

General Session

GBCC 2026 General Session: Where Outstanding Research Meets Global Recognition 8 Outstanding Studies in the Global Spotlight

GBCC

The Global Breast Cancer Conference (GBCC) is one of the largest breast cancer conferences in Asia, bringing together healthcare professionals, researchers, and advocates from around the world. With 5,549 participants from 79 countries in 2026, GBCC continues to strengthen its position as a leading global platform for breast cancer research and collaboration. The conference provides an international forum where breast cancer specialists share their latest research and discuss the future direction of patient care. At the center of the conference, the General Session showcases the studies that have received the highest scientific evaluation at GBCC.

From the many abstracts submitted, only eight studies are selected through rigorous review based on scientific originality, methodological validity, clinical significance, and global relevance. The selected studies are presented before an international judging panel and recognized, according to the on-site evaluation, with the Best Academic Award, Academic Excellence Award, or Honorable Mention.

The GBCC 2026 General Session featured studies addressing major clinical questions in adjuvant systemic therapy, surgical de-escalation, precision oncology, individualized endocrine therapy, and digital patient support.



Best Academic Award

Efficacy and Patient-reported Outcomes of Ribociclib Plus a Nonsteroidal Aromatase Inhibitor in Younger Patients with HR+ /HER2– Early Breast Cancer in NATALEE: A 5-Year Update

Seock-Ah Im
Seoul National Univ. Hospital, Republic of Korea

- Consistent efficacy across age groups, including patients younger than 40 years.
- Younger patients presented with more aggressive baseline disease, yet experienced comparable treatment benefit.
- Clinical benefit persisted well beyond treatment completion.
- Quality of life remained stable throughout long-term follow-up.

This five-year NATALEE analysis evaluated the efficacy and patient-reported outcomes of ribociclib plus a nonsteroidal aromatase inhibitor according to age in patients with HR-positive/HER2-negative early breast cancer. The analysis included 543 patients younger than 40 years and 4,558 patients aged 40 years or older, with a median follow-up of 58.4 months. Patients younger than 40 years had higher Ki-67 levels and were more likely to have received neoadjuvant chemotherapy, reflecting more aggressive disease characteristics. Despite these differences, the treatment effect of ribociclib plus a nonsteroidal aromatase inhibitor consistently favored the combination across both age groups for invasive disease-free survival and other recurrence-related endpoints. The benefit remained durable when all patients had been off ribociclib for a median of approximately two years. Patient-reported physical functioning and global health status were also maintained. These findings support the long-term clinical value of adjuvant ribociclib-based therapy in patients with HR-positive/HER2-negative early breast cancer, including those younger than 40 years.

Academic Excellence Award

Omission of Sentinel Lymph Node Biopsy in HER2+ /TNBC Patients with Pathologic Complete Response after Neoadjuvant Systemic Therapy: 3-Year Interim Analysis of the Prospective ASLAN Trial

Wonshik Han Seoul National Univ. Hospital, Republic of Korea

- First prospective evidence supporting SLNB omission in HER2+ /TNBC patients with breast pCR after neoadjuvant therapy.
- No axillary recurrence and 98.0% 3-year RFS observed in the interim analysis.
- Reduced surgical burden was accompanied by improved patient-reported outcomes.
- Longer-term (5-year) follow-up will determine whether this strategy can be incorporated into clinical guidelines.



ASLAN is a prospective, multicenter, single-arm study evaluating the omission of sentinel lymph node biopsy in patients with HER2-positive or triple-negative breast cancer who achieved breast pathologic complete response after neoadjuvant systemic therapy. After a median follow-up of 32.7 months, the three-year recurrence-free survival rate among patients with breast pCR who omitted sentinel lymph node biopsy was 98.0%. No axillary or regional lymph node recurrences and no deaths were observed. This interim analysis supports the potential for further axillary surgical de-escalation in carefully selected patients with an excellent response to systemic therapy. Long-term oncologic safety will be assessed through continued follow-up of the primary five-year RFS endpoint.



