

AB056. SOH21AS189. The CTS5 score as a predictor of late distant recurrence: a systematic review and meta-analysis

Amber Shrestha, Carolyn Cullinane, Denis Evoy, James Geraghty, Jane Rothwell, Damien McCartan, Janice Walsh, Enda Mcdermott, Ruth Prichard

Department of Breast and Plastic Surgery, St. Vincent's University Hospital Dublin, Dublin, Ireland

Background: The Clinical Treatment Score post-5 years (CTS5) integrates four clinicopathologic variables to estimate the residual disease recurrence risk in estrogen receptor-positive (ER+) breast cancer patients who have been treated with 5 years of adjuvant endocrine therapy (AET) and have remained distant recurrence free at 5 years post-diagnosis. This study aimed to determine the accuracy of the CTS5 in predicting actual distant recurrence rates.

Methods: A systematic review was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis statement. Studies relevant for inclusion in the current review were identified from The Cochrane Library, Ovid, PubMed, EMBASE.

Results: Six papers reported on 35,089 post-menopausal patients (age range, 42–91) with a distribution risk as follows; 45.77% low risk, 29.98% intermediate risk, 24.25% high risk. The hazard ratio of distant recurrence within the high-risk group was 5.41 (CI: 4.50–6.51) relative to the low-risk group. The intermediate group had a hazard ratio of 2.32 (CI: 1.90–2.84) relative to the low-risk group. Three papers reported on 10,425 pre-menopausal patients (age range, 18–54). The distribution of the CTS5 risk categories was as follows: 54.07% low risk, 23.85% intermediate risk, 22.08% high risk. The hazard ratio for the high-risk pre-menopausal cohort was 5.42 (CI: 2.26–13.01). The CTS5 as a continuous variable was significantly associated with

increased distant recurrence in both the pre-menopausal (HR 1.36, CI: 1.15–1.60) and post-menopausal cohorts (HR 1.50, CI: 1.20–1.87).

Conclusions: The CTS5 is predictive of the risk of late distant recurrence in pre- and post- menopausal ER+ breast cancer patients. The performance of the CTS5 score in different patient populations warrants further academic attention.

Keywords: Breast cancer; clinical treatment score post-5 years (CTS5); breast cancer recurrence; endocrine therapy

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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