Prof. Dr. med. Sibylle Loibl
Chair of the GBG
CEO GBG Forschungs GmbH

Über 40 Jahre Brustkrebsforschung auf höchstem Niveau

Where we got started – more than 40 years ago

1981: Foundation of GABG e.V.
- Today the living founders of the GBG are honorary members of the group

Foundation of GBG Forschungs GmbH
- Group renamed as German Breast Group (GBG)

Expansion in translational research

Biobank 2.0
- Modernization of biobank with more than 40,000 samples
- Surgical study (INSEMA)
- Service provider for **PALLAS**

Further studies and new regulations

Biomaterial bank at Dept. of Pathology (Charité)

Start of first post-neo-adjuvant study (NATAN)

Central pathology

Biobank in Marburg

RWE

1980s 1990s 2002 2003 2004 2005 2006 2008 2011 2014 2015 2017 2018 2019 2022

Initial studies and expansion
- Merger of GABG with the study group of the Bundesministerium für Forschung und Technologie (BMFT)

Launch of neoadjuvant study GeparTrio
- 2,358 participants
- First large scale study sponsored by GBG

First international GBG study in mBC (TBP) and ARO criteria

Establishment MedCODES®

Responsify
- First EU-framework program under scientific leadership of GBG (Prof. Loibl and Prof. Denkert)

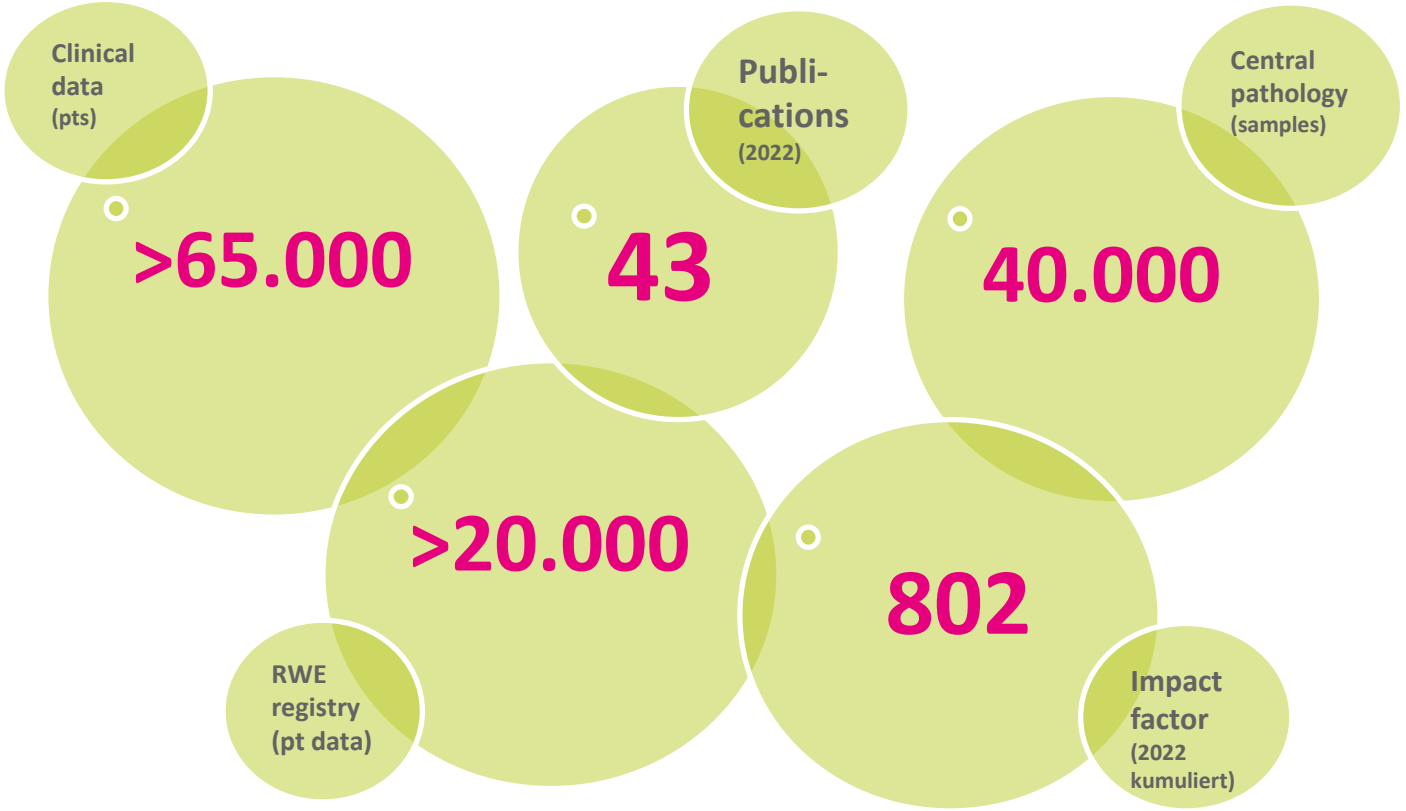
First global registration study
- ***Penelope-B***: with patients from 4 continents sponsored by GBG

