

Breast Cancer Symposium 2011

SEPTEMBER 8-10, 2011
SAN FRANCISCO MARRIOTT MARQUIS
SAN FRANCISCO, CALIFORNIA
FOR UPDATES, VISIT BREASTCASYM.ORG.



FOR IMMEDIATE RELEASE:
September 8, 2011

CONTACT: Susie Tappouni
571-483-1355
susie.tappouni@asco.org

Important Research Presented at 2011 Breast Cancer Symposium

ALEXANDRIA, Va. – Co-sponsors of the 2011 Breast Cancer Symposium announced seven additional studies of note on breast cancer treatment, side effects, recurrence and survival rates, and survivorship. The findings will be presented during this year's Symposium, which takes place September 8-10 in San Francisco.

Abstract # 82

[Impact of chemotherapy timing on local-regional failures in patients with breast cancer undergoing breast-conserving therapy](#)

Oral Abstract Session A
Yerba Buena Ballroom, Salon 8

Thursday September 8
1:30-1:40 PM PT

"Traditionally, surgery has been performed prior to chemotherapy in women with large breast cancers. This study demonstrated that in women undergoing chemotherapy first, the risk of local recurrence was the same as in women undergoing surgery first. Administering chemotherapy first may allow for 'downstaging' or a significant decrease in the size of the cancer prior to surgery. There is no adverse effect on recurrence rates. While this study did not address cosmesis, decreasing the size of the tumor prior to surgery may allow for a more cosmetically acceptable lumpectomy to be performed."

– *Deanna Attai, MD*

Member, 2011 Breast Cancer Symposium News Planning Team
Center for Breast Care, Inc.

Abstract #83

[Outcomes by breast cancer subtype in patients treated with accelerated partial breast irradiation](#)

Oral Abstract Session A
Yerba Buena Ballroom, Salon 8

Thursday, September 8
1:50-2:00 PM PT

Abstract #84

[Accelerated partial breast irradiation using brachytherapy \(APBIb\) for breast cancer \(bca\): Predictors of use and guideline concordance](#)

Oral Abstract Session A
Yerba Buena Ballroom, Salon 8

Thursday, September 8
2:00-2:10 PM PT

"These two abstracts on partial breast radiotherapy provide important insight into this relatively new technique. While awaiting the completion and publication of the randomized trial, the group at Beaumont – who have long been leaders in this field – have shown that this approach is equally appropriate in various subsets of breast cancer patients. The Harvard group, who helped direct ASTRO's guidelines on the usage of this technique, demonstrate that the adoption of this approach varies widely by geographic region, and that adherence to the guidelines has not

been as hoped. Partial breast radiation will continue to be offered as an alternative therapy/option approach to selected low-risk groups. Published data now show it to be equivalent to more protracted radiation schedules.”

– *H. Joseph Barthold, MD*

Member, 2011 Breast Cancer Symposium News Planning Team

Commonwealth Hematology Oncology, Massachusetts

Abstract #147

[Needs and preferences of breast cancer survivors: A cross-sectional survey](#)

General Session V: Survivorship

Yerba Buena Ballroom, Salon 8

Friday, September 9

10:00-10:10 AM PT

“While 50% of patients in this study were stage 0-1, a significant proportion continued to report worry (52%) in the past week. Interestingly, patients felt that screening for non-breast related issues, such as osteoporosis and colorectal cancer, were more important than support groups and social work services. These findings are intriguing and should spur discussion regarding the ongoing needs of breast cancer survivors and how physicians can best address their diverse needs.”

– *Anees B. Chagpar, MD, MSc, MA, MPH, FACS, FRCS(C)*

Member, 2011 Breast Cancer Symposium News Planning Team

Director, The Breast Center – Smilow Cancer Hospital at Yale-New Haven

Associate Professor, Department of Surgery, Yale School of Medicine

Abstract #2

[Prediction of late recurrences by breast cancer index in the NCIC CTG MA.17 cohort](#)

Oral Abstract Session A

Yerba Buena Ballroom, Salon 8

Thursday, September 8

1:00-1:10 PM PT

“Despite the judicious use of adjuvant systemic chemotherapy and antiestrogen therapy, many patients will relapse beyond 5 and 10 years after treatment and die of advanced breast cancer. The authors report a case-control study examining a novel molecular predictor of late recurrences in estrogen receptor positive breast cancer following five years of tamoxifen. Confirmation of the prognostic utility of this could guide the selection of specific adjuvant strategies, agents, and treatment duration to reduce the risk of late recurrence.”

