

**Improved survival of patients with metastatic breast cancer in routine care is restricted to tumors with positive hormone receptor and/or Her2-expression. Survival analysis of 1,321 patients treated between 1995 and 2017 in oncology group practices**

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**Introduction:** 18,000 women die due to metastatic breast cancer in Germany per year. Median survival is 20–28 months after diagnosis. The question we wanted to answer was whether survival has improved in routine care?

**Methods:** Retrospective analysis of all patients with metastatic breast cancer who were treated between 06/1995-12/2017 in 5 community-based oncology group practices in Germany.

**Results:** 1,321 patients were analyzed with a median age of 62 (23–100). Localizations of metastases were distributed as follows: 49% visceral, 33% bone, 6% CNS, 12% others. 79% were hormone-receptor-positive, 20% Her2-positive, 9% triple-negative. Median overall survival was 37 months (95% Confidence Interval: 34–40), survival probability after 5 years 32.5%. Survival was significantly correlated with localizations of metastases, number of metastasized organs, disease free survival since initial diagnosis, hormone- and Her2-receptor status and age. Patients with hormone-receptor-positive tumors had a median overall survival of 39 months, Her2-positive patients of 45 months and triple-negative patients of 20 months. 86% of hormone-receptor-positive patients received antihormonal therapy. 81% of Her2-positive patients received anti-Her2 therapy. Overall survival according to treatment period 1995-2000, 2001-2005, 2006-2011, 2012-2017 was 34, 35, 37 and 38 months respectively. OS of patients with hormone-positive tumors according to treatment period was 35, 43, 38, and 42 months respectively. OS of patients with Her2-positive tumors according to treatment period was 39, 29, 51, and 54 months respectively. OS of patients with triple-negative tumors according to treatment period was 7, 11, 16, and 25 months respectively.

**Conclusions:** Improved survival of patients with metastatic breast cancer in routine care is strongly restricted to hormone receptor- and Her2-positive tumors most likely due to improved targeted therapies directed against the estrogen-receptor and Her2.

**Session:** Poster Session 1: Treatment: Advanced therapy (5:00 PM-7:00 PM)

**Date/Time:** Wednesday, December 5, 2018 - 5:00 pm

**Room:** Hall 1

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