EUROPEAN BREAST CANCER RESEARCH ASSOCIATION OF SURGICAL TRIALISTS

EUBREAST

EUBREAST-01 / GBG 104 NEWSLETTER

News from the EUBREAST-01 trial

Issue #2 (May 2022)

Dear EUBREAST-01 Study Centers,

we are pleased to present the second issue of the EUBREAST-01 Newsletter (first English version). With this newsletter we want to inform you about the latest status of the EUBREAST-01 study.

We are particularly pleased to announce that the first patient was recruited at San Raffaele Hospital in Milan (Italy) in April 2022! We are currently finalizing contract agreements with new trial sites in Sweden and Spain.

Another milestone this summer will be the submission and implementation of Protocol Amendment #2. Substantive protocol changes will be explained in this newsletter. When you can start recruiting under Amendment #2 depends on the positive vote of your ethics committee. As soon as this is available, you will be informed separately.

We would like to thank all recruiting institutions for each patient already submitted!

Prof. T. Reimer (Study chair)
Rostock (Germany)

Dr. O.D. Gentilini (Study Co-chair)
Milan (Italy)

K. Mehta (German Breast Group, GBG)

Recruitment

Recruitment is currently still somewhat below expectations. However, currently only 37 of 50 planned study sites are open. We therefore ask you to carefully "screen" your patient population at the end of neoadjuvant systemic therapy.

A total of 140 patients have already been registered for the study as of 19/May/2022. In order to achieve the recruitment goal, the inclusion criteria are somewhat broader in Amendment #2:
In the future, all T1 tumors can be included (previously only possible from stage cT1c). Furthermore, the pure in-situ residual disease in the context of breast surgery (ypTis) is no longer an exclusion criterion.

Top-Recruitment

GBG-No.	All centers in Germany	**(N=110)**
54	University of Rostock	30
464	DRK-Kliniken Berlin-Koepenick	10
250	Carl-Thiem-Klinikum Cottbus	8
367	Johanniter-Hospital Stendal	6
518	Klinikum Esslingen	6
368	St-Josefs Hospital, Wiesbaden	5
390	Augusta-Hospital, Bochum	4
518	Ludmillenstift Meppen	4

IDMC comments

The Independent Data Monitoring Committee of the GBG has again discussed the EUBREAST-01 study on 17th May, 2022. It fully supports the protocol adjustments discussed.

An Independent Endpoint Committee will be established to independently review the few locoregional events again.

Best period for recruitment?

The optimal time for recruitment is after completion of neoadjuvant systemic therapy when the patient comes to your center for surgery planning or is already there. At this time, you have the most important information such as evidence of radiological complete remission and indication for breast-conserving surgery.

If the patient agrees to participate in the study, the case can be registered in the MedCODES system. If possible, registration should take place before the breast surgery is performed.

Which criteria are important for study participation?
-cN0 at diagnosis
-Triple-negative or HER2-positive carcinoma
-Evidence of radiological complete remission at the end of neoadjuvant systemic therapy.

Modifications in Amendment #2

A submission of the new protocol version to the Ethics Committee of the University of Rostock is planned for June 2022. After that, all other local ECs will be contacted.

The major changes in Amendment #2 are:

-Revising the case number calculation according to IDMC recommendation. Thus, increasing the **required case number to approximately N=350** (previously N=267).

-**Extending the recruitment period from 2 to 3 years.**

-**All T1 stages can now be recruited.** Thus, especially T1b stage TNBC are ideal candidates for the study, as these small carcinomas have a high probability of radiological complete remission.

-**The "breast pCR" definition is broadened.** Only evidence of invasive residual disease in the breast is now considered as non-pCR. Thus, cases with ypTis can be recruited in the future. Prognostically, according to the Lancet publication by Cortazar et al. (2014), there appears to be no difference between ypT0 and ypTis in terms of survival parameters.

-establishment of an Independent Endpoint Committee

Documentation & Monitoring

Notes on documentation:

-> eCRF BL04: If patients received neoadjuvant carboplatin, please indicate this in the free field "another treatment obtained?".

-> eCRF S01: Preparation sonography is accepted as an alternative to preparation radiography.

-> Postneoadjuvant: To date, there is no query regarding BRCA mutation status. However, please keep this information available in the patient's file in case of a subsequent query.

Notes on monitoring for EUBREAST-01:

On-site monitoring in Germany by the GBG:
-at centers with high recruitment: after the 10th patient, after the 20th patient, after the 30th patient.
-at all centers shortly after end of recruitment.

Monitoring in Italy was delegated to CRO Aleph S.r.l.

Monitoring in Austria was delegated to University of Graz.

EUBREAST-01 information

https://clinicaltrials.gov/ (NCT04101851)

Review Paper (background for EUBREAST-01 design)
https://www.mdpi.com/2072-6694/12/12/3698
(open access)

https://gbg.de/de/studien/eubreast.php

International EUBREAST-01 consortium

Country	
Germany	Prof. Toralf Reimer, Prof. Bernd Gerber
Italy	Dr. Oreste Gentilini (**co-chair**)
Austria	Prof. Florentia Peintinger
Spain	Dr. Isabel Rubio
France	Prof. Jean-Marc Classe
Sweden	Prof. Jana de Boniface

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- German Society of Senology
- University Medicine Rostock, Germany
- San Raffaele Hospital, Milan (Italy)

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