

GRUPPO C

3 - QUESITO GRADE: Nelle pazienti in premenopausa con carcinoma mammario operato, recettori ormonali positivi o negativi, e candidate a chemioterapia adiuvante, è raccomandabile iniziare un trattamento con LHRHa prima della chemioterapia al fine di preservare la funzionalità ovarica?

Qualità e Rilevanza Clinica delle Evidenze

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Punti emersi nella Discussione

- A quali pazienti offrire l'opzione del trattamento con LHrH analogo?
- Quale impatto su Outcome (es. DFS) di LHrH analogo?
 - Diretto? Dopo ripresa fertilità (es. gravidanza)?
 - Quale (eventuale) relazione con recettori ormonali?

Racial, Socioeconomic, and Demographic Disparities in Access to Fertility Preservation in Young Women Diagnosed With Cancer



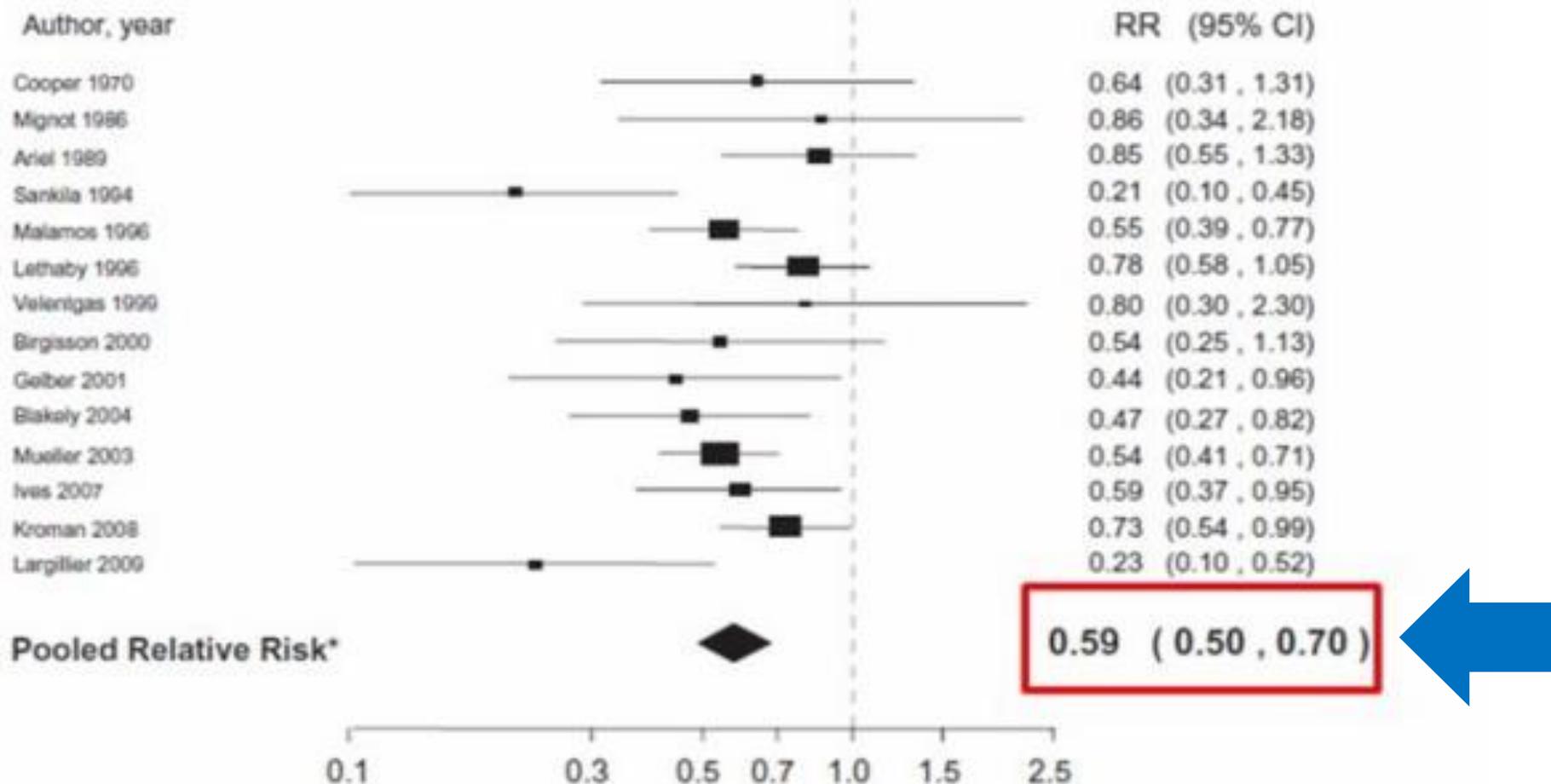
	Breast Cancer, n=223
Age at diagnosis, y, mean (SD)	36.3 (4.0)
Age at survey, y, mean (SD)	47.1 (5.9)
Years since diagnosis, mean (SD)	10.8 (4.5)
Children before treatment, No. (%)	163 (73%)
Desiring children after treatment, No. (%)	104 (47%)

