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Breast cancer research: mortality rates falling and individual therapies at the ready

Fewer and fewer women are dying as a result of breast cancer thanks to a combination of improved early detection and the continued development of new and existing therapies. At the St. Gallen Breast Cancer Conference, held at the Austria Center Vienna from 15-18 March, a group of leading international experts drew up and agreed on a set of therapy recommendations that will be used in everyday clinical practice as a guideline for breast cancer therapies.

- The number of new cases is falling; **80%** of early-stage patients **cured**
- Genetic predisposition is overestimated: just 5% of breast cancer cases down to **inherited mutations**
- **Breast removal is not a panacea, breast-conserving surgery is the standard:** preventive care, not scaremongering in the media
- **Individual therapy** instead of overtreatment the central focus of the 15th St. Gallen Breast Cancer Conference

Breast cancer in numbers – new cases, therapies and mortality

Each year around 5,200 new cases are recorded in Austria, 98 percent of which affect women. Having significantly increased over the past 60 years, the number of new cases now appears to have plateaued over the past three years. This is due to a combination of better **public awareness** of the role played by **preventive care** and controlled use of hormone replacement therapies during the menopause. Around 80% of early-stage patients are healed thanks to **interdisciplinary therapy concepts**, which has seen mortality rates among breast cancer patients drop by a third over the past 30 years.

Breast removal as preventive therapy?

“Although we keep hearing about young women with the disease, breast cancer mainly affects **women aged 70 or above**. Factors include Western lifestyles, the fact that women are having fewer children, and increased exposure to hormones during times such as the menopause – that said, the latter has been addressed over the past few years,” explained Michael Gnant, head of MedUni Vienna’s University Clinic for Surgery, director of the breast health centre in Vienna and president of the ABCSG. As a matter of fact, just 5% of cases are attributable to a **genetic predisposition**.

Demand for breast removal has increased in the wake of increased media coverage of cause celebres such as that of Angelina Jolie. But unless a specific form of cancer is present, this kind of intervention is unsuitable as a form of preventive care, as Gnant explained: “A radical

operation of this nature is an enormous physical and psychological burden so we advise against the procedure in the majority of cases. In principle, the unfortunate reality is that breast cancer is scarcely preventable, but it can be detected early in 95% of cases.” In light of this, he recommends taking **appropriate precautions** and avoiding being caught up in the hysteria. These include women checking their breasts each month, an examination by a doctor every year and a mammography at least once every two years from the age of 50. Basic mammograms are another option for women in their mid-30s. “It is essential for people to know their bodies and go to the doctor if they notice a change or have any complaints. Downplaying the significance of the disease is just as counterproductive as worrying too much.”

Trend towards individual therapies and away from overtreatment

In more than 90 percent of cases a breast-conserving operation is part of the interdisciplinary therapy concept used to treat breast cancer. But patient quality of life is also a major consideration for researchers as reflected in the shift away from general standard treatments towards targeted **therapies of cancer subtypes**. One focus is patients with ductale carcinoma in situ (DCIS), a tumour that is confined to the milk duct and is relatively straightforward to operate on. The overarching goal is to ensure that patients do not receive unnecessary treatment.

“There is a fundamental movement in oncology towards individual treatments. Breast cancer research plays a pioneering role in oncology. Overtreatment, i.e. **one-size-fits-all use of medicines and radiotherapy**, is often associated with serious side effects and has no therapeutic benefit. At the congress we are sitting down with leading international experts to decide what the optimal therapy of tumours suitable for surgical intervention should look like. The long-term goal is to categorise breast cancer cases more precisely according to biological subtypes, so that it is possible to filter out those that do not require additional therapy after surgery. We are using studies to try to improve recovery rates and optimise therapies,” concluded Gnant who is also one of the congress presidents.

5,000 top international breast cancer experts meet at the Austria Center Vienna

Austria deserves its reputation as a **mecca for clinical breast cancer research** – with more than 25,000 participants in clinical research projects over the past 30 years, the country is not just a **top treatment location**, but also home to a close-knit **nationwide research network**. “We are very proud of bringing the breast cancer conference to the Austria Center Vienna. It is a sign that Austrian specialists’ expertise is also recognised on the international stage, which is immensely satisfying,” Michael Gnant concluded.

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