



IMPORTANT DATES

ASBD 2020 AGM - Online
28th October 7.30pm AEDST

Dedicated to promoting knowledge in
the areas of prevention, diagnosis and
management of breast disease

Edition No.18 | September 2020

CONTENTS

ASBD develops online learning 1

Pathology Fundamentals
Overview 2

President's Report 2

Applied Ultrasound
for Clinicians Update 2

ASCO 2020 Breast Cancer
Updates 3

ASBD AGM plans for 2020 3

BreastScreen Australia
Update 2020 4

ASBD & BCNA 4

BCNA's digital tool an
essential resource for
health professionals 5

Senologic International Society
News 5

ASBD Educational Videos for
Members 6-7

Treatment pathways for HER2
early breast cancer patients 7

Kadcyla on the Pharmaceutical
Benefits Scheme 7

Update on Radiation Fractionation:
when less is more 8

ASBD DEVELOPS ONLINE LEARNING OPPORTUNITIES

ASBD is developing some online training courses to provide alternate multidisciplinary educational opportunities with CME accreditation during the pandemic. The first of these, Pathology Fundamentals, will be offered as a webinar in mid-November. Assoc Prof Nirmala Pathmanathan and Dr Gavin Harris will deliver the lectures.

We are also in negotiation with Louise Koelmeyer from Macquarie University's ALERT Program to acquire the Lymphoedema ALERT modules that will also be available on the ASBD website.

These courses will be free to ASBD members, and at a cost to non-members. The ASBD is planning to release more courses in 2021.

Encourage your colleagues to look at these courses when they become available and to consider joining ASBD. More information will be provided in the members' monthly email and on the website as it becomes available.

An overview of the Pathology Fundamentals webinar is provided on page 2.



A/Prof Nirmala Pathmanathan presenting at the ASBD Scientific Meeting in 2019. She will now offer her expertise via an online Pathology Fundamentals workshop.

TELL US WHAT YOU THINK

We want to hear from you!

ASBD wants to remain relevant to its members' needs. If you have any articles to submit, feedback or suggestions on meetings, membership or other issues please take a few moments to email Kerry at: kerrye@asbd.org.au



Australasian Society
for Breast Disease

PO Box 1004 Narellan NSW 2567
Phone: 0477 330 054
Email: kerrye@asbd.org.au
www.asbd.org.au



Continued from Page 1...

Pathology Fundamentals Webinar

This is a series of presentations to provide professionals working with breast cancer patients a comprehensive understanding and overview of standard pathological assessment and emerging new technologies in the assessment of the breast pathology specimens.

AIMS:

- 1 To enhance understanding of pathology processes, concepts and terminology applied to breast cancer patient's specimens once received in the laboratory.
- 2 To provide an understanding of the potential pitfalls in pathology processes and the need for quality and accuracy in the handling of breast cancer patient's specimens.
- 3 To provide an update of emerging laboratory tests relevant for breast cancer patients and their implementation in Australasia.
- 4 To enhance interpretation and understanding of the breast pathology report that will in turn assist with multidisciplinary treatment decisions

TARGET AUDIENCE:

The course is aimed at clinical professionals who interact with breast cancer patients and their families and who may be required to interpret pathology reports and advise on testing available.

President's Report



Who would have thought that the world could change so much in just a few months! COVID-19 has affected us all in one way or another both

professionally and personally. We have had to find new ways of working and to prioritize. It has been very disruptive but there have also been positives and lessons learnt for the future.

One of the areas that has been noticeably affected is education, and ASBD is no exception. Although we now have less opportunities to meet face to face, ASBD is still committed to providing learning and networking opportunities in the virtual space, for health professionals interested in breast disease. Some of the ways we are approaching this is by developing CME accredited online courses on topics relevant to the multidisciplinary team.