ONCOBIOME
- EU-framework program H2020 with both partners

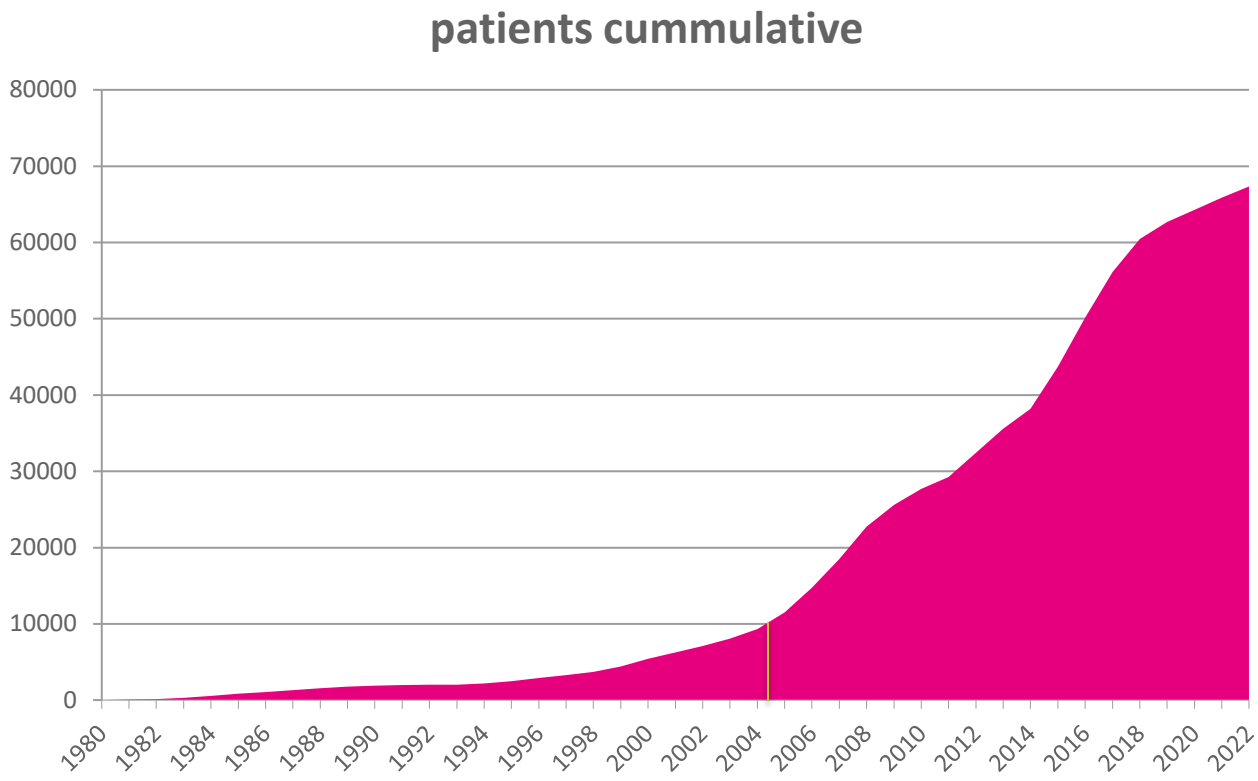
50.000th patient

Saturn3
- BMBF grant tumor heterogeneity

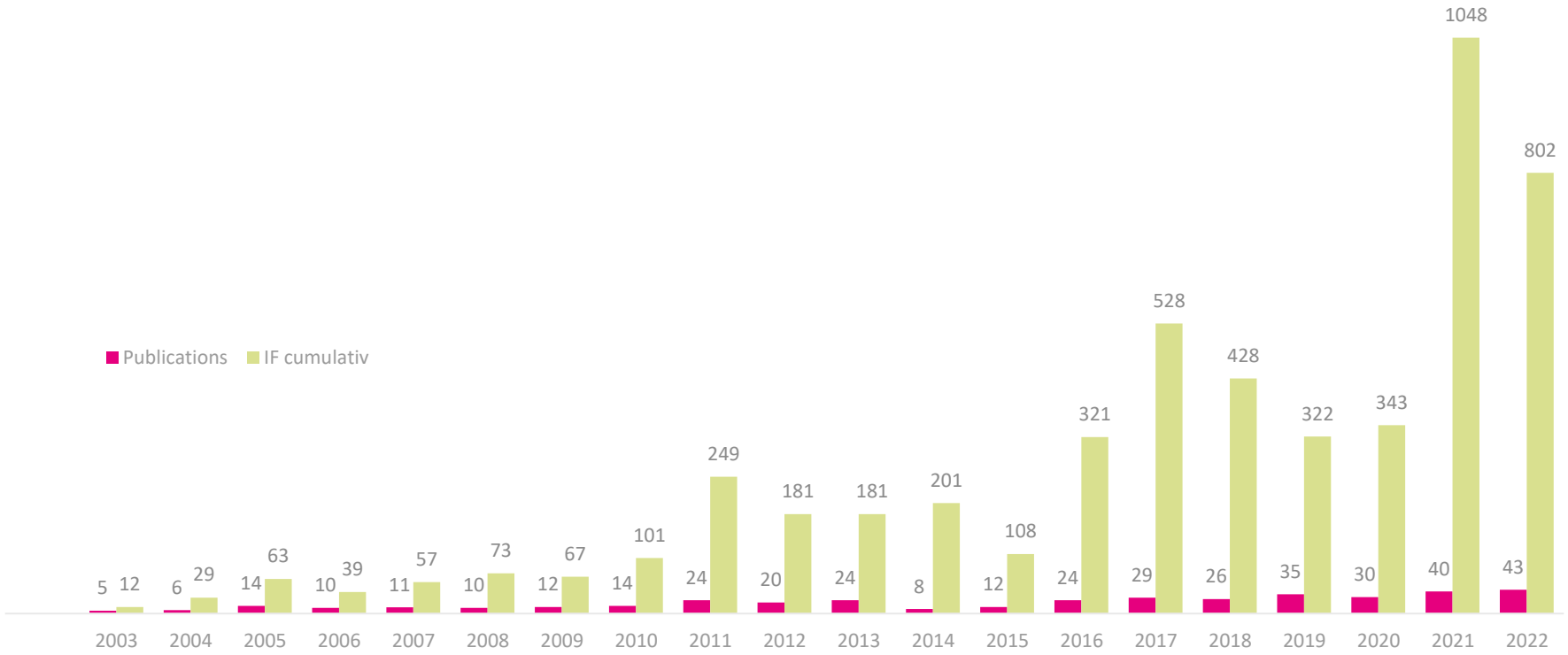
Facts & figures



Rekrutierung über 20 Jahre 65.000 Patientinnen

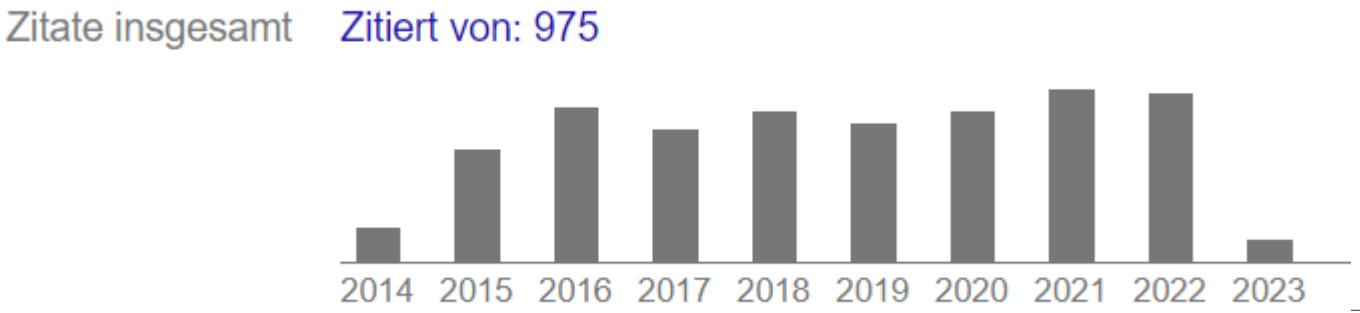


Publikationen über die Zeit

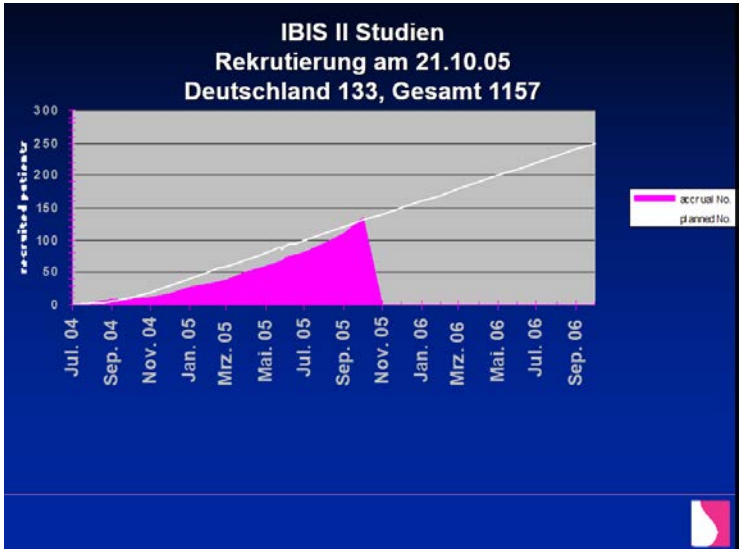


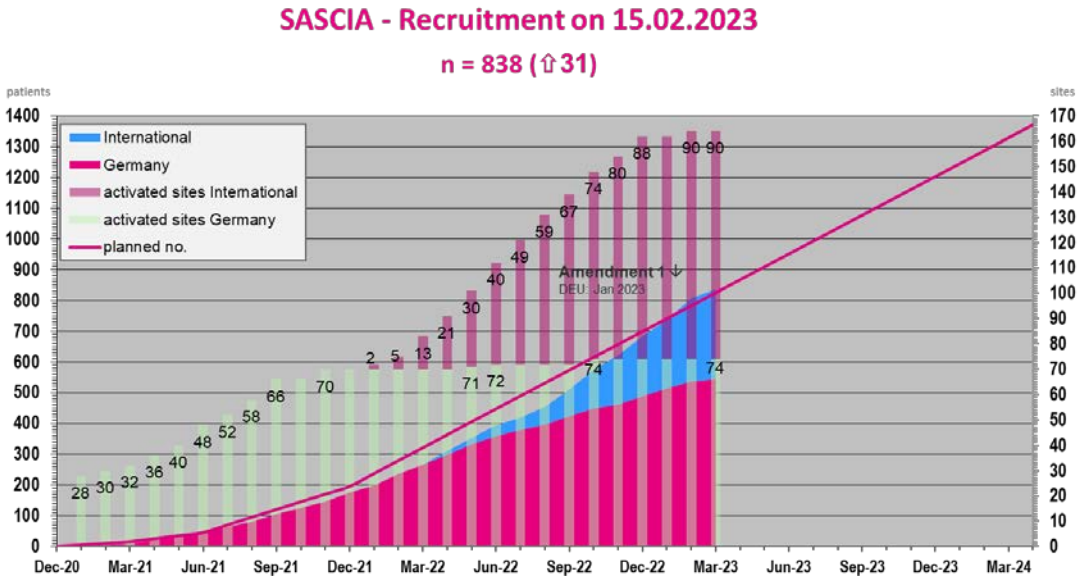
Zitate

GeparSixto – am häufigsten zitierte GBG eigene Studie



Rekrutierung früher und heute





Der Vorstand der GABG

Foto: H. Maass, W. Jonat, M. Kaufmann, F. Kubli

Studienleitkommission v. Subboards

Studienleitkommission

- **Mitglieder:** Die Studienleitkommission kann aus bis zu 13 Mitgliedern inkl. je einem Vertreter des Methodischen Zentrums und der Studienkoordination sowie Referenzzentren bestehen; vorwiegend Oberärzte der Mitgliedskliniken.
- **Aufgaben:** Erarbeitung künftiger Studienkonzepte, Überwachung des Verlaufs und der Durchführung der GABG - Studien, aktive Werbung für die Aufnahme von Patientinnen in die GABG-Studien, Entscheidung über Vorgehensweisen bei Problemen. Die Studienleitkommission tagt ca. vier - bis fünfmal jährlich.

Bisherige Mitglieder der Studienleitkommission


H. Eidtmann (seit 1997), Universitätsklinikum Kiel


M. Geberth (seit 2001), Universitätsklinikum Heidelberg


B. Gerber (seit 1997), Universitätsklinikum Rostock


E. Graf (seit 1997), Universitätsklinikum Freiburg


E. Grischke (bis 2000), Krankenhaus Schwabing


Ch. Jackisch (seit 2001), Universitätsklinikum Münster


J. Blohmer (seit 1997), Charité, Berlin


S. Braun (seit 2001), Klinikum Rechts der Isar, München


A. Caputo (2000-2001), Universitätsklinikum, Freiburg


H.Marsinger-Biebl (1997-2000), Kreiskrankenhaus Eggenfelden


G. v. Minckwitz (seit 1997), Vorsitzender, Universitätsklinikum Frankfurt


G. Raab, (seit 2001), Rot-Kreuz Krankenhaus, München

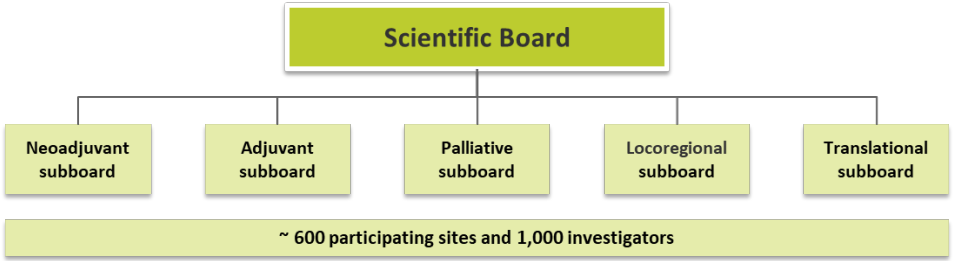

B. Conrad (seit 1997), Elisabeth Hospital, Kassel


A. Diehl (seit 1997), GABG Studienkoordination, Frankfurt

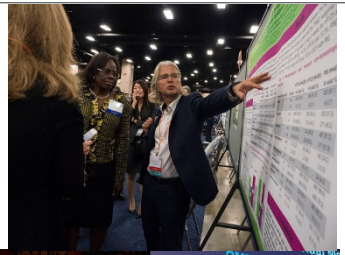

A. du Bois (seit 2001), Dr. Horst Schmidt Kliniken GmbH, Wiesbaden

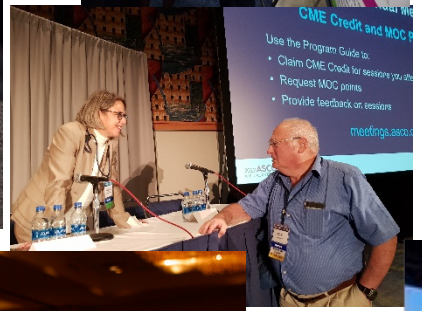

A.v.der Assen (1997-2000), Franziskus Hospital, Georgsmarienhütte

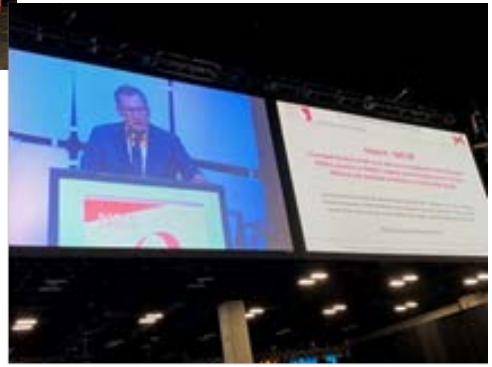

H. Wolf, (seit 1997), Kreiskrankenhaus Leonberg



Subboard in action







GABG IV

CMF versus goserelin as adjuvant therapy for node-negative, hormone-receptor-positive breast cancer in premenopausal patients: a randomised trial (**GABG** trial IV-A-93).

von Minckwitz G, Graf E, Geberth M, Eiermann W, Jonat W, Conrad B, Brunnert K, Gerber B, Vescia S, Wollert J, **Kaufmann M.**

Eur J Cancer. 2006 Aug;42(12):1780-8. doi: 10.1016/j.ejca.2006.04.006. Epub 2006 Jun 12.

GBG GERMAN BREAST GROUP

2.- 3. März 2023 GBG Jahrestreffen 20 YEAR ANNIVERSARY

Studienschemata der GABG IV im Überblick

STAND: AUGUST 1999

G A B G

GERMAN ADJUVANT BREAST CANCER GROUP

THERAPIEZUTEILUNGEN ANHAND PROGNOSTISCHER FAKTOREN

		Anzahl befallener Lymphknoten 0	1-3	4-9	10+
prämenopausal	Rezeptor positiv	A	B	B*	E
	Rezeptor negativ	B	B	B*	E
postmenopausal bis 70 Jahre	Rezeptor positiv	ARNO	ARNO	ARNO	E
	Rezeptor negativ	D	D	D*	E

STUDIE — THERAPIE

GABG - IV -

POSTOPERATIVE THERAPIEENTSCHEIDUNG

- A-93: CMF x 3 / Zoladex® 2 J.
- B-93: CMF x 3 / Ø Zoladex® 2 J.
- B-93*: EC x 4 ► CMF x 3 / Ø Zoladex® 2 J.
- D-93: CMF x 3 / Ø Tamoxifen 5 J.
- D-93*: EC x 4 ► CMF x 3 / Ø Tamoxifen 5 J.
- E-93: EC x 4 ► CMF x 3 (simultan: präm. + Zoladex® 2 J.; postm. + Tamoxifen 5 J.) / E 120 x 4 (simultan: präm. + Zoladex® 2 J.; postm. + Tamoxifen 5 J.)
- ARNO-95: Tamoxifen 2 J. ► Nolvadex® 3 J. / Tamoxifen 2 J. ► Arimidex® 3 J.

PRÄOPERATIVE THERAPIEENTSCHEIDUNG

- G-93 (> 70 J., Klin. N0, T < 3 cm): Operation mit Axilladissektion ► Tamoxifen 5 J. / Operation ohne Axilladissektion ► Tamoxifen 5 J.

Studie	Sollzahl	Anzahl Patientinnen	Prozent
A-93:	770	771	100,1 %
B/B*-93:	700	776	110,8 %
D/D*-93:	700	829	118,4 %
E-93:	320	411	128,4 %
ARNO-95:	1000	742	74,2 %
G-93:	keine Sollvorgabe	94	

Stand: Oktober 01

A randomised trial of goserelin versus control after adjuvant, risk-adapted chemotherapy in premenopausal patients with primary breast cancer - **GABG**-IV B-93.

Kaufmann M, Graf E, Jonat W, Eiermann W, Vescia S, Geberth M, Conrad B, Gademann G, Albert US, Loibl S, von Minckwitz G, Schumacher M; German Adjuvant Breast Cancer Study Group (GABG).

Eur J Cancer. 2007 Nov;43(16):2351-8. doi: 10.1016/j.ejca.2007.08.012. Epub 2007 Sep 25.

VOLUME 23 · NUMBER 31 · NOVEMBER 1 2005

JOURNAL OF CLINICAL ONCOLOGY — ORIGINAL REPORT

Dose-intensified epirubicin versus standard-dose epirubicin/cyclophosphamide followed by CMF in breast cancer patients with 10 or more positive lymph nodes: results of a randomised trial (**GABG**-IV E-93) - the German Adjuvant Breast Cancer Group.

Eiermann W, Graf E, Ataseven B, Conrad B, Hilfrich J, Massinger-Biebl H, Vescia S, Loibl S, von Minckwitz G, Schumacher M, **Kaufmann M**; German Adjuvant Breast Cancer Group.

Eur J Cancer. 2010 Jan;46(1):84-94. doi: 10.1016/j.ejca.2009.10.001.