– *Andrew D. Seidman, MD*

Member, 2011 Breast Cancer Symposium News Planning Team

Attending Physician for the Breast Cancer Medicine Service, Memorial Sloan-Kettering Cancer Center

Abstract #270

[Relationship between taxane-induced neuropathy and clinical outcomes after adjuvant chemotherapy](#)

Oral Abstract Session B

Yerba Buena Ballroom, Salon 8

Friday, September 9

2:30-2:40 PM PT

“As components of adjuvant chemotherapy, taxanes improve relapse-free and overall survival. Their use can be limited by peripheral neuropathy. Prior work has demonstrated the potential for single nucleotide polymorphisms (SNPs) to predict for taxane neurotoxicity (Schneider ASCO 2011, Abstract 1000). The current analysis, derived from ECOG1199 (Sparano J et al. NEJM) provides reassurance that taxane neuropathy is not linked to taxane benefit.”

– *Andrew D. Seidman, MD*

Member, 2011 Breast Cancer Symposium News Planning Team

Attending Physician for the Breast Cancer Medicine Service, Memorial Sloan-Kettering Cancer Center

Abstract #32

[Male breast carcinoma in United States: Survival rate and determinants of prognosis](#)

“While the study itself has some limitations, the authors confirm what has been shown historically. Breast cancer in men occurs later in life, is frequently associated with a delay in diagnosis, and is commonly associated with lymph node involvement. Although breast cancer is rare in men, these findings demonstrate that it is critically important to continue to raise awareness about the occurrence of breast cancer in men.”

– *Gail S. Lebovic, MA, MD, FACS*

Member, 2011 Breast Cancer Symposium News Planning Team

Past President, American Society of Breast Disease

More information for media: [2011 Breast Cancer Symposium Press Kit](#)

Relevant Links on ASCO’s Patient Website, [Cancer.Net](#):

- [Guide to Breast Cancer](#)
- [Guide to Male Breast Cancer](#)
- [Cancer Screening](#)
- [Understanding Cancer Surgery](#)
- [Talking With the Doctor About Breast Surgery Options](#)
- [Understanding Chemotherapy](#)
- [Understanding Radiation Therapy](#)
- [Managing Peripheral Neuropathy](#)
- [Survivorship](#)
- [Coping With Fear of Recurrence](#)
- [Dealing With Cancer Recurrence](#)

2011 Breast Cancer Symposium News Planning Team

Gail Lebovic, MD, American Society of Breast Disease; Deanna J. Attai, MD, FACS, American Society of Breast Surgeons; Andrew D. Seidman, MD, American Society of Clinical Oncology (ASCO); H. Joseph Barthold, MD, American Society for Radiation Oncology (ASTRO); Anees B. Chagpar, MD, MSc, MA, MPH, FACS, FRCS(C), MD, Society of Surgical Oncology.

[Click here](#) to view the disclosures for 2011 Breast Cancer Symposium News Planning Team.

**ATTRIBUTION TO THE 2011 BREAST CANCER SYMPOSIUM IS REQUESTED IN ALL
COVERAGE.**

###

Abstract # 82

Title: Impact of chemotherapy timing on local-regional failures in patients with breast cancer undergoing breast-conserving therapy.

