

Please find below a press release from the European School of Oncology (ESO).

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PRESS RELEASE

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First global guidelines for women and men with advanced breast cancer

[LISBON] The world's first consensus on how to treat and help women and men with advanced breast cancer was agreed by experts from around the globe at a conference in Lisbon, Portugal, last week (3–5 November).

The ABC1 – Advanced Breast Cancer – conference was the first of a regular, two-yearly meeting that will agree and promote evidence-based guidelines on how best to approach the cancer journey for people with metastatic (stage 4) disease, which is responsible for the vast majority of breast cancer deaths.

Women and men who are diagnosed with advanced breast cancer, or whose early stage disease recurs at the metastatic stage, have faced the twin obstacles of a lack of protocols to treat their disease, and often poor support for what in all but a few cases is an incurable and progressive condition.

Many suffer from isolation, owing to being deemed as having little future by some health professionals and patient groups, who focus more on curable early stage cancers. Less than optimal treatment arises from a perception by oncologists that, because advanced breast cancer is an incurable disease and there are few therapies with a high-level of evidence for this patient group, any treatment strategy can be applied. And not enough patients are enrolled in clinical trials that would generate this much-needed high-level evidence.

“We have to apply the same high quality principles we use in the early stage setting,” said Fatima Cardoso, ABC1 coordinator and director of the breast cancer unit at the Champalimaud Cancer Center in Lisbon. “That means all women and men with advanced disease should be seen by a multidisciplinary team in a specialised breast unit, and we should treat each subtype of breast cancer differently and according to evidence, and enter more people in trials. At present, even in major cancer centres, individual physicians often take care of those with advanced cancer, outside of a multidisciplinary team.

“This situation has to change. We know from early stage breast cancer that survival has improved through the use of international consensus guidelines – and we must do the same for metastatic disease as, despite some progress, median survival is still only 2–3 years across all subtypes.”

As part of that multidisciplinary approach, added Cardoso, patients need to receive appropriate psychosocial support, and high-quality supportive and palliative care for symptom control, including pain. “Even in some developed countries, patients do not have easy access to adequate pain control, in particular with morphine,” she said. “Pain control in palliative care is also a priority for the World Health Organization.”

In a survey of attendees carried out before ABC1, 81% of respondents agreed that the treatment of advanced breast cancer is not as high profile as that for early stage disease. They also placed lack of clear and applicable guidelines for management and treatment at the top of a list of reasons for this situation, and at least half said the ABC1 guidelines would be implemented and would help obtain resources.

“Survival of people with advanced breast cancer is increasing, but progress is painfully slow,” said Eric Winer, ABC1 coordinator and head of breast oncology at the Dana-Farber Cancer Institute in Boston, United States. “Despite many other meetings about breast cancer, management of metastatic disease has suffered from a lack of strong international collaboration in clinical and translational research that could lead to faster advances and evidence-based care standards. As a result, patients and carers often feel lost in a maze of many different opinions and scattered guideline efforts.”

Musa Mayer, an advocate based in the United States, who runs AdvancedBC.org to support patients with metastatic disease, added: “Breast cancer takes a terrible toll – more than half a million die around the world every year. The needs of people with advanced cancer are profoundly different from those with primary stage cancer. Women living with metastatic cancer have been largely invisible and ignored, especially in October when in America we are awash with ‘pink ribbon’ messages about early detection and survivorship.

“We know that women with advanced disease receive far less attention in many other countries too than those with primary cancers, and most do not have access to information and support that meets their needs. If the confusion patients face in making treatment decisions can be reduced, and meaningful guidelines can be crafted that account for individual differences and respect patient preferences, it will help women and men with metastatic breast cancer manage the anxiety and loss of confidence they feel when a treatment fails. This will also help meet the ambitious goal of ABC1 of improving survival through better use of available knowledge and therapies.

“ABC1 is a crucial first step and patients and advocates are watching and grateful that our time has finally come.”

The ABC1 conference was attended by more than 800 clinicians, scientists, advocates and patients from all continents, and built up to a consensus panel session at which experts voted on guidelines that will be presented, after editing and final agreement, in a special paper in *The Breast* in early 2012, and which will also be presented at major oncology conferences throughout the year.