Tamoxifen Versus Control After Adjuvant, Risk-Adapted Chemotherapy in Postmenopausal, Receptor-Negative Patients With Breast Cancer: A Randomized Trial (GABG-IV D-93)—The German Adjuvant Breast Cancer Group

Manfred Kaufmann, Erika Graf, Walter Jonat, Wolfgang Eiermann, Matthias Geberth, Ute-Susann Albert, Günther Gademann, Bettina Conrad, Karin Stahl, Gunter von Minckwitz, and Martin Schumacher

Switching of postmenopausal women with endocrine-responsive early breast cancer to anastrozole after 2 years' adjuvant tamoxifen: combined results of ABCSG trial 8 and ARNO 95 trial

*Raimund Jakesz, Walter Jonat, Michael Gnant, Martina Mittlboeck, Richard Greil, Christoph Tausch, Joern Hilfrich, Werner Kwasny, Christian Menzel, Hellmut Samonigg, Michael Seifert, Guenther Gademann, Manfred Kaufmann, on behalf of the ABCSG and the GABG**

Summary

Background Tamoxifen has been the standard adjuvant treatment for postmenopausal women with hormone-

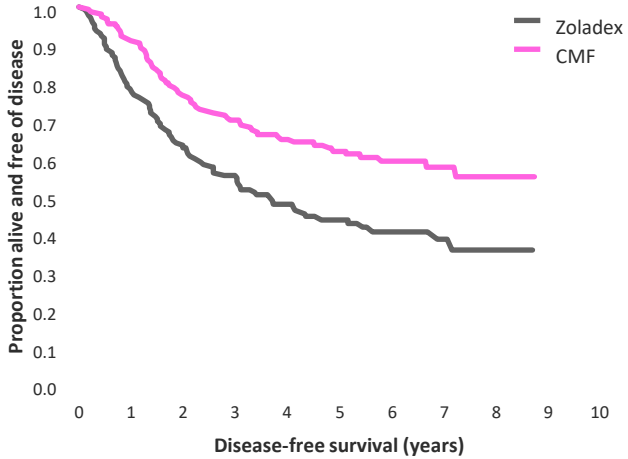
Lancet 2005; 366: 455–62

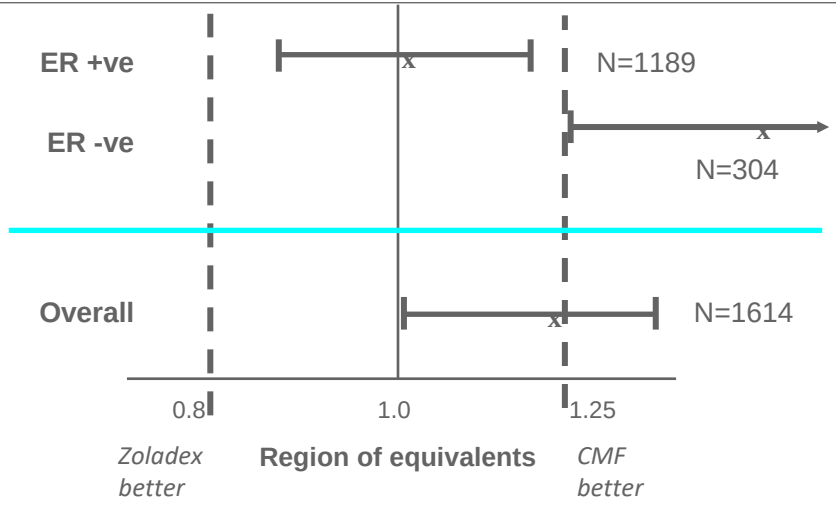
ZEBRA Studie – die erste internationale Kooperation

Das Studiendesign der Zebra - Studie

OP < Zoladex 3,6 mg/28 Tage, 2 Jahre
6 x CMF

Kaplan-Meier DFS: ER-ve





Interaction test, p=0.0016

PERGAMON

European Journal of Cancer 39 (2003) 1711–1717

European Journal of Cancer
www.ejconline.com

Survival analyses from the ZEBRA study: goserelin (Zoladex™) versus CMF in premenopausal women with node-positive breast cancer

M. Kaufmann[a,*], W. Jonat[b], R. Blamey[c], J. Cuzick[d], M. Namer[e], I. Fogelman[f], J.C. de Haes[g], M. Schumacher[h], W. Sauerbrei[h] on behalf of the Zoladex Early Breast Cancer Research Association (ZEBRA) Trialists' Group

Neoadjuvante Therapie - die Anfänge

The German GeparD

JCO 1999, JCO 2001

JCO 2001, JCO 2005

JNCI 2008, JNCI 2008, JCO 2013

JCO 2010; JCO 2010; Ann Oncol 2013

NEJM 2012; Lancet Oncol 2012; Eru J Cancer 2013; Ann Oncol 2014; JCO 2018

Lancet Oncol 2014; Annals Oncol 2019

Lancet Onc 2016; J Clin Oncol 2019

Eur J Cancer 2019; Eur J Cancer 2022

Annals Oncol 2019; Annals Oncol 2022

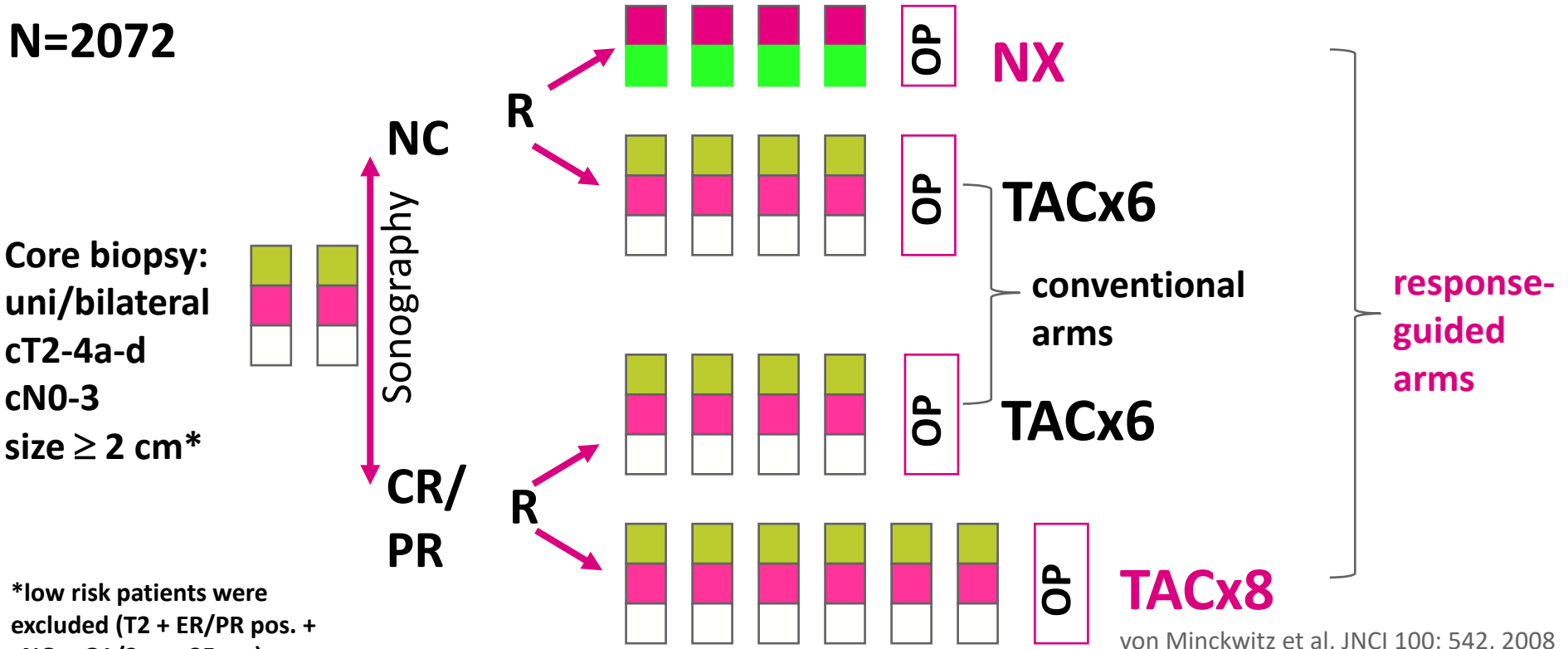
Annals Oncol 2020; SABCS 2021

JAMA Oncol 2022

GeparELEVEN → Impassion 50

ESMO 2023

Die Elegante: GeparTrio

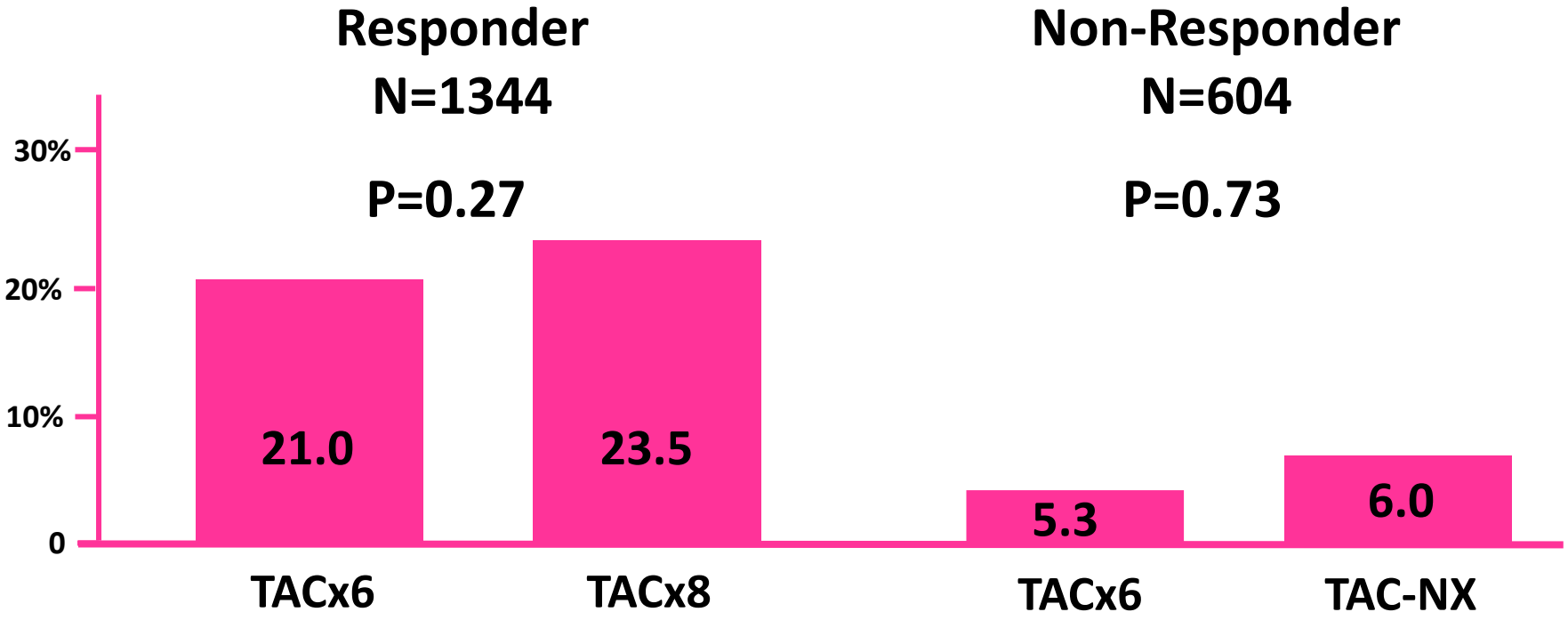


*low risk patients were excluded (T2 + ER/PR pos. + cNO + G1/2 + > 35 yrs)

von Minckwitz et al, JNCI 100: 542, 2008
von Minckwitz et al. JNCI 100; 552, 2008

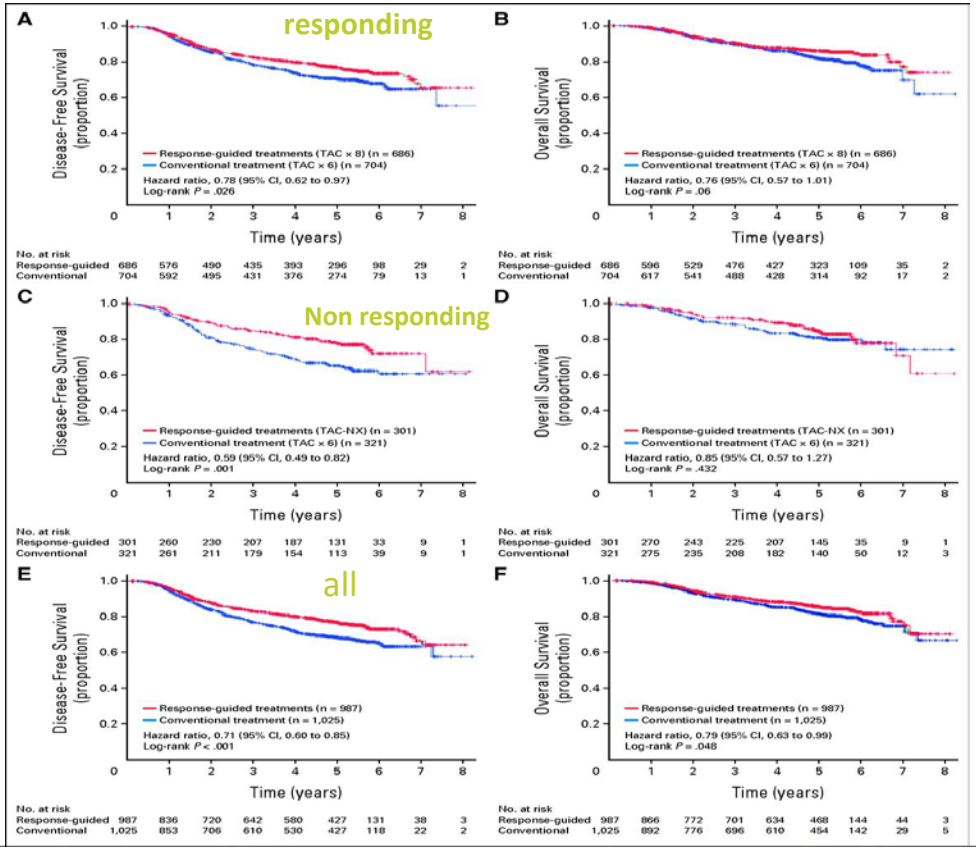
von Minckwitz G …. Loibl S; J Clin Oncol 2012

