ADJUVANT TREATMENT DECISION-MAKING IN PREMENOPAUSAL PATIENTS WITH EARLY-STAGE LUMINAL A Breast Cancer

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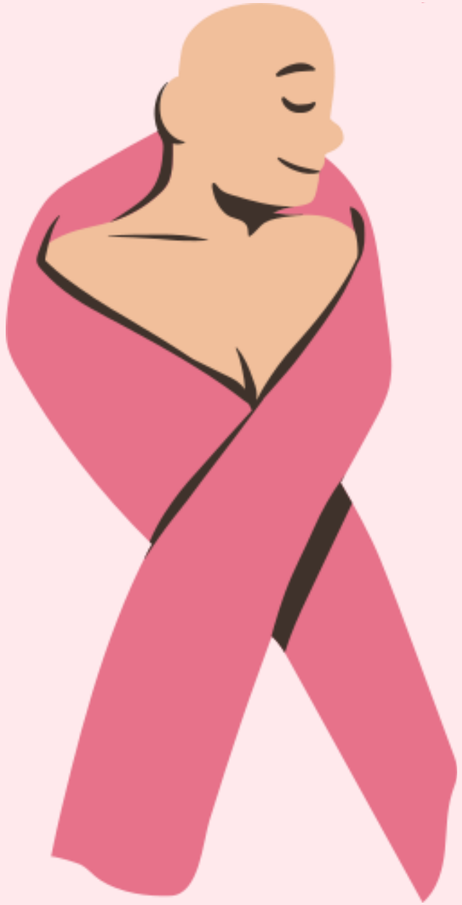
INTRODUCTION

The biological classification of breast cancer is based on immunohistochemical (IHC) analysis of estrogen (ER) and progesterone (PR) receptors, HER2 status, and the proliferative index Ki-67. Within hormone receptor–positive breast cancers, two main luminal subtypes are recognized: Luminal A and Luminal B.



Luminal A tumors are characterized by :

- ER and PR positivity,
- HER2 negativity,
- low Ki-67 index

Luminal B tumors are characterized by :

- ER positivity with lower PR expression,
- may be HER2 positive or negative,
- higher Ki-67 index

“GRAY ZONE”

- Premenopausal patients with tumors classified as:
- T1aN0M0
- grade 2 G2
- Ki-67 around 15%
- underwent mastectomy with axillary dissection.

“gray zone,” where the decision between endocrine therapy alone and the addition of chemotherapy???

CASE 1 : WITH PREFORMED MAMAPRINT TEST

MamaPrint

This test provides both prognostic and predictive information, helping to guide treatment decisions and estimate survival outcomes.

Treatment

Amp.Goserelin for 2 years
Tabl. Tamoxifen for 5 years
(dual endocrine therapy)

Clinical outcome:
progression-free survival of 41 months and outgoing follow-up

CASE 2 : WHITOUT PREFORMED MAMAPRINT TEST

clinical and pathological parameters

Treatment

Amp.Goserelin for 5 years

Tabl. Letrozole for 5 years

Clinical outcome:

disease-free survival of 60 months and ongoing follow-up.

CONCLUSION

Personalized treatment is crucial in managing premenopausal patients with early-stage Luminal A breast cancer. Multigene tests provide valuable support in decision-making, especially in borderline cases. Still, clinical judgment based on standard factors can also lead to excellent outcomes.

THANK YOU!