

第3回多地点ウェブかん  
2009年1月8日 (木)

テーマ: 1cm以下, n0, HER2陽性乳癌

相良病院 乳腺科 馬場信一

症 例 1

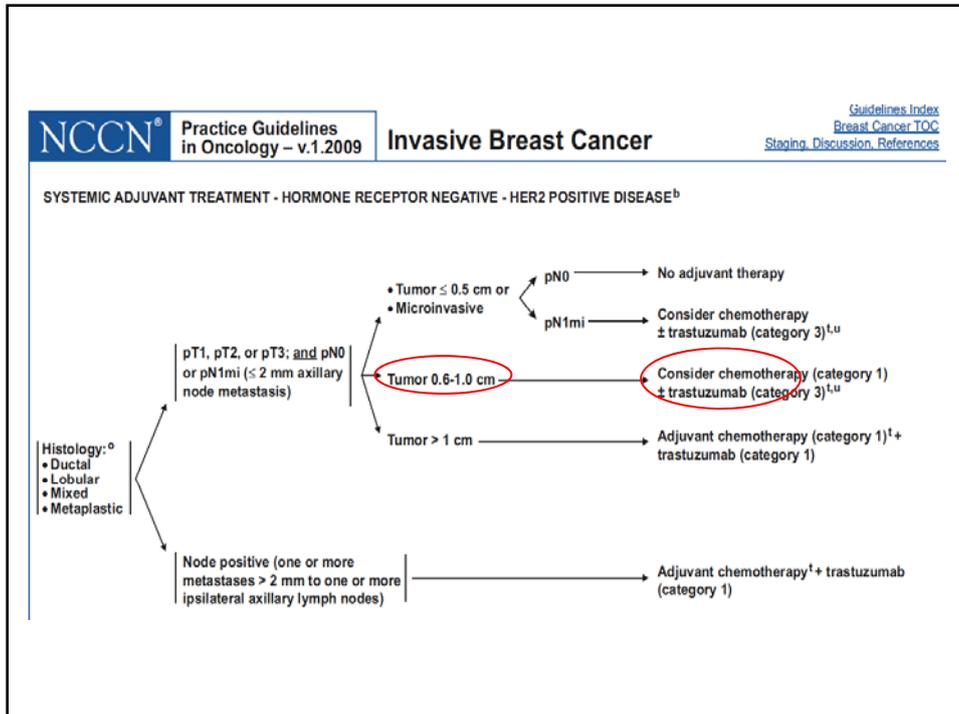
患者: 59才 女性 閉経後 PS0

病歴: H20.5の検診にて左乳房の石灰化を指摘。当院で精査施行。乳癌の診断を受け、H20.6に左乳房温存手術＋センチネルリンパ節生検施行。

## 病理（症例1）

Invasive ductal carcinoma, papillotubular carcinoma, pT1b, ly-, v-, pn-,  
LN: no metastasis (0/5)

ER: 陰性(0%), PgR: 陰性(0%), HER-2: スコア3+  
核異型度: Grade 1 病理学的腫瘍径 7mm  
Intermediate risk



## St.Gallen 2007 病型分類

HER2		HER2陰性					HER2陽性				
内分泌		反応性		不完全反応性		非反応性	反応性		不完全反応性		非反応性
閉経		pre	post	pre	post	Pre and post	pre	post	pre	post	Pre and post
低リスク		E	E	E	E						
中間リスク	n=0	E C→E	E C→E	C→E E	C→E E	C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr
	n=1-3	E C→E	E C→E	C→E E	C→E E						
高リスク	n=1-3					C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr
	n≥4	C→E	C→E	C→E	C→E	C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr

C: chem therapy, E: endocrine therapy, Tr: Trastuzumab

## 症例 1 の治療は？

- St.Gallen2007のリスク分類
  - intermediate riskで化学療法+ハーセプチン
- NCCN Guideline2007
  - consider chemotherapy ±trastuzumab
- 化学療法のレジメンは？
  - AC ±Tr AC+T ±Tr

# 症例1 10年/再発率

## Breast Cancer

### No Additional Therapy



- 73 out of 100 women are alive in 10 years
- 23 out of 100 women die due to breast cancer
- 4 out of 100 women die of other causes