Short Term Efficacy (pCR = ypT0 ypN0)



von Minckwitz et al, JNCI 100: 542, 2008
von Minckwitz et al. JNCI 100; 552, 2008

Disease-free and overall survival



VOLUME 31 · NUMBER 29 · OCTOBER 10 2013
JOURNAL OF CLINICAL ONCOLOGY E D I T O R I A L

Insight or Confusion: Survival After Response-Guided Neoadjuvant Chemotherapy in Breast Cancer

Melinda L. Telli, *Stanford University School of Medicine, Stanford, CA*

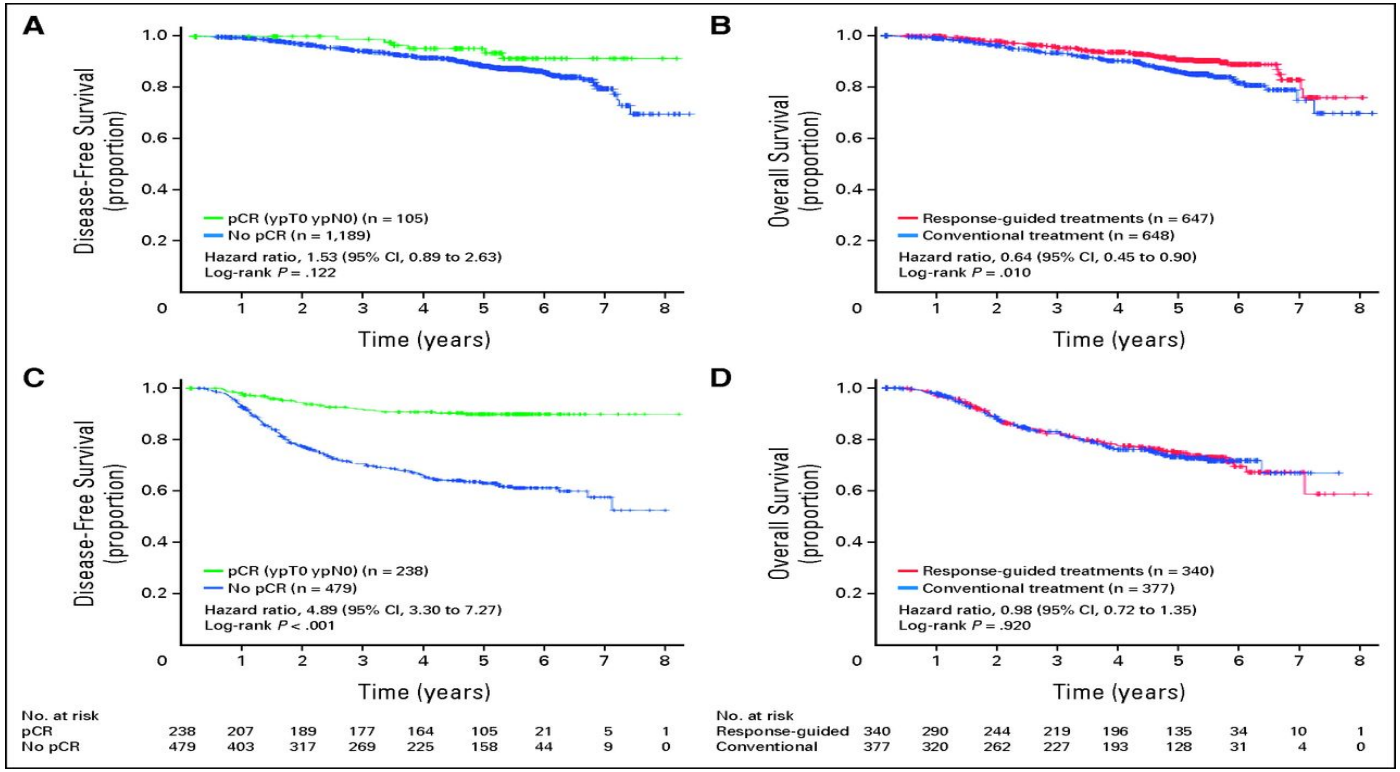
See accompanying article on page 3623

von Minckwitz G et al. JCO 2013;31:3623-3630

Prognostic effect on overall survival of pathologic complete response (pCR) and the corresponding effect of response-guided compared with conventional chemotherapy

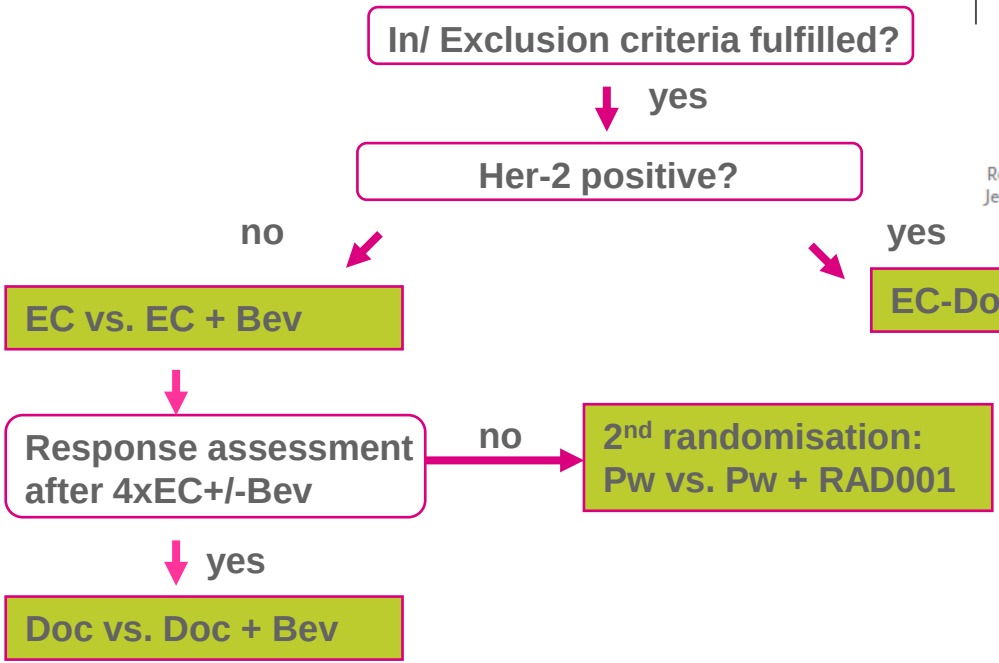
hormone receptor–positive

hormone receptor–negative



von Minckwitz G et al. JCO 2013;31:3623-3630

Die Größte: Geparquinto – Decision Tree



The NEW ENGLAND JOURNAL of MEDICINE
ESTABLISHED IN 1812 JANUARY 26, 2012 VOL. 366 NO. 4

Neoadjuvant Chemotherapy and Bevacizumab for HER2-Negative Breast Cancer

Gunter von Minckwitz, M.D., Holger Eidtmann, M.D., Mahdi Rezai, M.D., Peter A. Fasching, M.D., Hans Tesch, M.D., Holm Eggemann, M.D., Iris Schrader, M.D., Kornelia Kittel, M.D., Claus Hanusch, M.D., Rolf Kreienberg, M.D., Christine Solbach, M.D., Bernd Gerber, M.D., Christian Jackisch, M.D., Georg Kunz, M.D., Jens-Uwe Blohmer, M.D., Jens Huober, M.D., Maik Hauschild, M.D., Tanja Fehm, M.D., Berit Maria Müller, M.D., Carsten Denkert, M.D., Sibylle Loibl, M.D., Valentina Nekljudova, Ph.D., and Michael Untch, M.D., for the German Breast Group and the Arbeitsgemeinschaft Gynäkologische Onkologie–Breast Study Groups

EDITORIAL

Fighting Fire with Fire: Rekindling the Bevacizumab Debate

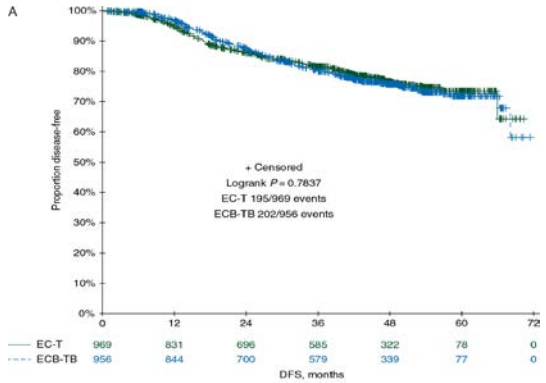
Alberto J. Montero, M.D., and Charles Vogel, M.D.

Main results GeparQuinto n=2560

HER2-negative n=1948

- Bev erhöht pCR rate von 14.9-18.4%
- Kein Unterschied im DFS und OS
- non Responders: Everolimus vs nil

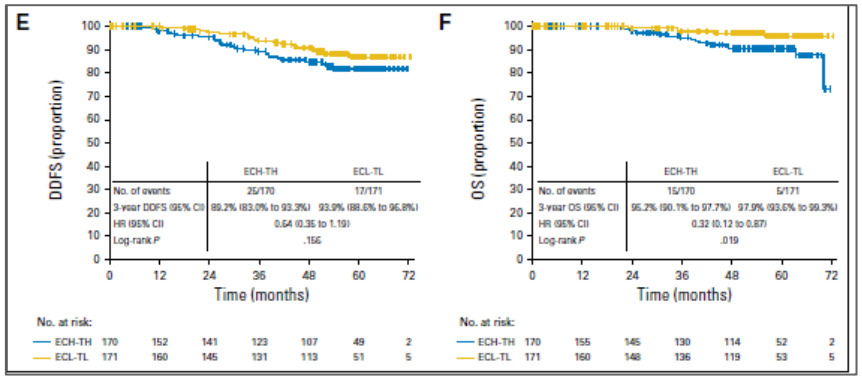
  3.6% vs 5.6%



HER2-positive n=620

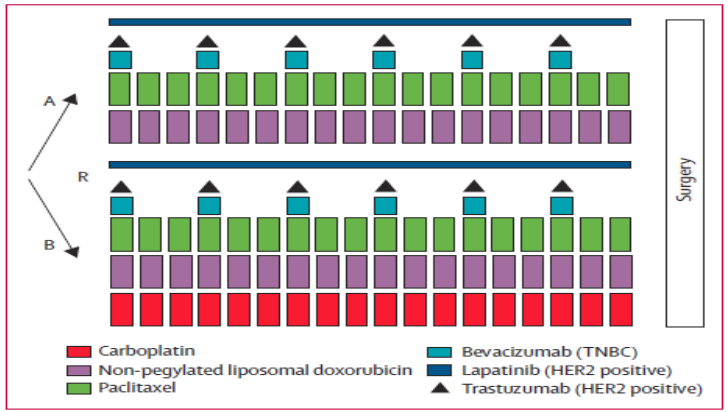
- Lap vs Trastuzumab: 22.75 vs 30.3% sign
- Kein Unterschied im DFS und OS
- Alle Pat erhalten 1 Jahr Trastuzumab

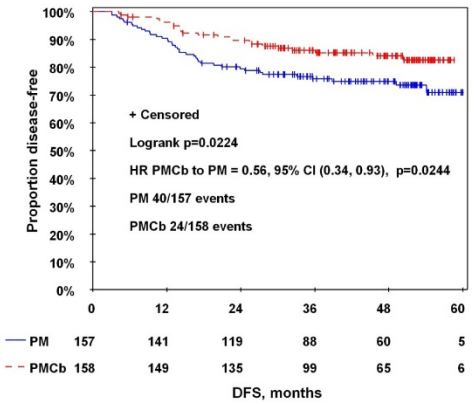
HR-positive; HER2+; DDFS and OS

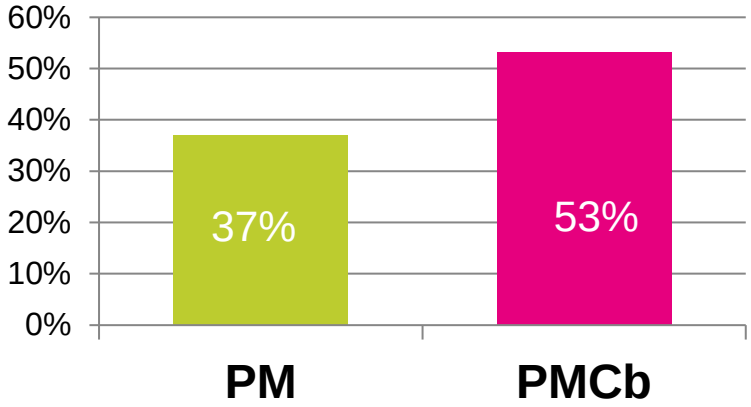


Von Minckwitz G et al. NEJM 2012; Huober J et al. Eur J Cancer 2013; Untch M et al. Lancet Oncol 2012 and J Clin Oncol 2018

