Aktuelle Therapiestandards 24`

…beim metastasierten Mammakarzinom

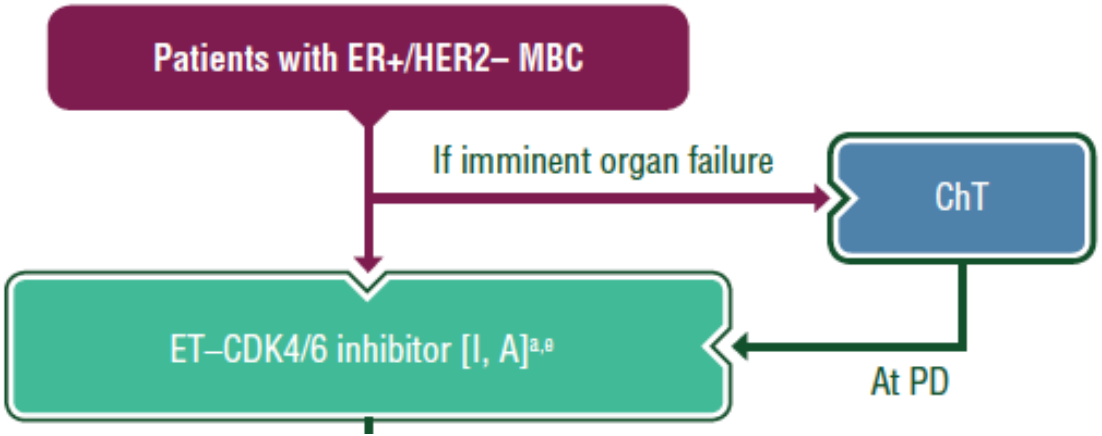
Thomas Decker

COI

Advisory board / Beratungstätigkeit / steering board / Vortragstätigkeit

Novartis
Lilly
Daiichi Sankyo
GSK
IOMEDICO

Aktuelle Therapiestandards 24` - 1st line HR+- HER-2 -



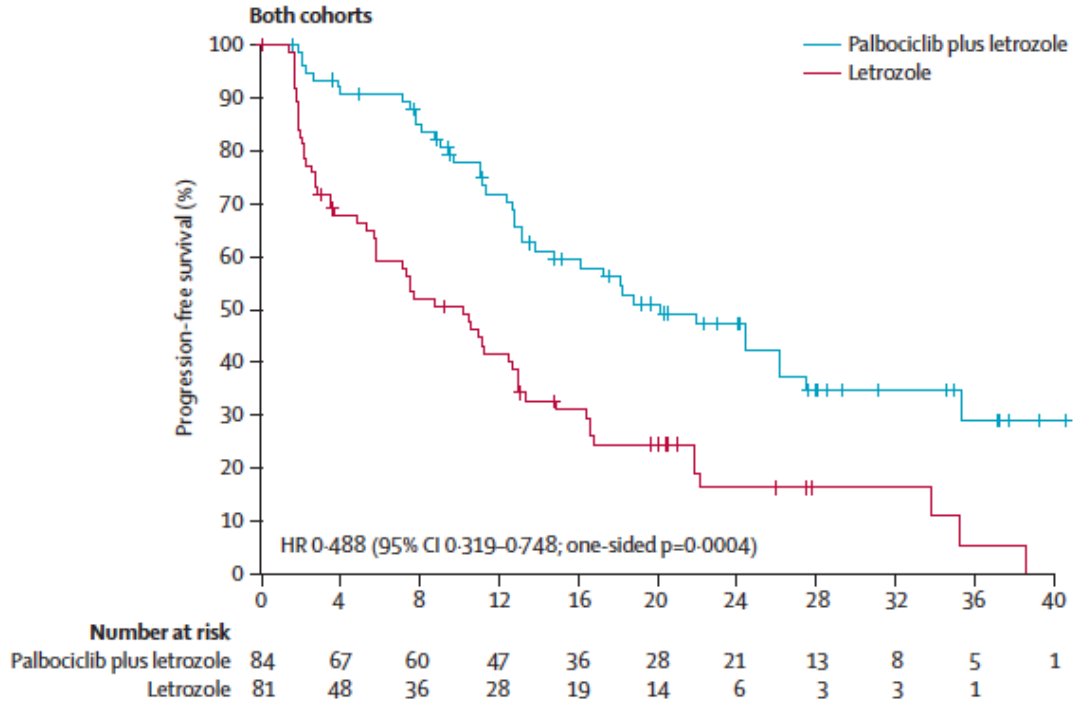
Gennari et al, An Oncol 2021

Aktuelle Therapiestandards 24`

The cyclin-dependent kinase 4/6 inhibitor palbociclib in combination with letrozole versus letrozole alone as first-line treatment of oestrogen receptor-positive, HER2-negative, advanced breast cancer (PALOMA-1/TRIO-18): a randomised phase 2 study

Richard S Finn, John P Crown, Istvan Lang, Katalin Boer, Igor M Bondarenko, Sergey O Kulyk, Johannes Ettl, Ravindranath Patel, Tamas Pinter, Marcus Schmidt, Yaroslav Shparyk, Anu R Thummala, Nataliya L Voytko, Camilla Fowst, Xin Huang, Sindy T Kim, Sophia Randolph, Dennis J Slar

Lancet Oncology 2014



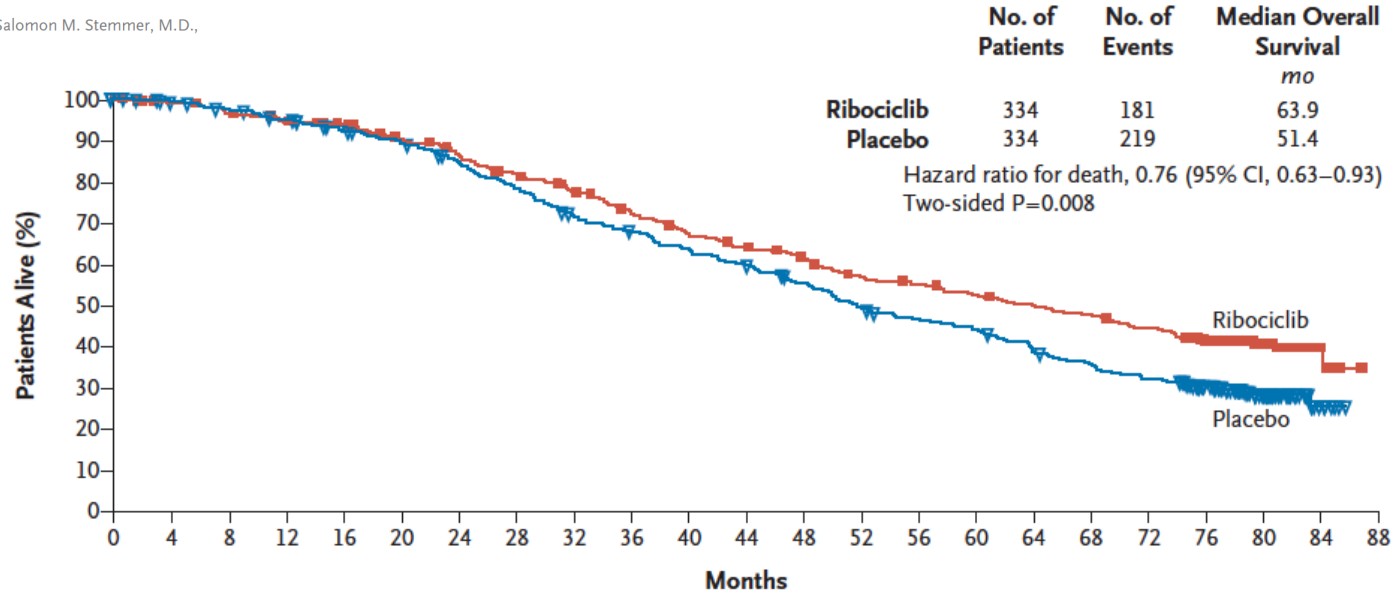
Aktuelle Therapiestandards 24`

ORIGINAL ARTICLE

Overall Survival with Ribociclib plus Letrozole in Advanced Breast Cancer

Gabriel N. Hortobagyi, M.D., Salomon M. Stemmer, M.D.,

NEJM 22



Aktuelle Therapiestandards 24`

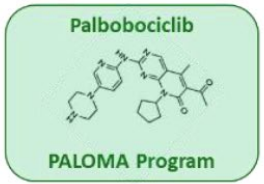
nature reviews clinical oncology
https://doi.org/10.1038/s41571-023-00840-4

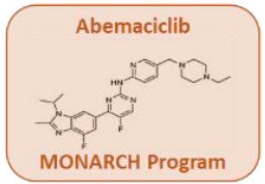
Review article

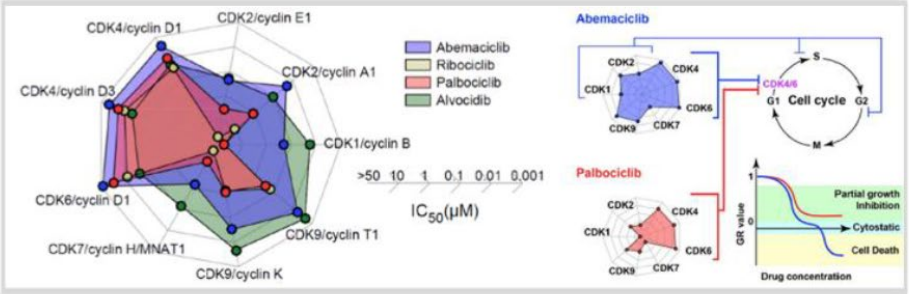
Check for updates

The CDK4/6 inhibitor revolution – a game-changing era for breast cancer treatment

Laura Morrison[1,2], Sibylle Loibl[3] & Nicholas C. Turner[1,2]

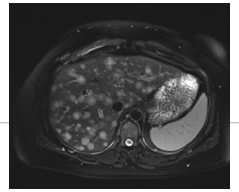




Characteristic	Palbociclib[1-3]	Ribociclib[4,5]	Abemaciclib[5,6]
Dose, mg	125 QD	600 QD	150 BID (+ET), 200 BID (mono)
Schedule	3 wks on/1 wk off	3 wks on/1 wk off	Continuous
Half-life, hr	27	32.6	17-38
Targets			

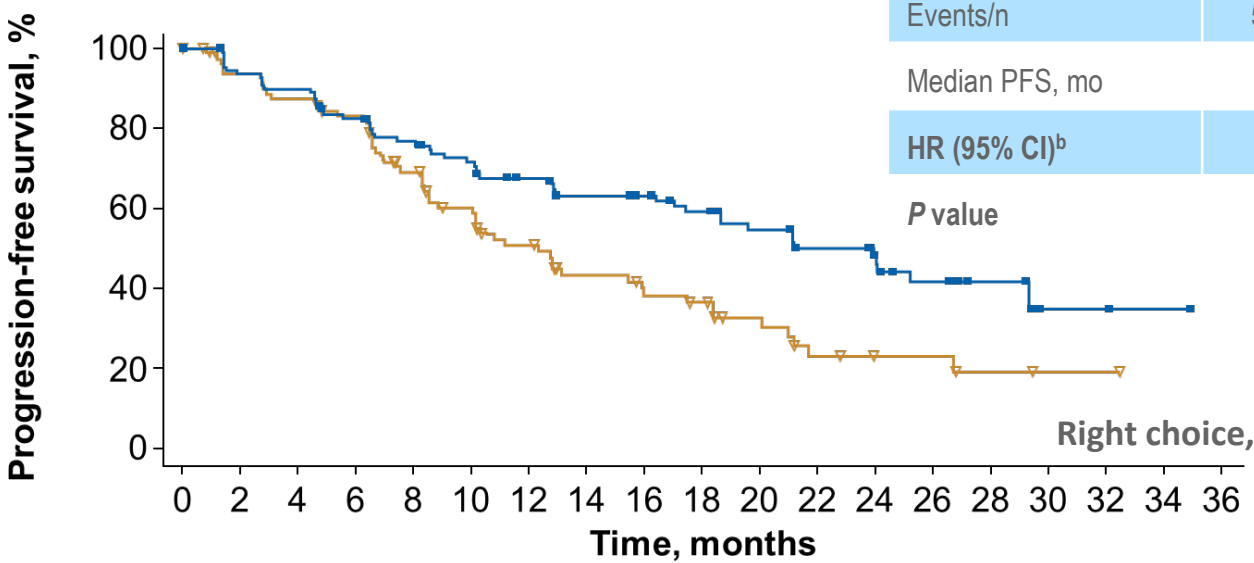
Gennari,
Lugano Breast cancer meeting 23

Aktuelle Therapiestandards 24` - viszerale Krise



21. ANNUAL SCIENTIFIC MEETING 2024 FRANKFURT /MAIN

	RIB + ET	Combo CT
Events/n	52/112	58/110[a]
Median PFS, mo	24.0	12.3
HR (95% CI)[b]	0.54 (0.36-0.79)	
P value	.0007	

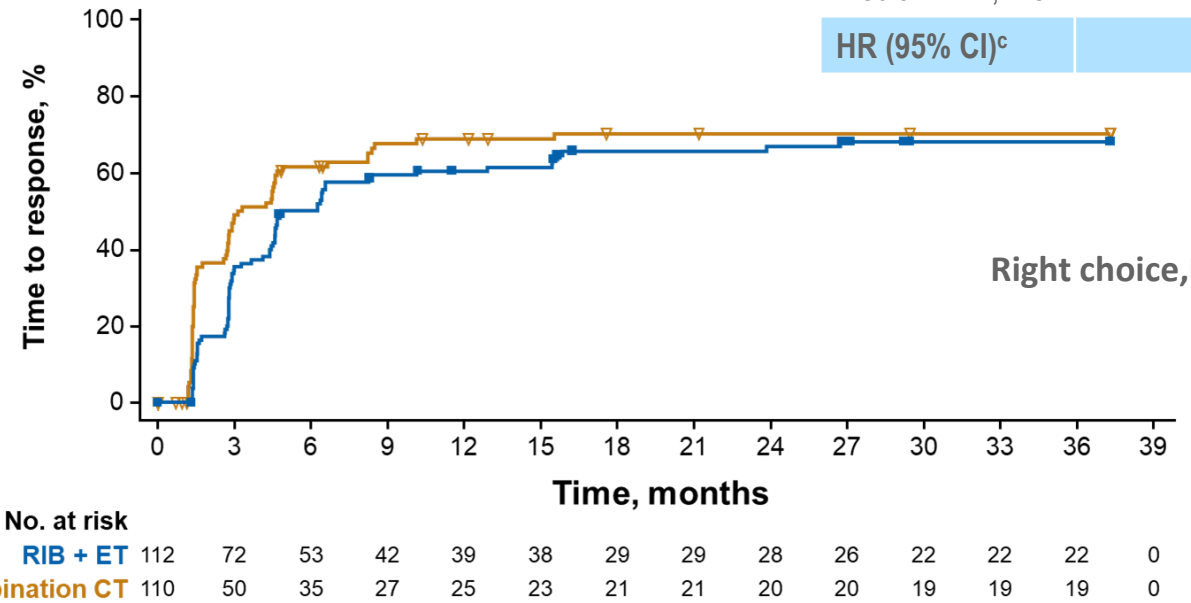


Right choice,Lu et al, SABCS 2022

GBG GERMAN BREAST GROUP

Aktuelle Therapiestandards 24`

	RIB + ET	Combo CT
Events/n	73/112	66/110[a]
Median TTR, mo[b]	4.9	3.2
HR (95% CI)[c]	0.78 (0.56-1.09)	