Academic Excellence Award

Chemotherapy-Induced Amenorrhea Duration Modifies the Benefit of Ovarian Function Suppression: A Substudy of the ASTRRA Trial

Woong Ki Park Samsung Medical Center, Republic of Korea

- Amenorrhea duration after chemotherapy may help identify which patients derive the greatest benefit from OFS.
- Significant long-term benefit was observed in patients with early ovarian function recovery, whereas those with delayed recovery showed comparable outcomes with tamoxifen alone.
- The findings highlight the potential to reduce unnecessary OFS treatment and preserve quality of life in selected patients.
- Further prospective validation is needed before routine clinical implementation.

This ASTRRA substudy evaluated whether the timing of ovarian function recovery after chemotherapy was associated with the benefit of ovarian function suppression in 1,282 premenopausal patients with HR-positive breast cancer. Among patients whose ovarian function recovered within six months after chemotherapy, adding two years of OFS to tamoxifen significantly improved disease-free survival. Ten-year DFS was 83.3% with tamoxifen plus OFS and 71.2% with tamoxifen alone, corresponding to a hazard ratio of 0.57. In contrast, no additional OFS benefit was observed among patients whose ovarian function recovered between six and 24 months. A significant interaction was identified between the timing of ovarian function recovery and the treatment effect of OFS, suggesting that the duration of chemotherapy-induced amenorrhea may serve as a practical clinical marker for individualizing OFS treatment.

Honorable Mention



Clinical Effect of Bisphosphonate in Patients with Hormone Receptor-positive Early Breast Cancer: A Nationwide Real-world Data Analysis

Wonseok Choi
Korea Univ. Guro Hospital
Republic of Korea

In a nationwide analysis of 52,599 women with HR-positive early breast cancer, bisphosphonate use was associated with improved overall survival. A disease-free survival benefit was also observed among patients aged 60 years or older.



Long-term Outcome Analysis of Extended Endocrine Therapy (EET) and Ovarian Function Suppression (OFS) in Multigene Assay (MGA)-Tested HRpos/HER2neg Early Breast Cancer(EBC): A Multicenter Real-world Retrospective Study

Ee Jin Kim
ASAN Medical Center
Republic of Korea

A multicenter real-world analysis of 7,345 patients with multigene assay-tested HR-positive/HER2-negative early breast cancer found that extended endocrine therapy provided the greatest benefit in clinically high-risk disease, particularly when clinical risk was high but genomic risk was low.



Germline Background Redefines the Clinical Meaning of Somatic BRCA Alterations in Breast Cancer

Masanori Oshi
Yokohama City Univ. Hospital
Japan

Germline and somatic BRCA alterations demonstrated distinct genomic and clinical contexts. The findings highlight the importance of considering germline background when interpreting somatic BRCA alterations in precision oncology.



A Randomized Controlled Trial for Doing vs. Omitting Intraoperative Frozen Section Biopsy for Resection Margin Status in Selected Patients Undergoing Breast Conserving Surgery (OFF-MAP trial, KBCSG-17)

Tae-Kyung Robyn Yoo
ASAN Medical Center
Republic of Korea

The OFF-MAP trial prospectively evaluated omission of intraoperative frozen-section margin assessment in a multicenter randomized noninferiority design. Although positive margin and reoperation rates were low in both groups, the prespecified noninferiority criterion was not met after the study was terminated early because of slow accrual.



A Multidisciplinary Digital Platform to Support Breast Cancer Patients During Adjuvant Treatment: A Pilot Randomized Controlled Trial

Seung Mi Yeo
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Yangsan Hospital
Republic of Korea

In a pilot randomized trial involving 72 patients, a multidisciplinary digital platform showed the potential to improve pain and daily functioning during adjuvant treatment while supporting symptom management and patient engagement in self-care.

GBCC 2027 "General Session"

Inspired by this year's outstanding award recipients? You could be next. The GBCC General Session will return in 2027. Investigators worldwide are invited to submit their latest work and join the scientific exchange at GBCC 2027, where the next study to receive international recognition could be yours.

We warmly invite researchers, clinicians, and innovators from around the world to submit their best work to the GBCC 2027 General Session. This is your opportunity to showcase groundbreaking research, connect with global leaders, and gain international recognition.

Join us in shaping the future of global breast cancer research, we look forward to receiving your submission and welcoming you to GBCC 2027

Academic Excellence Award

\$3,000

GBCC Best Academic Award

\$10,000

Honorable Mention

\$500