

Japan Comprehensive Cancer Network, Breast Seminar Plan in 2009

NCCN/JCCNB Seminar in Japan

Predictive Factor and Prognostic Factor

Recently, molecular diagnosis has been introduced for evaluation of recurrence risk, and two tools have already become commercially available.

Oncotype DX—The expression profiles of 21 kinds of genes (16 kinds of oncogenes and 5 kinds of reference genes) are analyzed using RT-PCR. It is possible to predict the prognosis up to 10 years later, and the result is displayed as a recurrence score. Based on the recurrence score, it is considered whether to apply chemotherapy and others. The recommended target patients are those of Stage I or II who are negative for lymph node metastasis and positive for ER.

MammaPrint—Seventy genes are analyzed by microarray analysis. The target patients are those of Stage I or II who are aged ≤ 60 years and negative for lymph node metastasis and whose tumor size is ≤ 5 cm. The risk of distant metastasis is displayed with a score.

Date/Time	: October 18 (Sunday) 09:30 - 15:30 (planned)
Place	: Tokyo International Forum (Hall D5)
Sponsor	: Co-sponsored by NCCN and JCCNB
Theme	: Methods to predict effect of breast cancer therapy: current status and prospect - Comparison of Oncotype DX, MammaPrint and others -
Speakers	: <NCCN> Joan S. McClure (Senior Vice President of NCCN) Robert W. Carlson (Professor of Medicine in the Division of Oncology at Stanford University Medical Center) John H. Ward (Professor of Medicine, Chief of the Oncology Division, Department of Internal Medicine at University of Utah, Huntsman Cancer Institute) <Japan> Seigo Nakamura (Chief Executive Director of JCCNB, Director of Breast Surgical Oncology, StLuke's International Hospital) Masakazu Toi (Professor, Graduate school of Medicine, Kyoto University) Yasuhiro Fujiwara (Chairman, Department of Clinical Trial Coordination and Developmental Therapeutics, National Cancer Center) <Oncotype DX> Steve Shak (Chief Medical Officer of Genomic Health) <MammaPrint> Laura van't Veer (Chief Research Officer and co-founder of Agendia)
Target audience	: Physicians and general persons (interested)
Admission charge	: 10,000 yen
* If you wish to participate, please see the website of JCCNB (URL: http://www.jccnb.net)	
*We offer simultaneous interpretation and assistive listening devices. (Free)	

Note

MammaPrint and Oncotype DX are performed using patient's tumor tissues.

A part of tumor tissues taken out at the time of surgery or by needle biopsy is used. Please notify the physician-in-charge of your wish to receive the examination, in advance. Application for receiving the examination can be filed only through a medical institution. If you wish to receive the examination, please file the application through the medical institution.

● Histological classification of breast cancer and effect prediction

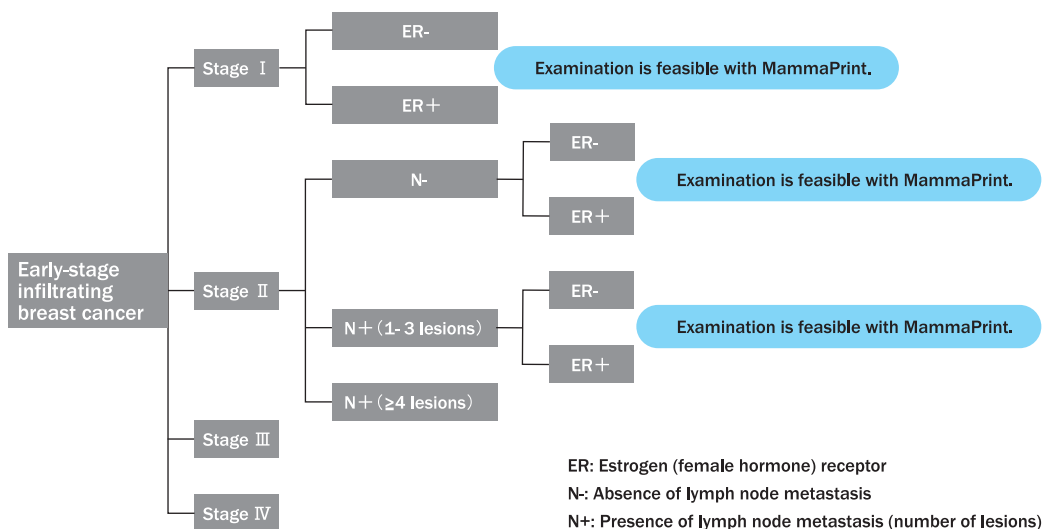
1. Noninfiltrating carcinoma	× (not applied)
2. Infiltrating carcinoma	○ (applied)
3. Pajet	× (not applied)