Right choice,Lu et al, SABCS 2022

Aktuelle Therapiestandards 24` - HR+, Her-2 -, 1st line

there are no data supporting the use of a combination of CDK4/6 inhibitor and ET as maintenance therapy after ChT. Maintenance therapy, in this situation, should be carried out with ET alone (schlechte Effektivität, geringe Evidenz)

Cardoso et al, An Oncol 2020

Aktuelle Therapiestandards 24`

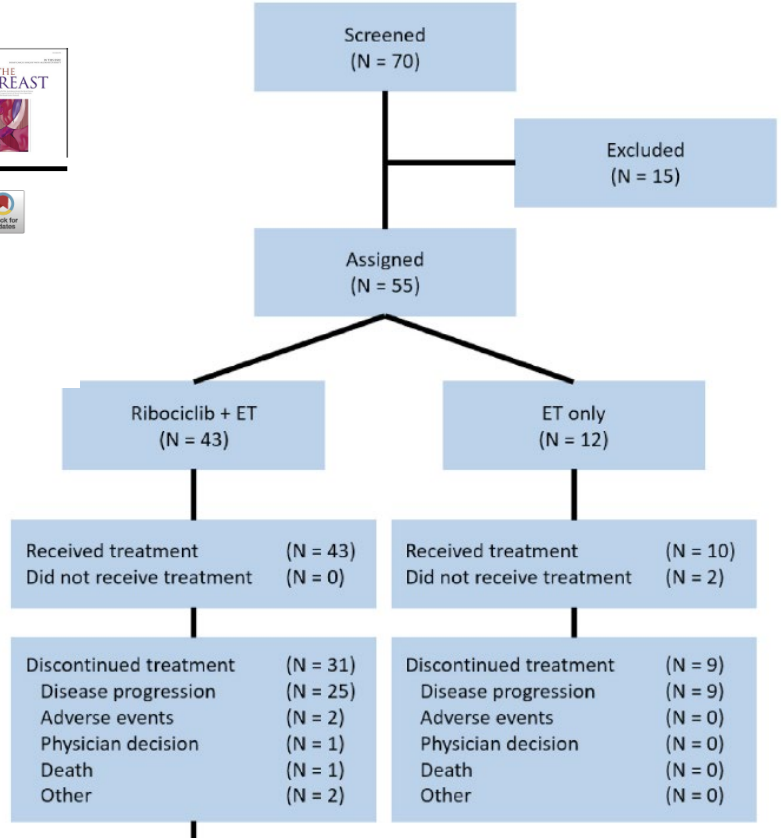
Contents lists available at ScienceDirect

The Breast

journal homepage: www.journals.elsevier.com/the-breast

Anti-hormonal maintenance treatment with the CDK4/6 inhibitor ribociclib after 1st line chemotherapy in hormone receptor positive / HER2 negative metastatic breast cancer: A phase II trial (AMICA)

Thomas Decker [a], Kerstin Lüdtke-Heckenkamp [b], Luidmila Melnichuk [c], Nader Hirmas [d], Kristina Lübbe [e], Mark-Oliver Zahn [f], Marcus Schmidt [g], Carsten Denkert [h], Ralf Lorenz [i], Volkmar Müller [j], Dirk-Michael Zahm [k], Christoph Mundhenke [l], Stefan Bauer [m], Marc Thill [n], Peter Seropian [o], Natalie Filmann [d], Sibylle Loibl [d,p,*]



Aktuelle Therapiestandards 24`- AMICA

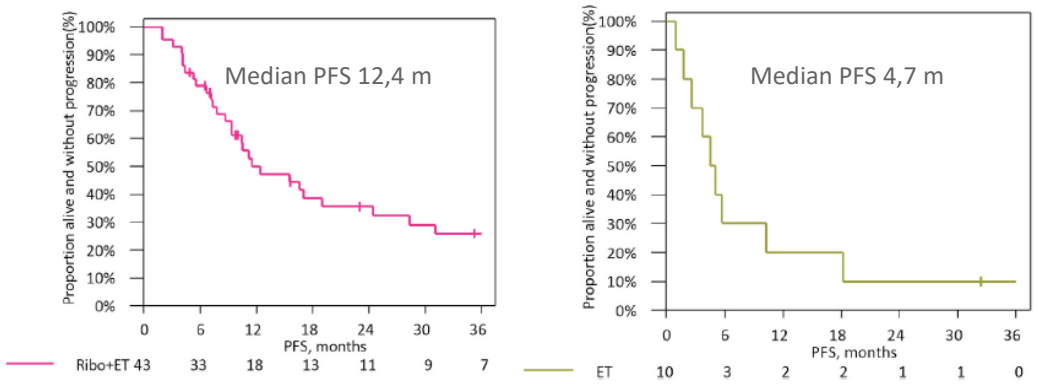
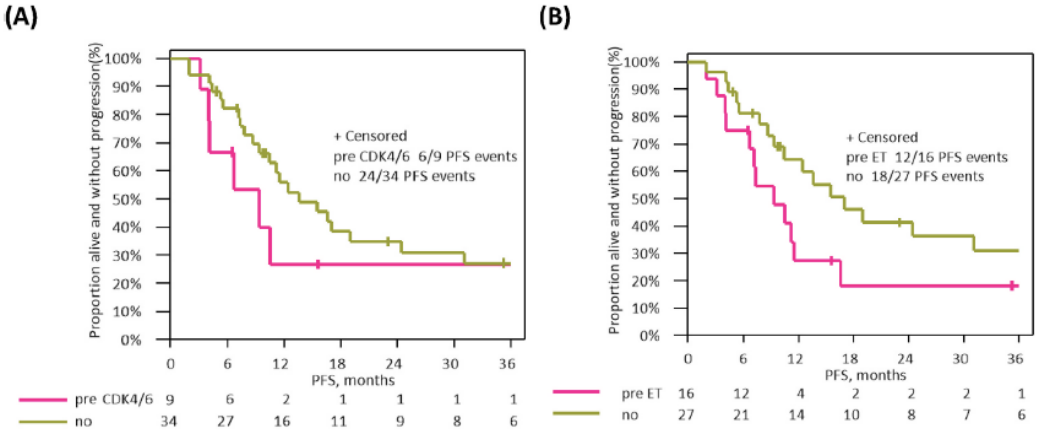


Fig. 2. Locally assessed progression-free survival (PFS).



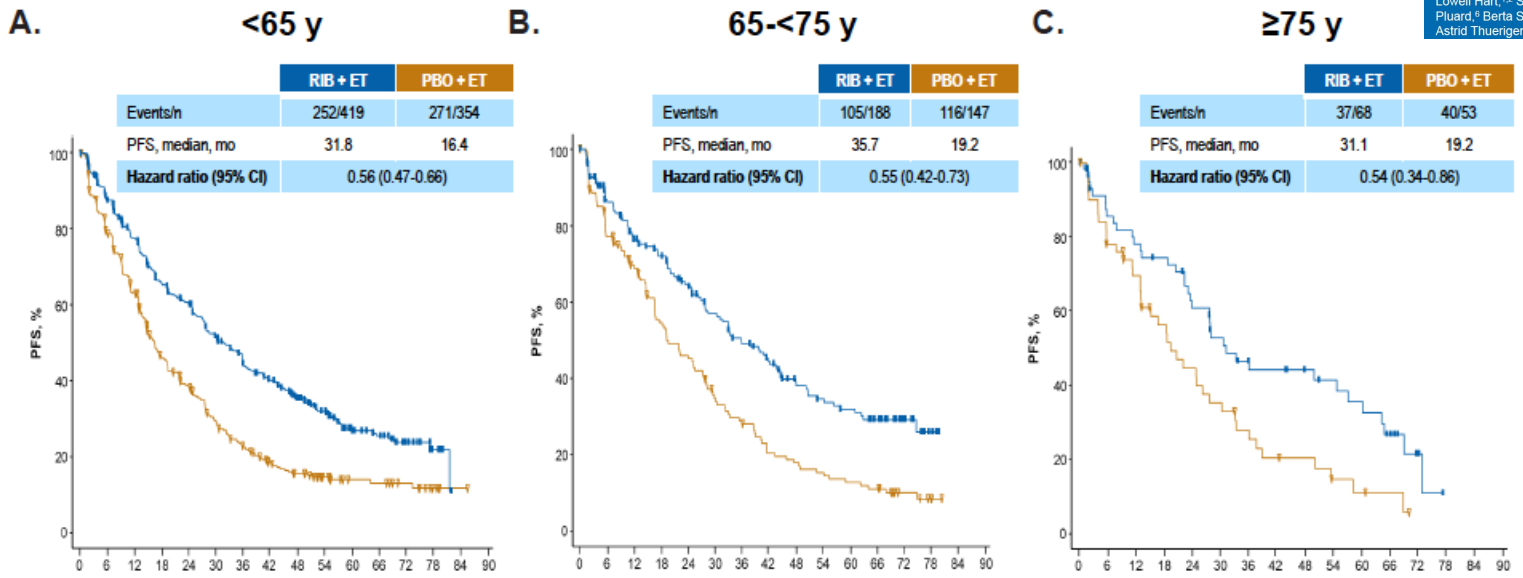
Aktuelle Therapiestandards 24`: ältere Patientinnen

21. ANNUAL SCIENTIFIC MEETING 2024 FRANKFURT /MAIN

Efficacy, safety, and quality of life with ribociclib + endocrine therapy in elderly patients with HR+/HER2– advanced breast cancer across the MONALEESA-2, -3, and -7 trials

Lowell Hart,[1,2] Seock-Ah Im,[3] Sara M. Tolaney,[4] Mario Campone,[5] Timothy Pluard,[6] Berta Sousa,[7] Gilles Freyer,[8] Thomas Decker,[9] Kevin Kalinsky,[10] Astrid Thuerigen,[11] Melissa Gao,[11] Huilin Hu,[12] Sherko Kummel[13]

Figure 2. PFS by Age

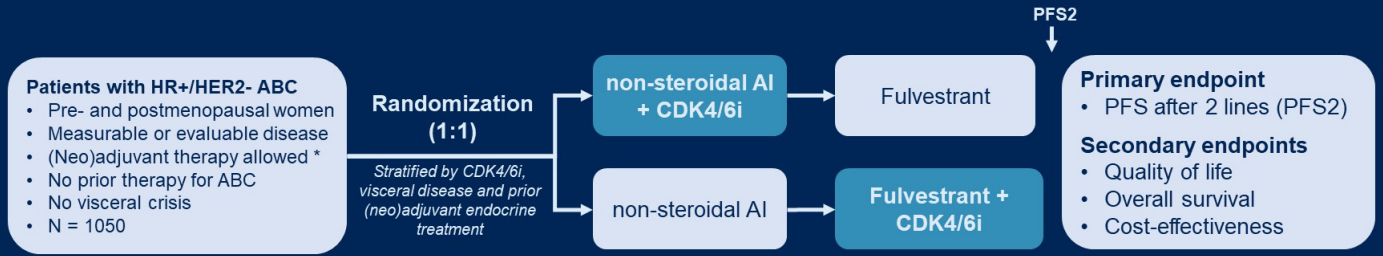


GBG GERMAN BREAST GROUP

Aktuelle Therapiestandards 24` - IMMER CDK4/6 1stline?

SONIA trial design

SONIA



- Tumor assessments every 12 weeks
- PFS locally assessed per RECIST v1.1
- Primary analysis planned after 574 PFS2 events
  - 89% power to detect superiority according to ESMO MCBS (HR lower limit CI ≤0.65 and Δ ≥3 months) with two-sided α=5%[1]

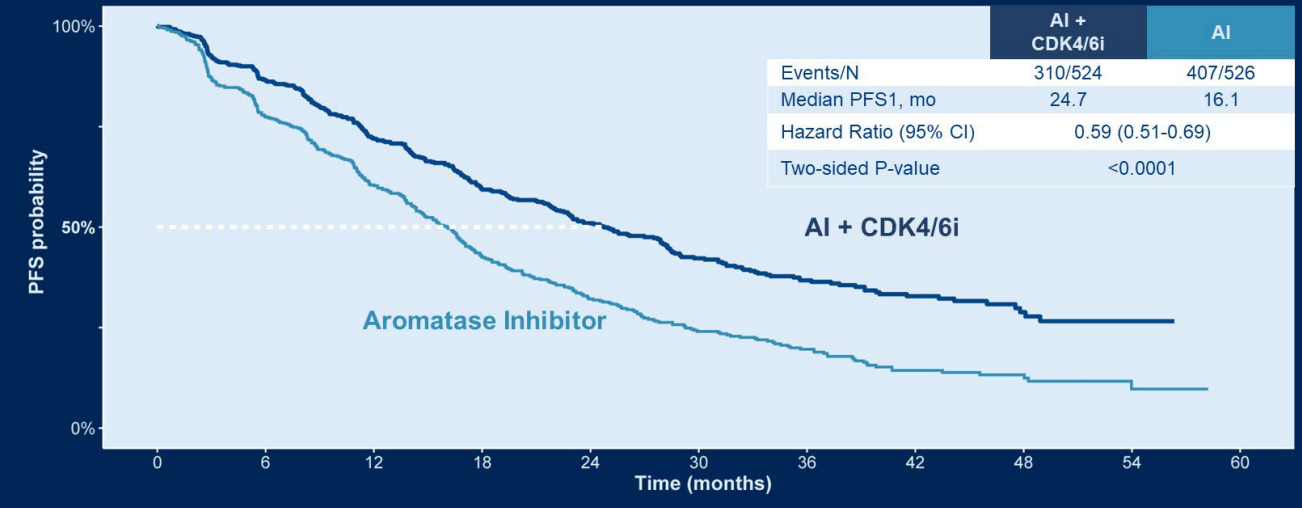
HR+, hormone receptor positive; HER2- , HER2 negative; ABC, advanced breast cancer; AI, aromatase inhibitor; PFS, progression-free survival
* disease-free interval after non-steroidal aromatase inhibitor >12 months. ClinicalTrials.gov (NCT03425838)
1. Cherny NI, et al. Ann Oncol 2017

Therapiestandards: HR+ / Her2-
Immer CDK4/6 Inhibitor 1st line?

