Comments on the St. Gallen Consensus 2003 on the Primary Therapy of Early Breast Cancer

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This final paper of the proceedings of the recent Eighth St. Gallen Conference 2003 on the Primary Therapy of Early Breast Cancer comments on the Consensus Paper put forth by the international expert panel and emphasizes new information, that has emerged during the 2 years since the seventh such meeting in 2001. More than 3200 breast cancer specialists from various medical fields-coming from 75 countries and all six continents-have attended the meeting and the process of scientific consensus development. Recommendations for patient care are so critically dependent on assessment of endocrine responsiveness that the importance of high-quality steroid hormone receptor determination and standardized quantitative reporting cannot be overemphasized. The Panel modified and simplified the risk categories so that only endocrine receptor-absent status was sufficient to reclassify an otherwise low-risk, node-negative disease into the category of average risk. Absence of steroid hormone receptors was also recognized as indicating endocrine non-responsiveness. Some important areas highlighted especially in the 2003 consensus include: recognition of the separate nature of endocrine non-responsive breast cancer, both invasive cancers and ductal carcinoma in situ (DCIS); improved understanding of the mechanisms of acquired endocrine resistance, offering exciting prospects for extending the impact of successful sequential endocrine therapies; presentation of high-quality evidence indicating that chemotherapy and tamoxifen should be used sequentially rather than concurrently; availability of a potential alternative to tamoxifen for treatment of postmenopausal women with endocrine responsive disease; promise of newly defined prognostic and predictive markers.

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