The other two coordinators of the conference were Larry Norton, head of solid tumor oncology, Memorial Sloan-Kettering Cancer Center, New York, United States, and Alberto Costa, director of the European School of Oncology, Milan, Italy.

The coordinators explained that the first consensus guidelines will include:

- The need for routine multidisciplinary care, psychosocial support and patient involvement in decision-making.
- Clear communication about the incurable but treatable nature of metastatic disease.
- Balanced decisions about cost.
- A comprehensive list of factors to take into account for treatment choice, and a matrix of approaches to apply according to the biological nature of the cancer (hormone receptor positive/negative, HER-2 positive/negative, etc.).
- Chemotherapy and targeted therapy options.
- Inclusion of patients in clinical trials as a priority.
- Optimal treatment of bone and brain metastases.
- Palliative care provision, including optimal pain control.

In addition, specific guidelines on male breast cancer will be included.

Notes to editors:

ABC1, the first Advanced Breast Cancer consensus conference, was held at the Cultural Centre in Bélem, Lisbon, on 3–5 November 2011. It was organised by the European School of Oncology, a non-profit organisation based in Milan, Italy. More information at www.abc-lisbon.org

The consensus meeting stems from the establishment by the European School of Oncology in 2004 of a Metastatic Breast Cancer Task Force to develop international guidelines for managing the disease.

ABC2, which will also include guidelines for patients with locally advanced (stage 3) disease, will be held on 7–9 November 2013.

For more information about the ABC1 consensus statements and development process, or to arrange interviews the coordinators:

Fatima Cardoso, Portugal
Alberto Costa, Italy
Larry Norton, United States
Eric Winer, United States

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The European School of Oncology (ESO) was founded in 1982 with a mission to reduce unnecessary death and suffering from cancer by promoting earlier diagnosis, optimal medical treatment and holistic patient care. ESO's educational events are clinically orientated, multi-professional and evidence based as well as reflecting the human experience of cancer. In recent years ESO has increasingly addressed the wider political, administrative and organisational issues that affect the ability of health professionals to deliver top-quality patient-centered care. For more details see www.eso.net

Facts about advanced breast cancer:

One in eight women will develop breast cancer; those who die from the disease usually do so from distant metastases. In developed countries, about 30% of people who have had breast cancer suffer a recurrence of the disease. The World Health Organization is forecasting a large increase in cases in developing countries.

In the European Union, one woman is diagnosed with breast cancer every 2.5 minutes and one woman dies from the disease every 6.5 minutes. Globally, about half a million people die from breast cancer every year.

The true prevalence of metastatic breast cancer has not been accurately captured – neither in the United States nor in most European countries – as cancer registries do not record distant recurrences. This hinders service development.

Advances in treating early breast cancer are measured in many years' survival; in metastatic breast cancer advances are still measured in days or a few months and the median survival, taking all subtypes together, is 2–3 years. However, due to the development of targeted efficacious treatments such as anti-HER-2 agents, some patients with certain subtypes of breast cancer can now live with advanced disease for 8 or more years. A certain risk of recurrence remains in all breast cancer survivors during their lifetime.

The BRIDGE survey of patients with metastatic breast cancer (www.bridgembc.com), an assessment of the needs and preferences of 1,342 women in 13 countries, found:

- Almost 6 in 10 women in Europe feel that metastatic breast cancer receives too little attention.
- Many women have feelings of guilt, abandonment, isolation and loneliness during the cancer journey.
- 44% of respondents reported being afraid to talk open about their disease and 52% said their friends and family were uneasy talking about the disease.
- 78% of women had never participated in a clinical trial and 56% of these women were not invited to consider a clinical trial.

See also:

1. Metastatic breast cancer patients: the forgotten heroes! Editorial by Fatima Cardoso. *The Breast* 18: 271–272 (2009). <http://tinyurl.com/d2vom8s>
2. Bridging gaps, expanding outreach: Metastatic Breast Cancer Advocacy Working Group consensus report. *The Breast* 18: 273–275 (2009). <http://tinyurl.com/cv78frs>
3. Where are the consensus guidelines for women with metastatic disease? *Cancerworld* March–April (2011). <http://tinyurl.com/bttv9pq>