ONKOLOGIE HÄMATOLOGIE

Progression-free survival in first line

SONIA



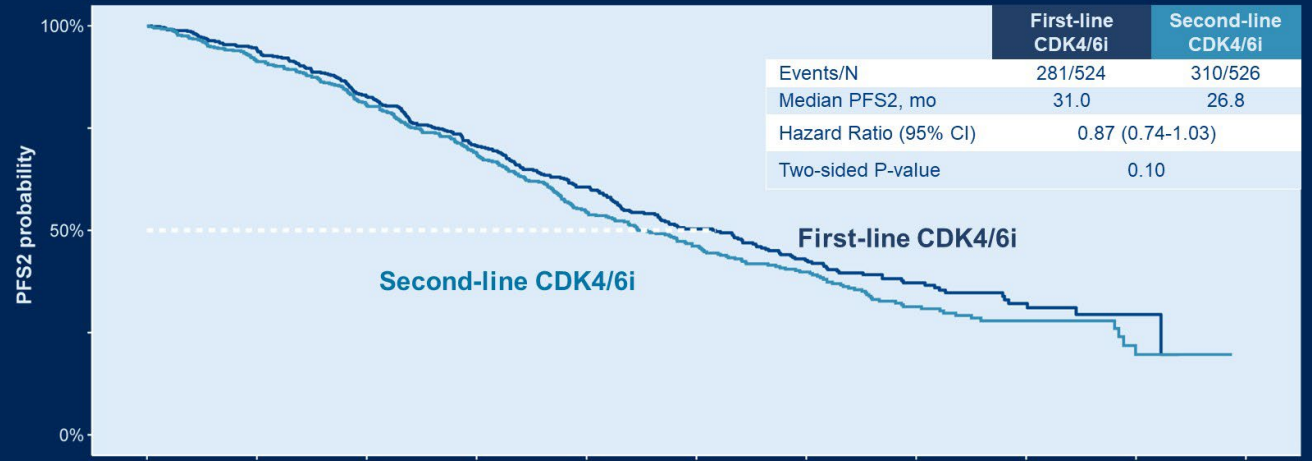
	AI + CDK4/6i	AI
Events/N	310/524	407/526
Median PFS1, mo	24.7	16.1
Hazard Ratio (95% CI)	0.59 (0.51-0.69)	
Two-sided P-value	<0.0001	

Numbers at risk (censored)											
AI + CDK4/6i	524 (0)	451 (3)	374 (4)	285 (30)	202 (76)	137 (110)	101 (129)	63 (158)	27 (189)	4 (210)	0 (214)
AI	526 (0)	406 (2)	315 (4)	203 (25)	128 (54)	84 (68)	57 (81)	31 (93)	17 (105)	5 (114)	0 (119)

Aktuelle Therapiestandards 24`

Primary endpoint: PFS2

SONIA

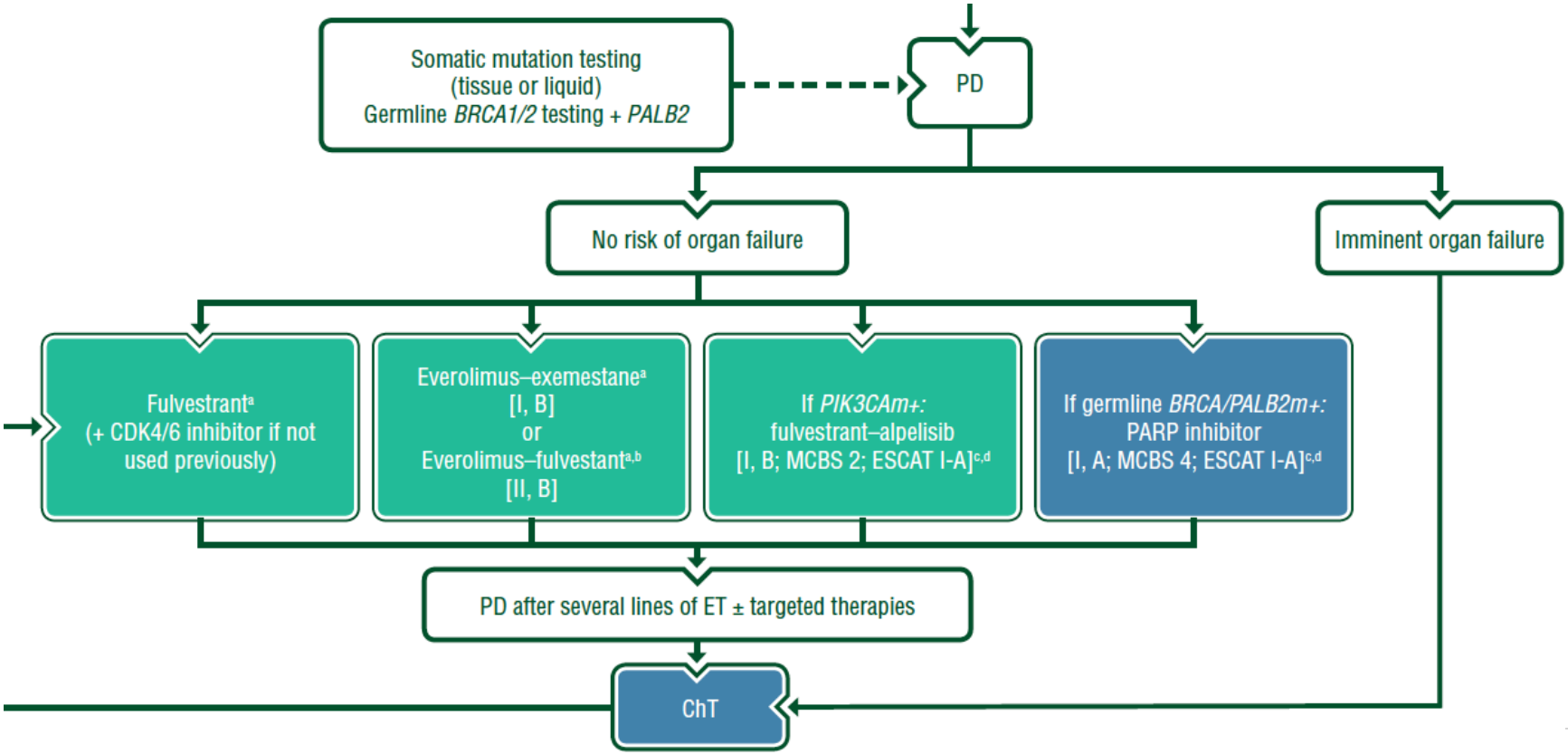


	First-line CDK4/6i	Second-line CDK4/6i
Events/N	281/524	310/526
Median PFS2, mo	31.0	26.8
Hazard Ratio (95% CI)	0.87 (0.74-1.03)	
Two-sided P-value	0.10	

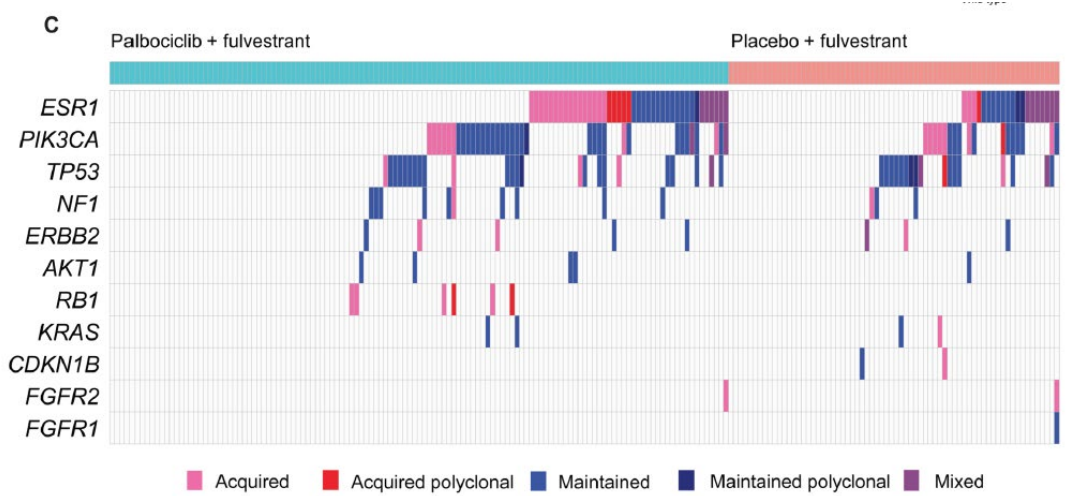
Numbers at risk (censored)

First-line	524 (0)	491 (3)	429 (5)	339 (34)	244 (84)	167 (123)	118 (148)	69 (184)	31 (215)	5 (239)	0 (243)
Second-line	526 (0)	478 (2)	418 (6)	330 (35)	225 (76)	164 (105)	115 (133)	65 (161)	30 (190)	9 (207)	0 (216)

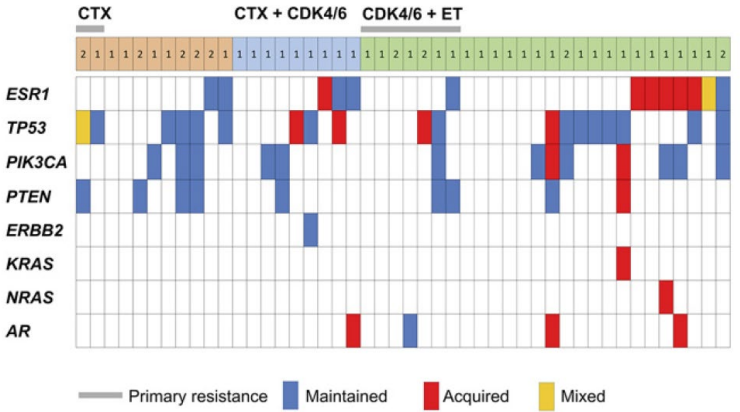
Aktuelle Therapiestandards 24`: HR+/Her-2- 2nd line



Aktuelle Therapiestandards 24`: klonale Evolution



O`Leary Canc Discovery 2018



Decker ORT 2022

Aktuelle Therapiestandards 24` ESCAT

Gene or protein	Alteration	Prevalence	ESCAT score
ER	**Protein expression ≥ 1% by IHC** **ESR1 mutation**	**75%** **40%**	**NA** **II-A**
ERBB2	Amplifications or 3+ (IHC) **HER2-low (IHC (1+, 2+ NA)**	15%-20% **40%-50%**	I-A **II-B. - IA/IIA**
	Hotspot mutations	4%	II-B
BRCA1/2	**Germline mutations**	**4%**	**I-A**
	Somatic mutations	3%	II-A
PALB2	Germline mutations	1%	II-A
PD-L1 (TNBC)	Expression by IHC on ICs and tumour cells (CPS)	40%	I-A
PIK3CA (ER+, HER2-)	**Hotspot mutations**	**30%-40%**	**I-A**
MSI	MSI-H	1%-2%	I-C
NTRK	Fusions	<0.1%	I-C
ESR1 (ER+, HER2-)	**Mutations (mechanism of resistance)**	**30%**	**II-A**
AR (TNBC)	AR expression (not validated)	?	II-B
AKT1^{E17K}	Mutations	5%	II-B

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

Annals of Oncology 29: 1895–1902, 2018
doi:10.1093/annonc/mdy263
Published online 21 August 2018

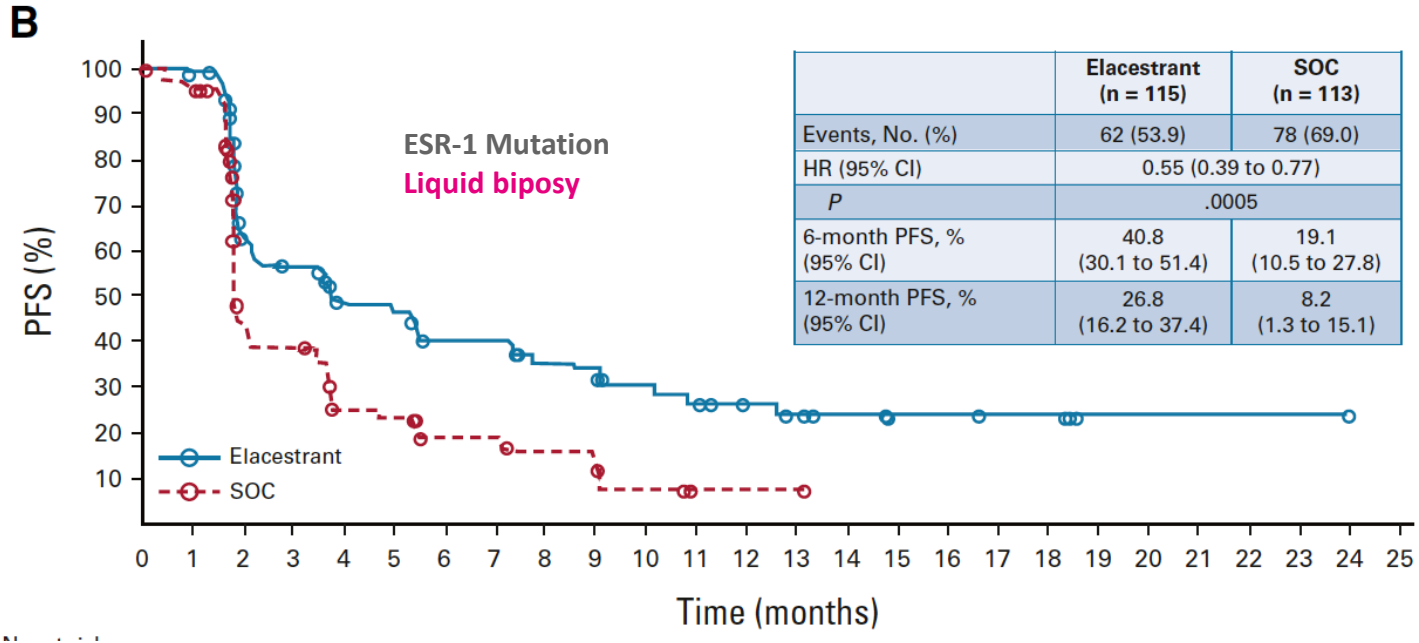
SPECIAL ARTICLE

A framework to rank genomic alterations as targets for cancer precision medicine: the ESMO Scale for Clinical Actionability of molecular Targets (ESCAT)

Erweiterte molekulare Analyse spätestens vor 2nd line

ESMO Scale for Clinical Actionability of molecular Targets (ESCAT) – MBC ESMO

Aktuelle Therapiestandards 24` Elacestrant bei ESR-1 Mutation

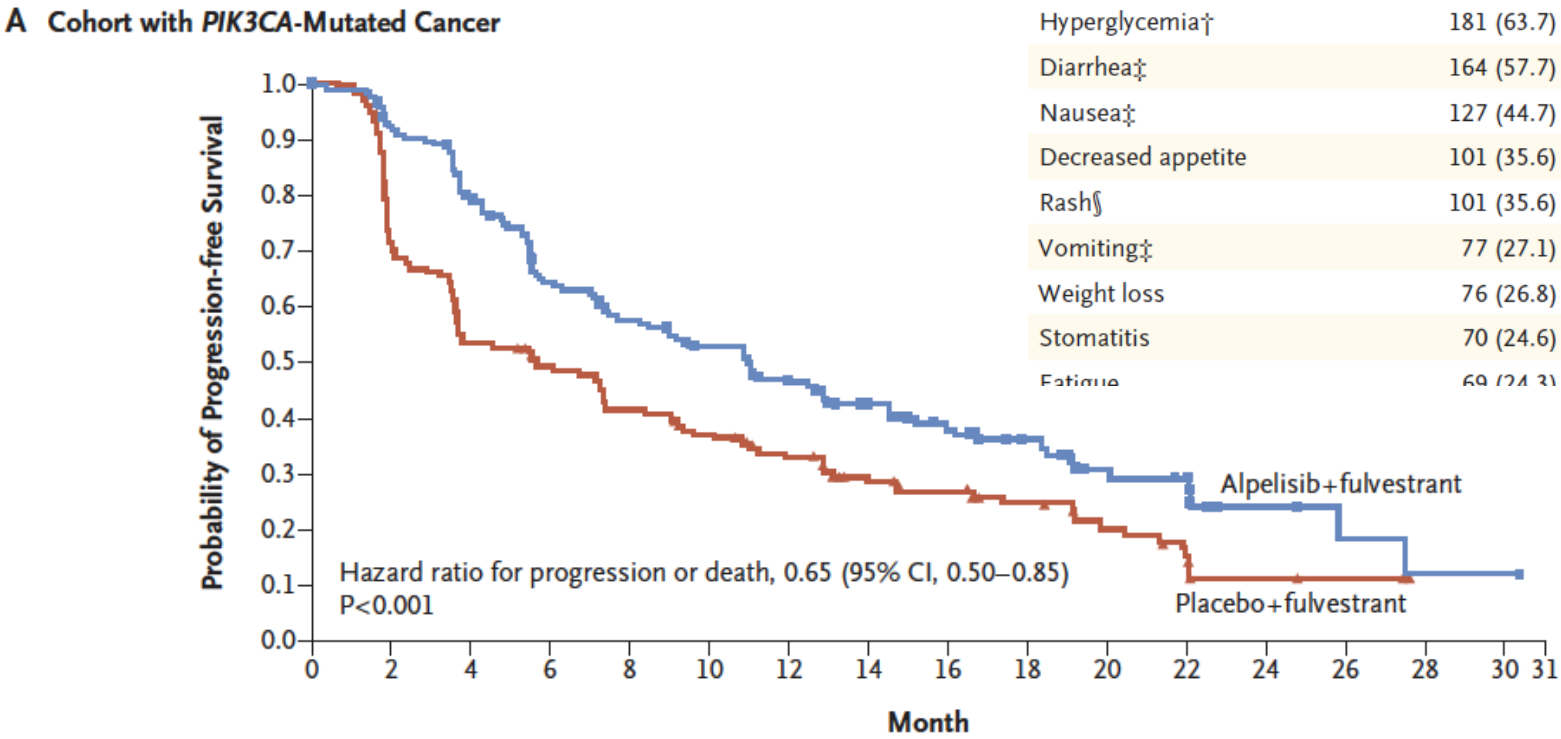


	Elacestrant (n = 115)	SOC (n = 113)
Events, No. (%)	62 (53.9)	78 (69.0)
HR (95% CI)	0.55 (0.39 to 0.77)	
P	.0005	
6-month PFS, % (95% CI)	40.8 (30.1 to 51.4)	19.1 (10.5 to 27.8)
12-month PFS, % (95% CI)	26.8 (16.2 to 37.4)	8.2 (1.3 to 15.1)

