13th Annual Oncology Grand Rounds

A Complimentary NCPD Live Webinar Series
Held During the 46th Annual ONS Congress

Breast Cancer

Tuesday, April 20, 2021
8:30 AM – 10:00 AM ET

Medical Oncologists

Carey K Anders, MD
Kathy D Miller, MD
Sara M Tolaney, MD, MPH

Oncology Nurse Practitioners

Gretchen Santos Fulgencio, MSN, FNP-BC
Allie Hershey, MSN, RN, ANP-BC, AOCNP
Kelly Leonard, MSN, FNP-BC

Moderator

Neil Love, MD

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Medical Oncologists

Carey K Anders, MD
Duke Cancer Institute
Durham, North Carolina

Kathy D Miller, MD
The Indiana University Melvin and Bren Simon Cancer Center
Indianapolis, Indiana

Sara M Tolaney, MD, MPH
Dana-Farber Cancer Institute
Associate Professor of Medicine
Boston, Massachusetts

Oncology Nurse Practitioners

Gretchen Santos Fulgencio, MSN, FNP-BC
University of California, San Francisco
Berkeley, California

Allie Hershey, MSN, RN, ANP-BC, AOCNP
Dana-Farber Cancer Institute
Boston, Massachusetts

Kelly Leonard, MSN, FNP-BC
Dana-Farber Cancer Institute
Boston, Massachusetts

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Commercial Support

This activity is supported by educational grants from Lilly, Novartis and Seagen Inc.

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Dr Love — Disclosures

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Dr Anders — Disclosures

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Contracted Research	G1 Therapeutics, Lilly, Merck, Nektar, Novartis, Pfizer Inc, Puma Biotechnology Inc, Seagen Inc, Tesaro, A GSK Company, The Zion Pharma
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Dr Miller — Disclosures

Consulting Agreements	AbbVie Inc, Athenex
Contracted Research	Astex Pharmaceuticals, BBI Solutions, CytomX Therapeutics, Pfizer Inc
Data and Safety Monitoring Board/Committee	AstraZeneca Pharmaceuticals LP, Merck, Roche Laboratories Inc

Dr Tolaney — Disclosures

Consulting Agreements	AstraZeneca Pharmaceuticals LP, Athenex, Bristol-Myers Squibb Company, Certara, CytomX Therapeutics, Daiichi Sankyo Inc, Eisai Inc, G1 Therapeutics, Genentech, a member of the Roche Group, Gilead Sciences Inc, Immunomedics Inc, Kyowa Kirin Co Ltd, Lilly, Merck, Mersana Therapeutics, NanoString Technologies, Nektar, Novartis, Odonate Therapeutics, OncoPep, OncoSec Medical, Pfizer Inc, Puma Biotechnology Inc, Samsung Bioepis, Sanofi Genzyme, Seagen Inc
Contracted Research	AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Cyclacel Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Genentech, a member of the Roche Group, Gilead Sciences Inc, Immunomedics Inc, Lilly, Merck, NanoString Technologies, Nektar, Novartis, Odonate Therapeutics, Pfizer Inc, Sanofi Genzyme, Seagen Inc
Data and Safety Monitoring Board/Committee	Odonate Therapeutics

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Ms Fulgencio — Disclosures

No relevant conflicts of interest to disclose.

