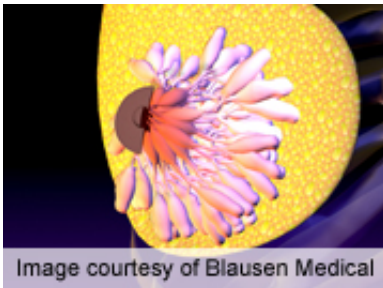


SABCS: no benefit in extending trastuzumab in HER2 breast CA

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For patients with human epidermal growth factor receptor 2-positive early-stage breast cancer, one year of adjuvant trastuzumab should remain the standard of care, according to a study presented at the annual San Antonio Breast Cancer Symposium, held from Dec. 4 to 8.

(HealthDay)—For patients with human epidermal growth factor receptor 2 (HER2)-positive early-stage breast cancer, one year of adjuvant trastuzumab should remain the standard of care, according to a study presented at the annual San Antonio Breast Cancer Symposium, held from Dec. 4 to 8.

Noting that one year of [trastuzumab](#) significantly improves disease-free and overall survival, Martine J. Piccart-Gebhart, M.D., Ph.D., from the Jules Bordet Institute at the Université Libre de Bruxelles, and colleagues randomized 5,102 women with HER2-positive early [breast cancer](#) from the HERA phase III trial to receive trastuzumab every three weeks for one year or two years, or observation. Participants were

randomized following completion of primary therapy: surgery, chemotherapy, or radiotherapy as indicated

The researchers found that, for an event in the two-year versus the one-year arm, the unadjusted hazard ratio was 0.99 (P = 0.86). Between the groups, overall survival was comparable (hazard ratio, 1.05; P = 0.63). The time to distant recurrence and primary cardiac end points (class III or IV [heart failure](#) and compromised left ventricular [ejection fraction](#) or cardiac death) were comparable between the groups, but the secondary cardiac end point (compromised left ventricular ejection fraction) was elevated in the two-year group. Compared to just observation, the benefit for both disease-free survival and overall survival for both treatment arms remained at eight years of follow-up.

"Giving trastuzumab for a longer duration (two years) did not improve disease-free or overall survival compared with one year of trastuzumab treatment," Piccart said in a statement.

The trial was run by Roche. One author is employed by Hoffmann-La Roche.

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