Authors: E. A. Mittendorf, T. A. Buchholz, S. L. Tucker, F. Meric-Bernstam, H. M. Kuerer, A. M. Gonzalez-Angulo, I. Bedrosian, G. Babiera, M. Yi, M. I. Ross, G. N. Hortobagyi, K. Hunt; University of Texas M. D. Anderson Cancer Center, Houston, TX

Topic Selection: Oral Abstract Session A - Other

Background: Debate continues as to whether BCT after neoadjuvant chemotherapy (chemo) can achieve long-term local control rates similar to those experienced by patients undergoing surgery first, especially in those presenting with large tumors. This study was performed to evaluate long-term results of BCT for patients undergoing surgery first versus chemotherapy. **Methods:** 2,984 patients underwent BCT with whole breast irradiation from 1987 to 2005. Clinicopathologic and outcomes data were reviewed and comparisons made between surgery first and chemotherapy patients. **Results:** 2,331 (78%) patients underwent surgery first; 653 (22%) received chemotherapy first. Overall, chemotherapy patients had more adverse clinicopathologic features (Table). 5 and 10-yr local-regional recurrence (LRR)-free survival rates were 97% (95% CI: 96%-98%) and 94% (93%-95%) for surgery first patients. Chemotherapy downstaged patients presenting with clinical stage II/III disease (608/653; 93%) allowing for BCT, and pathologic findings revealed stage II/III disease in only 305/653 (46%) ($p < .001$). 5 and 10-yr LRR-free survival rates were 93% (91%-95%) and 90% (87%-93%) after chemotherapy. After adjusting for clinical stage at presentation, there were no differences in LRR between surgery first and chemotherapy patients. On multivariate analysis, age < 50, clinical stage III, grade 3, ER neg status, associated DCIS on final pathology, and close/positive margins were associated with LRR. **Conclusions:** LRR after BCT is driven by biologic factors and not the timing of chemotherapy. Chemotherapy downstages a significant number of patients with stage II/III disease allowing appropriately selected patients to achieve high rates of local-regional control with BCT. **Disclosures:** Nothing to disclose.

Factor	Surgery	Chemotherapy	P value
Age Median	55	50	<0.001
Histology			
IDC	2,033 (87%)	618 (95%)	
ILC	169 (7%)	19 (3%)	
Mixed	129 (6%)	16 (2%)	<0.001
Nuclear grade			
1	266 (11%)	16 (2%)	
2	1,244 (53%)	196 (30%)	
3	785 (34%)	432 (66%)	
NR	36 (2%)	9 (1%)	<0.001
ER			
Positive	1,665 (71%)	331 (51%)	
Negative	552 (24%)	312 (48%)	

Unknown	114 (5%)	10 (1%)	<0.001
HER2			
Pos	122 (5%)	114 (17%)	
Neg	1216 (52%)	403 (62%)	
Unk	993 (43%)	136 (21%)	<0.001
LVI			
Present	348 (15%)	103 (16%)	
Absent/unknown	1,983 (85%)	550 (84%)	0.6
Clinical stage			
I	1,854 (80%)	45 (7%)	
II	459 (19%)	451 (69%)	
III	18 (1%)	157 (24%)	<0.001

Abstract #83

Title: Outcomes by breast cancer subtype in patients treated with accelerated partial breast irradiation

Authors: J. B. Wilkinson, C. Shah, M. Amin, S. F. Shaitelman, L. Nadeau, P. Chen, M. Wallace, C. Mitchell, I. S. Grills, A. A. Martinez, F. A. Vicini; Oakland University William Beaumont School of Medicine, Beaumont Cancer Institute, Royal Oak, MI