● Infiltrating carcinoma and effect prediction

Stage	MammaPrint		Oncotype DX	
	ER(+)	ER(-)	ER(+)	ER(-)
Stage I	○	○	○	×
Stage II	○	○	○	×
Stage III	×	×	○	×
Stage IV	×	×	×	×

MammaPrint

MammaPrint is performed in patients in the early stage of breast cancer (Stage I and Stage II) or patients in whom the tumor size is diagnosed to be ≤5 cm. The presence/absence of lymph node metastasis and whether positive or negative for estrogen receptor: no object.



Oncotype DX

● Actual examples at S International Hospital

Case1 <minimum value of RS> • 39 years old (premenopausal) • T=2.5cm ER(7) PgR(8) HER2(0) NG3 N0	
■ Adjuvant 10-year survival rate 74.9% ⇒ High risk 10-year recurrence rate (TAM) 14.9% ■ St.Gallen ⇒ Intermediate risk	■ Oncotype DX RS3 ⇒ Low risk 10-year recurrence rate (TAM) 4% ↓ Hormone therapy (only TAM)
Case2 <maximum value of RS> • 39 years old (premenopausal) • T=3.1cm ER(7) PgR(5) HER2(2) FISH negative NG2 N0(outpatient SNB)	
■ Adjuvant 10-year survival rate 74.8% ⇒ High risk 10-year recurrence rate (TAM) 14.9% ■ St.Gallen ⇒ Intermediate risk Wondering in selection of preoperative chemotherapy or preoperative hormone therapy	■ Oncotype DX RS35 ⇒ High risk 10-year recurrence rate (TAM) 24% ↓ Preoperative chemotherapy (TC)
Case3 <maximum value of tumor size> • 67 years old (postmenopausal) • T=5.0cm ER(8) PgR(7) HER2(0) NG1 N1(1/13)	
■ Adjuvant 10-year survival rate 72.2% (minimum value) ⇒ High risk 10-year recurrence rate (TAM) 12.5% ■ St.Gallen ⇒ Intermediate risk	■ Oncotype DX RS5 ⇒ Low risk 10-year recurrence rate (TAM) 5% ↓ Hormone therapy (AI)

● Comparison between Adjuvant Online and St. Gallen

pt.No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Adjuvant																		
St.Gallen																		
Oncotype DX																		
RS	15	17	21	3	5	9	9	12	13	14	21	22	23	24	25	25	29	35
	Low risk						Intermediate risk						High risk					

Note) "Clinical Low Risk" is judged when the 10-year overall survival rate is ≥ 88% (ER-positive) and ≥ 92% (ER-negative) in Adjuvant Online.
(J Natl Cancer Inst 2006;98:1183-1192)

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Japan Comprehensive Cancer Network, Breast (JCCNB)

REGISTRATION FORM

NCCN/JCCNB Seminar

"Predictive Factor and Prognostic Factor "

Date: Sunday, October 18th

Time: 9:30 - 15:30 (currently scheduled)

Venue: Hall D5 at Tokyo International Forum

Co-host: NCCN/JCCNB

Target Participant: Doctors and General public (interested in the subject)

Admittance Fee: 10,000 yen

Please fill in an application form.
We will send you admission card.

Name _____

Organization _____

Degree _____

Address

_____ Zip Cord

Tel _____ Fax : _____

E-mail _____

We will give all participants registration letters.



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