- The overall awareness of fertility preservation has improved in the past decade
- For women diagnosed with cancer in the reproductive age, an unmet need is represented by the necessity of:
 - Reproductive health counseling
 - Fertility preservation

Punti emersi nella Discussione

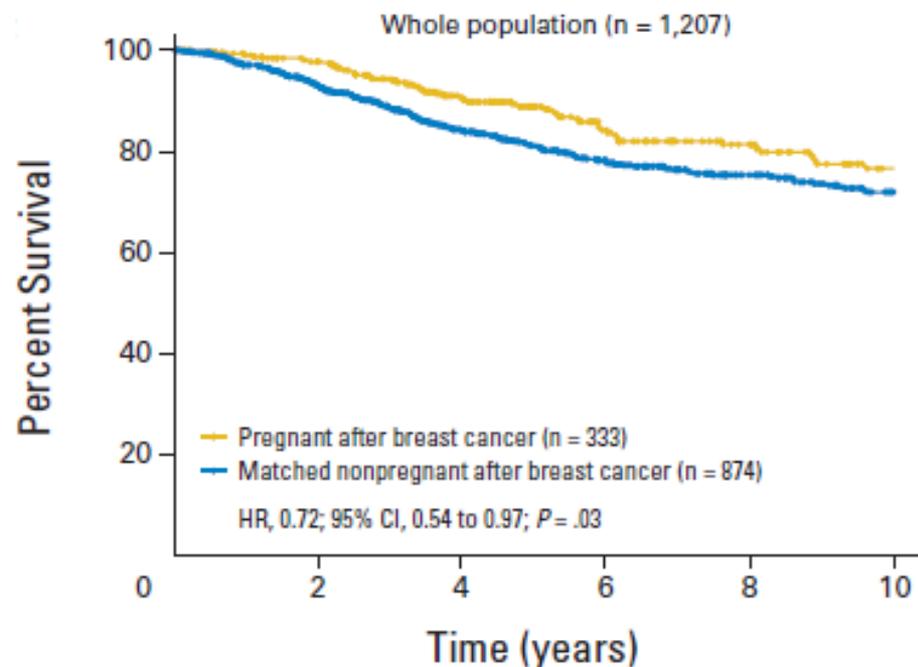
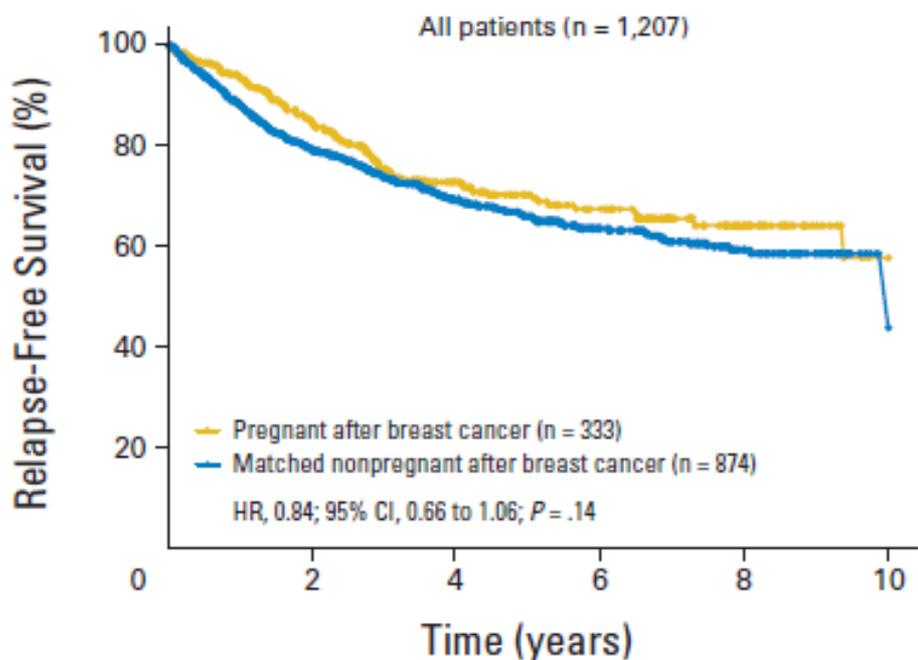
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Safety of pregnancy following breast cancer diagnosis: A meta-analysis of 14 studies