Topic Selection: Oral Abstract Session A - Radiation and Radiobiology

Background: To determine clinical outcomes for patients treated with accelerated partial breast irradiation (APBI) based on breast cancer subtype. **Methods:** We evaluated 516 consecutive patients who received APBI with a minimum follow-up of 6 months. Methods of APBI delivery included interstitial brachytherapy (n=221), balloon-based brachytherapy (n=201), and 3D-CRT (n=106). Women were assigned a breast cancer subtype (BCST) based on results of testing for estrogen (ER), progesterone (PR), and human epidermal growth factor (HER2/neu) receptors. Those without test results for all three receptors were excluded. 278 patients were eligible and submitted for analysis. Receptor subtypes were approximated as follows: ER+, PR+/-, and HER-2 negative [luminal A (LA), 164 pts.]; ER+, PR+/-, and HER-2 positive [luminal B (LB), 81 pts.]; ER/PR-, HER-2+ [HER-2 (H2), 5 pts.], and ER/PR/HER-2 negative [basal (B), 28 pts.]. An analysis was then performed to estimate IBTR, RNF, DM, DFS, CSS, and OS. **Results:** Mean age was 66 years, median follow-up was 4.9 yrs. Basal and H2 subtype patients had higher histologic grades (Gr. 3 = 75% vs. 10% LA/LB, p<0.001), larger tumors (13.0mm vs. 10.7mm LA/LB, p=0.05), and were more likely to receive chemotherapy (68% vs. 15% LA/LB, p<0.001). Basal subtype patients were also more likely to be African American (18% vs. 4% LA/LB, p=0.002). Margin and nodal status were similar between all BCSTs. At five years, IBTR rates were 2.9%, 3.2%, 0%, and 4.8% for LA, LB, H2, and B subtypes, respectively (p=0.75). The IBTR within the B subtype group was due to a single elsewhere failure, the rate of which was not statistically different than that for the LA subtype (2.9%, p=0.30). DM was only seen in LA (2.5%) and LB (1.4%) (p=0.87). Disease-free survival (95-100%), CSS (97%-100%), and OS (80-100%) (Table) were also not statistically different (p=0.98, 0.85, 0.24, respectively) between BCST categories. **Conclusions:** Five-year local control rates after treatment with APBI are excellent for luminal, HER2, and triple-negative phenotypes of early-stage breast cancer. Further study of BCST is important and may be useful when counseling patients on adjuvant treatment options following breast-conserving surgery. **Disclosures:** Nothing to disclose.

Abstract #84

Title: Accelerated partial breast irradiation using brachytherapy (APBIb) for breast cancer (bca): Predictors of use and guideline concordance.

Authors: J. A. Hattangadi, N. Taback, B. A. Neville, J. R. Harris, R. S. Punglia; Harvard Radiation Oncology Program, Boston, MA; Dana-Farber Cancer Institute, Boston, MA

Topic Selection: Oral Abstract Session A - Other

Background: APBIb is a novel alternative to whole breast irradiation (WBI). The American Society for Radiation Oncology Guidelines (ASTRO-G) established appropriateness for APBIb use off protocol. **Methods:** 138,815 bca patients from the Surveillance, Epidemiology, and End Results database underwent WBI or APBIb after lumpectomy from 2000 to 2007. Patients were classified as suitable, cautionary, or unsuitable for APBIb according to ASTRO-G. Logistic regression was applied to study APBIb use overall and within each guideline category. **Results:** Overall, 2.6% received APBIb and use varied by ASTRO-G: 5% in suitable, 3.4% in cautionary, and 1.6% in unsuitable patients ($p < 0.0001$). APBIb use increased with time (2000: 0.3%, 2007: 7%) and varied widely with region (0% Alaska; 7% Atlanta, Georgia). Independent predictors of APBIb among suitable patients included white (OR 2.0, $p < 0.001$) race, region (OR 2.6-8.6, $p < 0.0001$), later year (2006-7 v 2000-2 OR 20.3, $p < 0.0001$), and lower grade (OR 1.3, $p = 0.01$). Among cautionary patients, white race (OR 1.8, $p < 0.001$), non-Hispanic ethnicity (OR 1.3, $p < 0.04$), region (OR 3.1-10.2, $p < 0.0001$), metropolitan location (OR 1.9, $p = 0.01$), later year (2006-2007 OR 17.6, $p < 0.0001$), and lower grade (OR 1.4, $p < 0.0001$) predicted for APBIb. Among unsuitable patients, race ($p < 0.0001$), region (OR 3.3-21.6, $p < 0.0001$), later year (2006-7 OR 12.7, $p < 0.0001$), estrogen receptor-positive status (OR 1.3, $p = 0.002$), lower grade (OR 1.3, $p < 0.01$), and negative lymph nodes (OR 2.0, $p < 0.0001$) predicted for use. In several regions, odds of APBIb increased as appropriateness decreased (see Table). **Conclusions:** APBIb has been rapidly adopted in the US. Its use varied by race, ethnicity, and region, especially among patients who may not be suitable candidates for this technique. Geographic predictors of APBIb. **Disclosures:** Nothing to disclose.