We are excited to announce that the first of these are workshops will be in the areas of Pathology Fundamentals and Lymphoedema. Please find more information on pages 1 & 2 in this newsletter. These courses will be offered free of charge to members and at a cost to non-members. We are also growing the educational content on our website and have added a members' forum section. If you have a view you would like to express or a question that you feel needs input from other members of the society on any topic, we welcome your comments on the members' forum site. (log in to the members' area and look for FORUM on the top menu bar). The ASBD website also provides a portal for [links to valuable](#)

[online resources](#) – have a look to see if these interest you. In addition, you may already have taken the opportunity to view some of the selected plenary lectures from the ASBD conference in 2019 again – there are some great talks available. Reviews have been emailed to you on a monthly basis as they are released (see pages 6 & 7 for a summary of what's available).

This year, ASBD will hold a virtual AGM for the first time. Despite lacking our usual face to face interaction, this does provide an opportunity for every member to attend, no matter where you are. So please join in on the 28th October and make your voice heard – more information will follow.

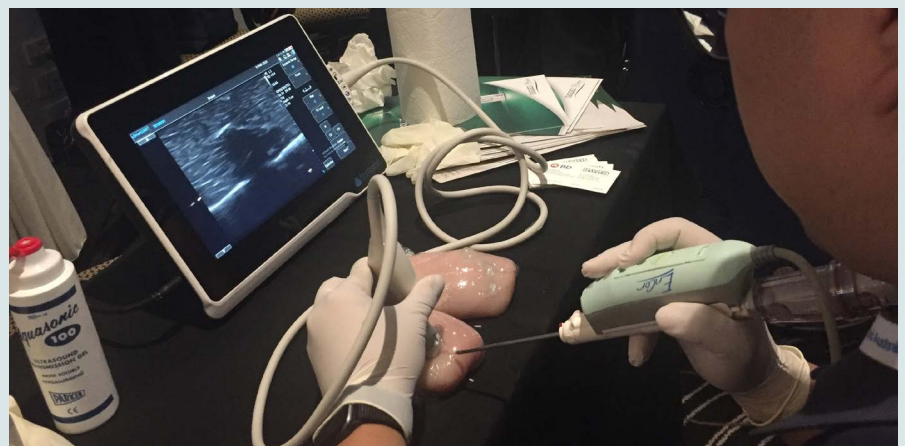
As you know, it proved inevitable that we needed to cancel the Leura conference, which had been planned for October 2020. However, at this stage, we remain hopeful that the Australian International Breast Cancer Congress, organised in collaboration with CoBrCa and BreastSurgANZ, will go ahead in some form in October 2021.

In this time of physical distancing, it seems to me that maintaining social and intellectual contact is more important than ever, so I really ask that you engage with our society in all ways you can. Please stay attuned to updates, renew your membership and encourage colleagues who may not be members to join. I'm sure that the many ties of friendship and collegiality within the ASBD will see us through.

**A/Prof Elisabeth Elder,
ASBD President**

Applied Ultrasound for Clinicians Update

The 2020 course has been cancelled due to the pandemic. We are looking at alternative modes of delivery going forward. It is expected that the half-day theory component will be presented as online lectures in 2021 and that smaller half day practical workshops will be organised for the second half of 2021. Information will be provided to members as the plan evolves via the monthly email and on the ASBD website.





ASCO 2020 BREAST CANCER UPDATES

Dr Catherine Shannon

ASCO 2020 was a year like no other, firstly because it was the first year we had an entirely virtual meeting as a consequence both of the COVID-19 pandemic and the McCormack Conference Centre being converted into a COVID hospital in Chicago. Here I have attempted to summarise some key studies that might influence clinical decision making in our practices now and those new agents with promising results that we are likely to see moved into standard clinical practice in the near future.

