

Stage and receptor status can indicate a breast cancer survivor's risk of recurrence

March 6 2023



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New research indicates that for patients with breast cancer, the cancer's stage and receptor status can help clinicians predict whether and when cancer might recur after initial treatment. The findings are published by in the journal *Cancer*.

For the study, Heather Neuman, MD, MS, of the University of Wisconsin, and her colleagues analyzed data on 8,007 patients with stage I–III breast cancer who participated in nine [clinical trials](#) from 1997–2013 and received standard of care therapy.

Time to first cancer recurrence varied significantly between cancers with different receptors—including [estrogen receptor](#) (ER), [progesterone receptor](#) (PR), and human epidermal growth factor receptor 2 (HER2). Within each receptor type, cancer stage influenced time to recurrence.

Risk of recurrence was highest and occurred earliest for ER–/PR–/HER2– (triple negative) tumors. Patients with these tumors diagnosed at stage III had a 5-year probability of recurrence of 45.5%. Risk of recurrence was lowest for ER+/PR+/HER2+ (triple positive) tumors. Patients with these tumors diagnosed at stage III had a five-year probability of recurrence of 15.3%.

Based on their findings, the investigators developed follow-up recommendations by cancer stage and receptor type. For example, patients with the lowest risk should be seen by their oncology team once annually over five years, whereas those with the highest risk should be seen once every three months over five years.

"Our developed follow-up guidelines present an opportunity to personalize how we deliver [breast cancer](#) follow-up care," said Dr. Neuman. "By tailoring follow-up based on risk, we have the potential to have a strong, positive impact on both survivors and their oncology providers by improving the quality and efficiency of care."

More information: Heather B. Neuman et al, The influence of anatomic stage and receptor status on first recurrence for breast cancer within five years (AFT-01), *Cancer* (2023). [DOI: 10.1002/cncr.34656](https://doi.org/10.1002/cncr.34656). doi.wiley.com/10.1002/cncr.34656

Provided by Wiley

Citation: Stage and receptor status can indicate a breast cancer survivor's risk of recurrence (2023, March 6) retrieved 1 May 2024 from <https://medicalxpress.com/news/2023-03-stage-receptor-status-breast-cancer.html>

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