US Region	Suitable		Cautionary		Unsuitable	
	AOR	p-value	AOR	p-value	AOR	p-value
Hawaii	1.0	ref	1.0	ref	1.0	ref
Michigan	2.6	0.03	3.4	0.01	6.3	0.002
Kentucky	2.7	0.03	4.2	0.003	7.6	0.0007
Utah	4.1	0.003	4.7	0.002	12.8	< 0.0001
Louisiana	4.5	0.001	7.0	< 0.0001	14.9	< 0.0001
Rural Georgia	5.0	0.039	6.9	0.01	9.3	0.02
Atlanta	8.6	< 0.0001	10.2	< 0.0001	21.6	< 0.0001

Abbreviations: AOR, adjusted odds ratio.

Abstract #147

Title: Needs and preferences of breast cancer survivors: A cross-sectional survey

Authors: D. L. Stan, S. Pruthi, S. Jenkins, K. Lackore, C. A. Thompson; Mayo Clinic, Rochester, MN

Track: General Poster Session C - Health Services Research

Background: The Institute of Medicine recommends development of cancer survivorship care models that are patient centered. We designed a cross-sectional survey to determine the medical and psychosocial needs and preferences of breast cancer survivors. **Methods:** We identified a random sample, stratified by age and chemotherapy usage, of 600 women from MN, WI, and IA, ages 18-99, within 1-5 years of diagnosis of stage 0-3 breast cancer and seen at our institution. **Results:** We received 329 surveys (response rate 55%). Respondents were a mean age of 58 years (range 26-89) and a mean of 3.3 years from cancer diagnosis (range 1.2-5.4). 96% were white and stage distribution was: 15% stage 0, 35% stage 1, 32% stage 2, 15% stage 3, and 3% missing. Treatment included mastectomy (60%), lumpectomy (40%), radiation (61%), chemotherapy (55%) and hormonal therapy (50%). Most common treatment-related sequelae were neuropathy (38%), chest wall or arm pain (27%), and lymphedema (26%). Over half (52%) report worry and 45% report fatigue as a problem in the past week. 74% stated that their medical needs were met, whereas 49% said their psychological and spiritual needs were met ($p<0.01$). 68% understood the follow-up plan after treatment was complete. Perceived barriers to follow up care were anxiety (30%) and lack of coordination (10%). When queried about post-treatment care, the following aspects were considered important (% of patients ranking ≥ 7 on scale 0 -10: 0=not important, 10=very important): breast/chest wall exam (88%); screening for osteoporosis (71%), colorectal cancer (69%), and heart disease (65%); educational materials (64%); mammography (63%); physical therapy (61%); diet and exercise counseling (60%); and complementary/alternative medicine information (53%). Less important were psychology (44%), gynecology (43%), chaplain services (35%), support groups (32%), social work (20%), and infertility experts (4%). 60% expressed interest in attending a survivorship clinic. **Conclusions:** This survey provides unique data on breast cancer survivors, and efforts should be made to optimize medical and psychosocial care in line with their needs and preferences. These results will be imperative in designing a wellness and survivorship clinic. **Disclosures:** Nothing to disclose.

Abstract #2

Title: Prediction of late recurrences by breast cancer index in the NCIC CTG MA.17 cohort.

Authors: D. Sgroi, E. Carney, E. Richardson, L. Steffel, S. N. Binns, D. M. Finkelstein, L. E. Shepherd, N. C. Kesty, C. Schnabel, M. G. Erlander, J. N. Ingle, P. Porter, S. Paik, H. B. Muss, K. I. Pritchard, D. Tu, P. E. Goss; Massachusetts General Hospital, Boston, MA; NCIC Clinical Trials Group, Queen's University, Kingston, ON; bioTheranostics, Inc., San Diego, CA; Mayo Clinic, Rochester, MN; Fred Hutchinson Cancer Research Center, Seattle, WA; National Surgical Adjuvant Breast and Bowel Project, Pittsburgh, PA; University of North Carolina Lineberger Comprehensive Cancer Center, Chapel Hill, NC; Sunnybrook Odette Cancer Centre, University of Toronto, Toronto, ON; NCIC Clinical Trials Group, Kingston, ON

