

### 2024

# Taipei International Breast Cancer Symposium

## 台北國際乳癌研討會

### Speech Abstract

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#### Adjuvant Treatment for Young Age ER+ve Early Breast Cancer (EBC)

#### Abstract

Premenopausal breast cancer contributes a significant proportion of breast cancer diagnoses in Asian countries. Generally, estrogen receptor-positive (ER+ve) breast cancer is considered the most favourable breast cancer subtype. However, it has been observed that when ER+ve breast cancer diagnosed in very young women, it has a less favourable prognosis than when diagnosed in older premenopausal women, even after chemotherapy is given. Even in luminal A-like early breast cancers, the prognosis seems to be adversely affected by very young age. Clinical trials in premenopausal ER+ve early breast cancer have shown that in women who retain ovarian function after adjuvant chemotherapy, escalating adjuvant endocrine therapy from tamoxifen to tamoxifen plus ovarian function suppression, can improve breast cancer outcomes. For those with ER+ve HER2-negative breast cancer, further reduction in recurrence of higher-risk breast cancer can be obtained with the combination of an adjuvant aromatase inhibitor plus ovarian function suppression. Genomic analyses of ER+ve tumours in young breast cancer patients indicate features that are associated with worse breast cancer outcomes. Additional therapeutic measures such as adjuvant CDK4.6 inhibitors, neoadjuvant immunotherapy and PARP inhibitors may play more important roles in the future.