Emerald Phase III, Bidard et al, JCO 2022

Aktuelle Therapiestandards 24` PIK3 Mutation

	Any Grade	Grade 3
Any adverse event	282 (99.3)	183 (64.4)
Hyperglycemia†	181 (63.7)	93 (32.7)
Diarrhea‡	164 (57.7)	19 (6.7)
Nausea‡	127 (44.7)	7 (2.5)
Decreased appetite	101 (35.6)	2 (0.7)
Rash§	101 (35.6)	28 (9.9)
Vomiting‡	77 (27.1)	2 (0.7)
Weight loss	76 (26.8)	11 (3.9)
Stomatitis	70 (24.6)	7 (2.5)
Fatigue	69 (24.3)	10 (3.5)

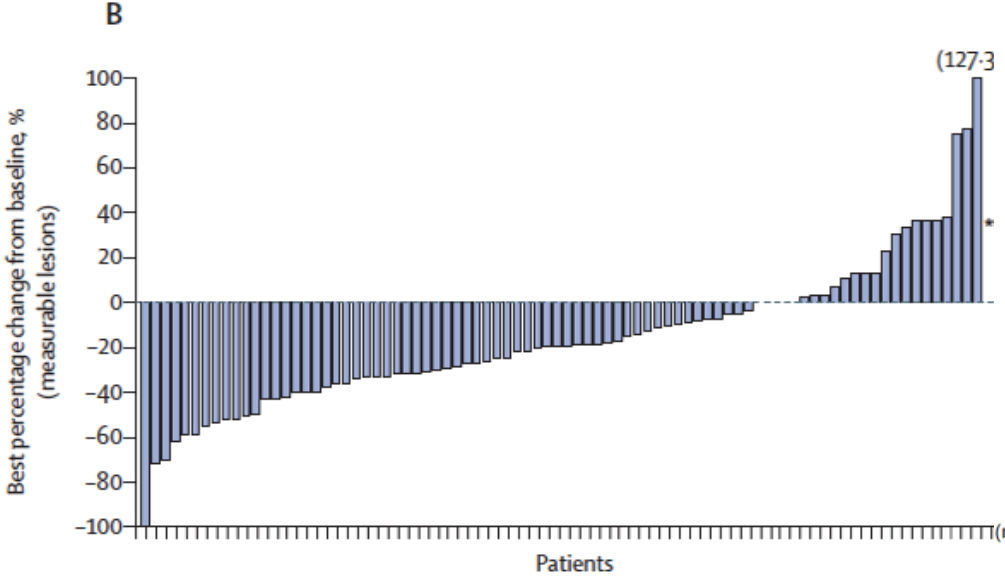


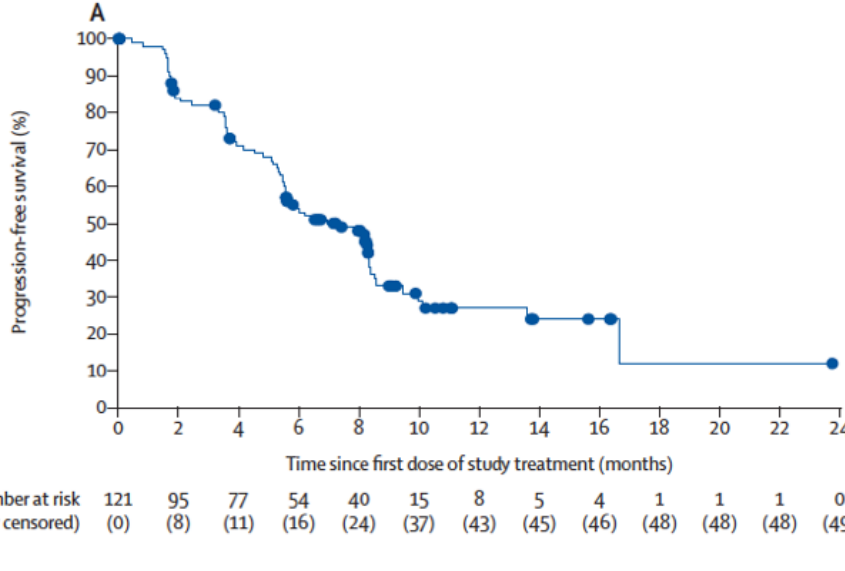
SOLAR-1, Andre, NEJM 2019

Aktuelle Therapiestandards 24` PIK3 Mutation

Alpelisib plus fulvestrant in *PIK3CA*-mutated, hormone receptor-positive advanced breast cancer after a CDK4/6 inhibitor (BYLieve): one cohort of a phase 2, multicentre, open-label, non-comparative study

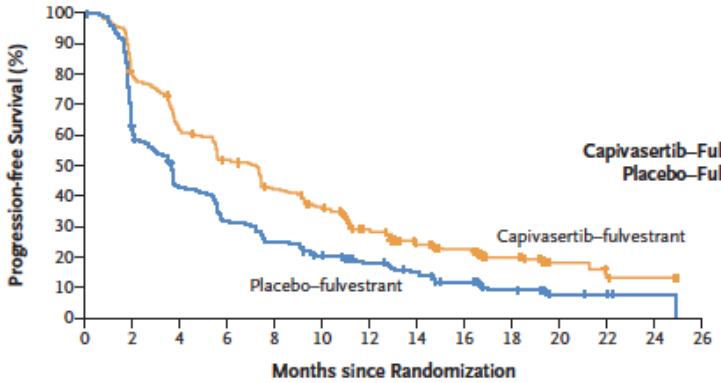
Hope S Rugo, Florence Lerebours, Eva Ciruelos, Pamela Drullinsky, Manuel Ruiz-Borrego, Patrick Neven, Yeon Hee Park, Aleix Prat, Thomas Bachelot, Dejan Juric, Nicholas Turner, Nickolas Sophos, Juan Pablo Zarate, Christina Arce, Yu-Ming Shen, Stuart Turner, Hemanth Kanakamedala, Wei-Chun Hsu, Stephen Chia





Aktuelle Therapiestandards 24` PIK3/AKT/PTEN Mutation

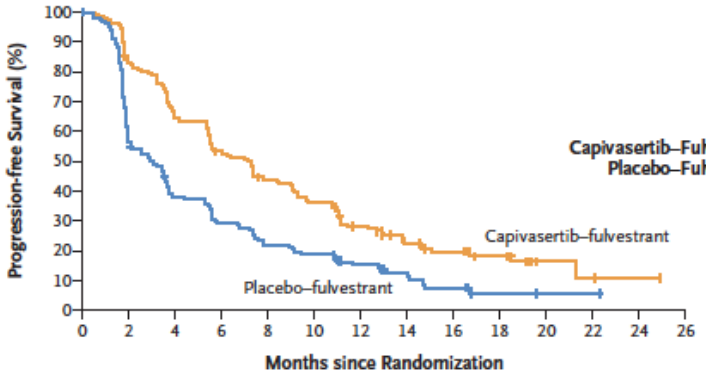
A Overall Population



	No. of Patients	No. of Events	Median Progression-free Survival (95% CI)
			mo
Capivasertib–Fulvestrant	355	258	7.2 (5.5–7.4)
Placebo–Fulvestrant	353	293	3.6 (2.8–3.7)

Adjusted hazard ratio for disease progression or death, 0.60 (95% CI, 0.51–0.71)
P<0.001

B Patients with AKT Pathway–Altered Tumors



	No. of Patients	No. of Events	Median Progression-free Survival (95% CI)
			mo
Capivasertib–Fulvestrant	155	121	7.3 (5.5–9.0)
Placebo–Fulvestrant	134	115	3.1 (2.0–3.7)

Adjusted hazard ratio for disease progression or death, 0.50 (95% CI, 0.38–0.65)
P<0.001

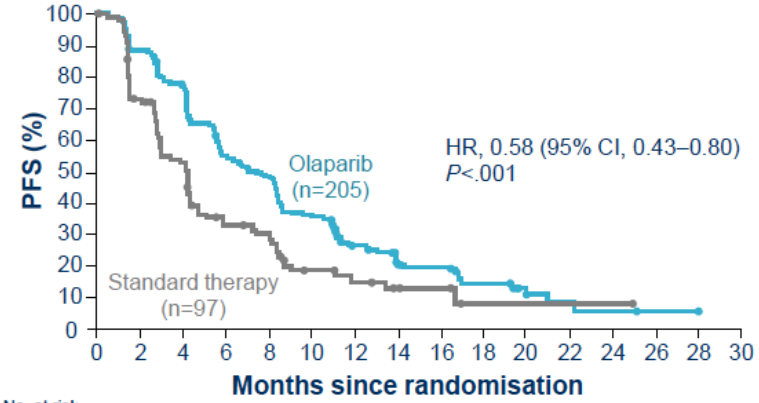
ORIGINAL ARTICLE

Capivasertib in Hormone Receptor–Positive Advanced Breast Cancer

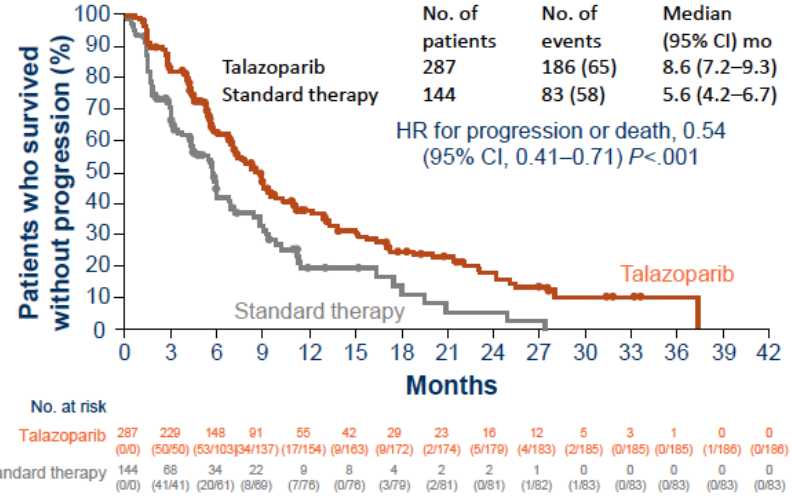
N.C. Turner, M. Oliveira, S.J. Howell, F. Dalenc, J. Cortes, H.L. Gomez Moreno, X. Hu, K. Jhaveri, P. Krivorotko, S. Loibl, S. Morales Murillo, M. Okera, Y.H. Park, J. Sohn, M. Toi, E. Tokunaga, S. Yousef, L. Zhukova, E.C. de Bruin, L. Grinsted, G. Schiavon, A. Foxley, and H.S. Rugo, for the CAPItello-291 Study Group*

Aktuelle Therapiestandards 24` PARP Inhibitoren

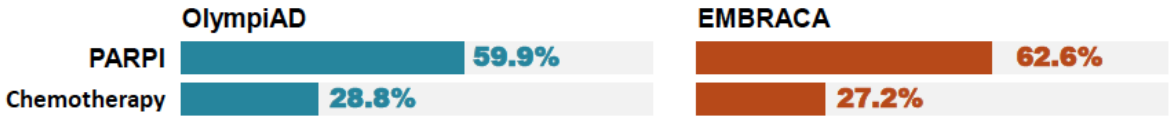
OlympiAD (olaparib) PFS



EMBRACA (talazoparib) PFS

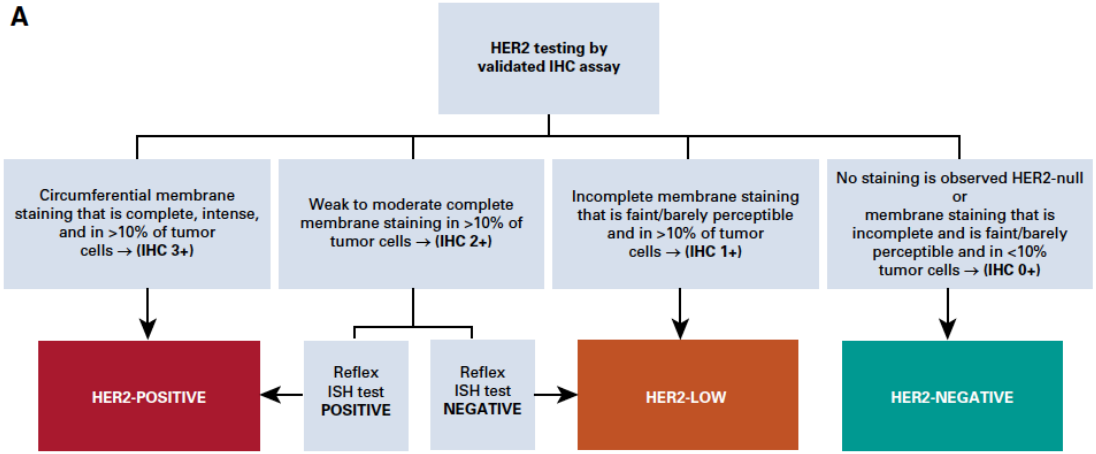


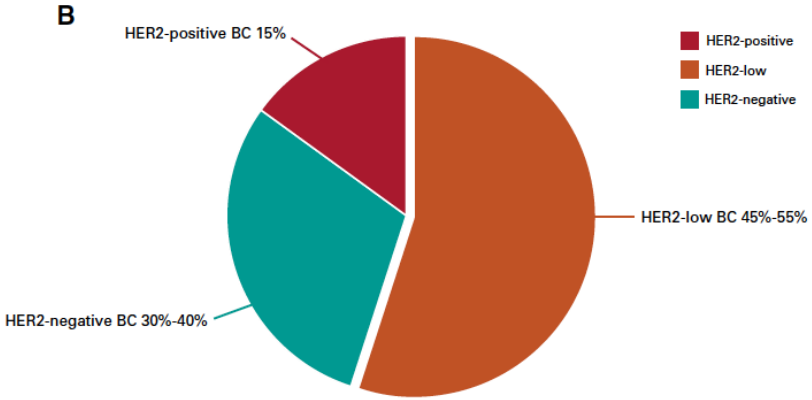
Objective response rates



Robson NEJM 2017
Liton NEJM 2018

Aktuelle Therapiestandards 24` later line





Tarantino JCO 2020

Aktuelle Therapiestandards 24`

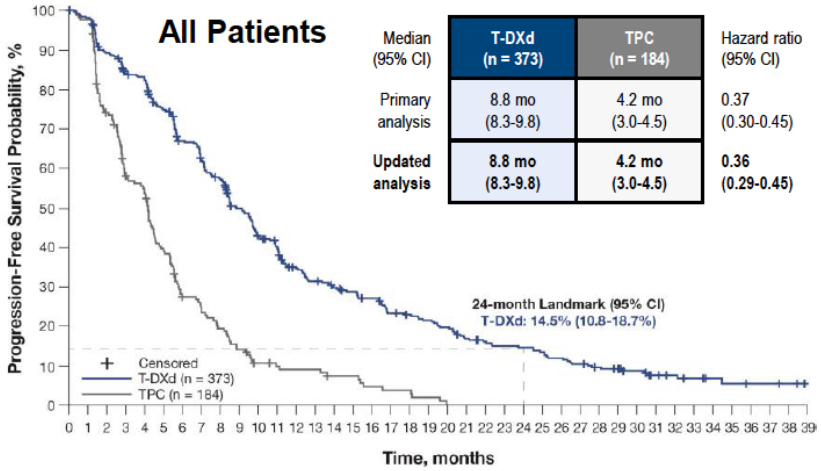
MADRID 2023 ESMO congress

21. ANNUAL SCIENTIFIC MEETING 2024 FRANKFURT /MAIN

Trastuzumab Deruxtecan (T-DXd) Versus Treatment of Physician's Choice (TPC) in Patients With HER2-Low Unresectable and/or Metastatic Breast Cancer: Updated Survival Results of the Randomized, Phase 3 DESTINY-Breast04 Study