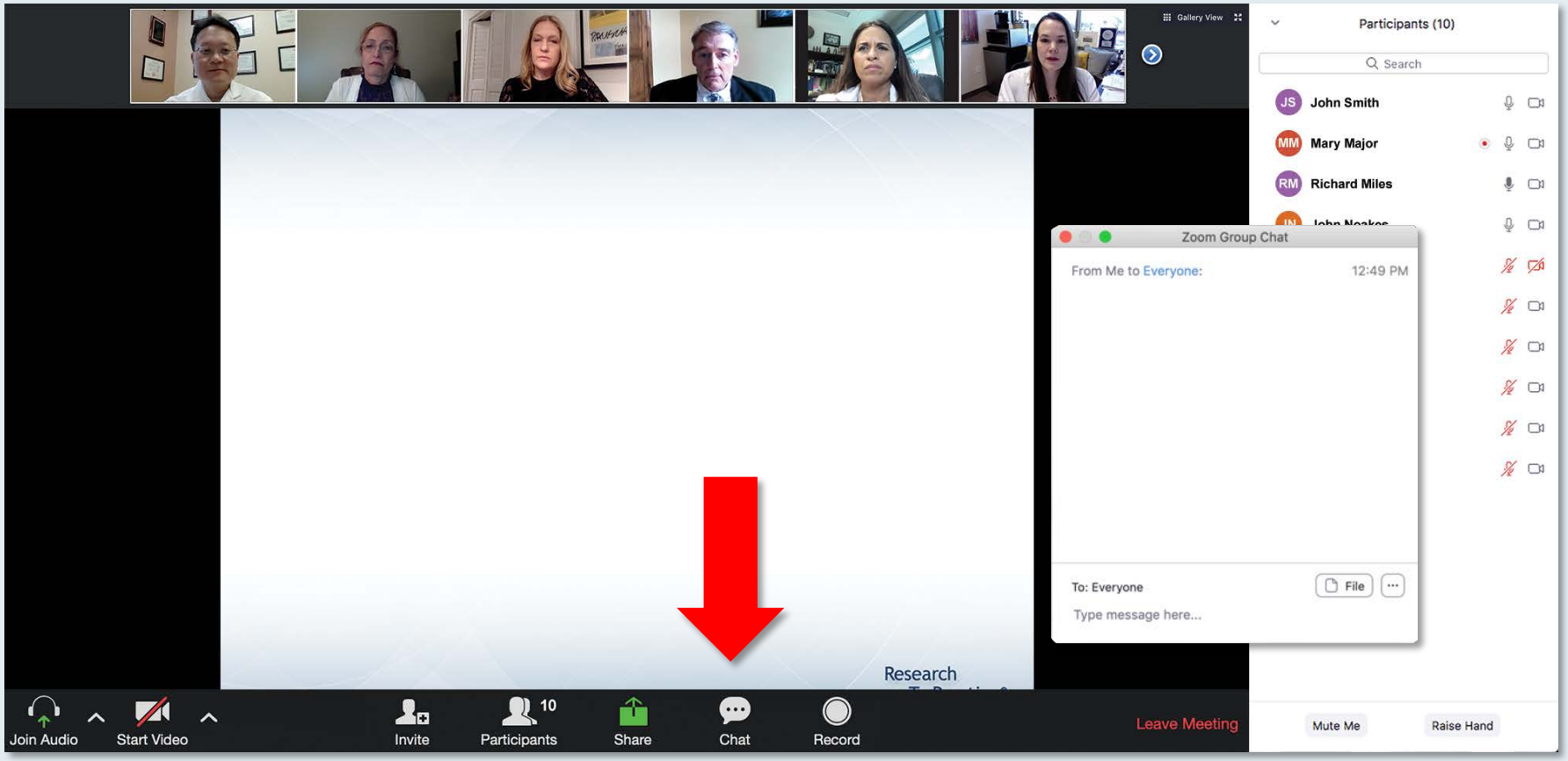
Ms Hershey — Disclosures

No relevant conflicts of interest to disclose.

Ms Leonard — Disclosures

No relevant conflicts of interest to disclose.