Die Platine: GeparSIXTO

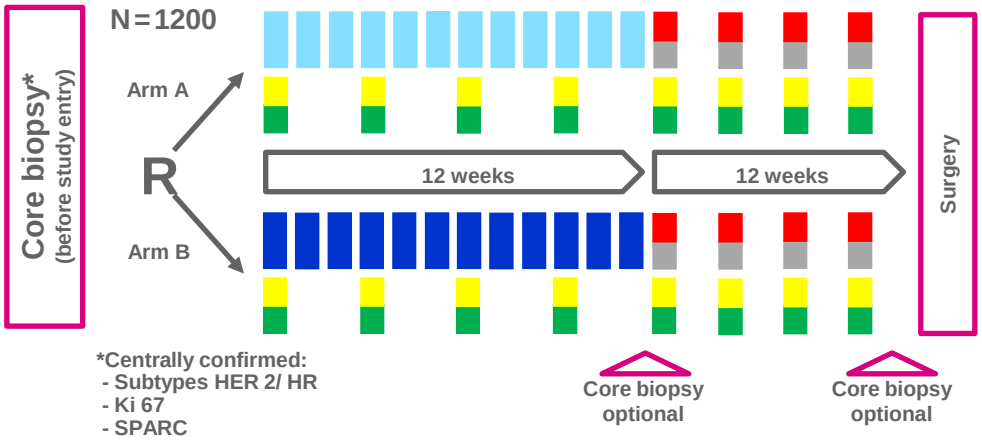






Von Minckwitz et al Lancet Oncol 2014; Loibl S et al. Annals Oncol 2019

Die Sensible: GeparSEPTO



If HER2 positive:
Trastuzumab

If HR positive:
Tamoxifen, Aromatase inhibitors

acc. to AGO Guidelines

Core biopsy

Paclitaxel 80 mg/m² weekly

nab-Paclitaxel 125 mg/ m² weekly

Epirubicin 90 mg/m²

Cyclophosphamide 600 mg/m²

If HER2 positive:
Trastuzumab 8 mg/kg (loading dose) followed by 6 mg/kg

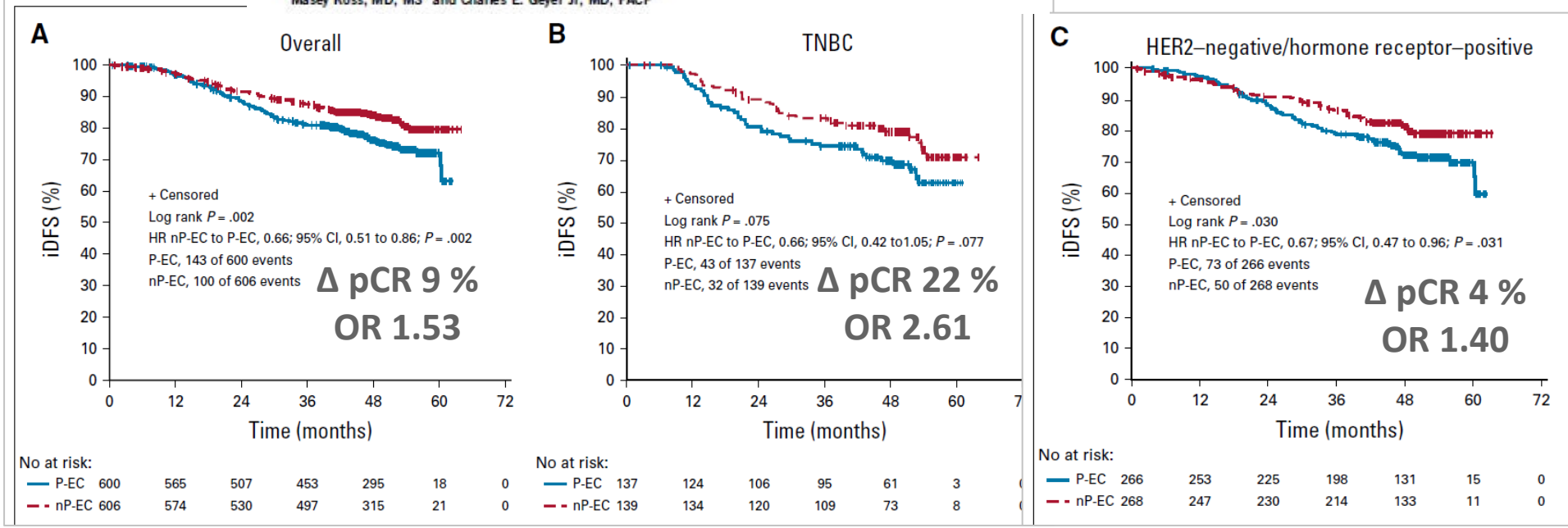
Pertuzumab (absolute dose per application) 840 mg (loading dose) followed by 420 mg

GeparSEPTO DFS und OS Ergebnisse

editorial

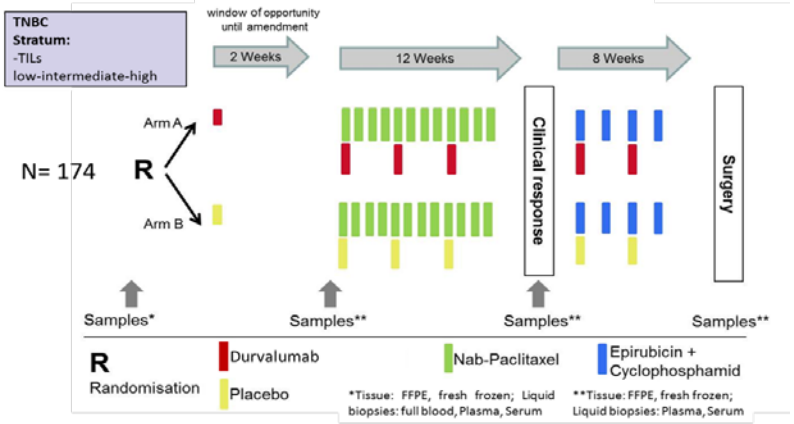
Nab-Paclitaxel: A New Standard of Care in Neoadjuvant Therapy of High-Risk Early Breast Cancer?

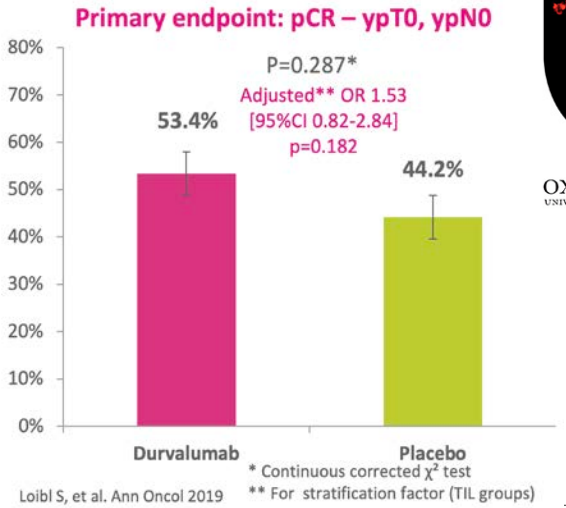
Masey Ross, MD, MS[1] and Charles E. Geyer Jr, MD, FACP[2]



Untch M et al. Lancet Oncol 2016; J Clin Oncol 2019; Ross and Geyer J Clin Oncol 2019

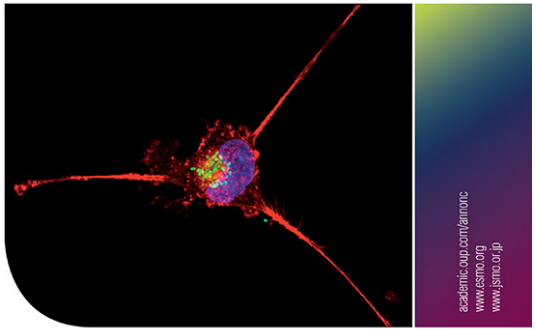
Die NEUNTE: GeparNUEVO





ANNALS OF ONCOLOGY
ESMO
ISSN 0923-7534 (print)
ISSN 1569-8041 (online)
Volume 30 No. 8 2019

Triple-negative breast cancer - clinical results and biomarker analysis of GeparNuevo study

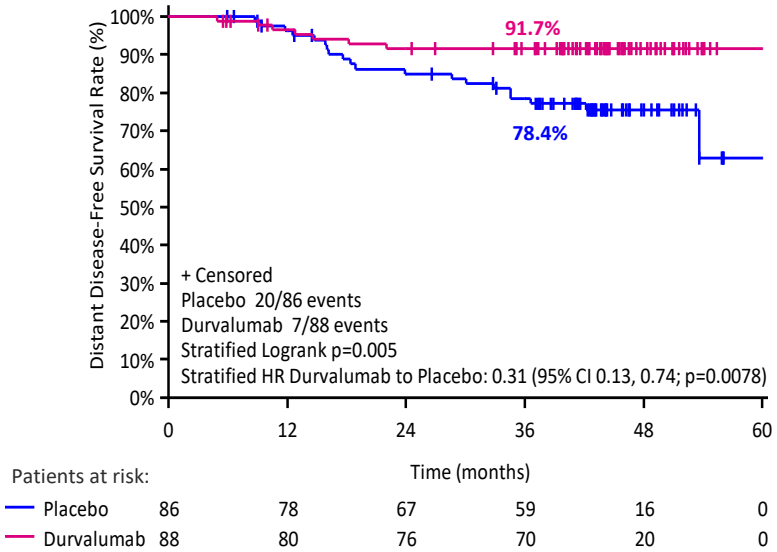


OXFORD UNIVERSITY PRESS
JSMO

Loibl et al. Ann Oncol 2019

GeparNUEVO clinical results

DDFS



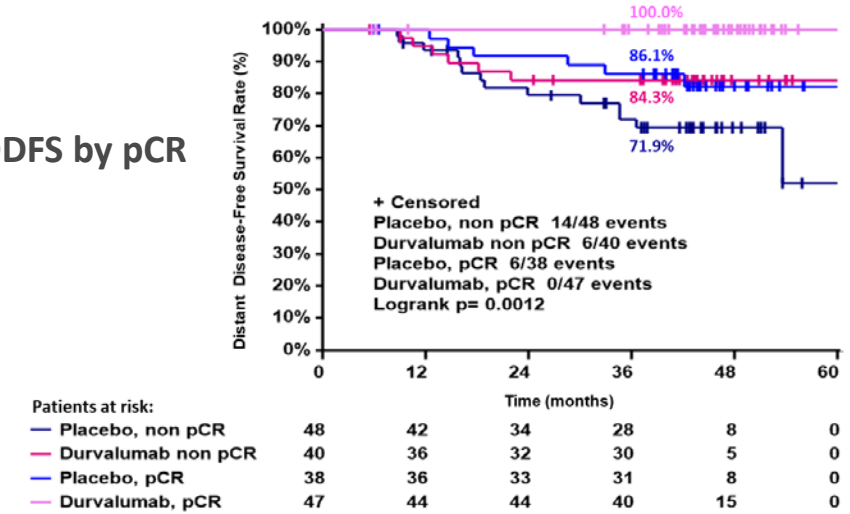
EDITORIAL

Neoadjuvant immunotherapy in triple-negative breast cancer: lesson learnt, remaining questions

In this issue of the *Annals of Oncology*, Loibl et al.[1] report the analysis of the secondary time-to-event endpoints of the GeparNuevo trial. GeparNuevo is a small phase II study (n = 174) investigating the addition of the programmed

