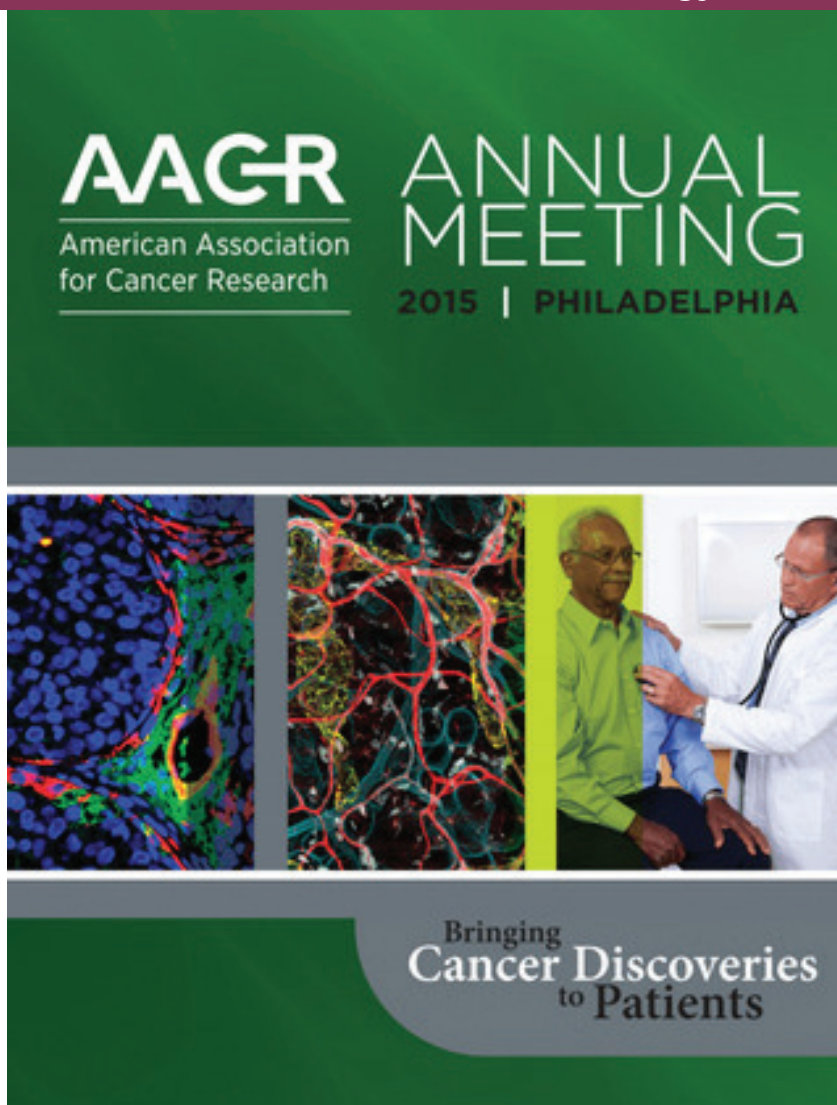


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'Extreme Oncoplasty' Offering Alternatives to Mastectomy

BY ED SUSMAN

ORLANDO, Fla.—Extreme oncoplasty techniques appear to give carefully selected breast cancer patients an option that preserves their breast without jeopardizing the risk of recurrences, researchers reported here at the American Society of Breast Surgeons Annual Meeting.

Sadia Khan, DO, a breast surgery fellow at Hoag Memorial Hospital Presbyterian in Newport Beach, California, presented the results of the retrospective study, which compared the outcomes of 66 women who opted for extreme oncoplasty—



even though their doctors had recommended mastectomy due to the characteristics of the tumor—with women who had breast-conserving surgery under standard criteria. The rate of recurrence was not significantly different at two years.

Recurrence occurred in one of the 66 women undergoing extreme oncoplasty surgery, about 1.5 percent of the cases, compared with three of 245 women who experienced recurrence after standard breast-conserving surgery—about 1.2 percent, a difference that was not statistically significant.

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Myeloma Debate: Should Consolidation Therapy & MRD Testing be Used for Monitoring & Treatment?

BY MARK FUERST

NEW YORK—Questions still remain about whether consolidation therapy and minimal residual disease (MRD) testing should be used for monitoring and treatment of multiple



myeloma, according to experts who participated in a debate at the Great Debates & Updates in Hematologic Malignancies

meeting here. The nearly 200 members of the audience heard Suzanne Lentzsch, MD, PhD, and Sagar Lonial, MD, discuss treatment strategies based on MRD test results and tackle the question of whether treatment should be stopped if sustained MRD-negativity is achieved, or whether it is more prudent to consider some consolidation therapy.

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'EXTREME ONCOPLASTY' OFFERING ALTERNATIVES TO MASTECTOMY

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"These are all patients with tumor over 51 millimeters who were told that they had to have a mastectomy," Khan said in an interview at her poster presentation. "We agreed with that recommendation, but these patients refused to have a mastectomy."

The follow-up time in both group was 24 months, which Khan acknowledged is a short-term result, and other surgical factors indicate that close surveillance of these women will be required, she said.

"Often, the cosmetic outcomes prove to be very good, and we are seeing very good outcomes in terms of recurrence as well."

Among the extreme oncoplasty patients, margins equal to or greater than one millimeter were achieved in 54.5 percent of patients. For standard cases, surgeons were able to achieve the one milli-

meter margins in 88.6 percent of the cases.

Among the extreme oncoplasty cases, the cancers were able to be excised "with no ink on tumor" in 83 percent of the 66 patients, compared with 96 percent of the 245 women undergoing standard surgery.

The median tumor size was 62 millimeters with a mean of 77 millimeters in extreme cases, compared with a median of 21 and 23 millimeters for women who underwent the standard procedure.