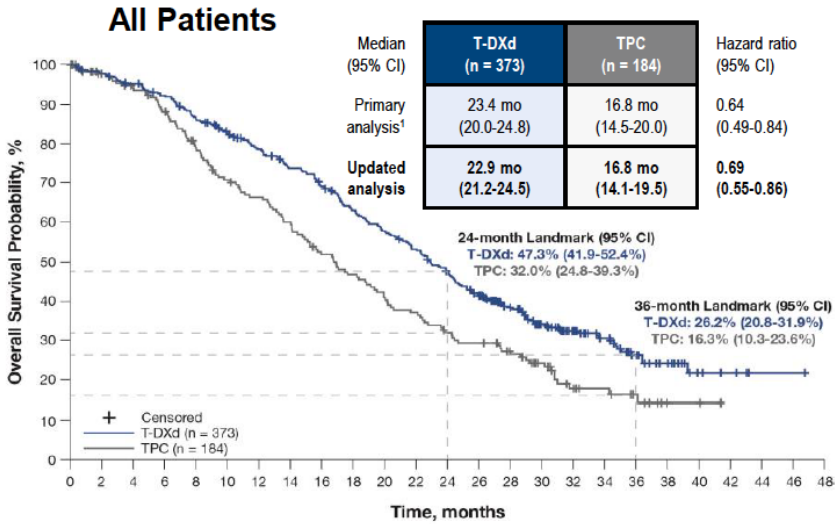
DESTINY-Breast04

Progression-Free Survival



Median (95% CI)	T-DXd (n = 373)	TPC (n = 184)	Hazard ratio (95% CI)
Primary analysis	8.8 mo (8.3-9.8)	4.2 mo (3.0-4.5)	0.37 (0.30-0.45)
Updated analysis	**8.8 mo (8.3-9.8)**	**4.2 mo (3.0-4.5)**	**0.36 (0.29-0.45)**

Overall Survival



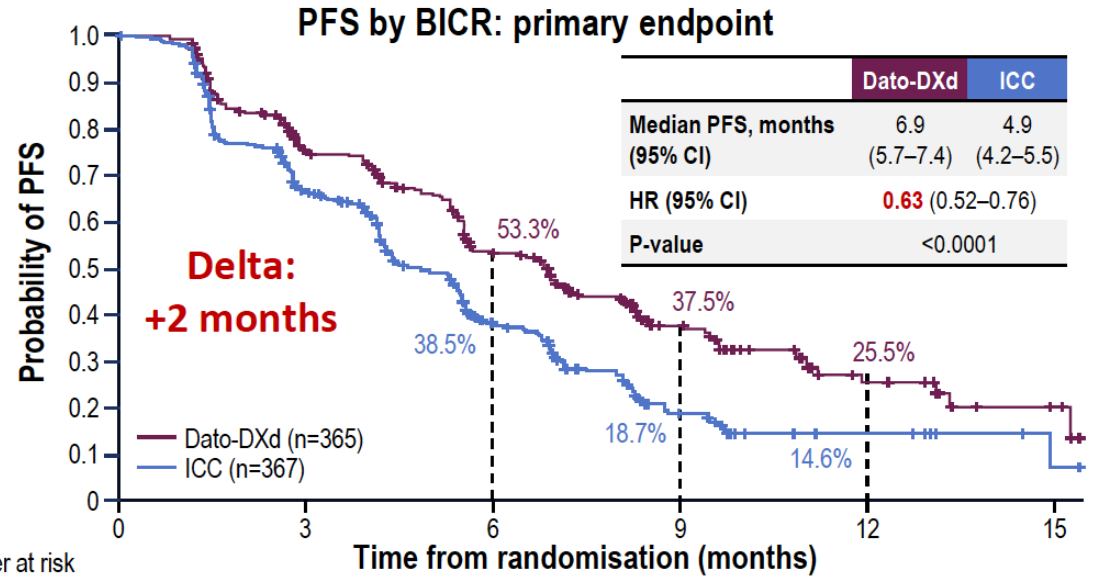
Median (95% CI)	T-DXd (n = 373)	TPC (n = 184)	Hazard ratio (95% CI)
Primary analysis[1]	23.4 mo (20.0-24.8)	16.8 mo (14.5-20.0)	0.64 (0.49-0.84)
Updated analysis	**22.9 mo (21.2-24.5)**	**16.8 mo (14.1-19.5)**	**0.69 (0.55-0.86)**

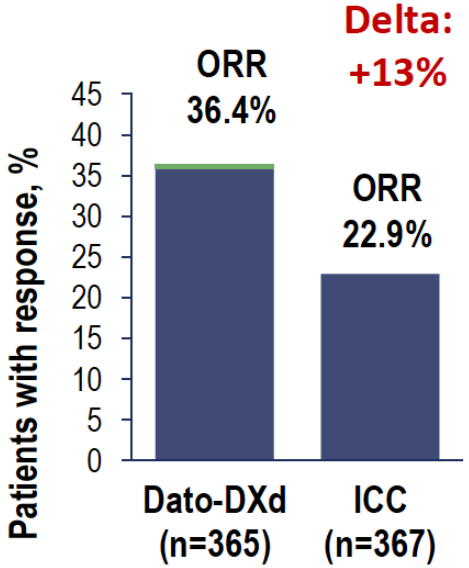
GBG GERMAN BREAST GROUP

Aktuelle Therapiestandards 24`

MADRID 2023 ESMO congress

Datopotamab deruxtecan (Dato-DXd) vs chemotherapy in previously-treated inoperable or metastatic hormone receptor-positive, HER2-negative (HR+/HER2–) breast cancer: Primary results from the randomised





Number at risk

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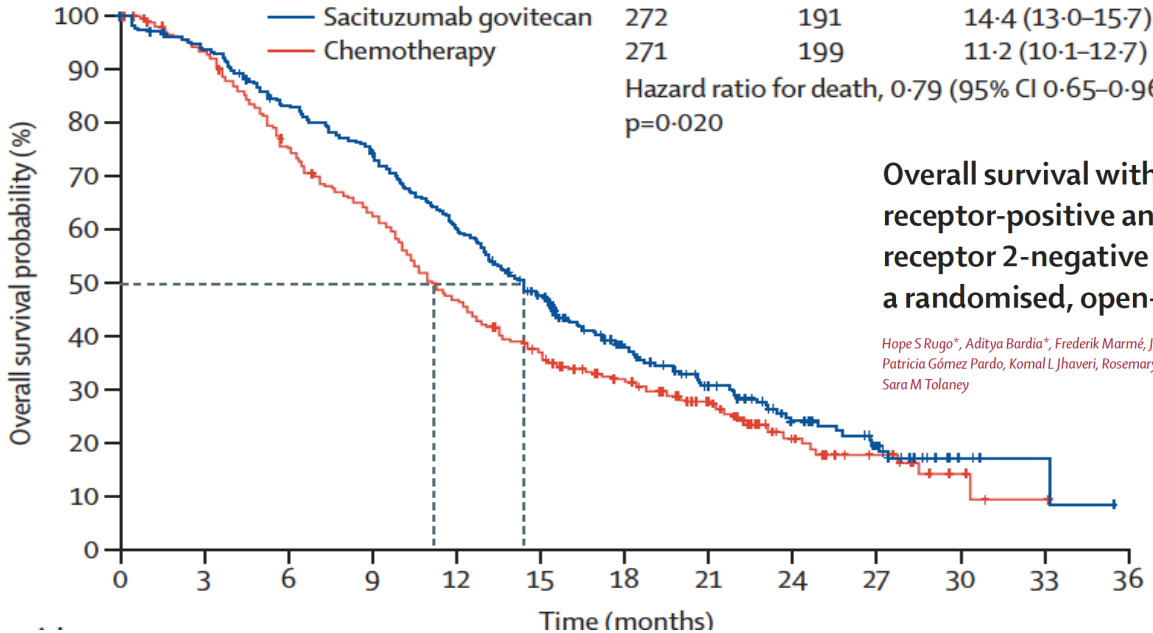
Aktuelle Therapiestandards 24`

	Number of patients	Number of events	Median overall survival, months (95% CI)
Sacituzumab govitecan	272	191	14·4 (13·0–15·7)
Chemotherapy	271	199	11·2 (10·1–12·7)

Hazard ratio for death, 0·79 (95% CI 0·65–0·96)
p=0·020

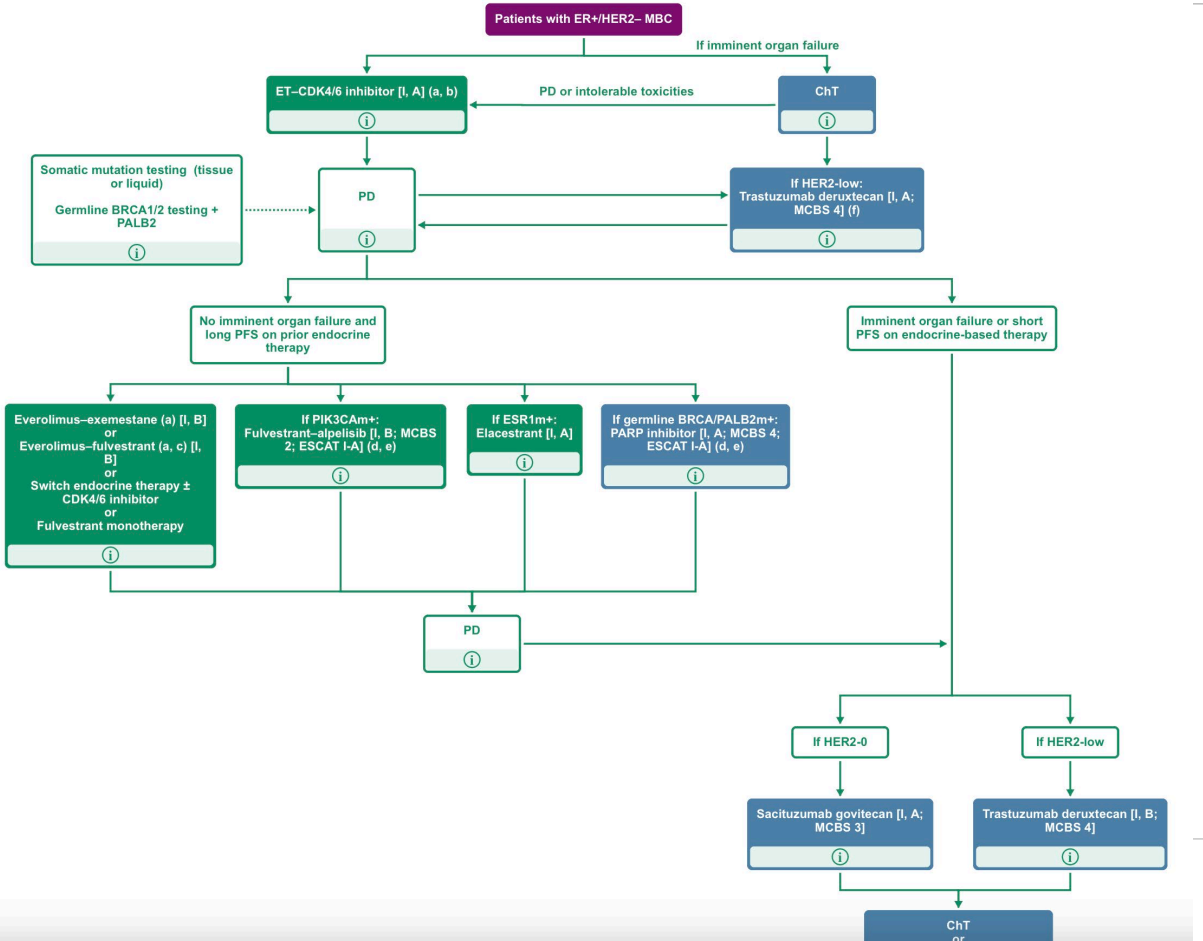


Overall survival with sacituzumab govitecan in hormone receptor-positive and human epidermal growth factor receptor 2-negative metastatic breast cancer (TROPiCS-02): a randomised, open-label, multicentre, phase 3 trial

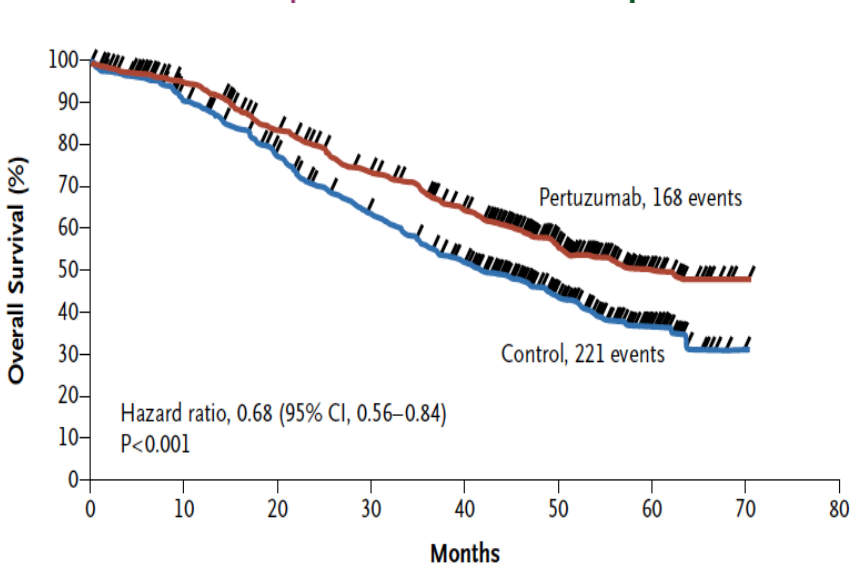
Hope S Rugo, Aditya Bardia*, Frederik Marmé, Javier Cortés, Peter Schmid, Delphine Loirat, Olivier Trédan, Eva Ciruelos, Florence Dalenc, Patricia Gómez Pardo, Komal L Jhaveri, Rosemary Delaney, Theresa Valdez, Hao Wang, Monica Motwani, Oh Kyu Yoon, Wendy Verret, Sara M Tolaney*

