Breast Cancer Analysis of a 15 year data set 01/2021





Summary of data collection of more than 50.000 Test Analyses over 15 years. Dynamic profiling (>3 Test analyses) were conducted in more than 4000 patients. Detailed clinical information were available in 1325 patients with breast cancer.

Note: providing detailed clinical data would lead to a more detailed and better corellated dynamic risk profiling

The upward trend of the number of CTC/CETCs (Circulating Tumour Cells) **in repeated testing** is correlated with an **increased risk of a recurrence**. The same applies **if the number of CTC/CETCs more than doubles with repeated testing**.

Analyses of all cancer patients

Total N = 1325

Decreasing CTC/CETCs (N=702) median RFS (Relapse Free Survival): **8.8 years**

Increasing CTC/CETCs (N=632) median RFS (Relapse Free Survival): **1.004 years**

Result is statistically highly significant: *p*<0.001, hazard ratio 8.8



Analyses of Primary Breast Cancer

Total N = 362

Decreasing CTC/CETCs (N=276) median RFS could not be calculated less than 50% relapses occuring during the observation period

Increasing CTC/CETCs (N=86) median RFS (Relapse Free Survival): **1.6 years**

Result is statistically highly significant: *p*<0.001, hazard ratio 18,113





Analyses of Primary Breast Cancer, with adjuvant Chemotherapy

Total N = 69

Decreasing CTC/CETCs (N=39) median RFS (Relapse Free Survival): **11.31 years**

Increasing CTC/CETCs (N=30) median RFS (Relapse Free Survival): **1.24 years**

Result is statistically highly significant: *p*<0.001, hazard ratio 11



Analyses of primary breast cancer, on Tamoxifen

Total N = 65

Decreasing CTC/CETCs (N=48) **NO relapses detected! RFS could not be calculated.**

Increasing CTC/CETCs (N=17) median RFS (Relapse Free Survival): **1.58 years**

Result is statistically highly significant: *p*<0.001, hazard ratio not analyzable





Analyses of Primary breast cancer, on AIs

Total N = 50

Decreasing CTC/CETCs (N=33) median RFS (Relapse Free Survival): **7,94 years**

Increasing CTC/CETCs (N=17) median RFS (Relapse Free Survival): 4,9 years

Result is statistically highly significant: *p*<0.009, hazard ratio 5

Survival Analysis Primary Aromatase Inhibitors

Analyses of Primary breast cancer, treated with biological substances

Total N = 135

Decreasing CTC/CETCs (N=85) median RFS could not be calculated. less than 50% relapses occured during, the observation period.

Increasing CTC/CETCs (N=50) median RFS (Relapse Free Survival): **1.06 years**

Result is statistically highly significant: *p*<0.001, hazard ratio 21.7





What to do when number of CTC/CETCs increases:

CTC/CETCs can be interrogated for the sensitivity or resistance to a chosen therapy. This can help physicians and patients to decide on appropriate treatment.

The in-vitro analysis includes the direct exposure of living CTC/CETCs to a therapeutic concentration of the chosen substance. The direct cytotoxic effect is calculated by the % of tested living cells who have died during the test phase. This test can be done at any time before, during and after a therapy.



The drug with the greatest effect on the living circulating tumor cells is also the most likely to act as a therapy.

In this case, drug 2 has the highest probability of effectiveness.

Dynamic Risk: The change in numbers of CTC/CETCs over time functions as one indicator for personalised therapeutic decision.

For further information contact the Maintrac Team via email **maintrac@laborpachmann.de** or via phone +49 921 730052-10

Educational seminars, webinars, publications are listed on our webpage: www.maintrac-seminare.de

Best Prof. Dr. med. Katharina Pachmann MD

PS: Further information ware available at <u>www.maintrac.com</u>

Your competent partner in oncology and hemostaseology.



Doctor's office



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Since 2005, maintrac is performed by the DIN EN ISO 15189 accredited specialized medical laboratory Dr. Pachmann.