Track: Oral Abstract Session A - Predictive and Prognostic Factors

Background: The MA.17 trial demonstrated that extended adjuvant endocrine therapy with letrozole after 5-y of tamoxifen markedly reduced the risk of recurrence in women with ER+ early stage breast cancer. This trial provides an opportunity to assess the ability of biomarkers to predict late recurrences in ER+ breast cancer. The Breast Cancer Index (BCI), a continuous risk index based on the combination of HOXB13:IL17BR (H:I) and the molecular grade index (MGI), estimates the individual risk of recurrence in ER+ breast cancer patients. In this study, the prognostic utility of BCI to predict late recurrences was examined. **Methods:** FFPE tumor blocks were collected from patients who experienced a breast cancer recurrence up to unblinding of MA.17. Controls were matched 2:1 for age, tumor size, nodal status and prior chemotherapy, and were disease free for longer than cases. All cases were reviewed for standard histopathology and evaluated using the real-time RT-PCR BCI assay.

Results: Patient characteristics for the case-control study were similar to that from the overall study. Characteristics for cases (N=83) and controls (N=166) were not significantly different except for treatment. A higher percentage of controls compared to cases tended to be categorized as low risk by BCI (58% vs 43%), while a lower percentage of controls than cases tended to be categorized as high risk by BCI (34% vs 24%). In univariate analysis, treatment, BCI, H:I and HOXB13, but not tumor grade or MGI, were significant predictors of late recurrence. After adjusting for standard variables (age, tumor grade and treatment), BCI (OR 2.37; P=0.03), H:I (OR 2.55; P=0.04) and HOXB13 (OR 1.35; P=0.02) remained significant predictors of recurrence. HOXB13 expression at diagnosis predicted patient benefit from extended endocrine therapy with letrozole. **Conclusions:** In this case-controlled study, the data demonstrate that BCI is a significant predictor of late recurrences in ER+ patients following 5-y of tamoxifen. The prognostic performance of BCI to predict late recurrences was largely dependent on HOXB13 expression. The integration of H:I and MGI within BCI provides prognostic utility for both early and late recurrences. **Disclosures:** Dennis Sgroi, MD, Other Renumeration from bioTheranostics.

Abstract #270

Title: Relationship between taxane-induced neuropathy and clinical outcomes after adjuvant chemotherapy.

Authors: B. P. Schneider, M. Wang, V. Stearns, S. Martino, V. E. Jones, E. A. Perez, T. J. Saphner, A. C. Wolff, G. W. Sledge, W. Wood, N. E. Davidson, J. A. Sparano; Indiana University School of Medicine, Indianapolis, IN; Dana-Farber Cancer Institute, Boston, MA; The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University, Baltimore, MD; The Angeles Clinic and Research Institute, Santa Monica, CA; North Star Lodge Cancer Center, Yakima, WA; Mayo Clinic, Jacksonville, FL; Green Bay Oncology, Green Bay, WI; Indiana University Simon Cancer Center, Indianapolis, IN; Emory University Hospital, Atlanta, GA; University of Pittsburgh Cancer Institute, Pittsburgh, PA; Albert Einstein College of Medicine, Bronx, NY

Track: Oral Abstract Session B - New Systemic Agents – New drugs and targets (includes anti-angiogenics) - Other