ECOG-ACRIN 2108 was a study of patients presenting with de novo metastatic disease asking the question of whether locoregional therapy for patients with an intact primary tumour improves survival after systemic therapy compared with continued systemic therapy followed by locoregional therapy as needed for palliation. E2108 randomised 258 patients with de novo MBC to either early local therapy or continued optimal systemic therapy. The primary endpoint was overall survival, and the study was powered to detect a 19% difference in 3-yr OS. Less than 10% of patients had triple negative disease and 30% had HER-2 positive disease. As at December 2019 with a median follow-up of 53 months and 121 deaths, there was no difference in overall survival between the arms. 3yr OS was 68.4% for the early local therapy group and 67.9% for the continued systemic therapy group, with the survival curves completely overlapping. There was also no difference in PFS (Progression Free Survival). Early local therapy did improve the rate of locoregional progression, with a 3-year cumulative rate of 10.2% compared with 25.6% with systemic therapy alone. Early locoregional therapy did not improve health-related quality of life as measured by the FACT-B index.

Although this study did not identify a survival benefit for this patient group it did not address some other questions, such as whether patients with solitary or oligometastatic disease might benefit from locoregional therapy to both their primary tumour and sites of metastatic disease. This study also highlighted that patients presenting with de novo metastatic disease have a very long median overall survival with optimal systemic therapy.

The **HER2CLIMB** trial evaluated the HER2-selective tyrosine kinase inhibitor, tucatinib, in combination with trastuzumab and capecitabine vs trastuzumab and capecitabine alone in patients with previously treated HER2 positive metastatic breast cancer. This trial was interesting because it allowed enrolment of patients with brain metastases, either previously treated or active, and approximately 50% of patients enrolled had either a history of brain metastases or active brain metastases. The initial results presented at SABCS 2019 showed an impressive improvement in PFS for patients in the tucatinib-containing arm. **This led to the FDA approval of tucatinib in the US.**

The information presented at ASCO 2020 focused on the patients who had CNS metastases. Of the total of 612 patients randomised in a 2:1 fashion, 291 had brain metastases. In this analysis the one year overall survival was 70.1% for patients on the tucatinib arm vs 46.7% for the SOC arm (HR 0.49;p=0.004; CI:0.30-0.80), showing a 51% reduction in the risk of death for the investigational arm. CNS – PFS at one year was 35% vs 0% reflecting a 64% reduction in the risk of CNS progression or death. The benefits of tucatinib were similar in both patient with active brain metastases and those with previously treated brain metastases.

Australian sites were involved in this study and the significant improvements in PFS for the overall group and particularly the intracranial activity of this drug is exciting and we look forward to it becoming commercially available in Australia.

KEYNOTE-355 trial looked at the addition of pembrolizumab to chemotherapy in the first line treatment of patient with metastatic triple negative breast cancer regardless of PD-L1 expression. The previously reported Impassion 130 trial had shown a statistically significant improvement in overall survival for patients with metastatic TNBC in the first line setting that was confined to the group who were PD-L1 positive and the FDA approval mirrored these findings. KEYNOTE-355 randomised 847 patients with previously untreated metastatic TNBC in a 2:1 ratio to either pembrolizumab with chemotherapy or placebo plus chemotherapy. Investigators could choose between nab-paclitaxel, paclitaxel or gemcitabine as the chemotherapy backbone. **In this trial PFS significantly improved with the addition of pembrolizumab regardless of PD-L1 expression, but the largest improvement in PFS where seen in those patients with a CPS of >10 (9.7months vs 5.6 months; HR 0.65; CI:0.49-0.86; P=0.0012)**

With respect to other agents on the horizon we saw the phase II **BYLieve** study investigate the addition of Alpelisib to fulvestrant in patients with ER+ MBC with PIK3CA mutation after progression on aromatase inhibitors and CDK4/6 inhibitors. This study showed clinically meaningful efficacy in this patient population and has led to a raft of phase 3 studies investigation PIK3CA inhibitors in the PIK3CA mutated MBC (about 35% of all ER+ MBC)

While “virtual Chicago” ASCO 2020 lived up to its promise of delivering cutting edge clinical trial results I am sure we all missed out on the opportunities to engage with our peers face to face.