### Hormonal Therapy:



- 0 out of 100 women are alive and without relapse because of therapy

### Chemotherapy:



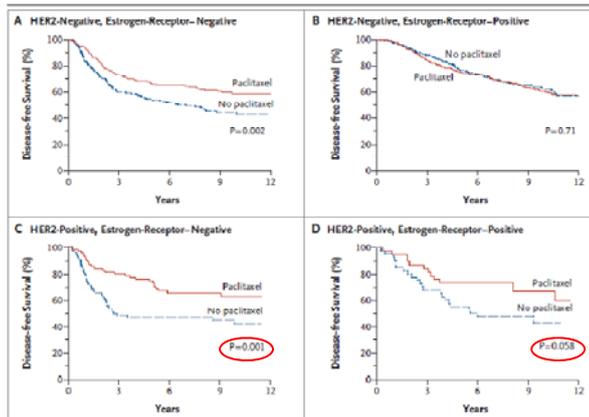
- 7 out of 100 women are alive and without relapse because of therapy

### Combined Therapy:



- 7 out of 100 women are alive and without relapse because of therapy

## Disease-free Survival among Patients Treated with or without Paclitaxel According to Estrogen-Receptor Status and HER2 Expression.



**Figure 2.** Disease-free Survival among Patients Treated with or without Paclitaxel According to Estrogen-Receptor Status and HER2 Expression. Patients were randomly assigned to receive four cycles of paclitaxel (175 mg per square meter) or no further chemotherapy with paclitaxel after completion of four cycles of doxorubicin and cyclophosphamide. Disease-free survival for patients in groups 1 and 2 combined was determined according to negative HER2 expression (Panels A and B) or positive HER2 expression (Panels C and D), as determined by immunohistochemical analysis with the CB11 monoclonal antibody, or according to negative estrogen-receptor (Panels A and C) or positive estrogen-receptor (Panels B and D) expression, as determined at the local institutions. The log-rank P value in each panel is for the comparison of Kaplan-Meier disease-free survival curves in the paclitaxel and no-paclitaxel groups and does not represent the three-way interaction among HER2 positivity, estrogen-receptor negativity, and a benefit from paclitaxel.

HER2 and Response to Paclitaxel in Node-Positive Breast Cancer  
 N Engl J Med 2007;357:1496-506