41% Reduction in the Risk of Death

Prognostic Impact of Pregnancy After Breast Cancer According to Estrogen Receptor Status: A Multicenter Retrospective Study

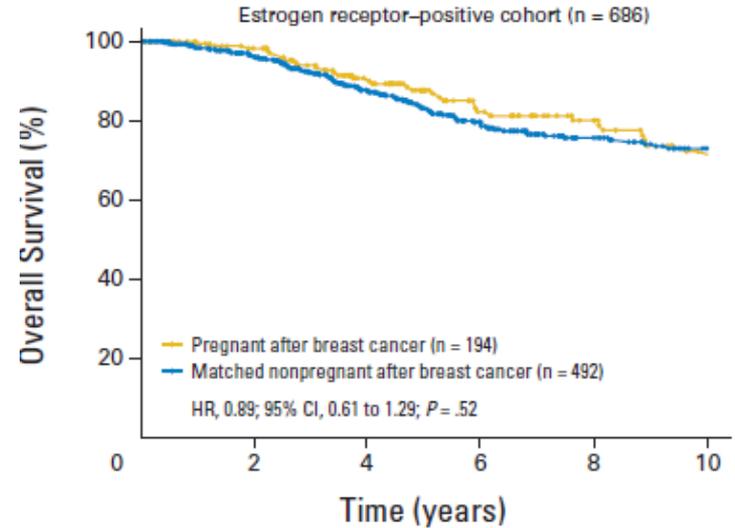
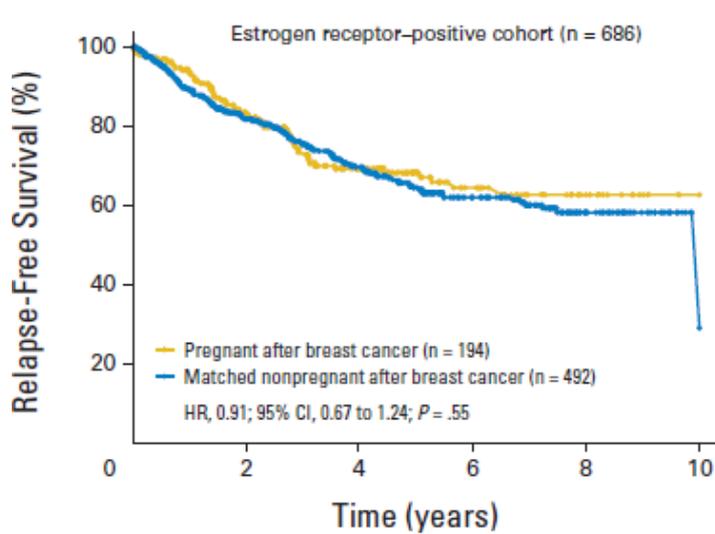


Conclusion

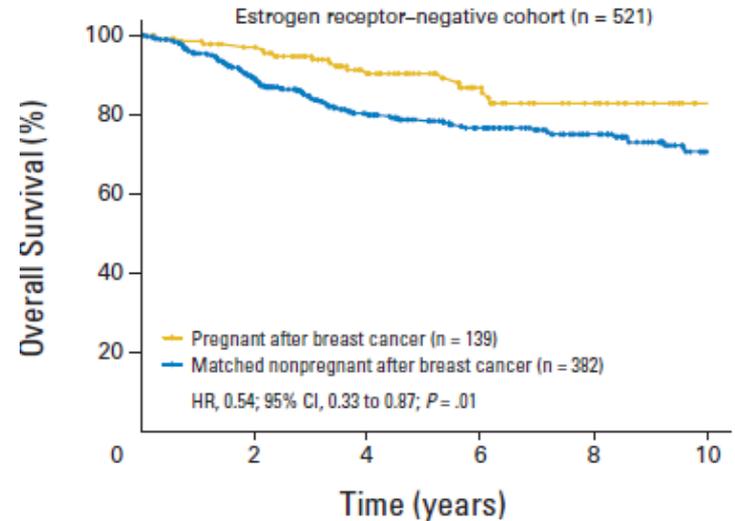
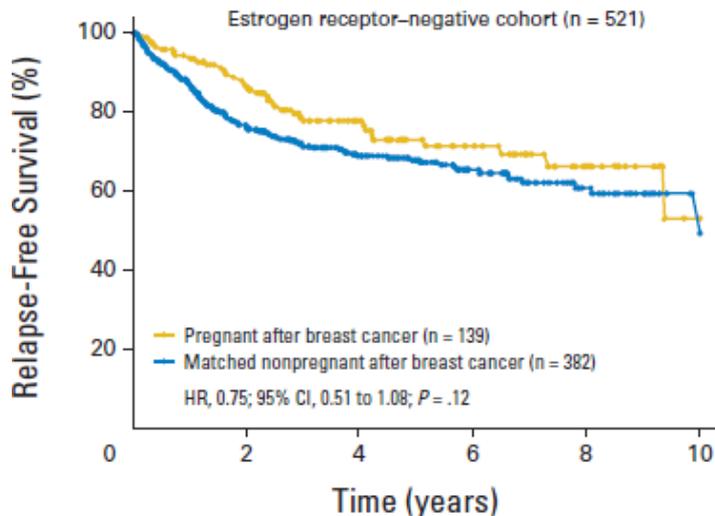
Pregnancy after ER-positive BC does not seem to reduce the risk of BC recurrence.