ASBD AGM PLANS FOR 2020

Due to ongoing COVID-19 restrictions including border closures the 2020 AGM will be held by ZOOM video conference on Wednesday 28th October 2020 at 7.30pm AEDST.

Notification of this meeting along with instructions for registering and accessing the AGM Zoom Meeting will be distributed to all members by 30th September.



BREASTSCREEN AUSTRALIA UPDATE 2020

The major news from BreastScreen was the temporary and unprecedented shutdown of client-facing operations in all states for several months due to COVID. This allowed management of risk to clients and staff, and development of protocols that subsequently allowed reopening. The non-clinical side of the state organisations continued to operate, taking the opportunity for infrastructure and policy development.

The continuing closure of state borders, and unreliability of flight schedules has created significant ongoing challenges in the staffing of many assessment clinics. By coincidence prior to the pandemic there had been recent and timely trials to evaluate the safety of remotely supervised

clinics. While local supervision is always the preference, the remote model has allowed reasonable confidence in safe continuity of service to difficult locations and may continue as part of the new normal.

Meanwhile the BSA Clinical Advisory Committee (CAC) has continued to meet. At a national level it provides and publishes expert evidence-based advice about clinical issues relevant to the program. Advice on the management of Lobular Neoplasia, and on minimising the use of FNA have been approved this year for release.

A significant 'Guidance' on consistent management of radial scars has been released by the CAC since the last ASBD newsletter, and there is continuing interest

in the development within and outside BreastScreen of a consistent approach to other equivocal (B3) lesions.

Finally, Artificial Intelligence remains visible on the horizon with potential applications in BreastScreen, and that horizon appears to be closing in.

Further Information:

<http://www.cancerscreening.gov.au>

Clinical Advisory Committee:

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/clinical-advisory-committee>

CAC advice on Consistent Protocols for Radial Scars:

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cac-man-rad-scar>

ASBD & BCNA

The Breast Cancer Network Australia (BCNA) is Australia's leading breast cancer consumer organisation. It has over 120,000 members, made up of women who have experienced or are living with breast cancer.

ASBD has an important relationship with BCNA. Several of ASBD's conferences have run side by side with BCNA's consumer information days.

BCNA has a Strategic Advisory Group and ASBD has had the privilege of a position on this committee for many years. The Advisory group is made up of breast oncology professionals who provide input into BCNA's policy agenda and facilitate the progress of their priority projects. Since 2016, A/Prof Meagan Brennan has represented ASBD on this committee. During that time, BCNA has advocated on issues such as rebates for breast MRI and for genomic testing. It has developed the electronic version of its flagship 'My Journey' kit and has increased its resources for women living with metastatic breast cancer. More recently, BCNA has been researching the impact of the COVID-19 pandemic on treatment for breast cancer and it has identified telehealth as one of the issues that requires more focus.

Ms Jenny Gilchrist, ASBD's first Director from the Nursing discipline, will take over as ASBD's representative on the BCNA's Strategic Advisory Group from October 2020. We sincerely thank Meagan Brennan for her time and input in this position on ASBD's behalf over the last 5 years.



ASBD Executive Officer Kerry Eyles, ASBD President Elisabeth Elder, and BCNA CEO Kirsten Pilatti, together at the 2019 ASBD conference



BCNA CEO Kirsten Pillati presents at the ASBD 12th Scientific Meeting in 2019



BCNA's digital tool an essential resource for health professionals

Breast Cancer Network Australia (BCNA)'s My Journey online tool provides high quality, reliable and up-to-date information and insights to support people diagnosed with breast cancer at all stages of their journey.

Breast Cancer Network Australia



"My Journey online tool features a broad range of information for patients from understanding their breast cancer diagnosis and treatment, to topics such as side effects, and exercise after surgery. It is simple to use and can be accessed via desktop, tablet or smartphone."



Developed in collaboration with a range of breast cancer experts, the tool provides personalised content that is specific to your patient's diagnosis and situation so that they see only the information they need, when they need it.