Six of the extreme-oncoplasty patients (9%) patients underwent re-excision to achieve wider margins and four (6%) were converted to mastectomy. There were 17 re-excisions required in the standard cases (7%), but just one woman required a mastectomy.

"Extreme oncoplasty is a new promising concept," Khan said. "It allows successful breast conservation in selected patients with large, greater than five centimeters, multifocal, or multicentric tumors."



Ed Susman

SADIA KHAN, DO: "If we are willing to do four centimeters in a large breast, then 51 or 52 millimeters is really not that much of a difference."

Still Non-Standard

Asked for her perspective, Zahoor Algaithy Alsharef, MD, Professor of Medicine at King Abdulaziz University Jeddah in Saudi Arabia, said: "You really have to have long discussions with the patients to make sure they are okay with their decision. They have to know that this is not the standard procedure. The patients must be aware of this. Often, the cosmetic outcomes prove to be very good, and we are seeing very good outcomes in terms of recurrence as well."

Khan said that in many cases the difference in criteria that would place a person in the standard-surgery group or in the extreme-oncoplasty group is actually not that extreme: "It is a good option in the cases in which women refuse to have a mastectomy. If we are willing to do four centimeters in a large breast, then 51 or 52 millimeters is really not that much of a difference. It can

FDA Approves Metastatic Colorectal Cancer KRAS Mutation Test

The Food and Drug Administration has approved the Cobas KRAS Mutation Test for diagnostic use to identify KRAS mutations in tumor samples from patients with metastatic colorectal cancer to help clinicians determine the best therapy. The test is a TaqMelt assay, which is a polymerase chain reaction (PCR)-

based diagnostic test intended for the detection of mutations in codons 12 and 13 of the KRAS gene.

The test can be performed in less than eight hours; and it is intended to be used as an



aid in the identification of patients with metastatic colorectal cancer for whom treatment with cetuximab or panitumumab may be effective if no KRAS mutation is present.

The test is performed using the Cobas 4800 System, which is also used for performing the Cobas BRAF V600 Mutation Test (approved in 2011, *OT 9/10/11 issue*) and the Cobas EGFR Mutation Test (approved in 2013, *OT 6/10/13 issue*). All three tests are marketed by Roche. ■

EXTREME ONCOPLASTY

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be a difference of less than five millimeters, so it is something to consider. This would not apply to everyone—It is a very specialized area.”

She said that in one case, a patient presented with multiple foci in the upper quadrant of the breast. “We designed the operation in the standard reduction pattern,” Khan said. “She had undergone biopsy, so she had wires in place. Her cancer fit into the area of standard reduction surgery. We

tered reluctance to take tamoxifen and aromatase inhibitors in some of the women,

“We didn’t go to these women and say, ‘oh no, you should not have a mastectomy.’ These are patients who come and seek us out to have this breast-conserving surgery done. We are in Orange County, California, and there are a lot of patients seeking this, so it is not just our practice that performs this type of surgery in these patients.”

aries of oncologically sound and technically feasible breast-conserving treatment, “there are some patients for whom we have to say, ‘you know, this is never going to work.’ We also have cases where we tell patients that there is a higher chance they will need further revision or a mastectomy, and there are patients who knowingly still want to take a chance.

“We surprise ourselves sometimes. This is a nice alternative for someone

“Extreme oncoplasty is a promising new concept allowing successful breast conservation in selected patients with large, greater than five centimeters, multifocal, or multicentric tumors.”

just saw her recently—four years later. She has had no recurrence, the margins were all good.”

Khan said that in most cases the women undergo standard post-surgery radiation, although she has encoun-



Julie Lang, MD, Associate Professor of Surgery at the University of Southern California, one of several specialists who reviewed the poster presentation, said: “We do this type of surgery as well.”

Breast Reduction Often Needed

Khan said the cosmetic outcomes are acceptable to the patients, most of whom require breast-reduction procedures. “A lot of the patients tell us: ‘This is what we always wanted.’ There are very few times in cancer and even in breast cancer where you really get a win-win situation. We get their cancer out; they feel better; it is easier to manage.”

Khan said that even though extreme oncoplasty pushes the bound-

who really feels strongly that they do not want to have a mastectomy.”

Little or No Loss of Sensory Loss

Khan said the procedure often has better results for the patient than mastectomy with reconstruction. “Breast conservation yields a better quality of life than the combination of mastectomy, reconstruction, and radiation therapy. A reconstructed breast after mastectomy has minimal or no sensation. Breast conservation generally results in little or no sensory loss.”

All the women who are considered for extreme oncoplasty are evaluated with preoperative digital mammography, ultrasound, and breast magnetic resonance imaging. All patients received multidisciplinary consultation with a surgical oncologist, plastic surgeon, medical oncologist, and radiation oncologist. All patients received standard whole breast radiation therapy with a boost to the tumor bed. All patients underwent excision and oncoplastic reconstruction using a standard or splitwise pattern reduction and immediate contralateral surgery for symmetry. She said extreme oncoplasty can generally be done in one operation without drains. ■

“We didn’t go to these women and say, ‘oh no, you should not have a mastectomy.’ These are patients who come and seek us out to have this breast-conserving surgery.”

‘Extreme Oncoplasty’ Defined

In a recent article she coauthored with Melvin Silverstein and Nirav Savalia, Sadia Khan defined extreme oncoplasty as breast-conserving surgery, using oncoplastic techniques in a patient who, in most physicians’ opinion, requires a mastectomy. “These are generally large, greater than five centimeters, multifocal or multicentric tumors. Many will have positive lymph nodes. Most will require radiation therapy, even if treated with mastectomy.”