Lancet 2023

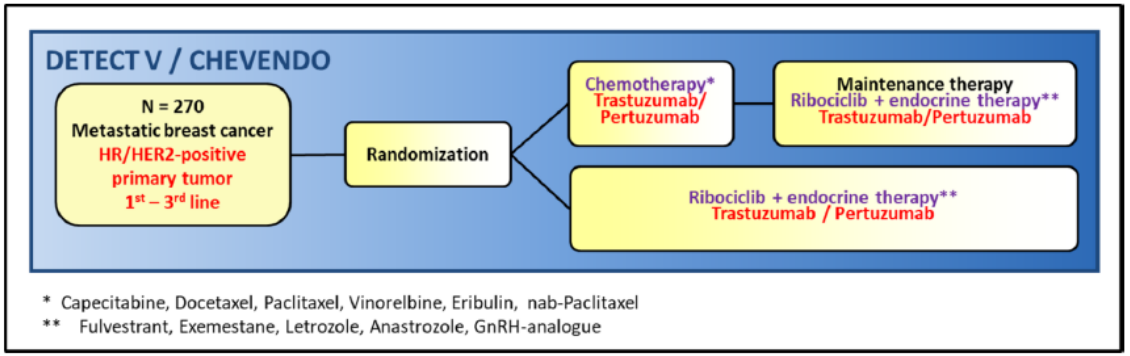
Aktuelle Therapiestandards 24`

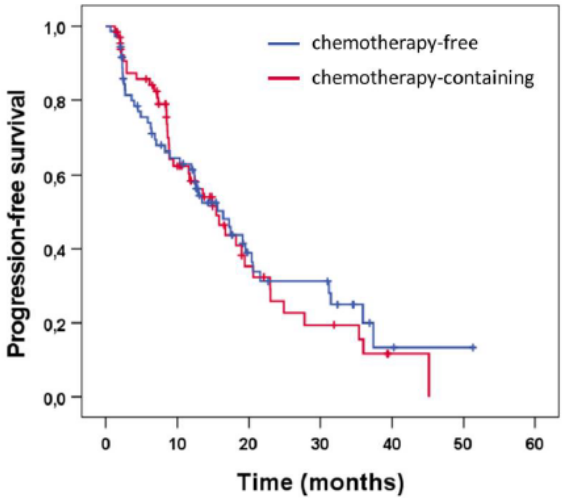


Aktuelle Therapiestandards 24` HER2 +



Aktuelle Therapiestandards 24`-HER2+ HR+





Janni, SABCS 2022

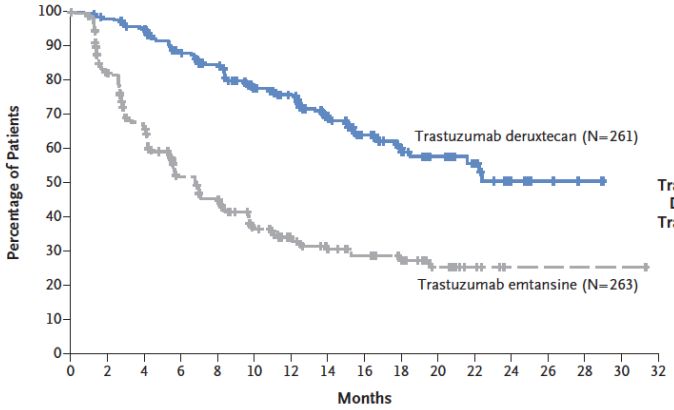
Aktuelle Therapiestandards 24`

ORIGINAL ARTICLE

Trastuzumab Deruxtecan versus Trastuzumab Emtansine for Breast Cancer

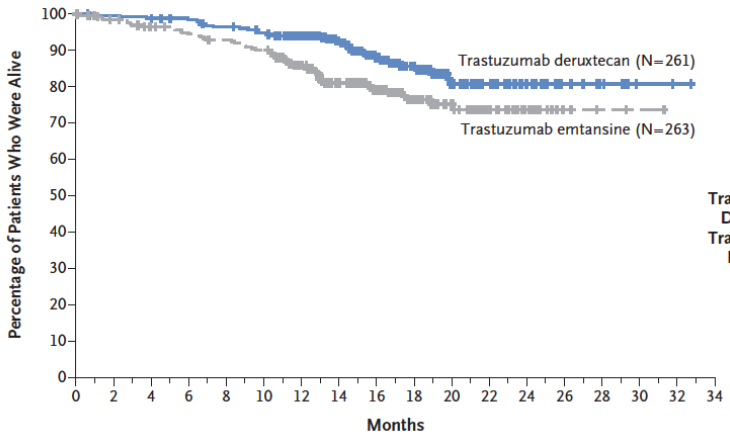
J. Cortés, S.-B. Kim, W.-P. Chung, S.-A. Im, Y.H. Park, R. Hegg, M.H. Kim, L.-M. Tseng, V. Petry, C.-F. Chung, H. Iwata, E. Hamilton, G. Curigliano, B. Xu, C.-S. Huang, J.H. Kim, J.W.Y. Chiu, J.L. Pedrini, C. Lee, Y. Liu, J. Cathcart, E. Bako, S. Verma, and S.A. Hurvitz, for the DESTINY-Breast03 Trial Investigators*

A Progression-free Survival



	Median Progression-free Survival (95% CI)	12-Mo Progression-free Survival (95% CI)
	mo	%
Trastuzumab Deruxtecan	NR (18.5–NE)	75.8 (69.8–80.7)
Trastuzumab Emtansine	6.8 (5.6–8.2)	34.1 (27.7–40.5)

Hazard ratio for disease progression or death, 0.28 (95% CI, 0.22–0.37)
P<0.001



	Median Overall Survival (95% CI)	12-Mo Overall Survival (95% CI)
	mo	%
Trastuzumab Deruxtecan	NE (NE–NE)	94.1 (90.3–96.4)
Trastuzumab Emtansine	NE (NE–NE)	85.9 (80.9–89.7)

Hazard ratio for death, 0.55 (95% CI, 0.36–0.86)
P=0.007

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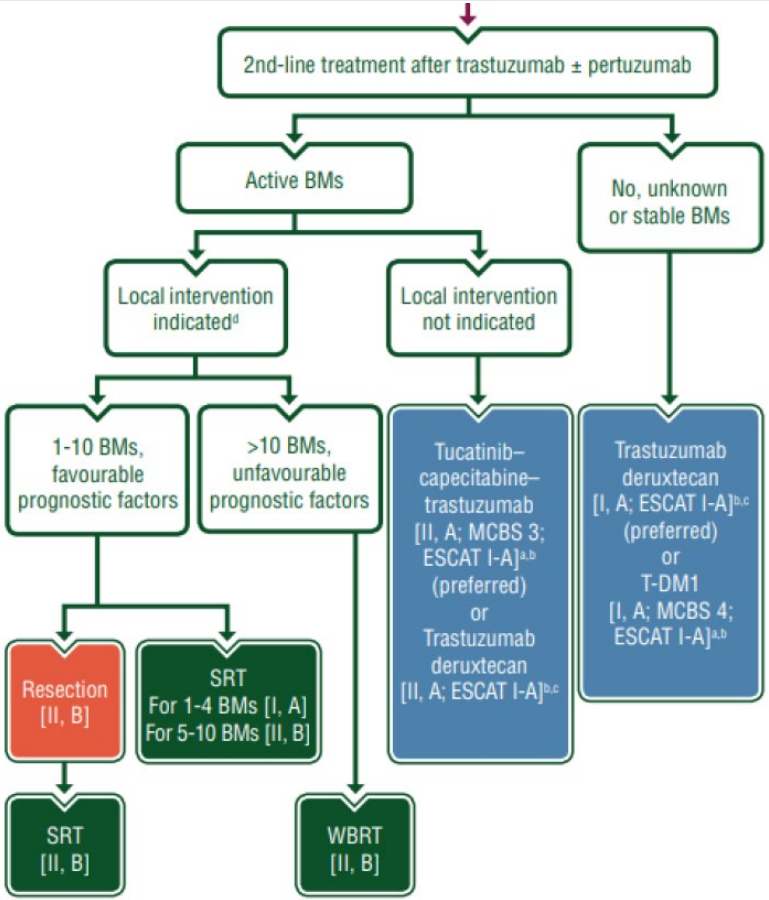
Aktuelle Therapiestandards 24`

Gennari
Ann Oncol 2021



MADRID 2023 ESMO congress

A Pooled Analysis of Trastuzumab Deruxtecan in Patients With HER2-Positive Metastatic Breast Cancer With Brain Metastases (BMs) from DESTINY-Breast01, -02, and -03

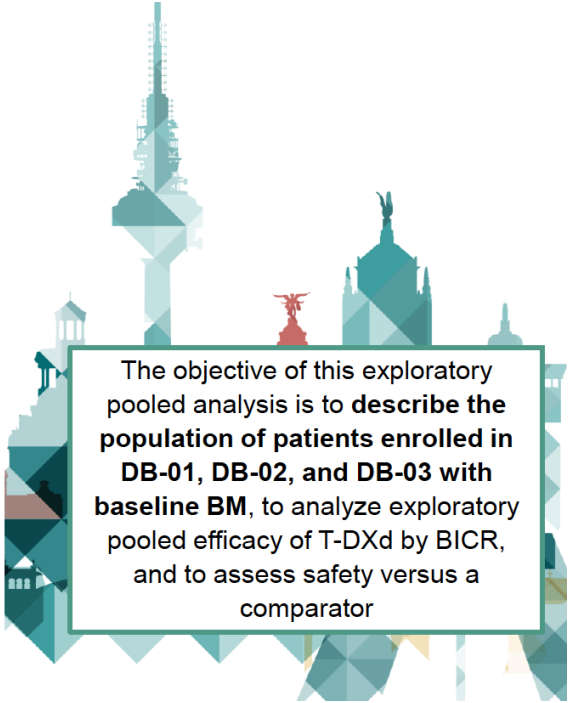
Presentation 3770

Sara A. Hurvitz[1], Shanu Modi, Wei Li, Yeon Hee Park, Wei-Pang Chung, Sung-Bae Kim, Javier Cortes, Toshinari Yamashita, Jose Luiz Pedrini, Seock-Ah Im, Ling-Ming Tseng, Nadia Harbeck, Ian Krop, Giuseppe Curigliano, Elton Mathias, Jillian Cathcart, Antonio Cagnazzo, Shahid Ashfaque, Anton Egorov, Fabrice André

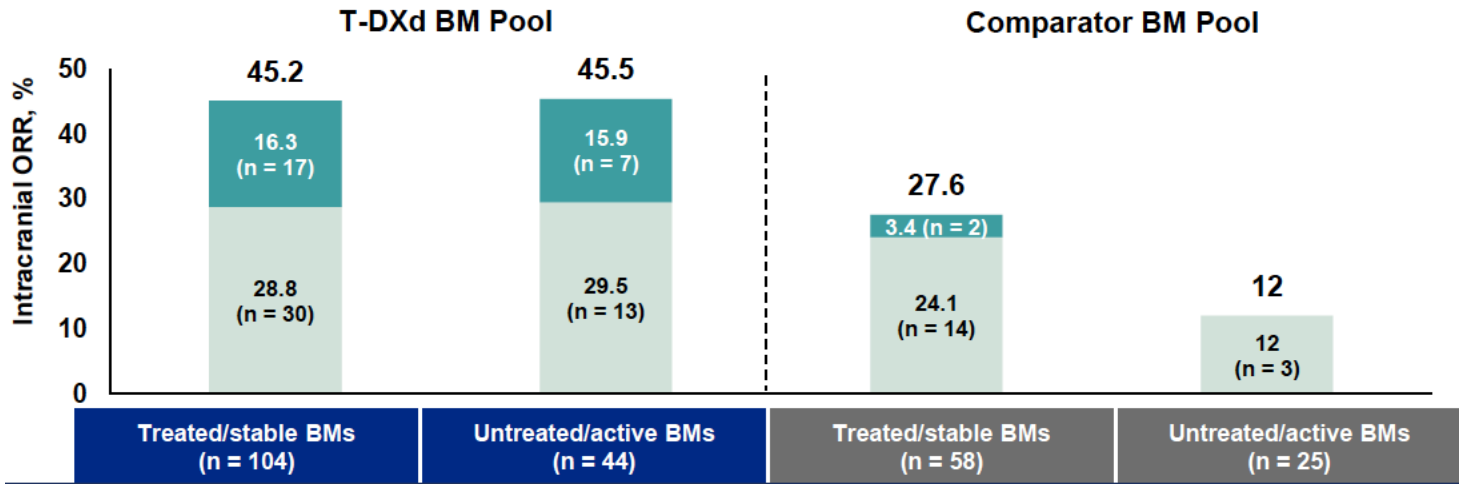
On behalf of the DESTINY-Breast01, -02, and -03 pooled investigators

[1]Fred Hutchinson Cancer Center, University of Washington School of Medicine, Seattle, WA, USA