Prognostic Impact of Pregnancy After Breast Cancer According to Estrogen Receptor Status: A Multicenter Retrospective Study

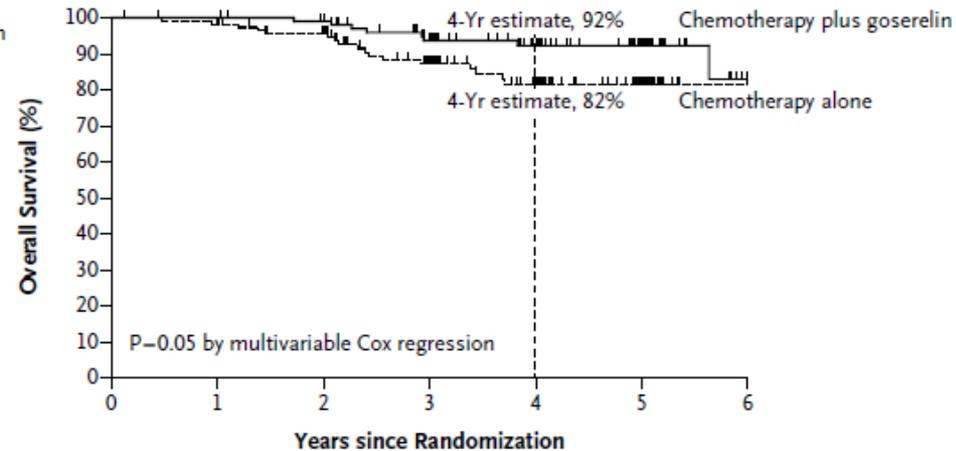
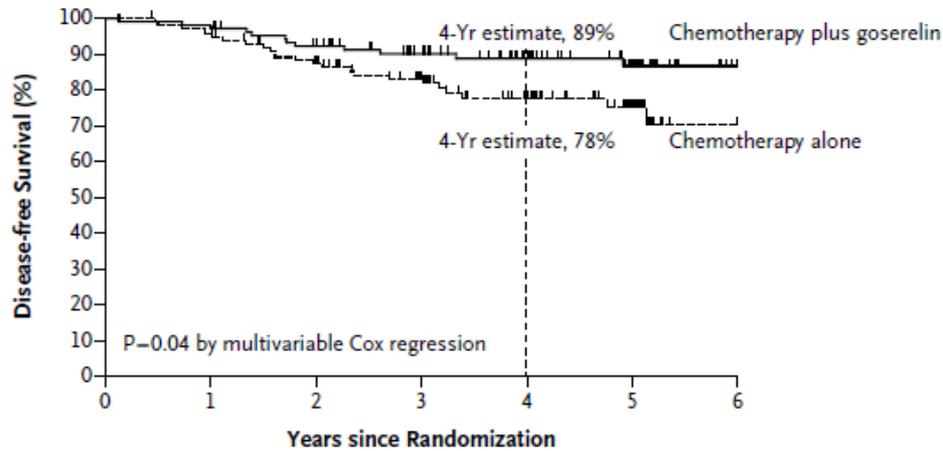
HR+



HR-



Goserelin for Ovarian Protection during Breast-Cancer Adjuvant Chemotherapy



The 4-year estimates of disease-free survival (Panel A) and overall survival (Panel B) are Kaplan–Meier estimates. With respect to disease-free survival, there were 12 relapses or deaths in the chemotherapy-plus-goserelin group and 24 in the chemotherapy-alone group; with respect to overall survival, there were 8 deaths in the chemotherapy-plus-goserelin group and 17 in the chemotherapy-alone group.