BCNA CEO Kirsten Pilatti said the content in the tool is designed to meet the needs of people with diverse breast cancer diagnoses.

"Via the tool, information is available for those diagnosed with DCIS, early breast cancer and metastatic breast cancer all in one spot. There is also specific information for men diagnosed with breast cancer," Kirsten said.

Specialist Breast Cancer Surgeon Chantel Thornton said the My Journey online tool is an excellent resource in helping to reduce a patient's anxiety, as well as supporting decision making when it comes to breast cancer treatment and care.

"You're not always going to be able to give someone all the information they need in one appointment. In my experience the questions from women often come later and that's why the tool is such an important resource that can help to reduce their anxiety and improve their ability to cope."

Hear more from Kirsten and Chantel on the benefits of the tool for health professionals and patients alike in [this video](#).

Dedicated resources for health professionals

On top of the My Journey online tool, BCNA provides a range of dedicated resources for health professionals that can be accessed by registering your details on the [health professionals' portal](#). The portal is designed to help you quickly find the resources and information you need to support people affected by breast cancer.

You can download My Journey online tool referral cards and pads [here](#), and register to access the tool as a health professional [here](#).

If you have questions or require support please contact BCNA on 1800 500 258.

SENOLOGIC INTERNATIONAL SOCIETY NEWS

With the COVID- related upheaval this year, the SIS Congress which was initially planned for September 2020 has been postponed to 22-25th September 2021. The venue has also been changed to Rodos Palace in Rhodes Island, Greece. ASBD has been invited onto the organizing committee and Dr Yvonne Zissiadis will be representing us in working with SIS.

For more information on the 2021 SIS World Congress [click here](#).

In other major developments, the SIS has signed an agreement with the European School of Oncology for Dual Accreditation across their Breast Centres with SIS becoming the coordinator of the Breast Centres Network. More information is available at www.breastcentresnetwork.org

Under the Patronage of
H.E. THE PRESIDENT OF THE HELLENIC REPUBLIC
Ms. KATERINA SAKELLAROPOULOU
and of
HIS ALL HOLINESS THE ECUMENICAL PATRIARCH VARTHOLOMEOS 1st

SOCIÉTÉ INTERNATIONALE DE SENOLOGIE  SENOLOGIC INTERNATIONAL SOCIETY IN COLLABORATION WITH  SENOLOGIC HELLENIC SOCIETY



21st

SIS WORLD CONGRESS
ON BREAST CANCER AND
BREAST HEALTHCARE

SEPTEMBER 22-25, 2021 | RHODES ISLAND - GREECE
RODOS PALACE HOTEL & CONVENTION

www.sisbreastcancerhealthcarecongress.org



ASBD EDUCATIONAL VIDEOS FOR MEMBERS

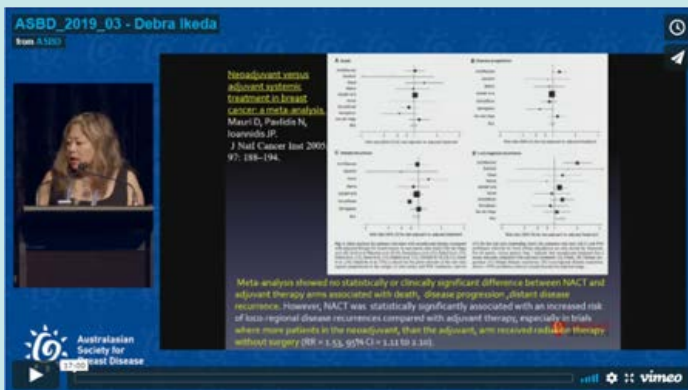
One of the aims of the ASBD is to promote knowledge and education in the multidisciplinary management of breast diseases. During this time of COVID-19 restrictions impacting on CME activities, ASBD has introduced an online education series based on the ASBD Scientific Meeting held 10-12 October 2019. Each month, a lecture which summarizes a selected topic relevant to our practices has been released.