Background: Neuropathy is a common and potentially enduring and disabling complication of adjuvant taxane therapy. Recent studies have identified candidate host single nucleotide polymorphisms (SNPs) associated with taxane-induced neuropathy (Schneider et al. ASCO 2011, abstr. 1000). We therefore sought to determine whether neuropathy was associated with breast cancer recurrence. **Methods:** This study included 4,950 eligible women with axillary lymph node positive or high-risk node-negative breast cancer who received up to 4 cycles of AC (doxorubicin 60 mg/m² and cyclophosphamide 600 mg/m²) every 3 weeks, followed by either: (1) paclitaxel 175 mg/m² every 3 weeks x 4 (P3), (2) paclitaxel 80 mg/m² weekly x 12 (P1), (3) docetaxel 100 mg/m² every 3 weeks x 4 (D3), or (4) docetaxel 35 mg/m² weekly x 12 (D1). Chemotherapy doses were based on actual body weight. Cox proportional hazards model were used to determine the relationship between neuropathy and disease free survival (DFS) and overall survival (OS) treating neuropathy status as a time dependent covariate and using a landmark analysis. **Results:** Of 4,702 patients who received at least 1 taxane dose, grade 2-4 neuropathy developed in 20%, 27%, 16%, and 16% in the P3, P1, D3, and D1 arms, respectively. In a model including age, tumor size, nodal status, treatment arm, neuropathy, and the neuropathy- treatment interaction, there was no relationship between neuropathy and DFS and OS in the entire population, for any of the individual treatment arms, or for any breast cancer subtypes, whether analyzed as a time-dependent covariate or using a landmark analysis. Baseline covariates associated with an increase rate of neuropathy included black race (25% vs. 19% grade 2-4, p=0.02) and obesity (21% vs. 19%, p=0.04), but not age. **Conclusions:** There was no association between taxane-induced neuropathy and DFS or OS in patients treated with contemporary AC-taxane therapy, including weekly paclitaxel. These findings show that taxane-induced neuropathy is not associated with outcome, thus suggesting that validation of SNPs predictive of neuropathy may be useful in identifying patients at higher risk for neuropathy but not taxane benefit and thereby improve therapeutic individualization. **Disclosures:** **Vered Stearns, MD**, Honoraria from AstraZeneca; Research Funding from Abraxis BioScience, Merck, Novartis and Pfizer; **Edith A. Perez, MD**, Research Funding from Genentech and sanofi-aventis.

Abstract #32

Title: Male breast carcinoma in United States: Survival rate and determinants of prognosis.

Authors: S. Talluri, R. Kakarala, T. Karedan, M. Kakarala; McLaren Regional Medical Center, Flint, MI; 4193 MED ED - INTERNAL MED, Flint, MI; University of Michigan Health System, Ann Arbor, MI

Topic Selection: General Poster Session A - Predictive and Prognostic Factors

Background: Male breast cancer (MBC) is rare and accounts for less than 1% of all cancers in men. It causes significant morbidity and mortality due to late diagnosis. The primary objective of our study is to update information about the receptor status, pathology, survival rates, and prognostic factors for MBC. Our secondary objective is to determine racial differences in survival of MBC and compare tumor characteristics with female breast cancer (FBC) patients. **Methods:** We analyzed a retrospective cohort of breast cancer patients included in National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) from 1990 to 2007. Differences between patient and disease characteristics at the time of diagnosis among MBC and FBC patients were compared using chi-square test. Overall survival was estimated using Kaplan-Meier method. Cox proportional hazards regression model was used to determine the independent variables that affect survival. **Results:** We included 2,475 men and 393,259 women with breast cancer in our analysis. Median age at diagnosis was higher in men compared to women (67 vs 61 years). Men had more frequent lymph node involvement (32% vs. 22%), ER positivity (66% vs. 57%) and PR positivity (57% vs. 49%) breast cancer than women ($P < 0.001$). Overall median survival in MBC was 9 years, 5-year survival was 63% and 10-year survival was 43%. Increased age, larger tumor size, higher grade, lymph node involvement, ER and PR negative status were significantly associated with decreased survival in univariate analysis ($P < 0.05$). In multivariate analysis, age > 65 years at the time of diagnosis, larger tumor size, positive lymph node status, ER negative status and poorly differentiated grade were associated with decreased survival ($P < 0.02$). However PR status was not a significant predictor of survival. The median survival in African American males was lower as compared to Caucasians (7.08 vs. 9.2 yrs.) ($P = 0.02$). **Conclusions:** Male breast cancer differs from female breast cancer in important biological characteristics with a higher age at diagnosis and frequent lymph node involvement. Age greater than 65 years, tumor size, grade, lymph node involvement and ER status of the tumor are independent predictors of survival in MBC. **Disclosures:** Nothing to disclose.