ASCO ANNUAL MEETING

Dr. Gabriel N. Hortobagyi Honored With 2019 David A. Karnofsky Memorial Award

May 10, 2019

Gabriel N. Hortobagyi, MD, FACP, professor of medicine with The University of Texas MD Anderson Cancer Center, has been named the 2019 David A. Karnofsky Memorial Award recipient for his career-long contributions to translational research in oncology. He will deliver an award lecture during the ASCO Annual Meeting on June 1.

Dr. Gabriel N. Hortobagyi

Dr. Hortobagyi is credited for introducing neoadjuvant systemic therapy to the management of breast cancer and developing combined modality treatment strategies for locally advanced and inflammatory breast cancer. His team played an active role in the clinical development and integration of paclitaxel and docetaxel in the treatment of primary breast cancer in the neoadjuvant and adjuvant settings.

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Citation overview

Hortobágyi, Gabriel N.

Celgene

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breastJournalClub

19-20 NOVEMBRE 2012

HOTEL SANTA LUCIA
Via Partenope 46
NAPOLI

PROGRAMMA

19 Novembre 2012

16:00
Benvenuto e apertura lavori
S. De Placido, L. Dogliotti

16:15
Presentazione e premiazione Gabriel Hortobagyi
P.F. Conte, A. Bottini

16:30
Lettura
G.N. Hortobagyi

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIALS

Trastuzumab in the Treatment of Breast Cancer

Gabriel N. Hortobagyi, M.D.

The results are simply stunning

On the basis of these results, **our care of patients with HER2-positive breast cancer must change today**

Clearly, the results reported in this issue of the Journal are not evolutionary but revolutionary

THE UNIVERSITY OF TEXAS
MD ANDERSON CANCER CENTER
Making Cancer History®

June 29, 2005

Professor Pier F. Conte
Department of Oncology & Hematology
Division of Oncology
University of Modena and Reggio Emilia
Via del Pozzo 71
41100 Modena
Italy

Dear Dr. Conte:

Dr. Valentina Guarneri was an Observer the Department of Breast Medical Oncology a
The University of Texas M.D. Anderson Cancer Center from February 1, 2005 to July 8
2005. We enjoyed Dr. Guarneri's visit with us, and hope that her experience at MI
Anderson Cancer Center was beneficial to her and to your institution.

If you have any questions or require additional information, please don't hesitate t
contact me at the above phone numbers.

Sincerely,

Gabriel N. Hortobagyi, M.D.
Chairman, Department of Breast Medical Oncology

VOLUME 24 · NUMBER 7 · MARCH 1 2006
JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Prognostic Value of Pathologic Complete Response After Primary Chemotherapy in Relation to Hormone Receptor Status and Other Factors

Valentina Guarneri, Kristine Broglio, Shu-Wan Kau, Massimo Cristofanilli, Aman U. Buzdar, Vicente Valero, Thomas Buchholz, Funda Meric, Lavinia Middleton, Gabriel N. Hortobagyi, and Ana M. Gonzalez-Angulo

om the Departments of Breast Medi- l Oncology, Biostatistics and Applied athematics, Radiation Oncology, rgical Oncology, and Pathology, The iversity of Texas M.D. Anderson ncer Center, Houston, TX; and the partment of Oncology and Hematol- y, University of Modena e Reggio nilia, Modena, Italy.

bmitted May 23, 2005; accepted cember 14, 2005.

pported by the Nellie B. Connally east Cancer Research Fund and the ndazione Komen Italia.

thors' disclosures of potential con- ts of interest and author contribu- ns are found at the end of this icle.

dress reprint requests to Ana Maria nzalez-Angulo, MD, Department of east Medical Oncology, The Univer- y of Texas M.D. Anderson Cancer nter, 1515 Holcombe Blvd, Unit 54, Houston, TX, 77230-1439; e-mail: gonzalez@mdanderson.org.

0732-183X/06/2407-1037/$20.00

DOI: 10.1200/JCO.2005.02.6914

ABSTRACT

Purpose
To evaluate whether hormonal receptor (HR) status can influence the prognostic significance of pathologic complete response (pCR).

Patients and Methods
This retrospective analysis included 1,731 patients with stage I to III noninflammatory breast cancer treated between 1988 and 2005 with primary chemotherapy (PC). Ninety-one percent of patients received anthracycline-based PC, and 66% received additional taxane therapy. pCR was defined as no evidence of invasive tumor in the breast and axillary lymph nodes.

Results
Median age was 49 years (range, 19 to 83 years). Sixty-seven percent of patients (n = 1,163) had HR-positive tumors. A pCR was observed in 225 (13%) of 1,731 patients; pCR rates were 24% in HR-negative tumors and 8% in HR-positive tumors ($P < .001$). A significant survival benefit for patients who achieved pCR compared with no pCR was observed regardless of HR status. In the HR-positive group, 5-year overall survival (OS) rates were 96.4% *v* 84.5% ($P = .04$) and 5-year progression-free survival (PFS) rates were 91.1% *v* 65.3% ($P < .0001$) for patients with and without pCR, respectively. For the HR-negative group, 5-year OS rates were 83.9% *v* 67.4% ($P = .003$) and 5-year PFS rates were 83.4% *v* 50.0% ($P < .0001$) for patients with and without pCR, respectively. After adjustment for adjuvant hormonal treatment, HR status, clinical stage, and nuclear grade, patients who achieved a pCR had 0.36 times the risk of death.

Conclusion
pCR is associated with better outcome regardless of HR status in breast cancer patients who receive PC.

J Clin Oncol 24:1037-1044. © 2006 by American Society of Clinical Oncology

INTRODUCTION

Primary chemotherapy (PC) represents the standard of care for locally advanced and inflammatory breast cancer, and its use is increasing in earlier stage disease. Upfront administration of systemic chemotherapy has proven to increase the rate of breast-conserving surgery (BCS).[1,2] Furthermore, the response to PC and, in particular, the achievement of a pathologic complete response (pCR) are predictors of outcome[3-5] and can be considered as surrogate markers of treatment efficacy. As a consequence, early identification of features that can predict for response may allow a better selection of patients who will benefit from this line of therapy and, more importantly, may spare the patient the toxicity of a potentially ineffective treatment.

Several studies have been conducted with the aim to identify predictive factors of pCR after PC. Despite the lack of a global consensus, the predictive value of hormone receptor (HR) status, tumor grade, and tumor cell proliferation has been established. Poorly differentiated tumors with a high proliferation rate and without expression of HR are more chemosensitive and are associated with a higher percentage of pCR.[6-13] On the contrary, well-differentiated tumors with a low proliferation rate and with expression of HR are less likely to achieve a pCR after PC. However, this relative chemoresistance does not automatically translate into a worse outcome. Ring et al[13] from the Royal Marsden Hospital have recently reported interesting data showing that, in patients with HR-positive tumors, the achievement of pCR does not correlate with a better outcome compared with not achieving a pCR. Unfortunately, there were few HR-positive patients in the study who achieved a pCR, precluding a definitive conclusion.