These videos can be accessed by members in the members' section of the ASBD website.

- 1 Go to www.asbd.org.au and select LOGIN
- 2 Login to the members' area (be sure your membership is up to date)
- 3 Select **ASBD CONFERENCES/ASBD 12th Scientific Meeting** from the top menu to see the videos of presentations from this conference.

A summary of videos released is below.

JUNE- Debra Ikeda - Imaging Endpoints in Neoadjuvant Therapy.

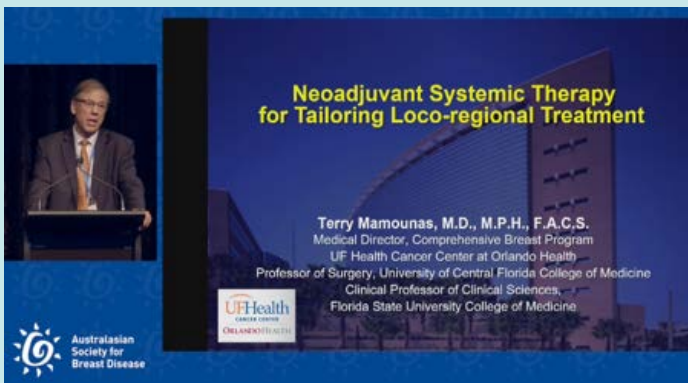


Dr Ikeda is tenured Professor of Radiology and Fellowship Director at Stanford University School of Medicine in California.

The lecture covers:

- assessment of primary disease after therapy with MRI,
- lymph node assessment with ultrasound,
- suspicious lymph node marking with tattoo and
- the significance of residual calcification on mammography after treatment.

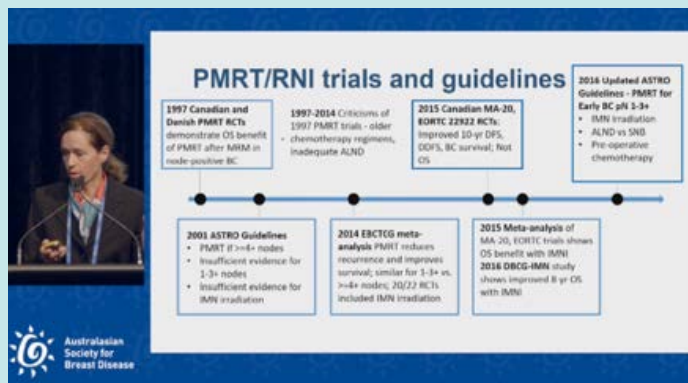
JULY - Terry Mamounas - NeoAdjuvant Systemic Therapy for Tailoring Loco-regional Treatment



Professor Mamounas is the Director of the Comprehensive Breast Cancer Program at the UF Health Cancer Center and Professor of Surgery at the University of Central Florida College of Medicine. He is the Chairman of the Breast committee at the NSABP and co-chair of the NRG Oncology Breast Committee. His lecture covers the topics of:

- Neoadjuvant Chemotherapy (NAC) and pCR rates
- Individualizing surgical and loco-regional treatment after pCR
- Potential reduction in extent of Axillary surgery after NAC
- Potential for individualizing use of Loco-regional Radiotherapy e.g. NSABP B-51 and ALLIANCE trial.

AUGUST - Anne Koch - Radiotherapy: Regional nodal irradiation for early stage breast cancer



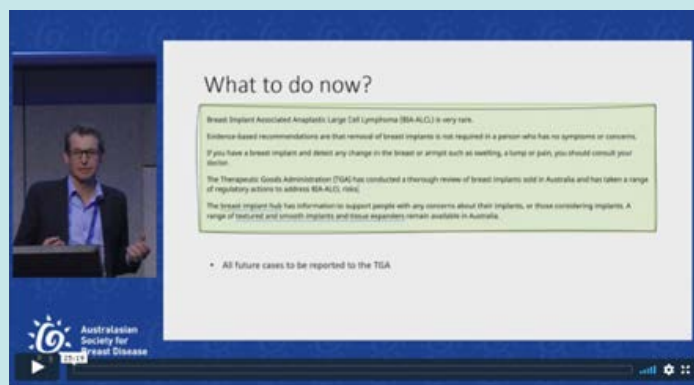
Dr. Koch is an Assistant Professor, Radiation Oncologist and Affiliate Scientist at the Princess Margaret Cancer Centre, Canada.

