

Table: 66P

	pCR (ypT0 ypN0)	OR (95% CI)*	p-value	5-year DFS rate (N=315)	HR (95% CI)*	p-value	5-year DFS rate in non-pCR (N=173)	HR (95% CI)*	p-value	5-year DFS rate in pCR (N=142)	HR (95% CI)*	p-value
Age												
>40 years (N=232)	41.4%	1		74.9%	1		62.7%	1		91.7%	1	
≤40 years (N=83)	55.4%	1.47 (0.85-2.55)	0.167	81.2%	0.87 (0.48-1.55)	0.631	68.8%	0.83 (0.43-1.61)	0.583	91.6%	1.11 (0.26-4.68)	0.890
Menopausal status												
Postmenopausal (N=123)	36.6%	1		78.4%	1		70.2%	1		92.3%	1	
Premenopausal (N=192)	50.5%	1.54 (0.92-2.57)	0.101	75.3%	1.49 (0.88-2.52)	0.137	58.8%	1.79 (1.01-3.18)	0.046	91.4%	1.16 (0.26-5.20)	0.849

* adjusted for tumor stage, nodal status, tumor grade, Ki67, TILs and carboplatin use.

Grant, Travel expenses, Medical writing grant: Celgene; Honoraria (self), Honoraria (institution), Travel/Accommodation/Expenses, Expert testimony, Research Grant, Travel expenses: Roche; Honoraria (institution), Research Grant: AbbVie; Honoraria (self), Expert testimony, Honoraria: AstraZeneca; Honoraria (self), Travel/Accommodation/Expenses, Honoraria, Travel expenses: Pfizer; Honoraria (self), Honoraria: Novartis; Honoraria (self), Honoraria: MSD; Honoraria (self), Honoraria: Tesaro; Honoraria (self), Honoraria: Lilly. J-U. Blohmer: Honoraria (self): Amgen; Honoraria (self): AstraZeneca; Honoraria (self): Lilly; Honoraria (self): MSD; Honoraria (self): Novartis; Honoraria (self): Pfizer; Honoraria (self), Honoraria (institution): Sysmex; Honoraria (self): Roche; Honoraria (self): Pierre Fabre. J. 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Denkert: Honoraria (institution), Oncobiome project: European Commission H2020; Honoraria (institution), INTEGRATE-TN project: German Cancer Aid Translational Oncology; Honoraria (self): Novartis; Honoraria (self): Roche; Honoraria (self): MSD Oncology; Honoraria (self): Daiichi Sankyo; Honoraria (self): AstraZeneca; Honoraria (self): Molecular Health; Honoraria (institution): Myriad; Honoraria (self): Merck; Shareholder/Stockholder/Stock options, Cofounder/shareholder until 2016: Sividon diagnostics; Licensing/Royalties: VMScope digital pathology software; Licensing/Royalties: WO2020109570A1 - cancer immunotherapy; Licensing/Royalties: WO2015114146A1 and WO2010076322A1- therapy response. M. 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Loibl: Honoraria (institution), honorario for lectures and ad boards paid to institute: AbbVie; Honoraria (institution), honorario for lectures and ad boards paid to institute: Celgene; Honoraria (institution), honorarium for lectures paid to institute: PriME/Medscape; Honoraria (self), lecture: Chugai; Honoraria (self), Honoraria (institution), honorario paid to institute: Daiichi Sankyo; Honoraria (institution), honorarium for ad boards paid to institute: Lilly; Honoraria (institution), advisor honorarium paid to institute: BMS; Honoraria (institution), advisor honorarium paid to institute: Puma; Honoraria (institution), paid to institute: Immunomedics; Honoraria (institution), honorarium for lectures and ad boards paid to institute: AstraZeneca; Honoraria (institution), honorarium for lectures and ad boards paid to institute: Pierre Fabre; Honoraria (institution), honorarium for lectures and ad boards paid to institute: Merck; Honoraria (institution), advisor honorarium paid to institute: EirGenix; Honoraria (institution), honorarium for lectures and ad boards paid to institute: Amgen; Honoraria (institution), honorarium for lectures and ad boards paid to institute: Novartis; Honoraria (institution), honorarium for lectures and ad boards paid to institute: Pfizer; Honoraria (institution), grant and honorarium paid to institute: Roche; Honoraria (institution), paid to institute: Seagen; Licensing/Royalties, Immunsignature in TNBC: EP14153692.0. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.03.080>

67P The role of FDG PET/CT to omit sentinel lymph node biopsy after neoadjuvant chemotherapy in breast cancer

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Background: It is controversial to perform sentinel lymph node biopsy (SNB) after neoadjuvant chemotherapy (NAC) in breast cancer (BC) due to the high false negativity rates (FNR). ¹⁸F-fluorodeoxyglucose positron emission tomography/computerized tomography (FDG-PET/CT) has been previously studied in the evaluation of response after NAC. In our study, we evaluated the diagnostic value of FDG-PET/CT for predicting ypT0 and ypN0 separately. Thus, we aimed to evaluate whether it is possible to omit SNB with prediction of pathological response by FDG-PET/CT in BC.

Methods: We evaluated 85 consecutive patients with operated BC after NAC. The maximum standardized uptake value (SUVmax) on FDG-PET/CT after NAC at both primary tumor (postSUVmax-T) and axillary lymph nodes (postSUVmax-N) were assessed to predict the ypT0 and the ypN0, respectively.

Results: We detected clinically meaningful correlation between postSUVmax-N with ypN0 in patients with human epidermal receptor-positive (Her2+) and triple-negative (TN) BC (in Her2+ BC: $r=0.596$, $p < 0.001$, in TN BC: $r=0.782$, $p = 0.001$). The postSUVmax-N predicted ypN0 with 90.5% positive predictive value (PPV) and 85.7% negative predictive value (NPV) in patients with Her2+ and TN BC. The postSUVmax-T predicted ypT0 with 87.5% positive predictive value (PPV) and 100% NPV in patients with TN BC (AUC: 0.938, $p < 0.01$).

Conclusions: According to our study's findings, FDG-PET/CT may be an alternative to SNB to protect patients from axillary lymph node dissection when the expected FNR of the SNB is high in patients with Her+ and TN BC.

Legal entity responsible for the study: Eda Tanrikulu Simsek.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.03.081>

68P A meta-analysis of the efficacy of adding immune checkpoint inhibitors to neoadjuvant chemotherapy against triple-negative breast cancer

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Background: Immune checkpoint inhibitors (ICIs) have shown promising anti-tumor activities in multiple malignances. However, the efficacy of ICIs against breast cancer remains unclear. This meta-analysis was conducted to evaluate the efficacy and safety profile of adding ICIs to neoadjuvant chemotherapy against triple-negative breast cancer (TNBC).

Methods: Eligible studies were retrieved from the PubMed, Embase, and Web of Science databases. Randomized controlled trials (RCTs) that investigated ICI-containing versus ICI-free neoadjuvant therapy were included in this study. Meta-analyses were performed using Review Manager Version 5.2 software with a random-effects model.

Results: This study included four RCTs containing 1795 patients with early TNBC. Compared with ICI-free neoadjuvant therapy, ICI-containing neoadjuvant therapy significantly increased the pathological complete response (pCR) rate in TNBC (odds ratio [OR] = 2.14, 95% confidence interval [CI]: 1.37–3.35, $P < 0.001$). In subgroup