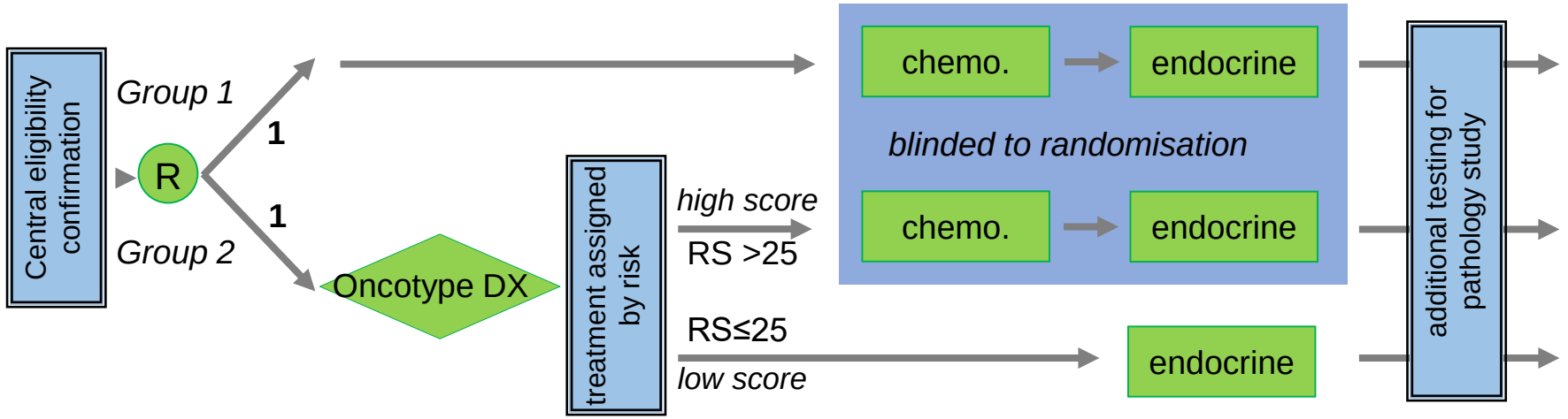
Optimal Personalised Treatment of early breast cancer usIng Multi-parameter Analysis

Trial Objectives

- To identify a method of selection that reduces chemotherapy use for patients with hormone sensitive primary breast cancer without detriment to recurrence and survival.
- To establish the cost-effectiveness of test-directed treatment strategies compared to standard practice.

OPTIMA prelim

- 412 patient feasibility study for OPTIMA
- Establish acceptability of randomisation to patients & clinicians.
- Evaluate the performance and health-economics of alternative multi-parameter tests



Age ≥ 40
Adequate surgery
ER +ve, HER2 –ve
pN1-2 OR pN0 & T≥30mm

OPTIMA prelim

- Female or male aged >40y
- Excised invasive breast cancer
- ER +ve and HER2 –ve
- Axillary lymph node status of either
  - 1-9 involved. If 1-3 nodes at least one containing a macrometastasis (i.e. deposit >2mm in diameter) OR
  - 1-3 lymph nodes involved with micrometastases only (i.e. a deposit >0.2-2mm in diameter) AND tumour size $\underline{\geq}$ 20mm OR
  - Node negative with tumour size ≥ 30mm

OPTIMA prelim

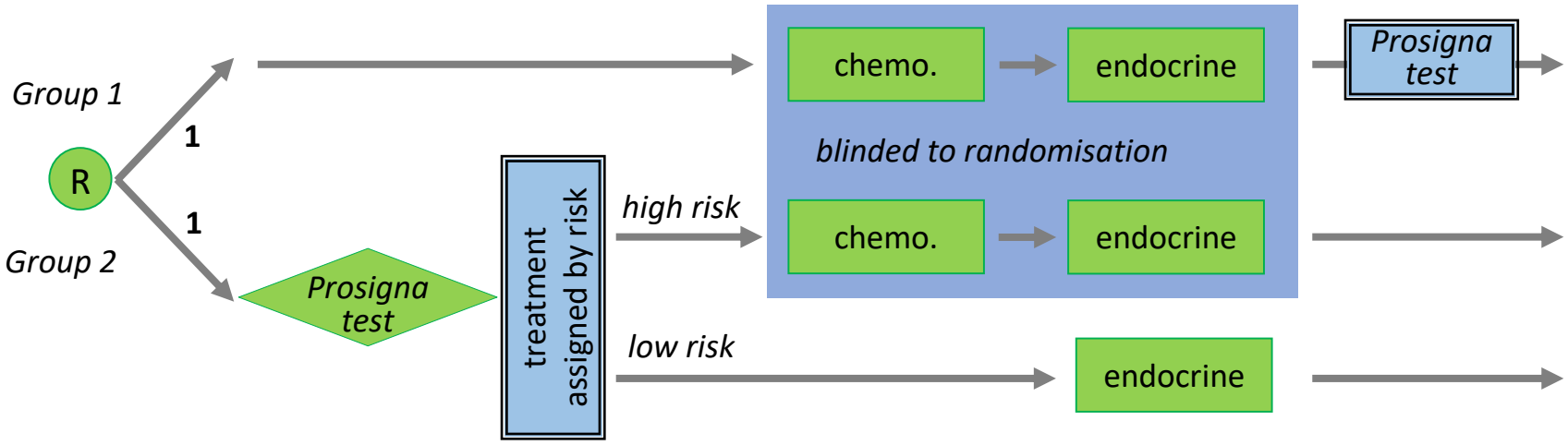
Conclusions

- Further research in the OPTIMA population economically worthwhile.
- OPTIMA is feasible.
- Disagreement between multi-parameter tests at an individual patient level.
- OPTIMA prelim unable to identify a “best” test.
- Prosigna selected as primary test for main trial
  - Greatest value of information score
  - Can be performed in NHS – design objective
  - Oncotype DX not financially viable at time of grant application

OPTIMA trial design

Eligible: Age ≥ 40
Adequate surgery
ER +ve, HER2 –ve
pN1-2 OR pN0 & T≥30mm

Exclusion: advanced stage = pN3-4/ IM+



1° Outcomes = Non-inferiority of IDFS (Δ=-3%)
Cost-effectiveness of test-directed chemotherapy

Sample size = 4500 patients (+ OPTIMA prelim)
Recruitment period = 4 years

OPTIMA Trial
Recruitment Update

- Recruitment
  - OPTIMA prelim — 412 randomised
  - OPTIMA main — 1492 randomised
  - **OPTIMA Total** — **1904**

Sites open — 104
  - UK — 101
  - Norway — 3

Recruitment Challenges

- Competing trials
  - POETIC-A
  - Oncotype
  - Neoadjuvant endocrine trials
- Genomic assays are standard of care for node-negative patients
- Prosigna licensed for EBC with 1-3 nodes +ve, but not approved by NICE
- Clinicians not offering adjuvant chemotherapy for ‘lower risk’ node +ve EBC, such as <2cm, grade I/II, 1 node +ve, ER and PR strongly +ve, HER2 –ve
- Reduced recruitment to all breast cancer trials

Recruitment Strategies

- OPTIMA Launch Meetings for OPTIMAprelim and OPTIMA Main Trial
  - The Shard
  - British Library
- Regional Meetings with local teams/MDTs
- Strategy Meetings at Warwick for TMG
- Qualitative Research
- Overseas recruitment
  - Norway, 3 centres open and recruiting
  - Sweden, Gothenburgh to join Norway centres
  - India, China, Hong Kong
  - Canada, Australia

OPTIMA Team

Oncologists

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optima
personalised treatment
of breast cancer