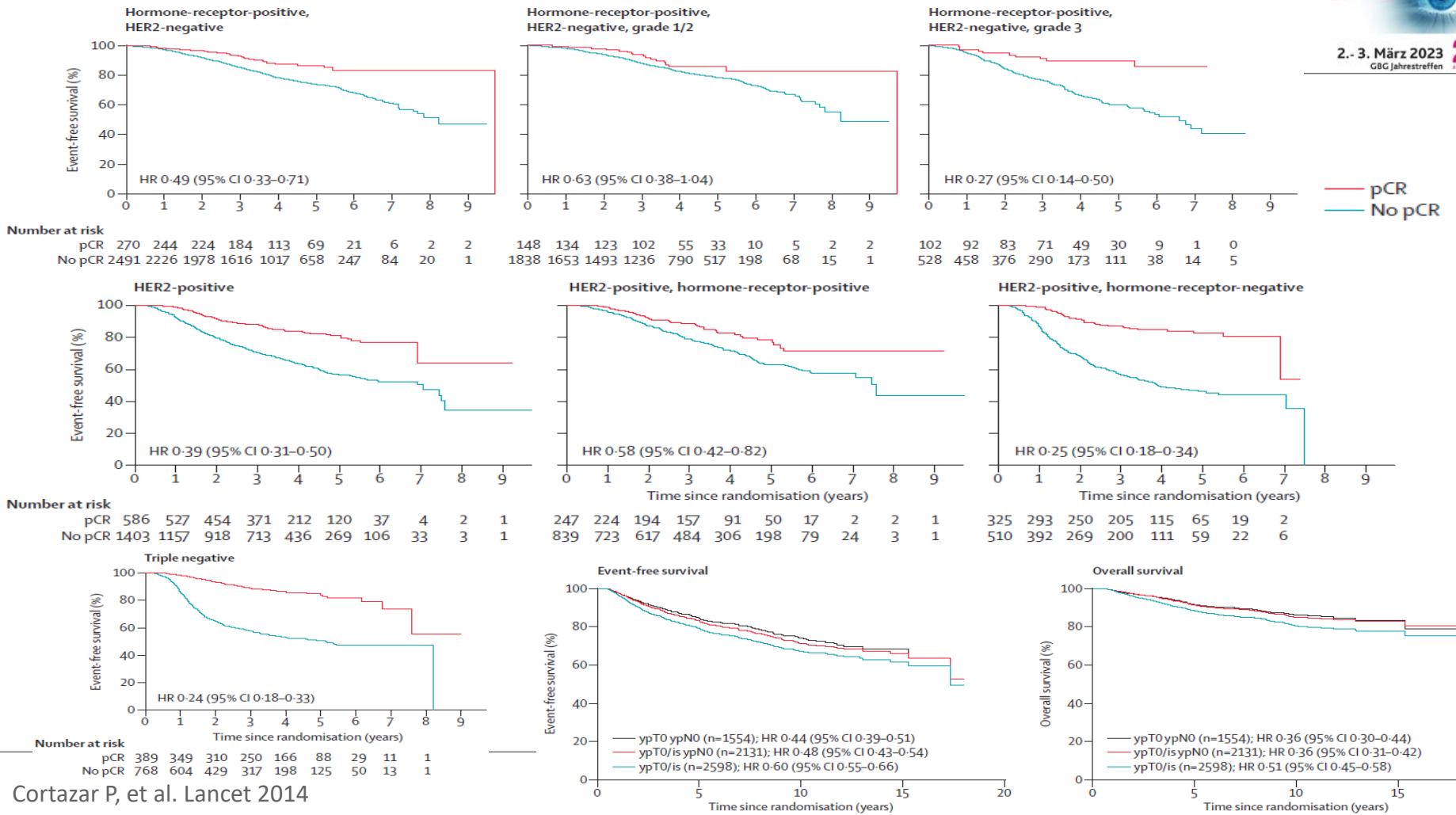
capecitabine and, in patients with germline *BRCA1/2*, olaparib,[5,6] but there are no data comparing the efficacy of these drugs with adjuvant pembrolizumab, and their combinations have not been tested. In addition, in the adjuvant

DDFS by pCR



Loibl S et al. Annals Oncol 2019 and Annals Oncol 2022; Bianchini G et al.Annals Oncol 2022

Postneoadjuvante Therapie



Cortazar P, et al. Lancet 2014

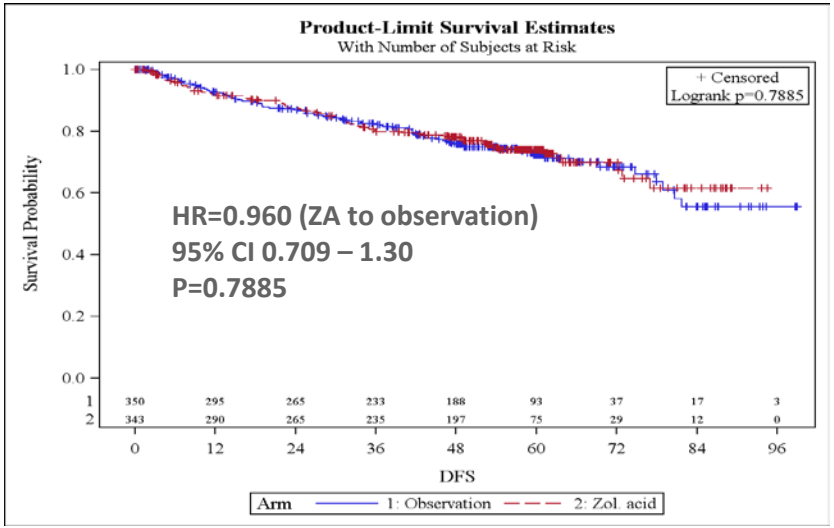
NaTaN: Disease-free survival

Stratification factors
- Center
- Hormone receptor status (<10 or ≥ 10 % ER or PgR)
- Age (<50 / ≥50 years)
- Time since surgery (within 3 months, 1 year, 2 years, or 3 years)

RANDOMIZATION

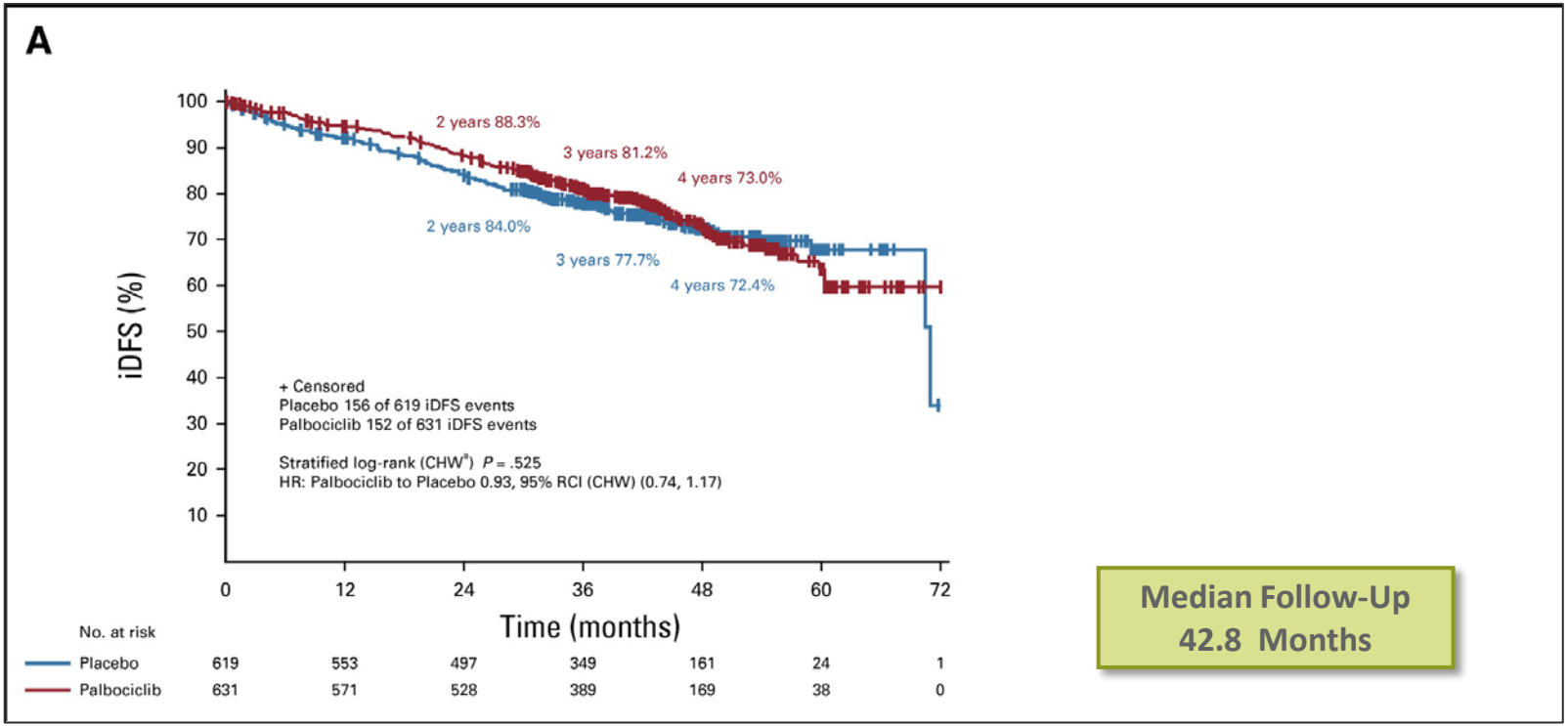
Observation

Zoledronate 4 mg iv.
- Every 4 weeks for the first 6 doses (year 0- 0.5)
- Every 3 months for 8 doses (year 0.5-2.5)
- Every 6 months for 5 doses (year 2.5- 5.0)



Von Minckwitz G ... Loibl S. Eur J Cancer 2016

Penelope-B: Primärer Endpunkt

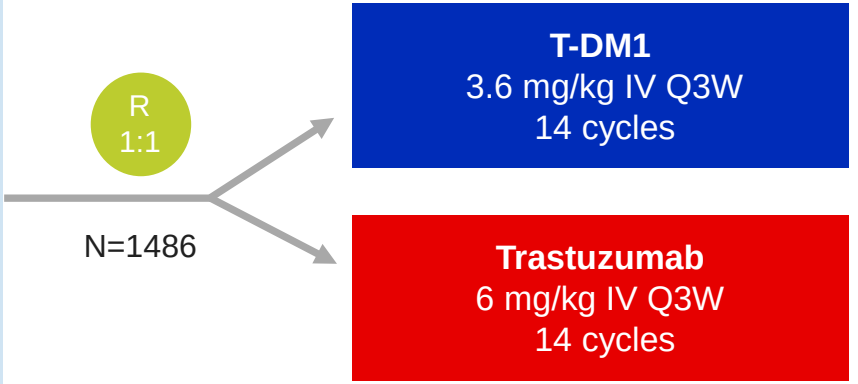


Median Follow-Up
42.8 Months

Loibl S et al. J Clin Oncol 2021

KATHERINE Study Design

- cT1-4/N0-3/M0 at presentation (cT1a-b/N0 excluded)
- Centrally confirmed HER2-positive breast cancer
- Neoadjuvant therapy must have consisted of
  - Minimum of 6 cycles of chemotherapy
    - Minimum of 9 weeks of taxane
    - Anthracyclines and alkylating agents allowed
    - All chemotherapy prior to surgery
  - Minimum of 9 weeks of trastuzumab
    - Second HER2-targeted agent allowed
- Residual invasive tumor in breast or axillary nodes
- Randomization within 12 weeks of surgery

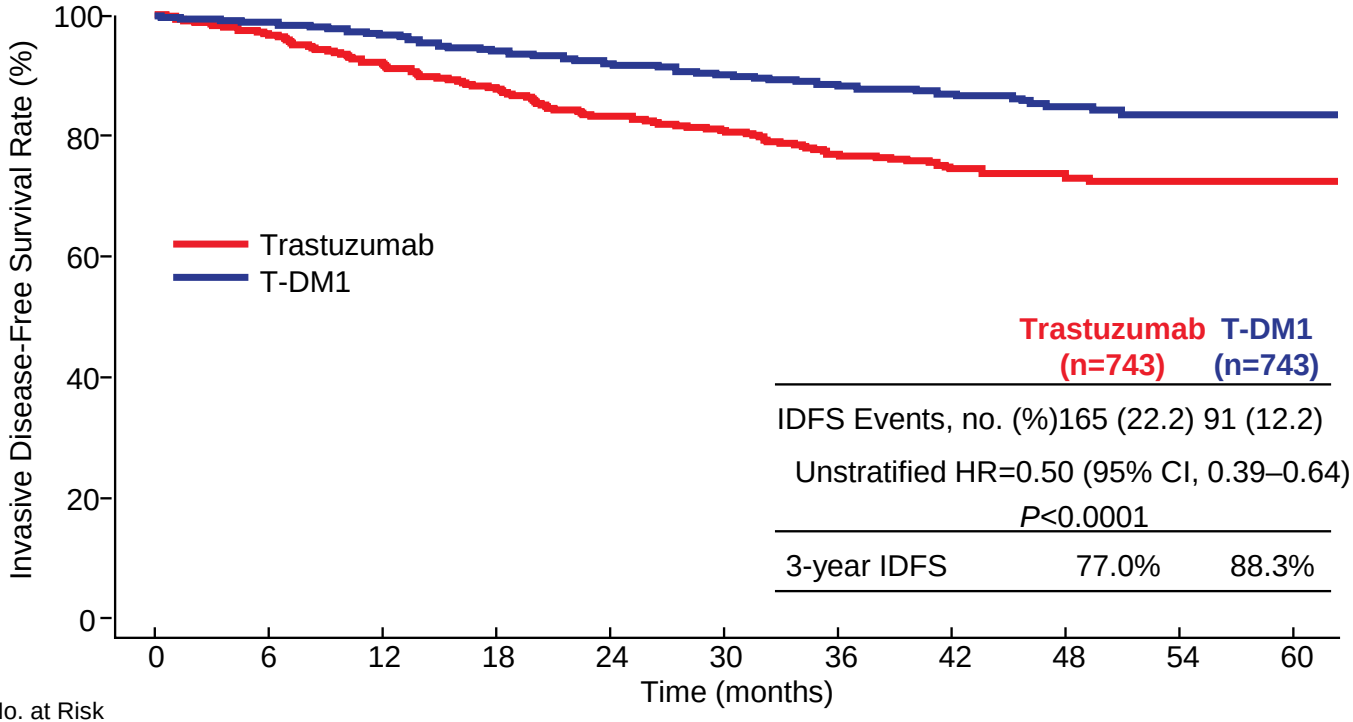


Radiation and endocrine therapy per protocol and local guidelines

Stratification factors:

- Clinical presentation: Inoperable (stage cT4 or cN2–3) vs operable (stages cT1-3N0-1)
- Hormone receptor: ER or PR positive vs ER negative and PR negative/unknown
- Preoperative therapy: Trastuzumab vs trastuzumab plus other HER2-targeted therapy
- Pathological nodal status after neoadjuvant therapy: Positive vs negative/not done

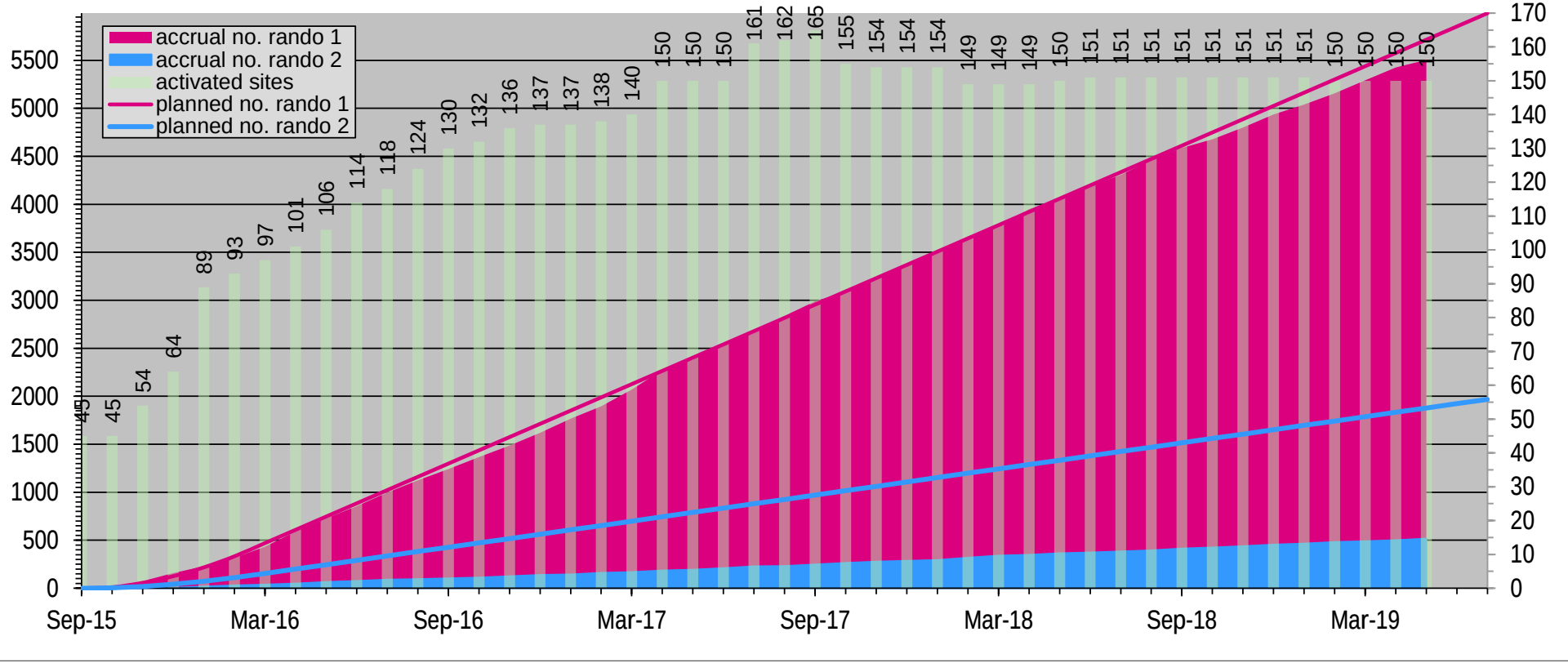
Invasive Disease-Free Survival



von Minckwitz G et al. New Engl J Med 2018

Insema – Recruitment on 01.05.2019

rando 1 = 5505 / rando 2 = 517



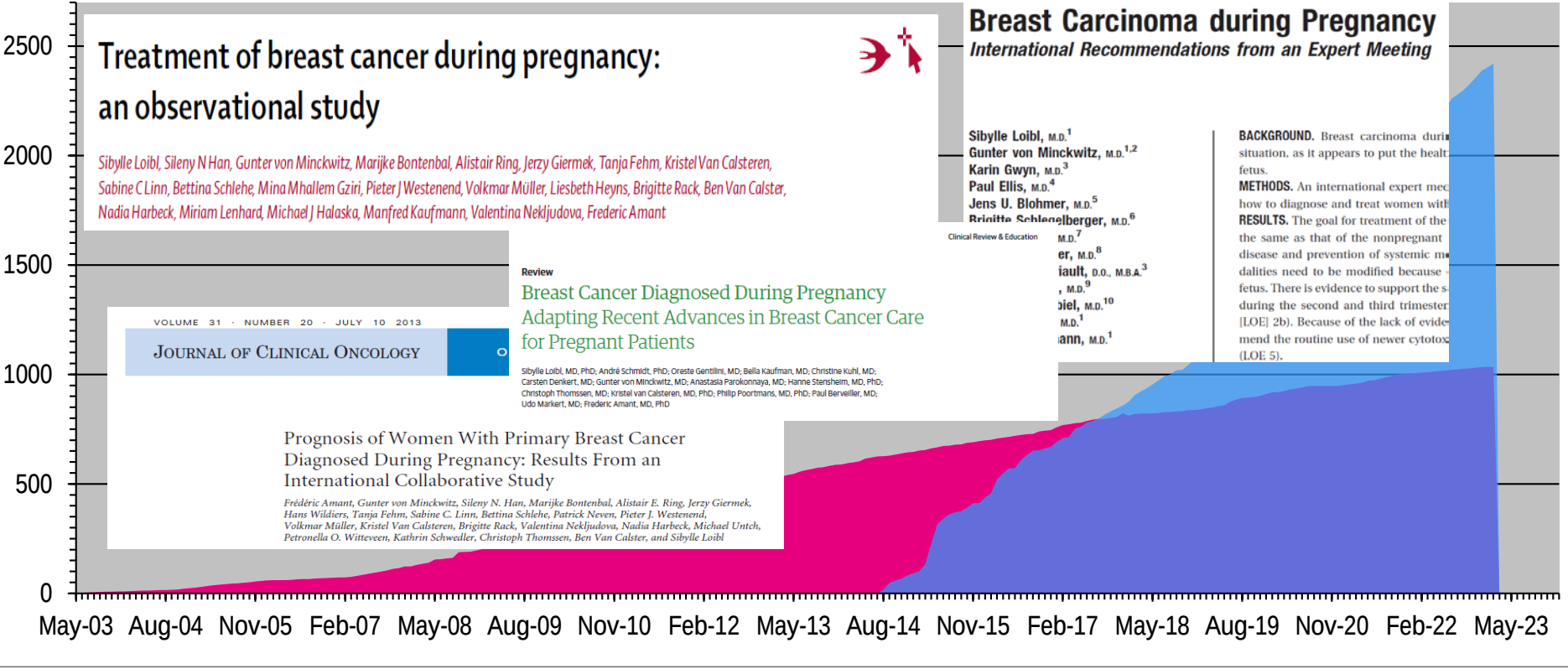
BCP - Recruitment on 01.02.2023

n = 3456 (⇧19)

BCP
Breast Cancer in Pregnancy

2.- 3. März 2023
GBG Jahrestreffen

Germany n = 3081 (total) n = 702 (pregnant) n = 2379 (not pregnant)
Foreign countries n = 375 (total) n = 333 (pregnant) n = 42 (not pregnant)



Treatment of breast cancer during pregnancy: an observational study

Sibylle Loibl, Sileny N Han, Gunter von Minckwitz, Marijke Bontenbal, Alistair Ring, Jerzy Giermek, Tanja Fehm, Kristel Van Calsteren, Sabine C Linn, Bettina Schlehe, Mina Mhallem Gziri, Pieter J Westenend, Volkmar Müller, Liesbeth Heyns, Brigitte Rack, Ben Van Calster, Nadia Harbeck, Miriam Lenhard, Michael J Halaska, Manfred Kaufmann, Valentina Nekljudova, Frederic Amant

Breast Carcinoma during Pregnancy
International Recommendations from an Expert Meeting

Sibylle Loibl, M.D.[1]
Gunter von Minckwitz, M.D.[1,2]
Karin Gwyn, M.D.[3]
Paul Ellis, M.D.[4]
Jens U. Blohmer, M.D.[5]
Brigitte Schlegelberger, M.D.[6]
M.D.[7]
er, M.D.[8]
iault, D.O., M.B.A.[3]
, M.D.[9]
biel, M.D.[10]
M.D.[1]
ann, M.D.[1]

Clinical Review & Education

BACKGROUND. Breast carcinoma duri
situation, as it appears to put the healt
fetus.
METHODS. An international expert mee
how to diagnose and treat women with
RESULTS. The goal for treatment of the
the same as that of the nonpregnant
disease and prevention of systemic m
dalities need to be modified because
fetus. There is evidence to support the s
during the second and third trimester
[LOE] 2b). Because of the lack of evide
mend the routine use of newer cytotox
(LOE 5).

VOLUME 31 · NUMBER 20 · JULY 10 2013
JOURNAL OF CLINICAL ONCOLOGY

Review

Breast Cancer Diagnosed During Pregnancy
Adapting Recent Advances in Breast Cancer Care for Pregnant Patients

Sibylle Loibl, MD, PhD; André Schmidt, PhD; Oreste Gentilini, MD; Bella Kaufman, MD; Christine Kuhl, MD; Carsten Denkert, MD; Gunter von Minckwitz, MD; Anastasia Parokonnaya, MD; Hanne Stensheim, MD, PhD; Christoph Thomssen, MD; Kristel van Calsteren, MD, PhD; Philip Poortmans, MD, PhD; Paul Berveiller, MD; Udo Markert, MD; Frederic Amant, MD, PhD

Prognosis of Women With Primary Breast Cancer Diagnosed During Pregnancy: Results From an International Collaborative Study

Frédéric Amant, Gunter von Minckwitz, Sileny N. Han, Marijke Bontenbal, Alistair E. Ring, Jerzy Giermek, Hans Wildiers, Tanja Fehm, Sabine C. Linn, Bettina Schlehe, Patrick Neven, Pieter J. Westenend, Volkmar Müller, Kristel Van Calsteren, Brigitte Rack, Valentina Nekljudova, Nadia Harbeck, Michael Untch, Petronella O. Witteveen, Kathrin Schwedler, Christoph Thomssen, Ben Van Calster, and Sibylle Loibl

Male

Research

JAMA Oncology | Original Investigation

Efficacy of Endocrine Therapy for the Treatment of Breast Cancer in Men
Results from the MALE Phase 2 Randomized Clinical Trial

Mattea Reinisch, MD; Sabine Seiler, MD; Tanja Hauzenberger, MD; Axel Kamischke, MD, PhD; Sabine Schmatloch, MD; Hans-Joachim Strittmatter, MD, PhD; Dirk-Michael Zahm, MD; Christian Thode, MD; Jenny Furlanetto, MD; Dominika Strik, MD; Volker Möbus, MD, PhD; Toralf Reimer, MD, PhD; Bruno Valentin Sinn, MD; Elmar Stickeler, MD, PhD; Frederik Marmé, MD, PhD; Wolfgang Janni, MD, PhD; Marcus Schmidt, MD, PhD; Christian Rudlowski, MD, PhD; Michael Untch, MD, PhD; Valentina Nekljudova, PhD; Sibylle Loibl, MD, PhD

JAMA Oncology

RCT Efficacy of Endocrine Therapy for the Treatment of Breast Cancer in Men

POPULATION

56 Men

Men with hormone receptor-positive breast cancer

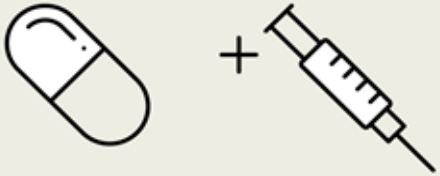
Median age, 61.5 y (range 37-83 y)

