HR+/HER2− breast cancer accounts for over 70% of early breast cancer cases in Taiwan. While endocrine therapy after surgery provides good outcomes for most patients, studies show that 10–30% may still relapse, especially within the first five years.

The risk of recurrence is influenced by multiple factors, including tumor size, lymph node involvement, histologic grade, and younger age (e.g., under 40 years old). Even in patients without lymph node involvement, those with tumors ≥3 cm, Grade 3 tumors, or Grade 2 tumors measuring 2–3 cm may still fall into the intermediate-to-high-risk category and may benefit from more intensive adjuvant treatment to reduce recurrence risk.

CDK4/6 inhibitors are reimbursed in Taiwan only for selected high-risk patients, such as those with multiple positive nodes. However, many intermediate-risk patients do not qualify, leaving a gap in treatment options.

TS-1, an oral fluoropyrimidine, offers a potential solution. The POTENT Trial showed that adding just one year of TS-1 to endocrine therapy significantly reduced recurrence risk by 37% (HR: 0.63; p=0.0003) compared to endocrine therapy alone. The benefit was consistent even in node-negative, intermediate-risk subgroups.

In terms of safety, TS-1 was generally well tolerated. The incidence of Grade 3–4 neutropenia was 4.5%, which is relatively low compared to traditional intravenous chemotherapy, making TS-1 a more practical and manageable option in the adjuvant setting.

In summary, TS-1 plus endocrine therapy is a

clinically proven, well-tolerated, and time-limited (1-year) adjuvant strategy for intermediate-to-high-risk HR+/HER2− early breast cancer patients, offering meaningful recurrence reduction with a favorable safety profile during the critical early post-surgical period.