

Breast Cancer
10/07/05

A PHASE III TRIAL EVALUATING THE ROLE OF OVARIAN FUNCTION SUPPRESSION AND THE ROLE OF EXEMESTANE AS ADJUVANT THERAPIES FOR PREMENOPAUSAL WOMEN WITH ENDOCRINE RESPONSIVE BREAST CANCER

Eligibility

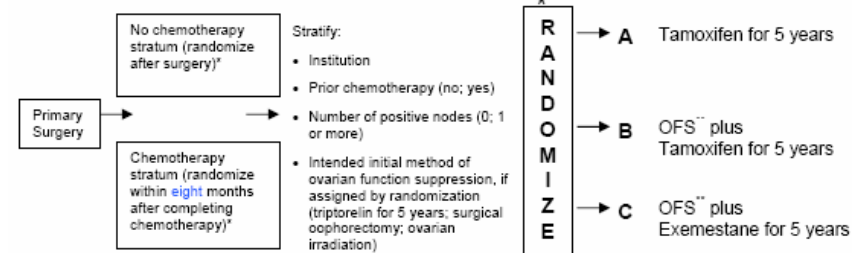
- Premenopausal women [estradiol (E2) levels in the premenopausal range] with histologically proven, resected breast cancer with ER and/or PgR positive tumors (if there is more than one tumor, each must be HR+)
- Patients may have received either no chemotherapy or remain premenopausal following completion of adjuvant and/or neoadjuvant chemotherapy. Patients who do not receive chemotherapy should be randomized within 12 weeks after definitive surgery; patients who receive prior chemotherapy should be randomized between 2 weeks and 8 months after the last dose of chemotherapy (as soon as premenopausal status is confirmed). NOTE: Adjuvant trastuzumab is not considered to be chemotherapy for eligibility timing consideration.
- Hormone receptors must be determined using immunohistochemistry. ER and/or PgR must be greater than or equal to 10% of the tumor cells positive by immunohistochemical evaluation. Biochemical determination alone is not acceptable. (See guidelines for assessments of ER and PgR in Appendix III).
- The tumor must be confined to the breast and axillary nodes without detected metastases elsewhere, with the exception of tumor detected in internal mammary chain nodes by sentinel node procedures. Patients who received neoadjuvant therapy must have had operable disease prior to neoadjuvant treatment to be eligible (see Section 3.1.4).
- Patients must have had proper surgery for primary breast cancer with no known clinical residual loco-regional disease - either a total mastectomy **OR** breast-conserving procedure (lumpectomy, quadrantectomy or partial mastectomy with margins clear of invasive cancer and DCIS, except as stated in Section 3.1.5). Radiation to the conserved breast is required.
- Patients must have either an axillary lymph node dissection or a negative axillary sentinel node biopsy [pN0(sn)]. Patients with negative or microscopically positive SN do not require additional axillary therapy; those with positive SN require axillary dissection or radiation.
- Patients must **NOT** have distant metastatic disease.
- Patients must **NOT** have locally advanced inoperable breast cancer including inflammatory breast cancer, supraclavicular node involvement, or enlarged internal mammary nodes (unless pathologically negative).
- Patients must **NOT** have clinically detectable residual axillary disease.
- Patients must **NOT** have had *prior* ipsilateral or contralateral invasive breast cancer. Patients with *synchronous* bilateral invasive breast cancer (within 2 mos) **ARE** eligible if the bilateral disease meets all other eligibility criteria.
- Patients must **NOT** have received endocrine therapy (including neoadjuvant and adjuvant) for more than 8 months after their breast cancer diagnosis.
- Patients must **NOT** have been on tamoxifen, hormone replacement therapy (HRT) or other SERMs within one year prior to diagnosis. Prior OCPs are allowed.
- Patients must **NOT** have received GnRH analogues as part of their treatment prior to entry.
- Patients must **NOT** have had a bilateral oophorectomy or ovarian irradiation or planning an oophorectomy within 5 years.

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Eligibility (cont.)

- Patients must **NOT** have had previous or concomitant invasive malignancy, except those outlined in section 3.2.4.
- Patients must **NOT** have other non-malignant systemic diseases that would prevent prolonged follow-up (see Section 3.2.5).
- Patients must **NOT** be pregnant, lactating or desire a pregnancy within 5 years.
- Patients must **NOT** have any psychiatric, addictive, or any disorder that would prevent compliance with protocol requirements.

Schema:



* Patients may have received tamoxifen or anti-aromatase agent prior to randomization

** OFS = ovarian function suppression (triptorelin for 5 years OR surgical oophorectomy OR ovarian irradiation)

Required Laboratory / Tests

(Labs must be completed within 2 months prior to randomization)

- CBC, blood chemistries including alkaline phosphatase, AST **or** ALT, albumin, bilirubin
- Bilateral mammograms must be done within one year prior to randomization.
- Chest x-ray or CT is required within one year prior to randomization.
- Abdominal ultrasound or liver scan and/or CT abdomen prior to randomization **IF** liver function tests are significantly abnormal or if medically indicated.
- Estradiol (E₂) must be within premenopausal range within 12 weeks following surgery if no chemotherapy is given or within 2 weeks to 8 months following the last dose of chemotherapy.

Note: Bone scan and bone densitometry is **recommended** within one year prior to randomization.

THIS INFORMATION IS INTENDED TO BE USED AS A SCREENING TOOL ONLY AND SHOULD NOT BE USED IN PLACE OF THE