SETTINGS / LOCATIONS

24 Breast units or medical centers, Germany

INTERVENTION

50 Men randomized and analyzed for primary outcome



17 Tamoxifen alone: Oral tamoxifen 20 mg daily

15 Tamoxifen + GnRHa: Oral tamoxifen 20 mg daily and subcutaneous gonadotropin-releasing hormone analogue (GnRHa) every 3 mo

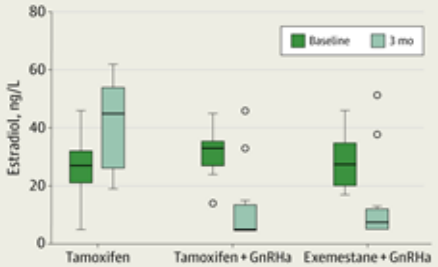
18 Exemestane + GnRHa: Oral exemestane 25 mg daily and subcutaneous GnRHa at baseline and after 3 mo

PRIMARY OUTCOME

The primary outcome was the change of estradiol levels after 3 months of therapy (normal range of estradiol was between 27-52 ng/L, the threshold of detection was below 5 ng/L)

FINDINGS

Estradiol levels significantly decreased in men receiving either tamoxifen + GnRHa or exemestane + GnRHa but significantly increased in men receiving tamoxifen alone



% Change in median estradiol level, baseline to 3 mo

Tamoxifen alone: 67% increase (+17.0 ng/L)

Tamoxifen + GnRHa: 85% decrease (-23.0 ng/L)

Exemestane + GnRHa: 72% decrease (-18.5 ng/L)

Reinisch M, Seiler S, Hauzenberger T, et al. Efficacy of endocrine therapy for the treatment of breast cancer in men: results from the MALE phase 2 randomized clinical trial. *JAMA Oncol*. Published online February 4, 2021. doi:0.1001/jamaoncol.2020.7442

GBG 2006 und 2023

Translational Research

2015

Beteiligung an Konsortien

METAcancer

Bundesministerium für Bildung und Forschung

DLR

Deutsche Krebshilfe
HELFEN. FORSCHEN. INFORMIEREN.

SEVENTH FRAMEWORK PROGRAMME

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BREAST CANCER

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International research program

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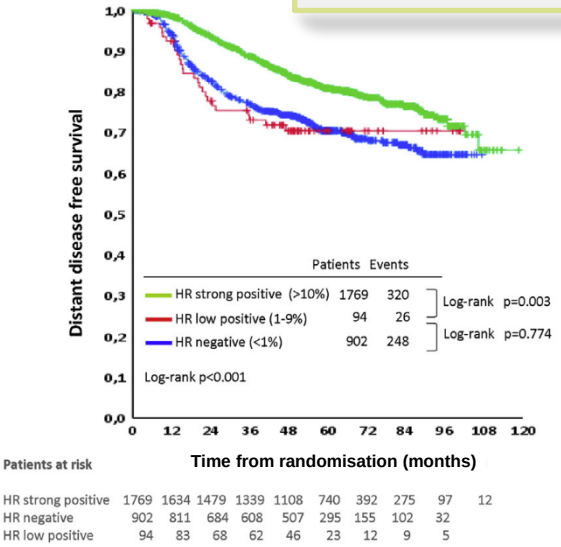
ERA-NET on Translational Cancer Research

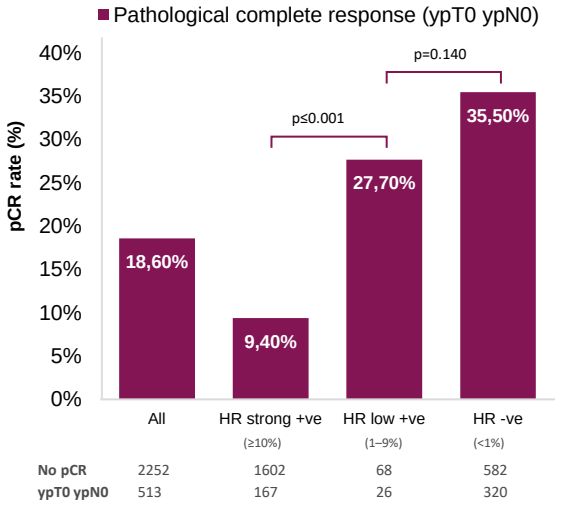
we are
BIGPICTURE
European Digital Pathology Platform

imi innovative medicines initiative

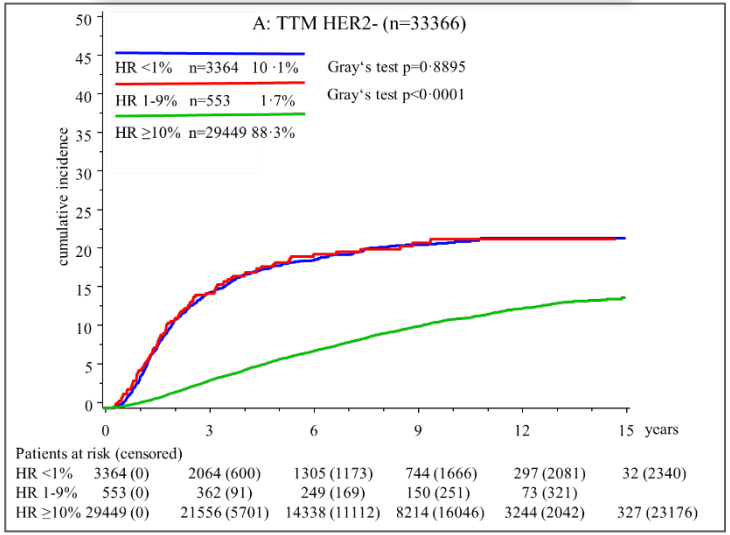
TNBC definition and outcome

GBG neoadjuvant study cohort[1]





Munich Cancer Registry cohort[2]



ER=oestrogen receptor; GBG=German Breast Group; HER2=human epidermal growth factor receptor 2; HR=hormone receptor; pCR=pathological complete response; PR=progesterone receptor; TTM=time to metastasis; TNBC=triple-negative breast cancer.

TNBCs also include tumours with low ER and PR expressions and tumours that are HER2 negative

1. Villegas SL, et al. *Eur J Cancer* 2021;148:159–170. 2. Schrodi S, et al. *Ann Oncol*. 2021;

HER2-low

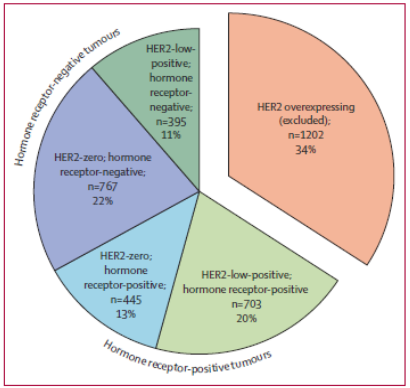
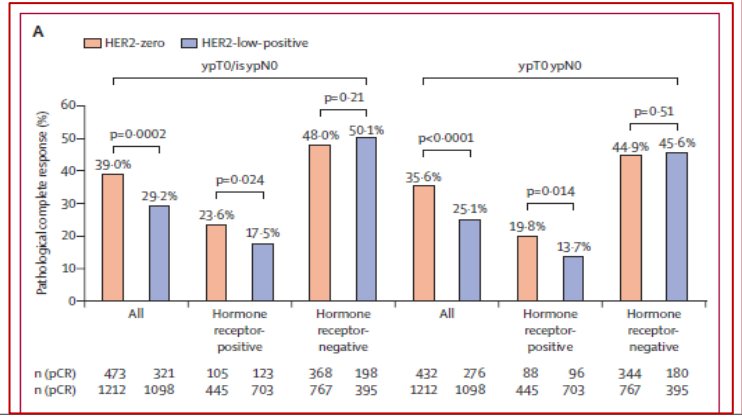
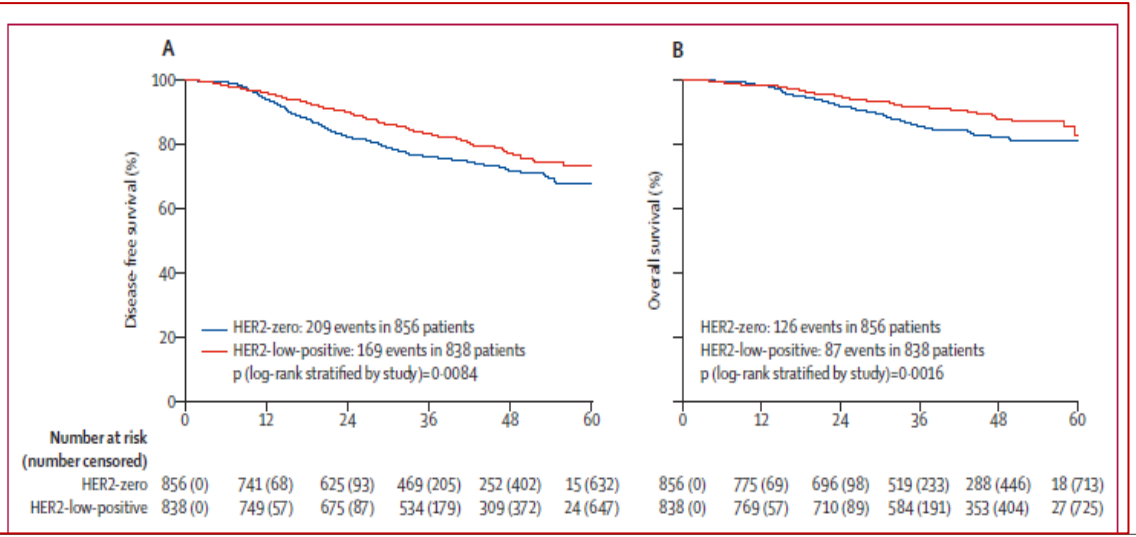


Figure 1: **Modified classification of breast cancer based on a combination of hormone-receptor expression and HER2 expression**



Clinical and molecular characteristics of HER2-low-positive breast cancer: pooled analysis of individual patient data from four prospective, neoadjuvant clinical trials

Carsten Denkert, Fenja Seither, Andreas Schneeweiss, Theresa Link, Jens-Uwe Blohmer, Marianne Just, Pauline Wimberger, Almuth Forberger, Hans Tesch, Christian Jackisch, Sabine Schmatloch, Mattea Reinisch, Erich F Solomayer, Wolfgang D Schmitt, Claus Hanusch, Peter A Fasching, Kristina Lübbe, Christine Solbach, Jens Huober, Kerstin Rhiem, Frederik Marmé, Toralf Reimer, Marcus Schmidt, Bruno V Sinn, Wolfgang Janni, Elmar Stickeler, Laura Michel, Oliver Stötzer, Eric Hahnen, Jenny Furlanetto, Sabine Seiler, Valentina Nekljudova, Michael Untch, Sibylle Loibl



Denkert C, et al. Loibl S; Lancet Oncol 2021

Unser Netzwerk

2.- 3. März 2023
GBG Jahrestreffen

Laboratories and Universities

Study groups & Cancer Organisations

GBG Subboards 2022 & AGO-B Board 2022

Neoadjuvant

Blohmer, Denkert, Fasching, Hanusch, Hartkopf, Huober, Jackisch, Link, Loibl, Rhiem, Schneeweiss, Solbach, Untch

Adjuvant

Loibl, Marm
Reinisch, Jan
Sinn, Untch

Palliativ

Decker, Denkert, Loibl, Lübbe, Mundhenke, Müller, Schmidt, Thill

Vielen Dank an alle für die GUTE ZUSAMMENARBEIT

Operativ

Ataseven, Blohmer, Denkert, Gerber, Golatta, Hahn, Heil, Krug, Kühn, Loibl

Translationale Forschung (TraFo)

, Karn, Loibl,
Stickeler, van

AGO-B

Fasching, Fehm, Jackisch, Janni, Kühn, Lück, Möbus, Müller, Rack, Schmidt, Schneeweiss, Stickeler, Thomssen, Untch u.v.a.

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We would like to thank all patients, their families, clinicians, pathologists and all others participating in the clinical trials and the biomaterial collection.

Collaborating Partners

Cooperating partners

Philipps Universität Marburg

Carsten Denkert
Paul Jank

AGO-B BREAST STUDY GROUP

Michael Untch
Peter Fasching
Volkmar Müller

GOETHE UNIVERSITÄT FRANKFURT AM MAIN

Thomas Karn

UNIKLINIK KÖLN Center for Familial Breast and Ovarian Cancer University Hospital of Cologne

Rita Schmutzler
Kerstin Rhiem
Eric Hahnen

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GBG Subboard Members

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GBG German Breast Group

2.- 3. März 2023 GBG Jahrestreffen 20 Years

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