

## THE IMPACT OF CHEMOTHERAPY MODIFICATION IN THE TREATMENT OF BREAST AND OVARIAN CANCER

Sigita Liutkauskiene<sup>1</sup>, Kristina Jurėnienė<sup>1</sup>, Saulius Grižas<sup>2</sup> and Elona Juozaitytė<sup>1</sup>

<sup>1</sup>Lithuanian University of Health Sciences, Lithuania

<sup>2</sup>Hospital of Lithuanian University of Health Sciences Kauno Klinikos, Lithuania

**W**e have strong background on positive effects in clinical outcomes of optimal and adequate chemotherapy in patients with breast and ovarian cancer from prospective clinical trials data. The purpose of our retrospective studies was to give some insights about real world patients and to give reasonable conclusions about effects of chemotherapy delays and dose reductions in daily clinical practice. The objective of ovarian study was to determine the impact of platinum modification on progression free and overall survival in patients with stage III ovarian cancer. Significant 3.3 times higher death risk in patients who experienced only chemotherapy delays compared with patients who did not experience any chemotherapy scheme modifications was established (HR=3.3, 95% CI: 1.2-8.5, p=0.016). Increased death risk in patients who experienced only chemotherapy delays compared with patients who experienced both chemotherapy delays and platinum dose reduction was also established (HR =2.3, 95% CI: 1.1-4.8, p=0.021). The objective of breast cancer study was to determine the impact of anthracycline modification on 5-year overall survival in patients with stage I-III breast cancer, to establish the impact of molecular subtypes on the anthracycline modification effects. Significant 3.17 times higher death risk at 5 year period in patients who experienced anthracycline dose reduction compared with patients who did not experience any modifications was established (HR=3.17, 95% CI 1.7-5.9, p<0.001). 5-year overall survival was affected by anthracycline dose reduction by more than 15% in ER-HER2-group (80% vs. 55.6%, p=0.015), ER+HER2-group (90.7% vs. 64.9%, p<0.01) and ER+/-HER2+ group (100% vs. 84.4%, p=0.019). 5-year overall survival was affected by chemotherapy delays more than 2 cycles in ER-HER2- group (79.2% vs. 51.4%, p=0.002), ER+HER2- group (86.3% vs. 58.8%, p=0.014) and there was no difference in ER+/-HER2+ group.

### Biography

Sigita Liutkauskiene has completed her PhD from Lithuanian University of Health Sciences and Postdoctoral studies from Lithuanian University of Health Sciences Oncology Institute. She is the Head of Conservative Oncology Department at the Affiliate of Hospital of Lithuania University of Health Sciences Kaunas Oncology Hospital since 2013; a Premier Member of Lithuanian Society for Medical Oncology, National Representative for Lithuania of European Society for Medical Oncology. Now, she is an Associate Professor in Lithuanian University of Health Sciences since 2015. She has published more than 25 papers in reputed journals and has been serving as an Editorial Board Member of *repute*.

sigitaliu@yahoo.com