FAST Phase III RCT of Radiation Therapy Hypofractionation for Treatment of Early Breast Cancer: 10-Year Results (CRUKE/04/015)

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Disclosure for Dr. Brunt

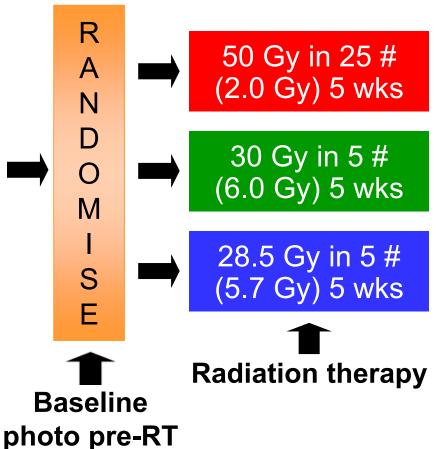
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Dr. Brunt has no conflicts of interest to disclose.



Trial design

Invasive breast cancer pT1-2 pN0; conservation surgery; age > 50 N = 915Recruitment & consent



Annual clinical assessment for 10 years

Photographs at 2 & 5 years

Primary endpoint:

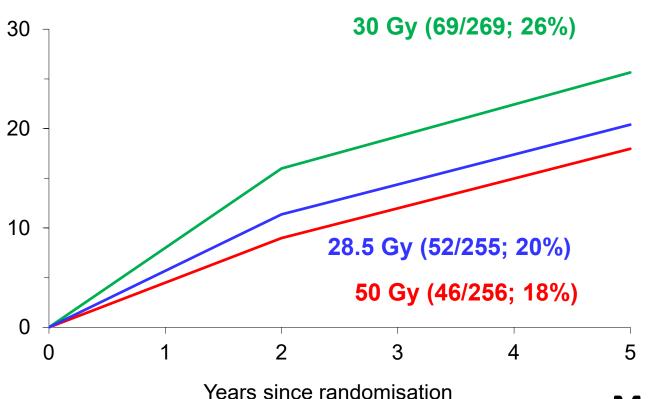
2-year change in photographic breast appearance

Secondary endpoints:

5-year change in photographic breast appearance clinical assessments of late adverse events ipsilateral local tumour control

Photographic assessment of overall change in breast appearance by 5 years

% with mild / severe change in breast appearance



Difference (95%CI)

30Gy vs **50Gy**

28.5Gy vs

50Gy

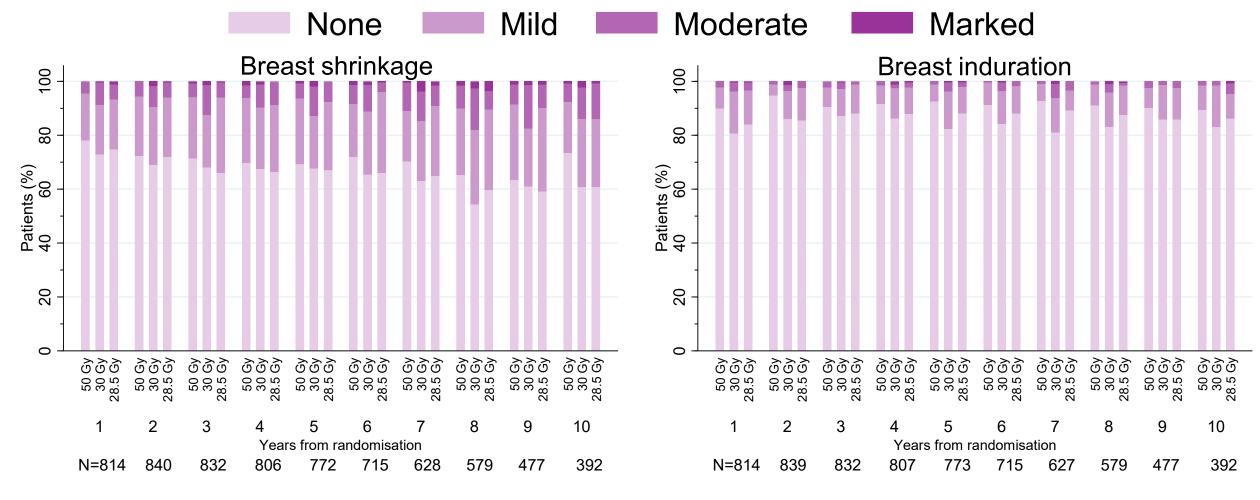
+7.4% (0.3, 16.7) p=0.03

+2.4% (-3.8, 10.8) p=0.47

Marked changes: 2%, 4%, 2%



Clinical assessments of late AE in breast



OR for moderate/marked shrinkage (95%CI)

30Gy vs **50Gy** 1.88 (1.32, 2.67), p<0.001

28.5Gy vs **50Gy** 1.11 (0.76, 1.64), p=0.59

OR for moderate/marked induration (95%CI)

2.39 (1.31, 4.35), p=0.004

1.67 (0.89, 3.16), p=0.11

Fractionation Sensitivity (α/β estimates)

Photographic change in breast appearance

$$\alpha/\beta = 2.4$$
Gy (95% CI 0.4–4.3)

Breast shrinkage (clinician assessment)

$$\alpha/\beta = 2.4$$
Gy (95% CI 1.3–3.5)

If
$$\alpha/\beta = 2.4$$
Gy,

28.5Gy in $5# \equiv 52.5$ Gy in 2.0Gy fractions

30.0Gy in $5# \equiv 57.3$ Gy in 2.0Gy fractions

27.7Gy in $5# \equiv 50.0$ Gy in 2.0Gy fractions (calculated)



Relapse and survival at median 10 years' follow-up

	50Gy/25# N=302	30Gy/5# N=308	28.5Gy/5# N=305	Total N=915
Local relapse	3	4	4	11
Regional relapse	2	0	3	5
Distant relapse	17	15	15	47
Death (breast cancer)	30 (7)	33 (8)	33 (10)	96 (25)

Estimate of 10-year local relapse rate: 1.3% (95%CI 0.7, 2.3%)



Conclusions

- Severe changes to normal breast tissue were rare
- Late adverse events (AEs) after 28.5Gy/5# over 5 weeks similar to 50Gy/25#
- Little change in prevalence of AEs between 5 & 10 years
- Local tumour relapse rate extremely low in all schedules
- Once-weekly 5# schedule may be considered when daily visit for 3 or 5 weeks not acceptable
- UK FAST-Forward trial is testing 5# delivered in 1 week

