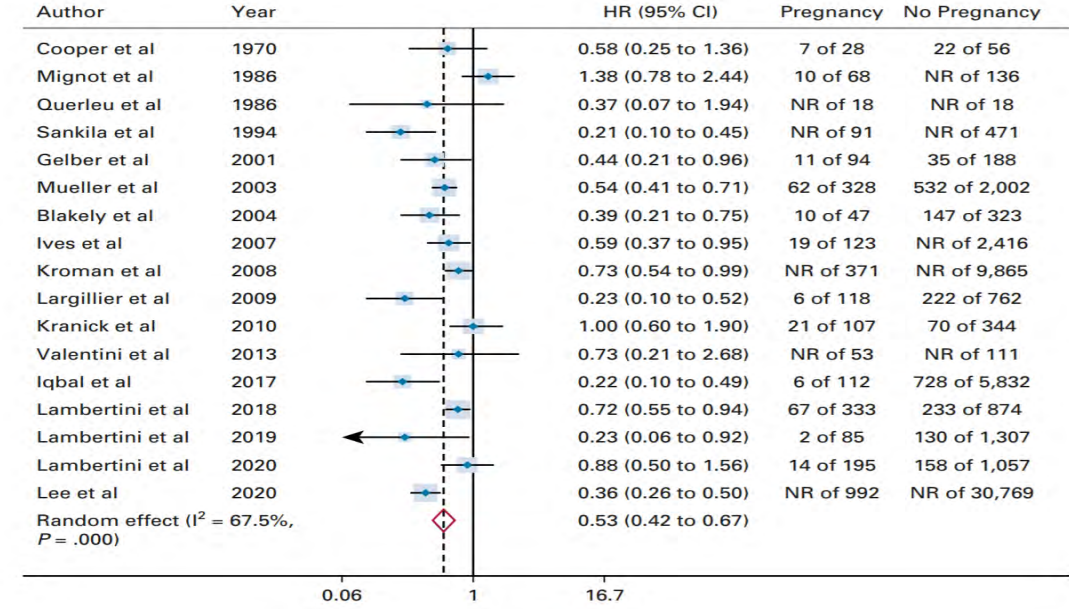
# Pregnancy after BC

## Survival in BC pts with vs without a pregnancy after BC

DFS

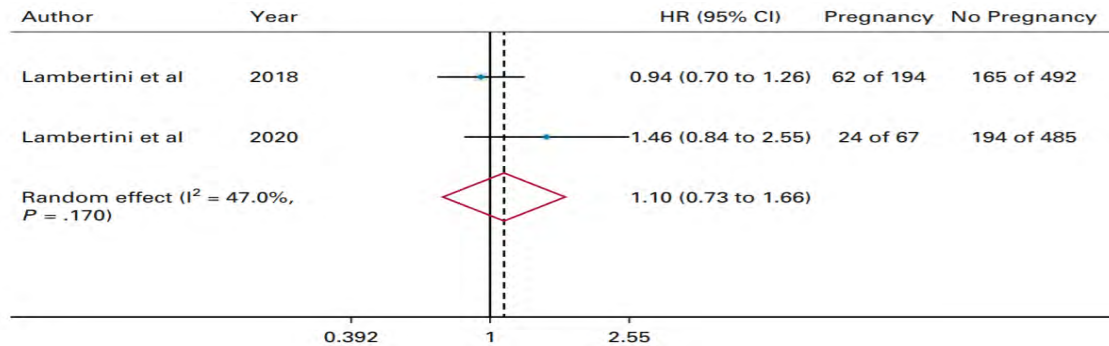


OS

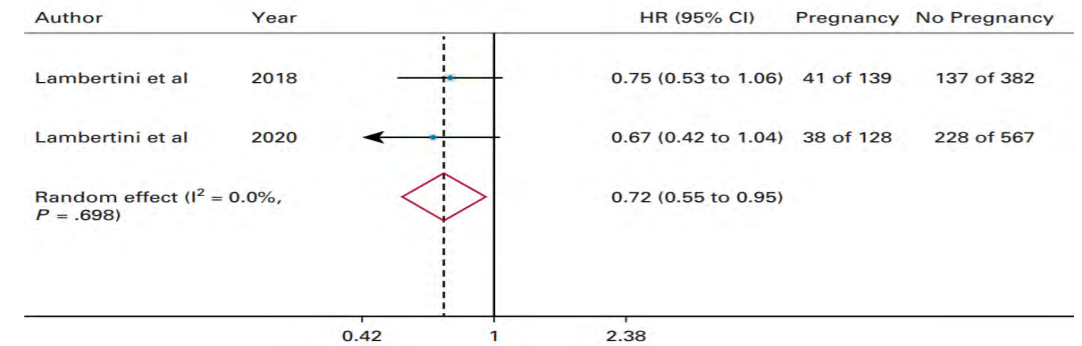


## DFS in BC pts with vs without a pregnancy according to HR status

HR+



HR-

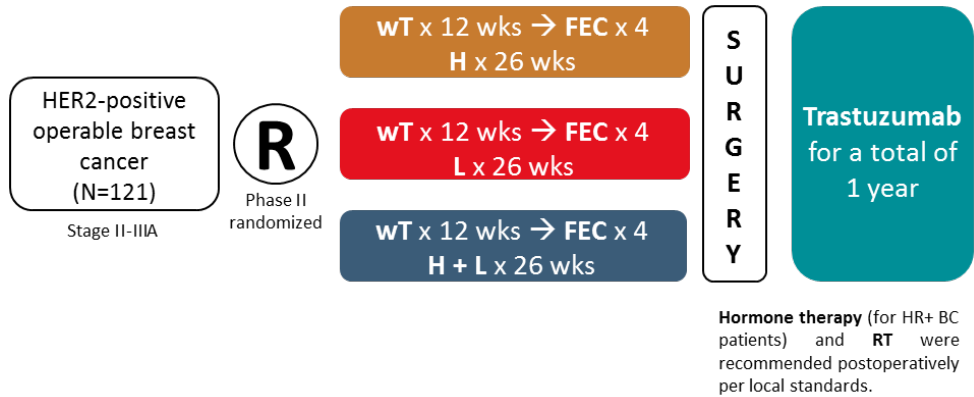