We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

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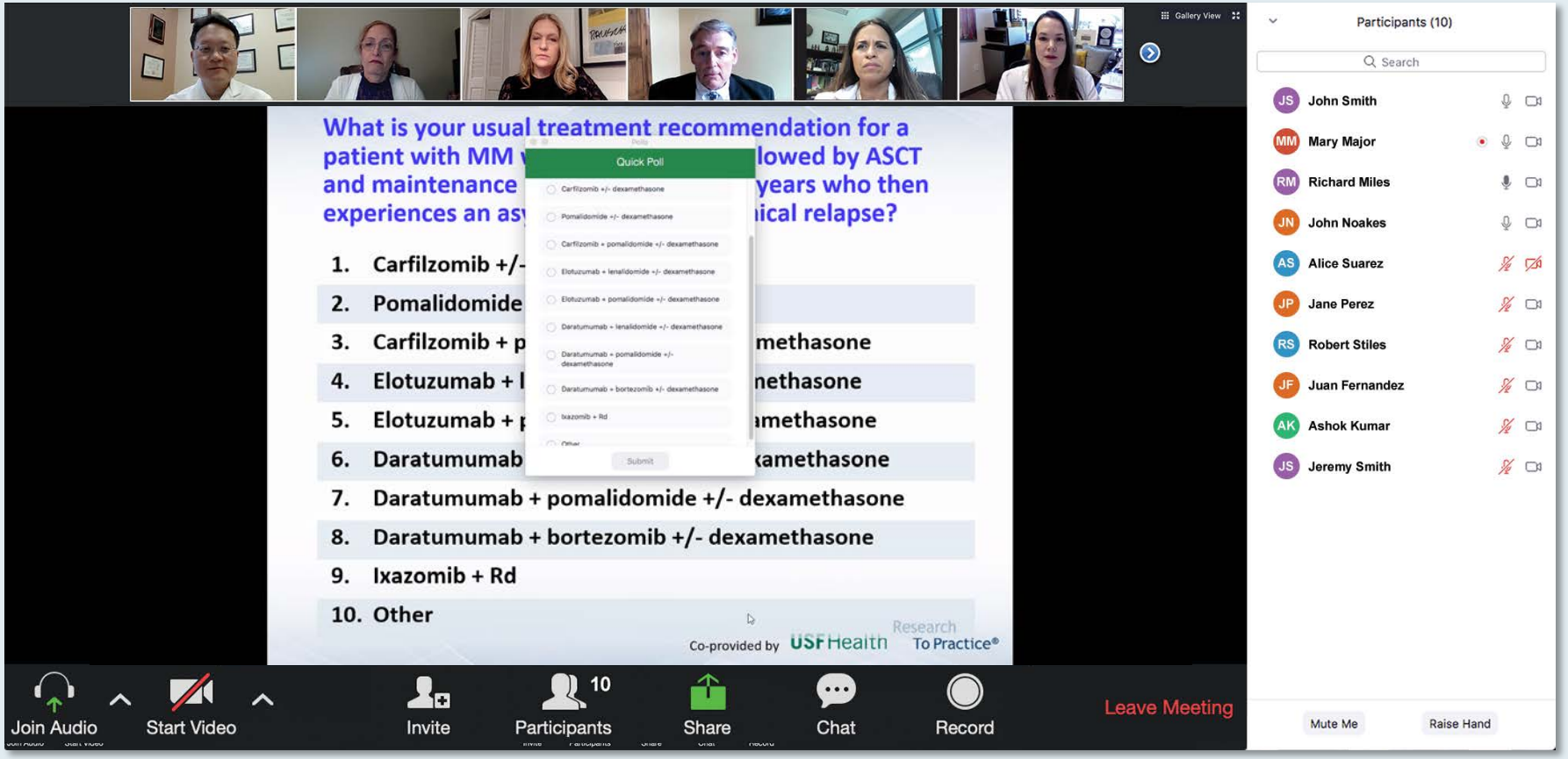
Familiarizing Yourself with the Zoom Interface