## 症例 1 の治療方針

- ホルモン受容体陰性・HER2陽性・T1bN0
- 術後乳房照射
- 化学療法
- AC→weekly Paclitaxel+trastuzumab

## 症 例 2

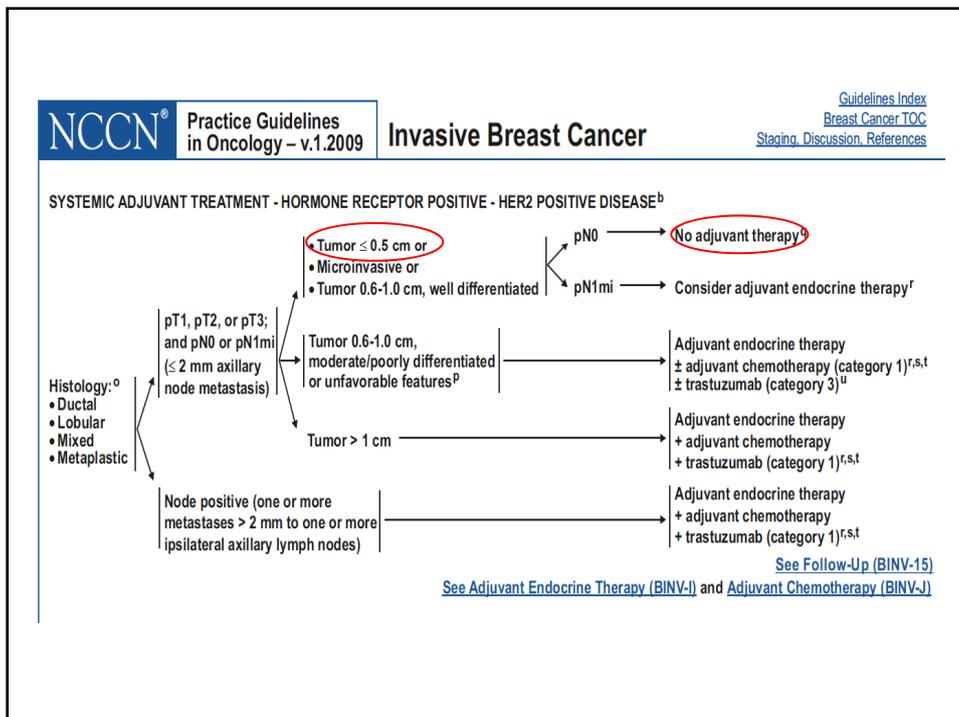
患者:51才 女性 閉経前 PS0

病歴:H20.9になり左乳房の腫瘍に  
気づく。当院を受診し乳癌の  
診断を受け、H20.11に左乳  
房全摘術+センチネルリン  
パ節生検施行。

## 病理 (症例2)

Invasive ductal carcinoma, papillotubular carcinoma, pT1a, ly-, v-, pn-, LN : no metasis (0/2)

ER: 陽性(90%), PgR: 陽性(90%), HER-2: スコア3+  
核異型度: Grade 1 病理学的浸潤径 3mm  
Intermediate risk



## St.Gallen 2007 病型分類

HER2		HER2陰性					HER2陽性				
内分泌		反応性		不完全反応性		非反応性	反応性		不完全反応性		非反応性
用経		pre	post	pre	post	Pre and post	pre	post	pre	post	Pre and post
低リスク		E	E	E	E						
中間 リスク	n=0	E C→E	E C→E	C→E E	C→E E	C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr
	n=1-3	E C→E	E C→E	C→E E	C→E E						
高 リスク	n=1-3					C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr
	n≥4	C→E	C→E	C→E	C→E	C	C→E + Tr	C→E + Tr	C→E + Tr	C→E + Tr	C + Tr

C: chemotherapy, E: endocrine therapy, Tr: Trastuzumab

## 症例 2の治療は？

化学療法とトラスツズマブは必要か

- St.Gallen2007のリスク分類
  - intermediate riskで化学療法→  
(ホルモン療法+トラスツズマブ)
- NCCN Guideline2007
  - No Adjuvant therapy (±endocrine therapy)

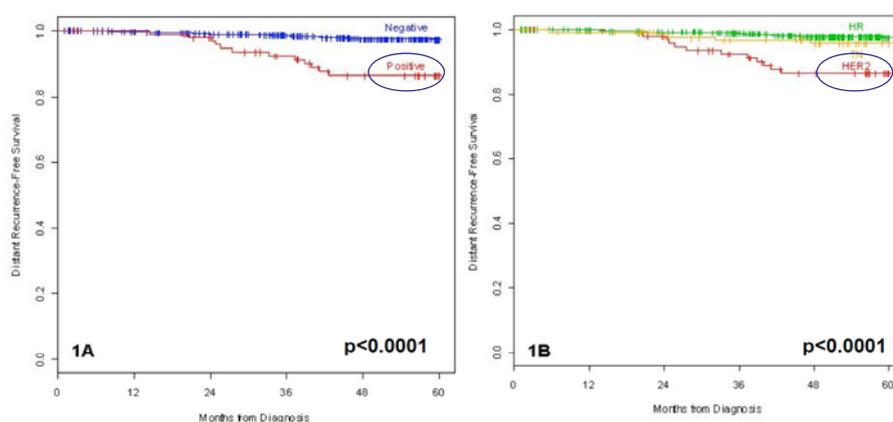
## n0 乳癌におけるHER2 の発現の予後への影響

著者	発表年	HER2 判定方法	単変量解析	
			生存期間	無再発期間
Rike, 1991		IHC	NS	
Winstanley, 1991		IHC	Positive	
Gasparini, 1994		IHC	NS	NS
Rosen, 1995		IHC		NS
Rudolph, 1999		IHC	Positive	Positive
Quenel, 1995		IHC	NS	Positive
Sjogren, 1998		IHC	NS	NS
Reed, 2000		IHC	NS	NS
Gusterson, 1992		IHC	Positive	NS
Lovekin, 1991		IHC	NS	
Allred, 1992		IHC	NS	NS
Bianchi, 1993		IHC	Positive	NS
Press, 1997		FISH		Positive