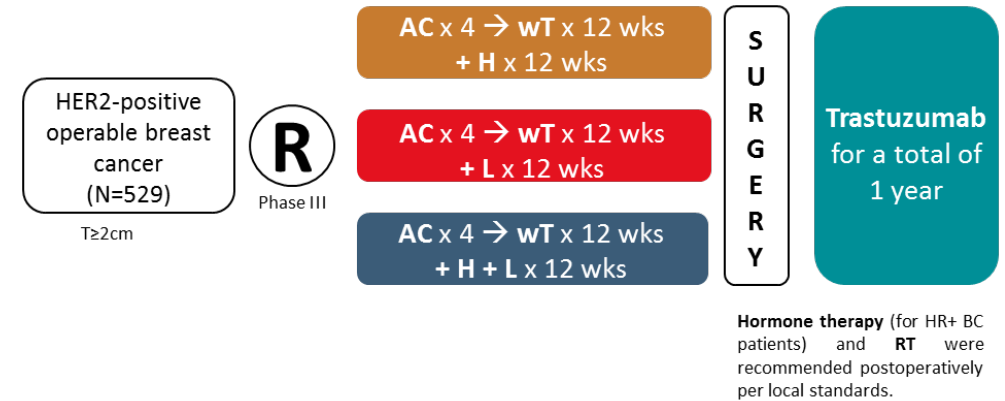


# CHER-LOB, NSABP-B41, NeoALTTO and CALGB40601

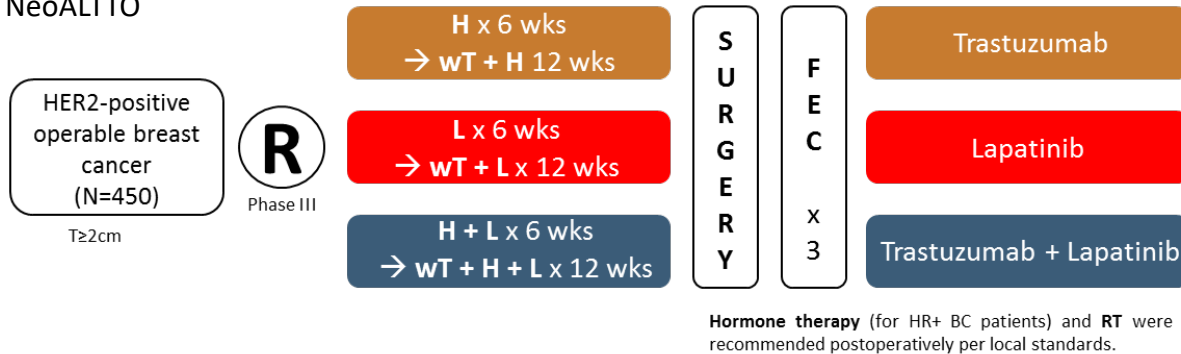
## CHER-LOB



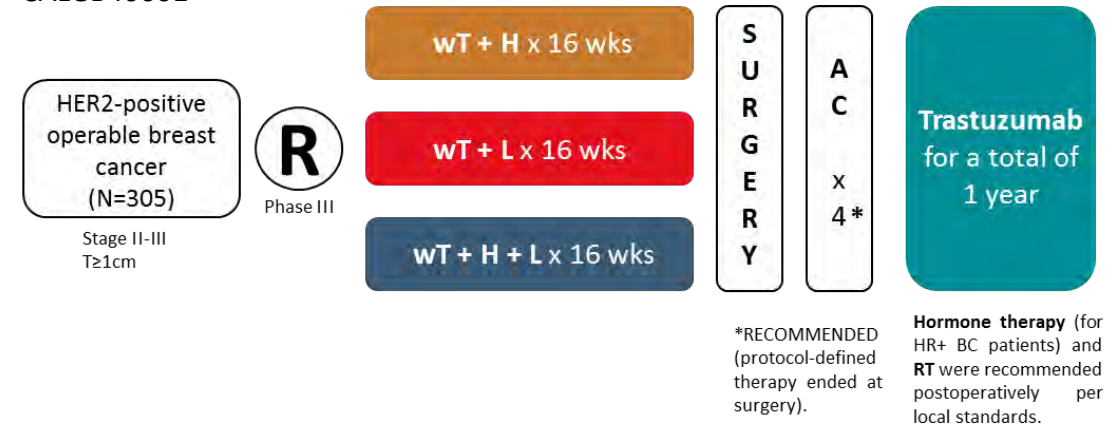
## NSABP-B41



## NeoALTTO



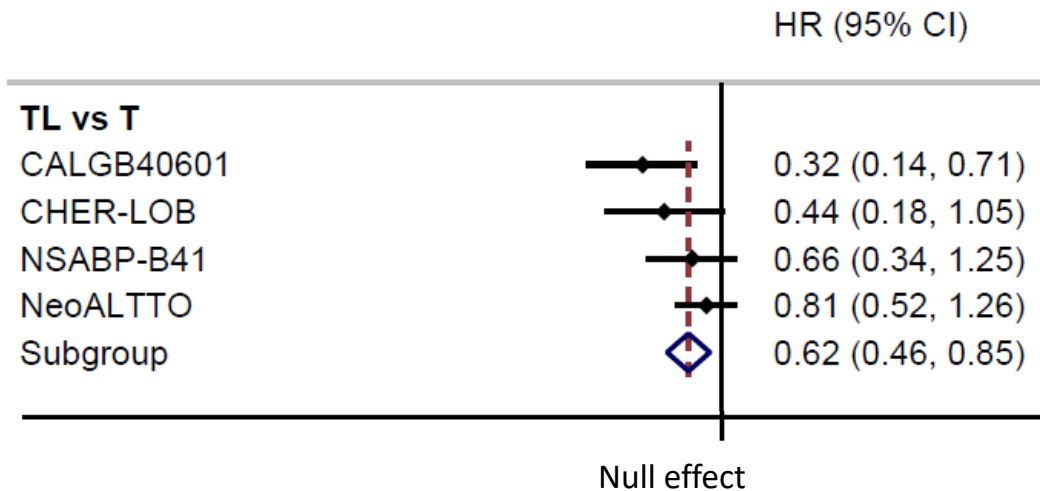
## CALGB40601



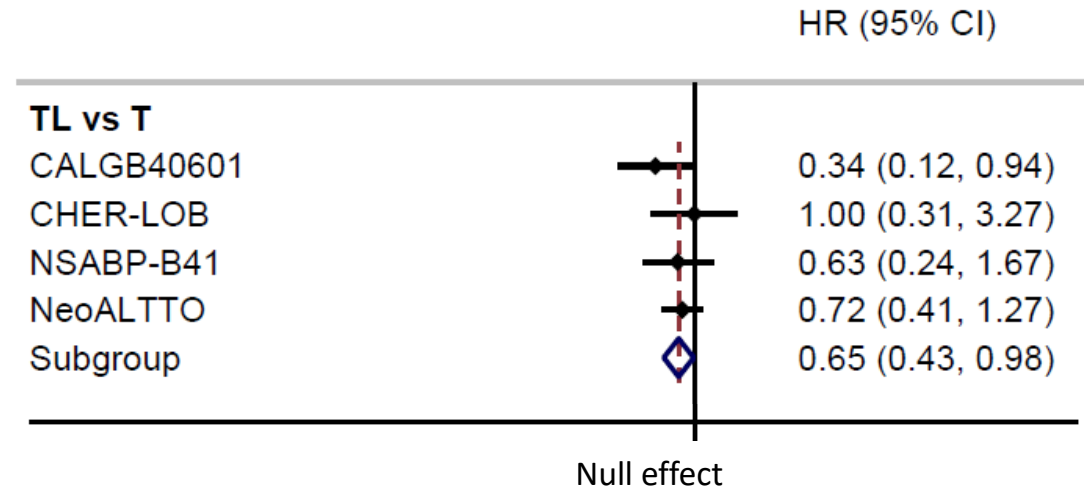
Baselga J, et al. Lancet 2012; Guarneri V et al, J Clin Oncol 2012; Robidoux A, et al, Lancet Oncol 2013; Carey L et al, J Clin Oncol 2016

# RESULTS: RELAPSE-FREE AND OVERALL SURVIVAL ACCORDING TO LAPATINIB USE (T+L vs T)

## RELAPSE FREE SURVIVAL



## OVERALL SURVIVAL



# GIM4 study: extended therapy with letrozole



## Extended therapy with letrozole as adjuvant treatment of postmenopausal patients with early-stage breast cancer: a randomised, phase 3 trial of the Gruppo Italiano Mammella.

Del Mastro L, Mansutti B, Bisagni G, Ponzone R, Durando A, Amaducci L, Cognetti F, Frassoldati A, Michelotti M, Mura S, Urracci Y, Sanna G, Gori S, De Placido S, Garrone O, Barone C, Bighin C, Poggio F, Lambertini M, Bruzzi P on behalf of GIM investigators

