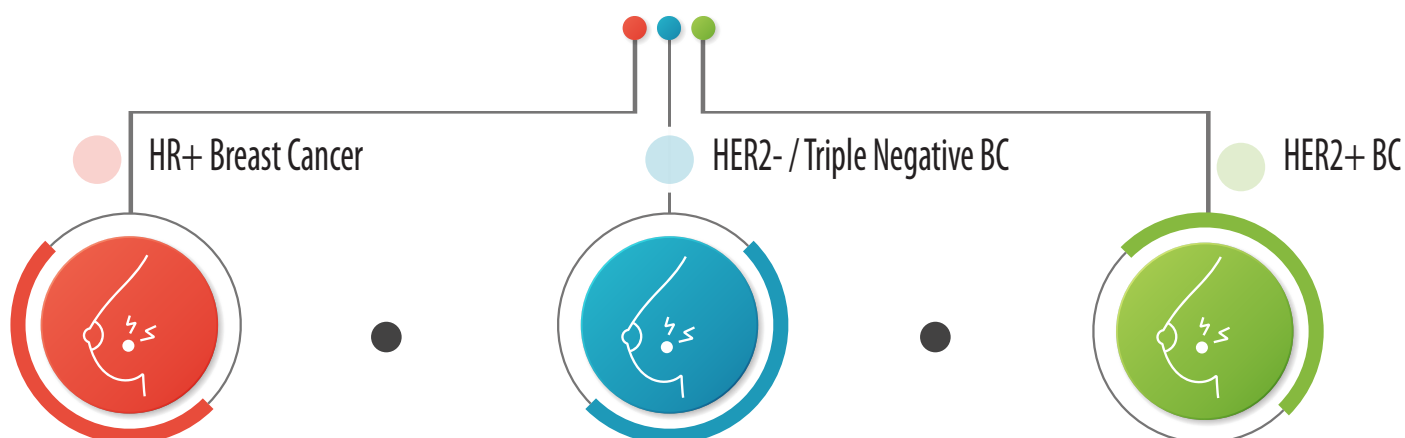


SABCS DATA REVIEW 2024

January 23, 2025



PADMA: Supports the existing guidelines of using endocrine therapy with a CDK4/6i (palbociclib) as a standard of care in 1L setting for patients with HR+/HER2-mBC

DESTINY-Breast06: Regardless of disease burden or time to progression to endocrine CDK4/6i, trastuzumab deruxtecan benefits patients with HR+, HER2-low status following endocrine-based therapy without prior chemotherapy
New guidelines for identification are needed for HER2-low/-ultralow. NOW APPROVED as of Jan 27 2025!

SOLTI VALENTINE: Neoadjuvant HER3-DXd (patritumab deruxtecan) alone or in combination with letrozole shows encouraging results with similar efficacy to standard multi-agent chemotherapy but with a better tolerability profile

EMBER-3: Imlunestrant monotherapy benefits patients with HR+, HER2- advanced breast cancer with ESR1 mutations. Imlunestrant in combination with abemaciclib benefits patients with HR+, HER2- advanced breast cancer regardless of ESR1 status. All-oral targeted therapy option could delay chemotherapy

ELECTRA and SERENA-1: Novel combinations of oral SERDS with targeted therapies have the potential to provide benefit to patients with HR+/HER2- advanced breast cancer and delay the use of chemotherapy. Optimal sequencing of therapies and role of mESR1 to be determined

OLYMPIA: Updated results demonstrated sustained, clinically meaningful improvement with Olaparib at 6 years for patients with gBRCAm HER2-negative high-risk early breast cancer

BreastImmune-03: No benefit with NIVO + IPI versus capecitabine in the post operative setting after neoadjuvant chemotherapy for patients with early-stage TNBC with residual cancer burden-II or -III

NSABP B-59/GBG-96 GeparDouze: No benefit with adding atezolizumab to neoadjuvant chemotherapy followed by adjuvant atezolizumab in patients with Stage II and Stage III TNBC

CamRelief: The addition of camrelizumab to neoadjuvant chemotherapy provided modest benefit to patients with early or locally advanced TNBC
Not approved in the USA...

ZEST: Circulating free tumor DNA (ctDNA) evaluation may become useful in clinical practice in early breast cancer for curative treatment evaluation as well as minimal residual disease (MRD) detection and intervening with appropriate therapies.

PATINA: The addition of palbociclib to anti-HER2 therapy and endocrine therapy may be considered a new standard of care for patients with HR+, HER2+ advanced breast cancer

neoHIP: The addition of pembrolizumab to standard of care paclitaxel + trastazumab + pertuzumab (THP) does not benefit patients with HER2-positive early breast cancer

MARGOT: The addition of margetuzimab to paclitaxel and pertuzumab in the neoadjuvant setting does not benefit patients with HER2+ early breast cancer

NRG-BR004: The addition of atezolizumab to standard of care taxane + trastazumab + pertuzumab (THP) does not provide added benefit to patients with HER2-positive metastatic breast cancer in the 1L setting

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