Madrid, Spain, October 20-24, 2023

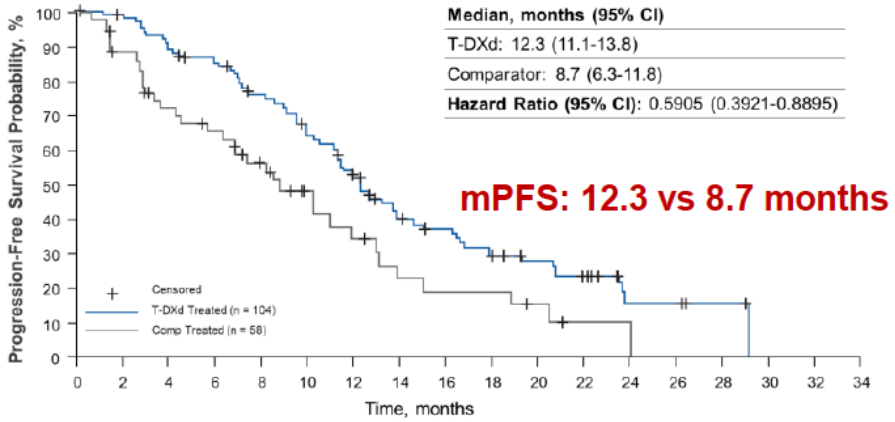


Aktuelle Therapiestandards 24`

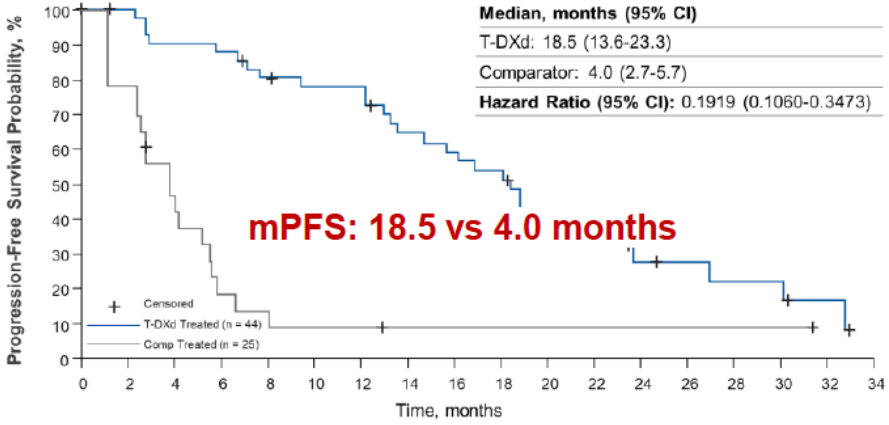


Aktuelle Therapiestandards 24`

Treated/Stable BMs



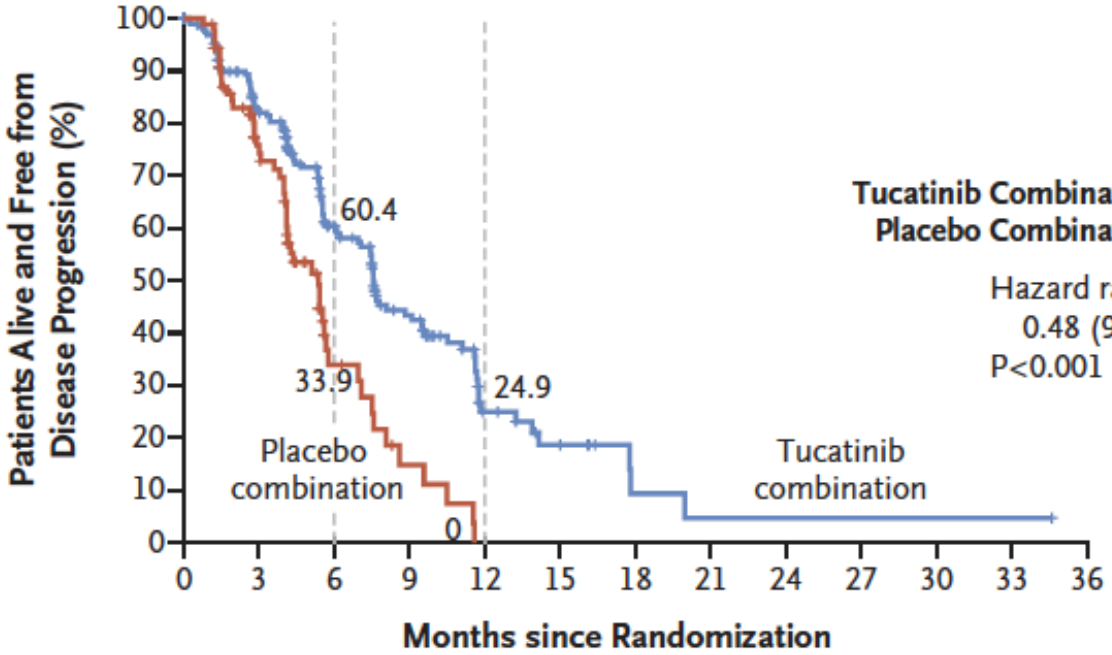
Untreated/Active BMs



Aktuelle Therapiestandards 24`

The NEW ENGLAND

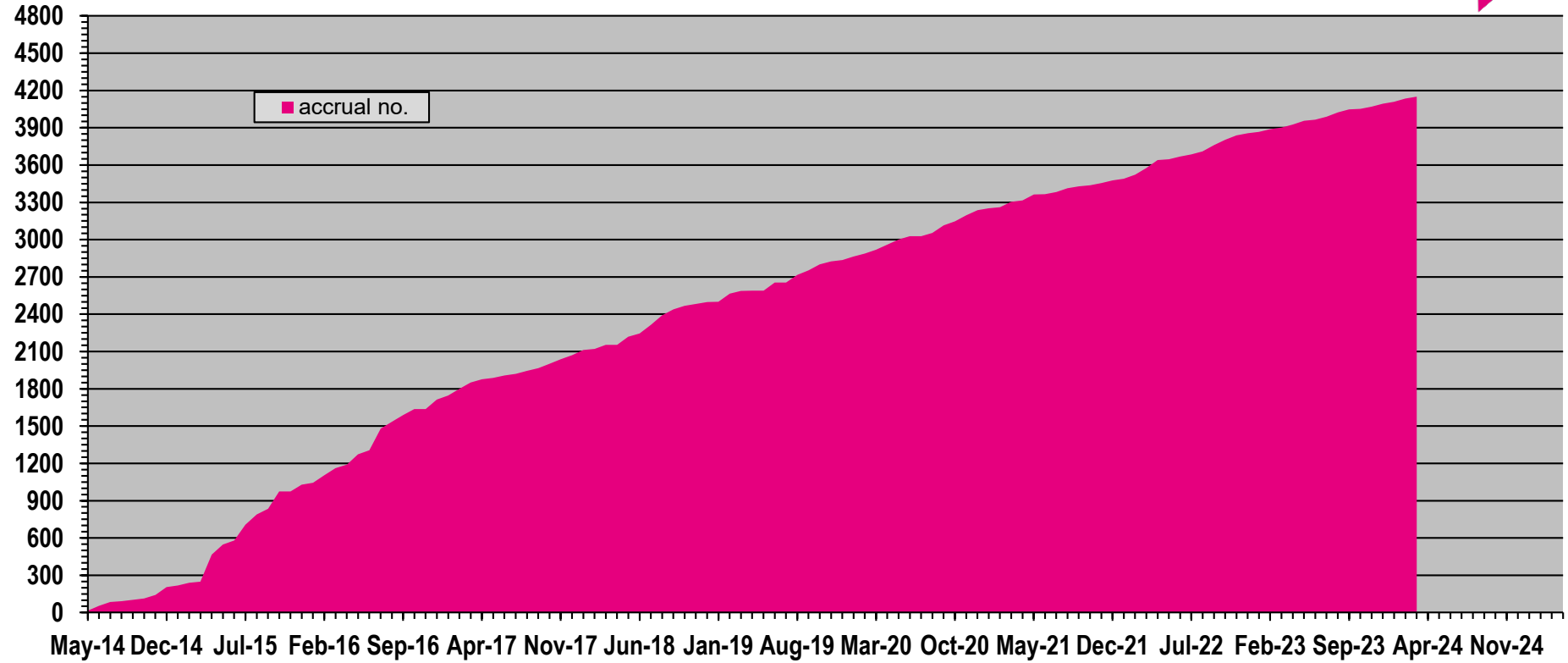
A Kaplan–Meier Estimates of Progression-free Survival among Patients with Brain Metastases



	No. of Events/ No. of Patients	Median Duration (95% CI)
		mo
Tucatinib Combination	106/198	7.6 (6.2–9.5)
Placebo Combination	51/93	5.4 (4.1–5.7)

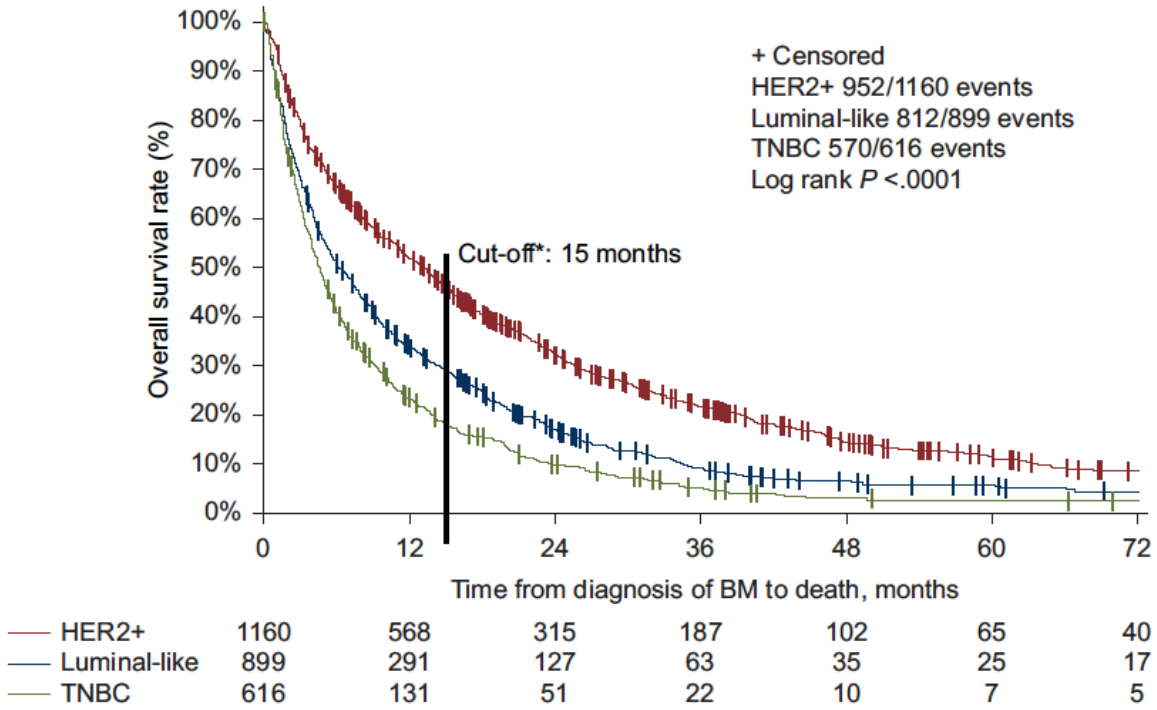
Hazard ratio for disease progression or death, 0.48 (95% CI, 0.34–0.69)
P<0.001

Rekrutierung (Stand 15.02.2024) n = 4151



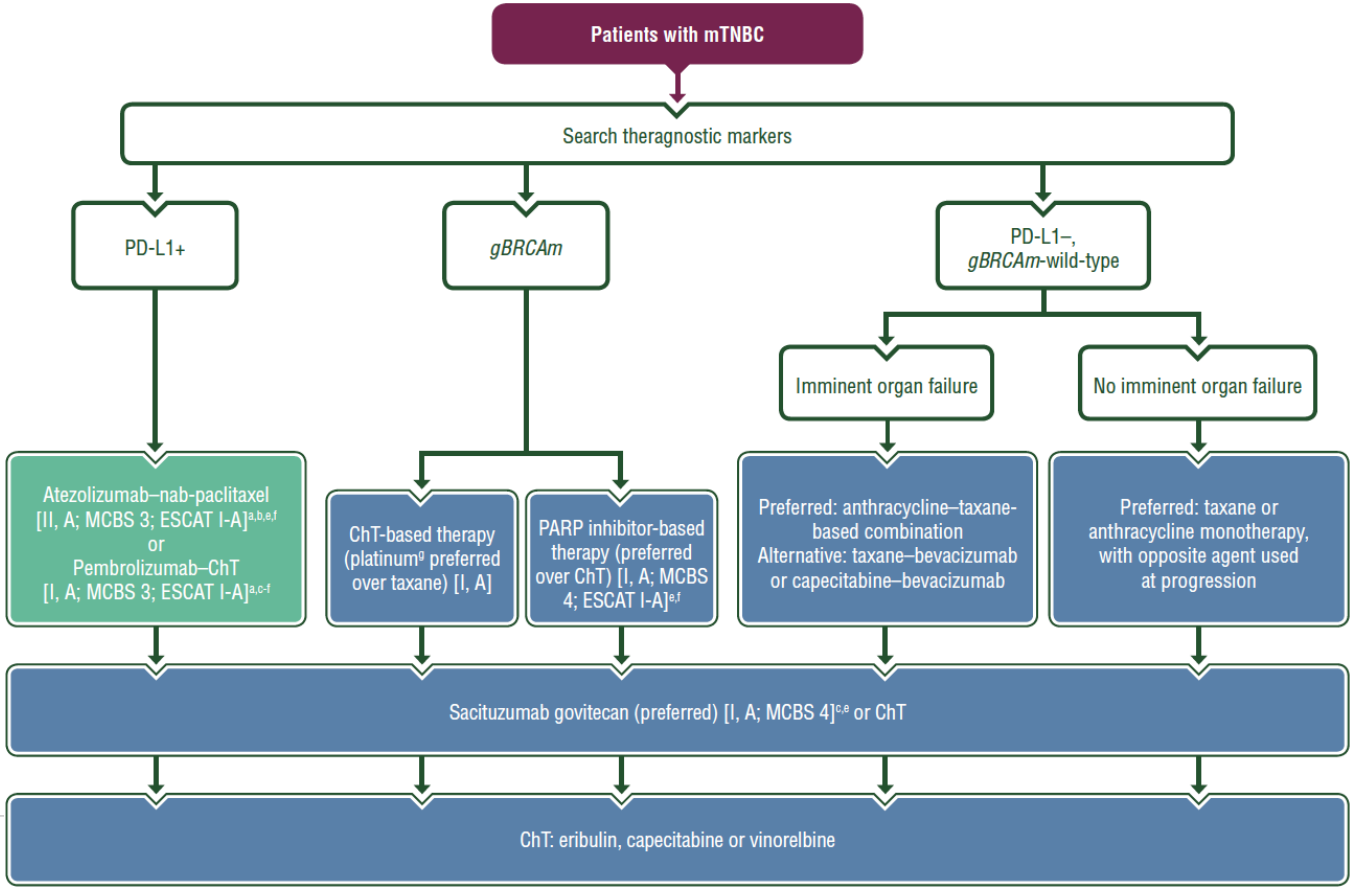
Aktuelle Therapiestandards 24`

Riecke et al, BMBC
ESMO open 2023



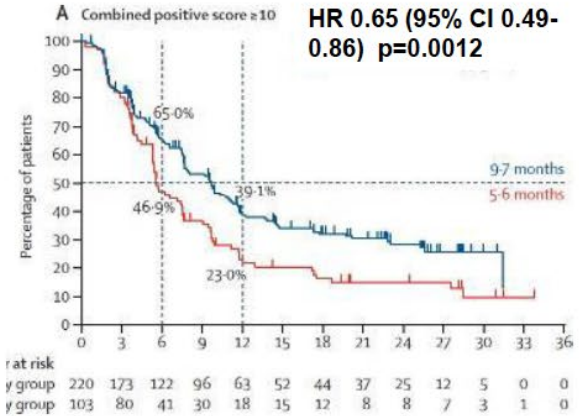
Aktuelle Therapiestandards 24` triple negative

Gennari
Ann Oncol 2021

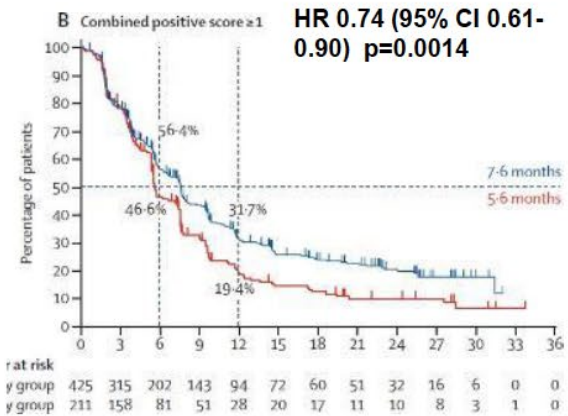


Aktuelle Therapiestandards 24` triple negative

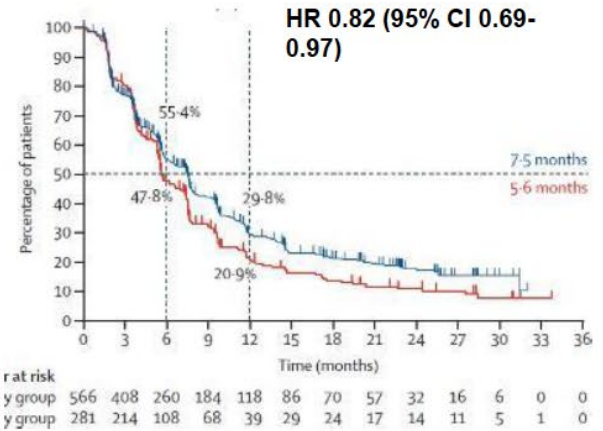
CPS score ≥10 (38% of patients)