THE LANCET  
Oncology  
The best science for better lives

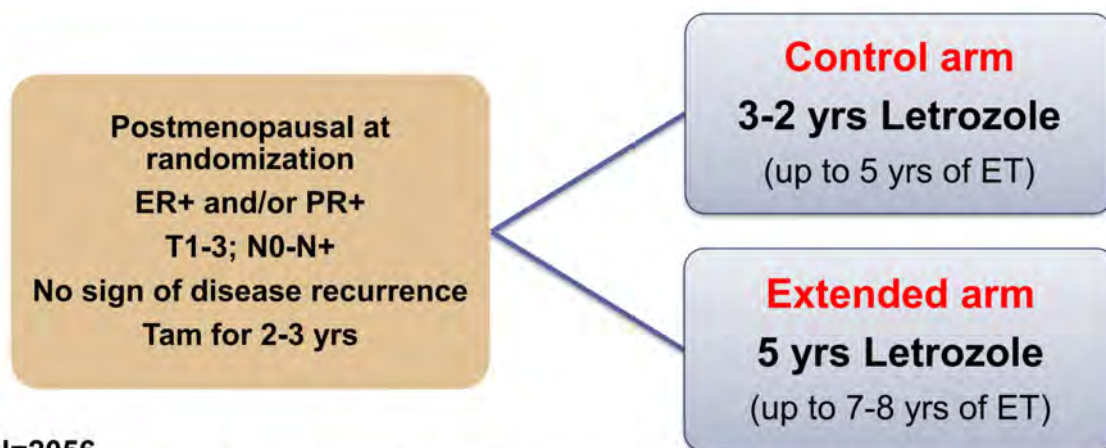


## Extended therapy with letrozole as adjuvant treatment of postmenopausal patients with early-stage breast cancer: a multicentre, open-label, randomised, phase 3 trial



Lucia Del Mastro, Mauro Mansutti, Giancarlo Bisagni, Riccardo Ponzone, Antonio Durando, Laura Amaducci, Enrico Campadelli, Francesco Cognetti, Antonio Frassoldati, Andrea Michelotti, Silvia Mura, Ylenia Urracci, Giovanni Sanna, Stefania Gori, Sabino De Placido, Ornella Garrone, Alessandra Fabi, Carla Barone, Stefano Tamberi, Claudia Bighin, Fabio Puglisi, Gabriella Moretti, Grazia Arpino, Alberto Ballestrero, Francesca Poggio, Matteo Lambertini, Filippo Montemurro, Paolo Bruzzi, on behalf of the Gruppo Italiano Mammella investigators\*

Lancet Oncol 2021  
Published Online  
September 17, 2021  
[https://doi.org/10.1016/S1470-2045\(21\)00352-1](https://doi.org/10.1016/S1470-2045(21)00352-1)

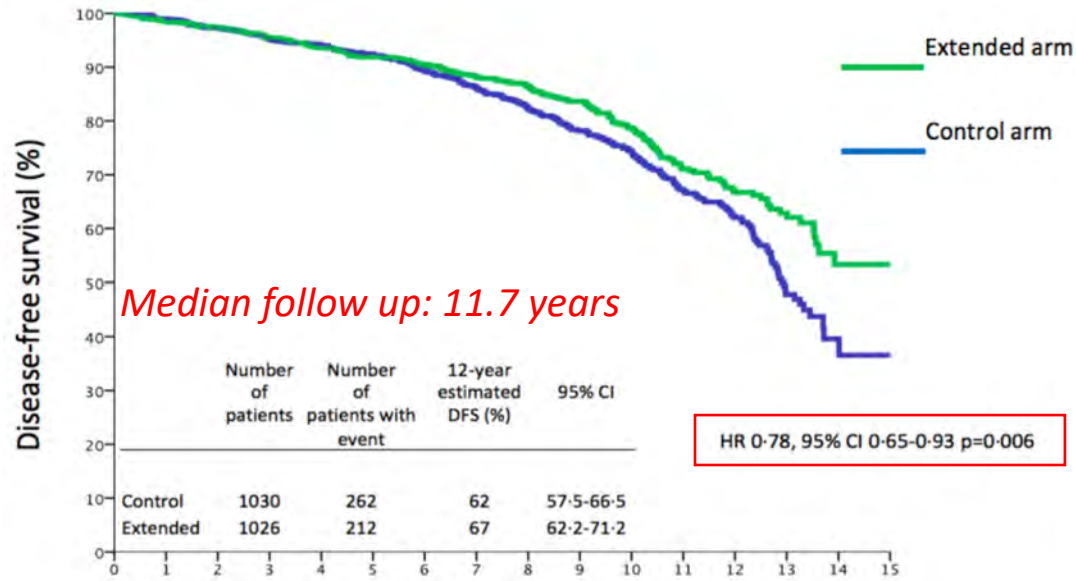


N=2056  
Recruitment in 69 centres in Italy (GIM group), 2005-2010  
Median follow-up: 11.7 years (IQR 9.5–13.1)