Topics covered include:

- PMRT/RNI trials and guidelines over the last 20 years
- Discussion of trials such as the AMAROS, IBCSG 23-01, EBCTG meta-analysis, micromets and RNI
- The role of RNI after neoadjuvant chemotherapy



SEPTEMBER - James French - Update on Immediate Reconstruction Techniques



A/Professor James French is the head of breast surgery at Westmead Breast Cancer Institute located at Westmead Hospital where he is a senior staff specialist and clinical lecturer with the University of Sydney.

His lecture is titled "Update on Immediate Reconstruction Techniques". Topics covered include:

- Breast Implant related Anaplastic Large Cell Lymphoma (BIA-ALCL)
- History of implant-based reconstruction
- New technique of Pre-pectoral implant placement
- High risk implant cases
- Use of round implants in breast reconstruction

Watch for these conference presentations to be released in October and November.

David Clouston - Pathology: Benign & borderline breast lesions: classification & management

Shaun Holt - Complementary Therapy

Treatment pathways for HER2 early breast cancer patients

ASBD will soon be sharing educational video content of conversations with ASBD President A/Prof Elisabeth Elder and President of BreastSurgANZ, Dr. Melanie Walker. Developed in partnership with Roche Australia, these videos are intended to encourage discussion about the potential treatment pathways for HER2 early breast cancer patients after diagnosis, the increasing importance of the multidisciplinary team and shared decision making amongst fellow clinicians. In her video, Elisabeth Elder speaks about her experience with the role of the multidisciplinary team in HER2-

positive early breast cancer care, best practice within the multidisciplinary team and the effects of discussions at the multidisciplinary level prior to surgery. Dr. Melanie Walker examines in her expert opinion some of the key considerations in early breast cancer care, evolution in the management of HER2-positive early breast cancer and what these changes mean for Australian patients. More information on the video content will soon be available on the ASBD website. Look for an update in the members' monthly email.

Message from Roche:

“Roche is proud to partner with ASBD in supporting conversation about the latest treatment, clinical practices and innovations in the breast cancer space amongst healthcare professionals. With a long heritage in breast cancer, Roche is committed to working alongside ASBD with the shared goal of helping to deliver optimal care to patients.”

Kadcyla on the Pharmaceutical Benefits Scheme

Kadcyla® (trastuzumab emtansine) has been listed on the Pharmaceutical Benefits Scheme from April 1, 2020 for the adjuvant treatment of patients with HER2-positive early breast cancer (eBC) who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment.

In the adjuvant setting, Kadcyla was found to have reduced disease recurrence by 50% (HR=0.50, 95% CI 0.39-0.64; p<0.001) in patients with HER2-positive early breast cancer, who had residual invasive disease following neoadjuvant taxane and trastuzumab-based treatment. Australian guidelines recommend that treatment

of early breast cancer be provided by a multidisciplinary team, consisting of at least a surgeon, medical oncologist, radiation oncologist, radiologist and nurse, to ensure optimal patient outcomes.

[Read the full ROCHE media release here.](#)



UPDATE ON RADIATION FRACTIONATION: WHEN LESS IS MORE

Dr Yvonne Zissiadis, Genesiscare

Over the last few years there has been a trend towards shorter fractionation schedules for adjuvant breast cancer radiation treatment. Many centres around Australia and New Zealand have adopted the published hypofractionated schedules in line with current International practice.