NS: 有意差なし Positive: p<0.05

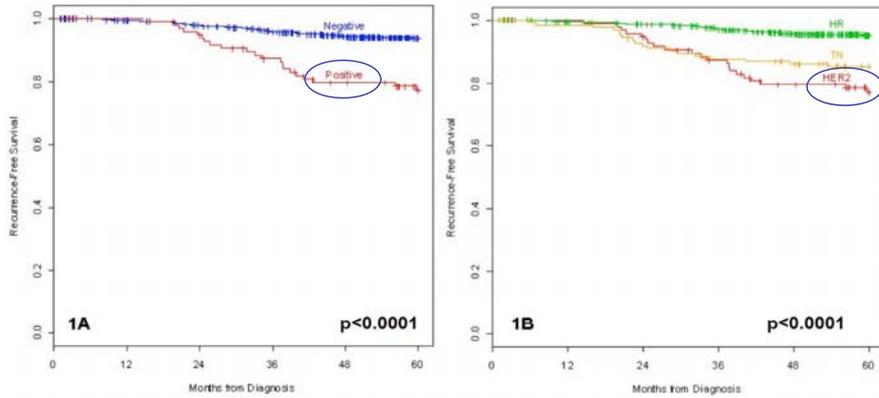
Significant Increased Recurrence Rates among Breast Cancer Patients with HER2-Positive tumors 1 cm or Smaller.

Ronjay Rakit et al 2008 SABCS



**Figure 2:** Distant Recurrence Free Survival by HER2 Status (A) and Distant recurrence Free Survival by breast cancer subtype (B). HR: Hormone Receptor-positive and HER2-negative, HER2: Her2-positive, TN: Triple receptor-negative

Significant Increased Recurrence Rates among Breast Cancer Patients with HER2-Positive tumors **1 cm or Smaller**.  
 Ronjay Rakkit et all 2008 SABCS



**Figure 1:** Recurrence Free Survival by HER2 Status (A), and Recurrence Free Survival by breast cancer subtype (B). HR: Hormone Receptor-positive and HER2-negative, HER2: Her2-positive, TN: Triple receptor-negative

## 症例2 10年/再発率

### Breast Cancer

#### No Additional Therapy



- 78 out of 100 women are alive in 10 years
- 19 out of 100 women die due to breast cancer
- 3 out of 100 women die of other causes

#### Hormonal Therapy:



- 7 out of 100 women are alive and without relapse because of therapy

#### Chemotherapy:



- 4 out of 100 women are alive and without relapse because of therapy

#### Combined Therapy:



- 10 out of 100 women are alive and without relapse because of therapy

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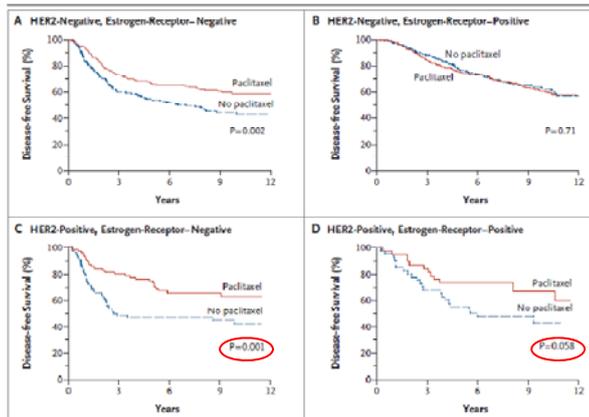
#### Combined Therapy:



- 10 out of 100 women are alive and without relapse because of therapy

Herceptinの追加効果？

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N Engl J Med 2007;357:1496-506

## 症例 2の治療方針

- ・ ホルモン受容体陽性・HER2陽性・T1aN0
- ・ ホルモン治療単独と比較し化学療法単独での上乗せ効果は少ないが、Trastuzumabを追加すればbenefitがあると思われる。