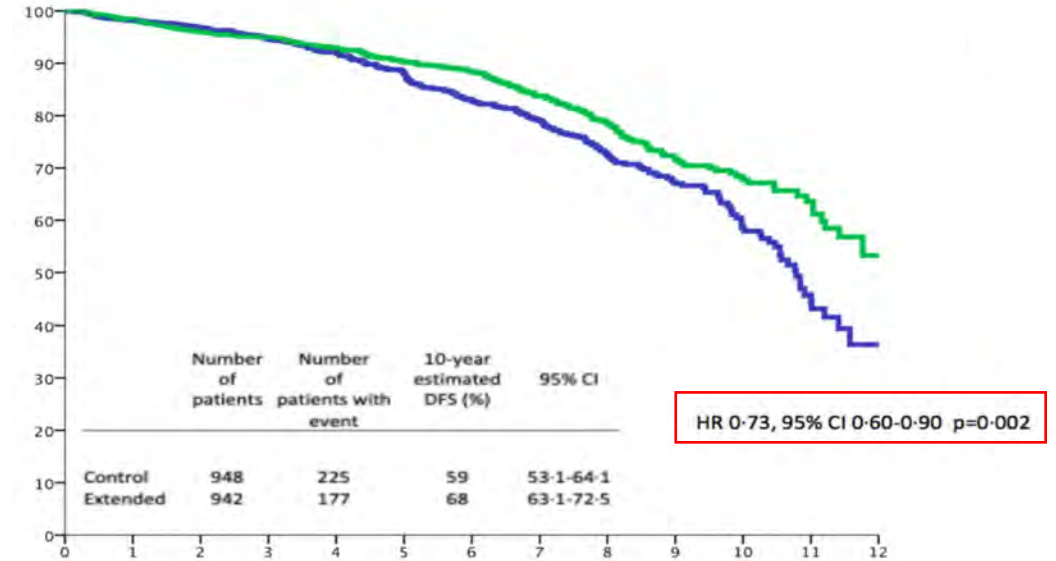
**Primary endpoint: iDFS** (from randomization to iDFS event or last follow up).  
**Secondary endpoints: OS, Aes.**