CPS score ≥1 (75% of patients)



ITT population



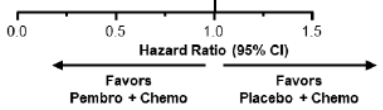
Keynote 355, Cortes et al, The Lancet 2020

Aktuelle Therapiestandards 24` - triple negative

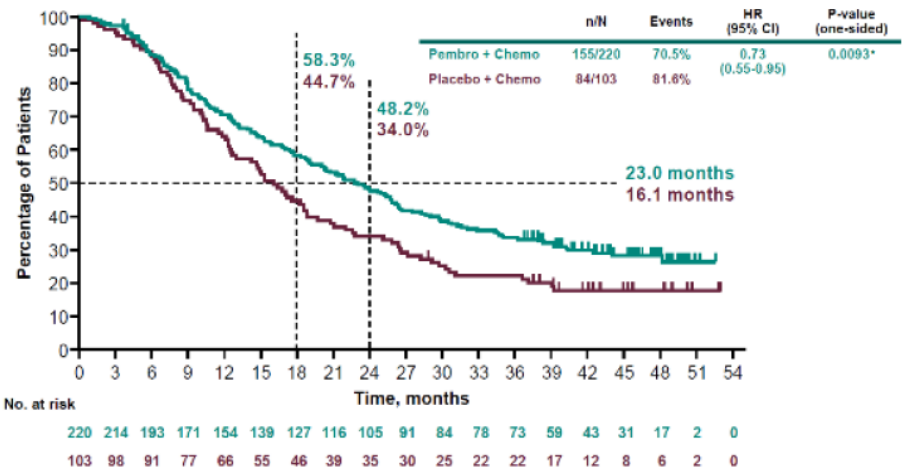
KEYNOTE-355: OS

OS subgroups

Subgroup	N	Median OS (mo) Pembro + Chemo	Median OS (mo) Placebo + Chemo	Hazard Ratio for Death (95%)
Overall	847	17.2	15.5	0.89 (0.76 to 1.05)
PD-L1 CPS cutoff of 1				
CPS ≥1	636	17.6	16.0	0.86 (0.72 to 1.04)
CPS <1	211	16.2	14.7	0.97 (0.72 to 1.32)
PD-L1 CPS cutoff of 10				
CPS ≥10	323	23.0	16.1	0.71 (0.54 to 0.93)
CPS <10	524	14.7	15.2	1.04 (0.85 to 1.26)
PD-L1 CPS cutoff of 20				
CPS ≥20	204	24.0	15.6	0.72 (0.51 to 1.01)
CPS <20	643	15.9	15.5	0.96 (0.80 to 1.14)



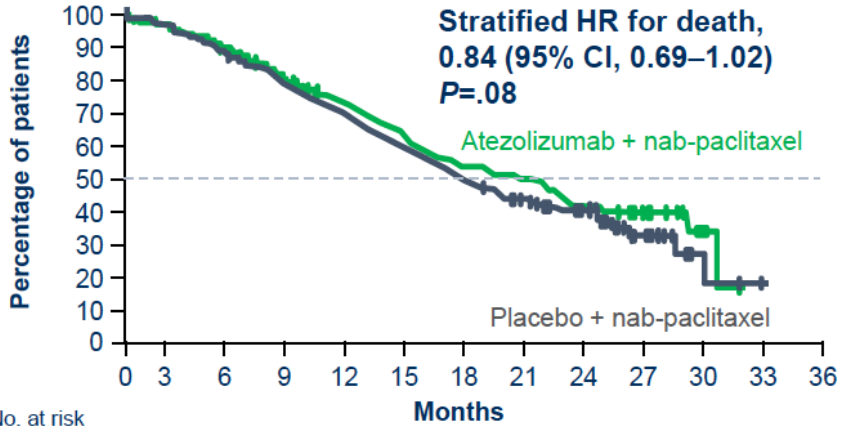
OS PD-L1+ CPS ≥ 10



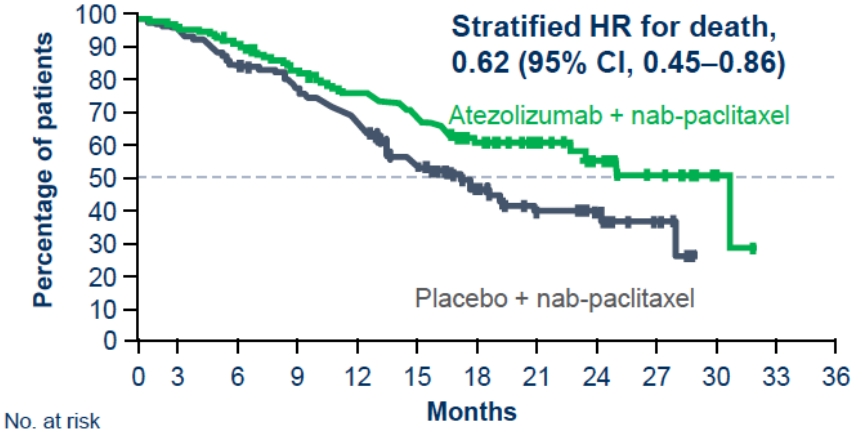
Aktuelle Therapiestandards 24`- Atezolizumab

IMpassion130: OS

ITT population	No. of events/ no. of patients	Median OS (95% CI) mo	2yr rate of OS (95% CI) %
Atezolizumab + nab-paclitaxel	180/452	21.3 (17.3–23.4)	42.1 (34.3–49.9)
Placebo + nab-paclitaxel	208/451	17.6 (15.9–20.0)	39.7 (33.2–46.3)



PD-L1+ population	No. of events/ no. of patients	Median OS (95% CI) mo	2yr rate of OS (95% CI) %
Atezolizumab + nab-paclitaxel	64/185	25.0 (22.6–NE)	53.5 (42.3–64.6)
Placebo + nab-paclitaxel	88/184	15.5 (13.1–19.4)	36.6 (26.4–46.7)



Schmid, NEJM 2018

Aktuelle Therapiestandards 24` - triple negative

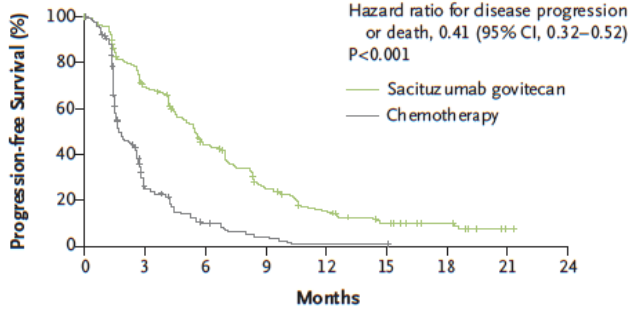
ORIGINAL ARTICLE

Sacituzumab Govitecan in Metastatic Triple-Negative Breast Cancer

A. Bardia, S.A. Hurvitz, S.M. Tolaney, D. Loirat, K. Punie, M. Oliveira, A. Brufsky, S.D. Sardesai, K. Kalinsky, A.B. Zelnak, R. Weaver, T. Traina, F. Dalenc, P. Aftimos, F. Lynce, S. Diab, J. Cortés, J. O'Shaughnessy, V. Diéras, C. Ferrario, P. Schmid, L.A. Carey, L. Gianni, M.J. Piccart, S. Loibl, D.M. Goldenberg, Q. Hong, M.S. Olivo, L.M. Itri, and H.S. Rugo, for the ASCENT Clinical Trial Investigators*

A Progression-free Survival among Patients without Brain Metastases

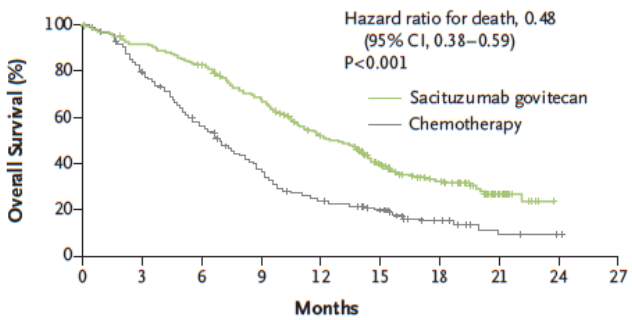
	No. of Patients	No. of Events	Median Progression-free Survival
			mo (95% CI)
Sacituzumab Govitecan	235	166	5.6 (4.3–6.3)
Chemotherapy	233	150	1.7 (1.5–2.6)



No. at Risk								
Sacituzumab govitecan	235	154	91	49	28	15	9	1
Chemotherapy	233	39	14	5	1	1	0	0

B Overall Survival among Patients without Brain Metastases

	No. of Patients	No. of Events	Median Overall Survival
			mo (95% CI)
Sacituzumab Govitecan	235	155	12.1 (10.7–14.0)
Chemotherapy	233	185	6.7 (5.8–7.7)

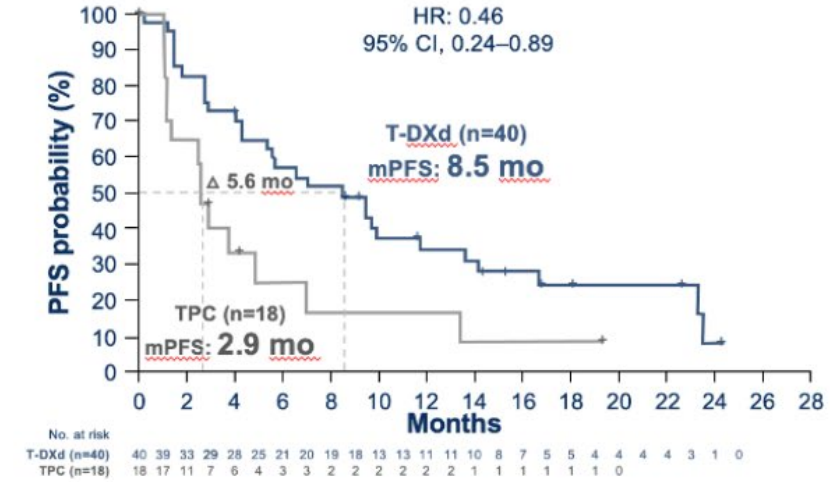


No. at Risk									
Sacituzumab govitecan	235	214	190	153	107	70	37	13	0
Chemotherapy	233	173	117	74	45	30	11	3	1

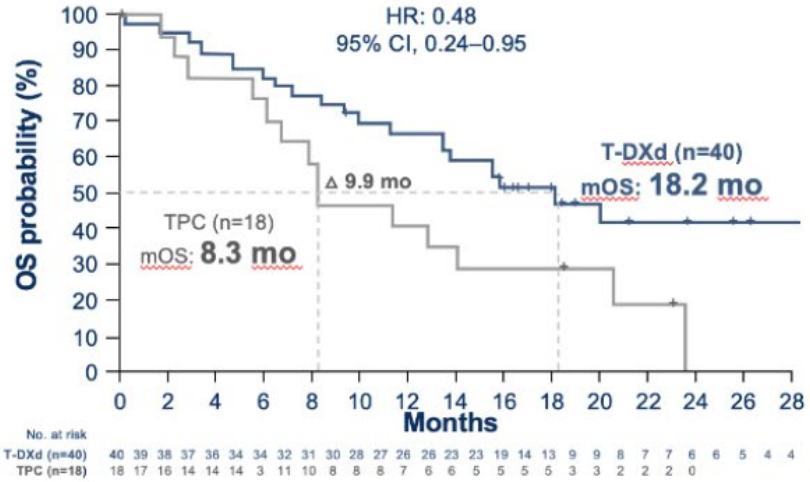
GBG
GERMAN BREAST GROUP

Aktuelle Therapiestandards 24` triple negative: Her-2 low

Median PFS with T-Dxd was 5.6 months greater vs TPC



Median OS with T-Dxd was 9.9 months greater vs TPC



Modi. ASCO 2022. LBA3. Modi. NEJM. 2022;

BEGONIA (Arm 7): Antitumor Responses in 1L a/m TNBC

MADRID 2023 ESMO congress

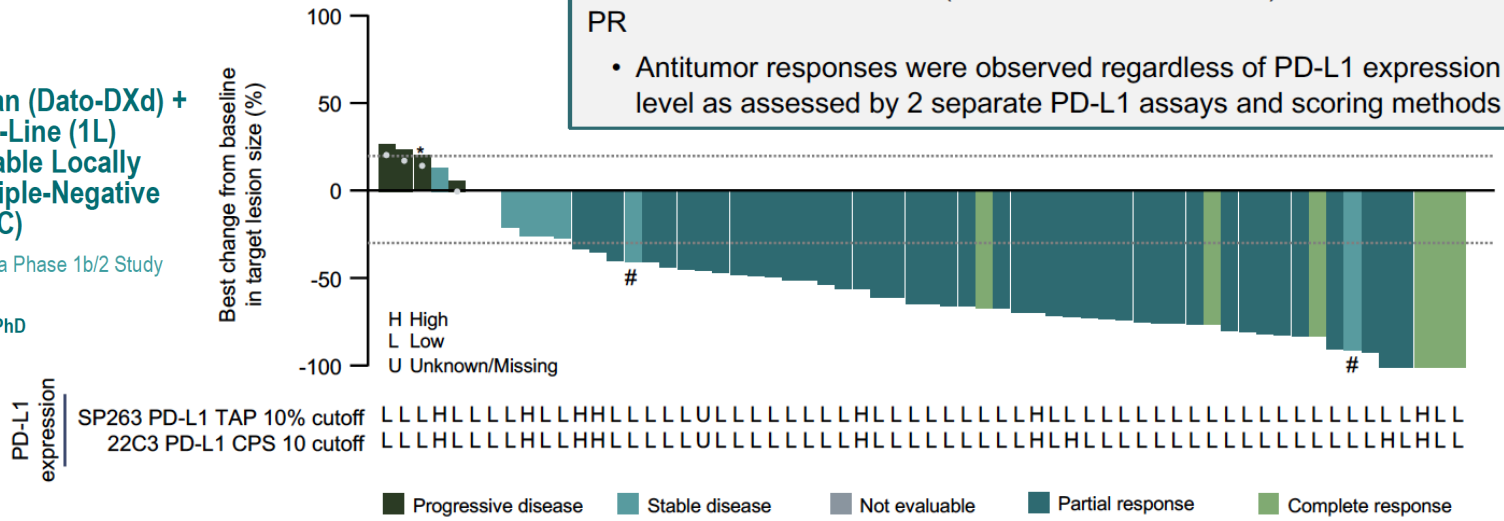
Datopotamab Deruxtecan (Dato-DXd) + Durvalumab (D) as First-Line (1L) Treatment for Unresectable Locally Advanced/Metastatic Triple-Negative Breast Cancer (a/mTNBC)

Updated Results From BEGONIA, a Phase 1b/2 Study

Professor Peter Schmid, FRCP, MD, PhD

Confirmed ORR was **79%** (49/62; 95% CI 66.8–88.3) with 6 CR and 43 PR

- Antitumor responses were observed regardless of PD-L1 expression level as assessed by 2 separate PD-L1 assays and scoring methods



Aktuelle Therapiestandards 24` Take home

HR+, HER2- :

1st line cdk4/6, danach noch kein Standard, ESCAT I/II zunehmende Rolle
Liquid biopsy, ADC auf dem Vormarsch

HER2+:

Derzeit klare Sequenzen, nach Trastuzumab Deruxtecan kein Standard
Sitiuation bei Hirnmetastasen bessert sich

Triple negativ

Immuntherapie / CTX Kombination, PARP Inhibitoren, ADC