A number of large randomised controlled trials^{1,2,3} have confirmed that at 10 years of follow-up, local control and survival is at least equivalent between the hypofractionated schedules and conventional fractionation. The normal tissue toxicity is at least comparable¹ if not better^{2,3}. The most recent of these trials, the UK START B trial², found the hypofractionated schedule was associated with an improvement in overall survival suggesting that a shorter treatment time could be beneficial for survival.

More recently, the results of the International "Ultra-Hypofractionation" trials have been published. Brunt et al⁵ reported the results of the FAST trial recently in the Journal of Clinical Oncology. This trial was designed to evaluate the normal tissue effects (NTEs) and local tumour control of **30 Gy in 5 fractions** of 6 Gy or **28.5 Gy in 5 fractions** of 5.7 Gy, both given **once per week over 5 weeks compared** with conventional fractionation of 50 Gy in 25 fractions given daily over 5 weeks in 915 women with node-negative breast cancer. Photographic appearance of the breast was assessed at 2 and 5 years. The trial showed that 28.5 Gy did not result in significant changes compared with 50 Gy however 30 Gy resulted in more adverse changes in breast appearance compared with 50 Gy. No differences were observed in local recurrence between the treatment arms. Modern techniques were used to plan and deliver the radiation treatment and assessors were blinded to treatment arms when assessing breast appearance using photographs.

There were a number of limitations of the FAST study. Firstly, it was underpowered and did not account for the 3-arm design with 2 primary comparisons. Secondly the study included analysis of 5-year data, a reassessment of the 2-year data, and 10-year data on a smaller number of patients. In addition, only 71% of patients had evaluable photographs at 5 years with no attempt made to account for the missing data in the analysis. As late effects of RT can progress over time, the need for longer follow-up is paramount.



The second publication comes from the UK Group and is a phase III trial (called FASTForward)⁶. They report the 5-year results comparing **27 Gy in 5 fractions** of 5.4 Gy or 26 Gy in 5 fractions of 5.2 Gy, given daily **over 1 week**, compared with conventional RT, **40 Gy in 15 fractions of 2.67 Gy in 3 weeks**. An astonishing 4,096 patients with breast cancer having BCS or mastectomy were randomised. At 5 year follow-up, the shorter experimental regimens were noninferior to conventional 3 week schedule in terms of local recurrence rates. However 27 Gy was associated with an increase in NTEs compared with 40 Gy in 15 fractions, whereas 26 Gy was not. These results are promising and we will be looking forward to seeing the longer term results.

There are many benefits that shorter treatment schedules offer such as shorter treatment times, convenience, fewer side-effects and improving access to radiation for patients in addition to reducing the indirect costs of time away from work and travel to the treating department. These studies have come to the forefront during these challenging times with the COVID pandemic and have been adopted by some radiation oncologists

We would advocate for caution when using large fraction sizes until the long-term follow-up data is available but some radiation oncologists may adopt these fractionation schedules in certain circumstances.

References:

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2. Yarnold J, Bentzen SM, Coles C, Haviland J. Hypofractionated whole-breast radiotherapy for women with early breast cancer: myths and realities. *Int J Radiat Oncol Biol Phys* 2011; 79(1): 1-9.
3. Whelan TJ, Pignol JP, Levine MN, et al. Long-term results of hypofractionated radiation therapy for breast cancer. *N Engl J Med* 2010; 362(6): 513-20.
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5. Brunt AM, Haviland JS, Sydenham MA: Ten-year results of FAST: A randomized controlled trial of 5-fraction whole-breast radiotherapy for early breast cancer. *J Clin Oncol* doi: 10.1200/JCO.19.02750 .
6. Brunt AM, Haviland JS, Wheatley DA, et al: Hypofractionated breast radiotherapy for 1 week versus 3 weeks (FAST-Forward): 5-year efficacy and late normal tissue effects results from a multicentre, non-inferiority, randomized, phase 3 trial. *Lancet* 10.1016/S0140-6736(20)30932-6 [epub ahead of print on April 28, 2020]