# GIM4 study: extended therapy with letrozole

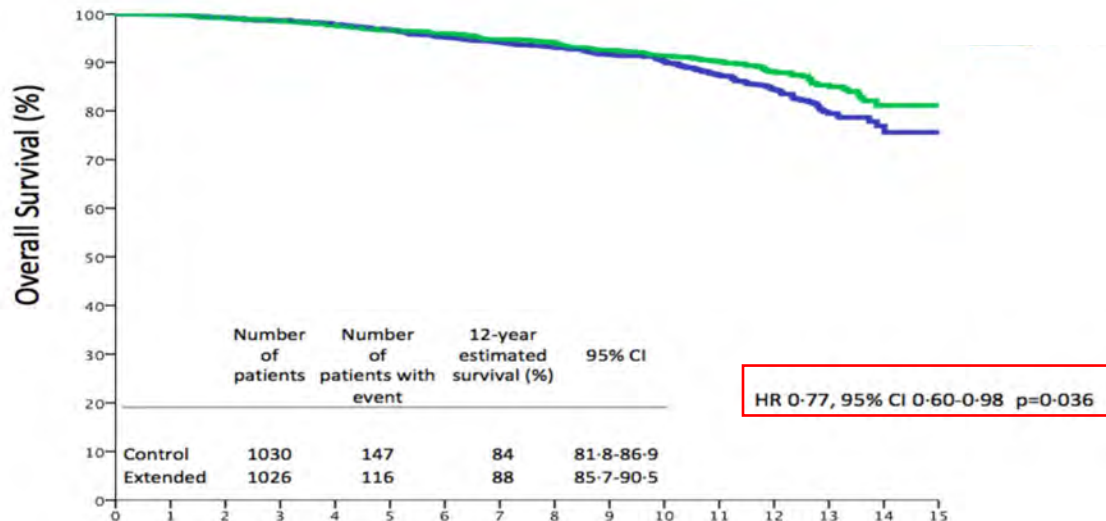
## Primary endpoint analysis



## Landmark analysis (excluding patients with a disease-free survival event or those lost to follow-up before treatment divergence)



## Overall Survival



## Safety

	Control arm 2-3-year letrozole (n=983)		Extended arm 5-year letrozole (n=977)	
	Grade 1-2	Grade 3-4	Grade 1-2	Grade 3-4
Arthralgia	263 (27%)	22 (2%)	311 (32%)	29 (3%)
Myalgia	65 (7%)	7 (1%)	95 (10%)	9 (1%)
Hot flashes	119 (12%)		127 (13%)	
Alopecia	31 (3%)		35 (4%)	
Osteoporosis	47 (5%)		81 (8%)	
Hypertension	7 (1%)		19 (2%)	
Bone fractures <sup>a</sup>	5 (<1%)		9 (1%)	
Hypercholesterolemia <sup>b</sup>	32 (3%)		22 (2%)	
Cardiovascular event <sup>c</sup>	1 (<1%)		6 (1%)	

# ESMO: Kick-off Meeting for the Clinical Practice Guideline on early breast cancer

Posta in arrivo x



→ Clinical Guidelines - ESMO

📧 lun 22 nov, 17:02 (3 giorni fa)



a sibylle.loibl@gbg.de, me, ann\_partridge@dfci.harvard.edu, sudeepgupta04@yahoo.com, wolfgang.janni@uniklinik-ulm.de, barrios@tummi.org, mmartin@geicam.org, philip.poortmans@telenet.be, cgeyer@houstonmetho

🌐 inglese > italiano Traduci messaggio

Disattiva per: inglese x

dic

21

mar

## ESMO: Kick-off Meeting for the Clinic...

[Visualizza su Google Calendar](#)

Quando mar 21 dic 2021 2PM – 3PM (CET)

Dove Microsoft Teams Meeting

Chi Andrew Tutt, barrios@tummi.org, Caroline Carey, dario.trap@gmail.com, Ext - Fabrice ANDRE...

[Altre opzioni](#)

## Agenda

mar 21 dic 2021

*Nessun evento precedente*

2pm ESMO: Kick-off Meeting for the Clinic...

*Nessun evento successivo*

**SPECIAL ARTICLE**

## ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer

A. Gennari<sup>1</sup>, F. André<sup>2</sup>, C. H. Barrios<sup>3</sup>, J. Cortés<sup>4,5,6,7</sup>, E. de Azambuja<sup>8</sup>, A. DeMichele<sup>9</sup>, R. Dent<sup>10</sup>, D. Fenlon<sup>11</sup>, J. Gligorov<sup>12</sup>, S. A. Hurvitz<sup>13,14</sup>, S.-A. Im<sup>15</sup>, D. Krug<sup>16</sup>, W. G. Kunz<sup>17</sup>, S. Loi<sup>18</sup>, F. Penault-Llorca<sup>19</sup>, J. Ricke<sup>2,17</sup>, M. Robson<sup>20</sup>, H. S. Rugo<sup>21</sup>, C. Saura<sup>22</sup>, P. Schmid<sup>23</sup>, C. F. Singer<sup>24</sup>, T. Spanic<sup>25</sup>, S. M. Tolaney<sup>26</sup>, N. C. Turner<sup>27</sup>, G. Curigliano<sup>28</sup>, S. Loibl<sup>29</sup>, S. Paluch-Shimon<sup>30</sup> & N. Harbeck<sup>31</sup>, on behalf of the ESMO Guidelines Committee