How to answer poll questions



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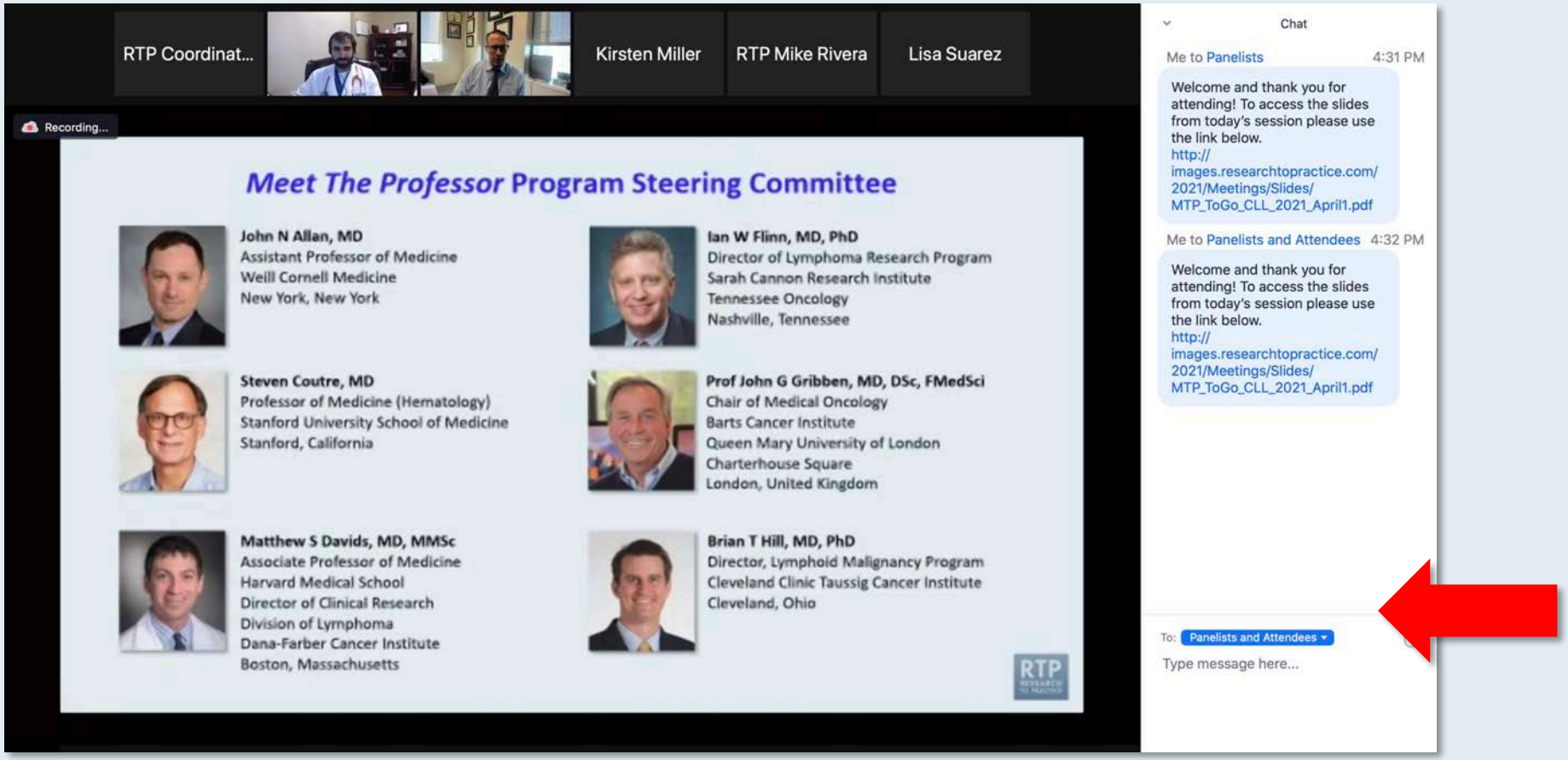
Familiarizing Yourself with the Zoom Interface

Expand chat submission box



Drag the white line above the submission box up to create more space for your message.

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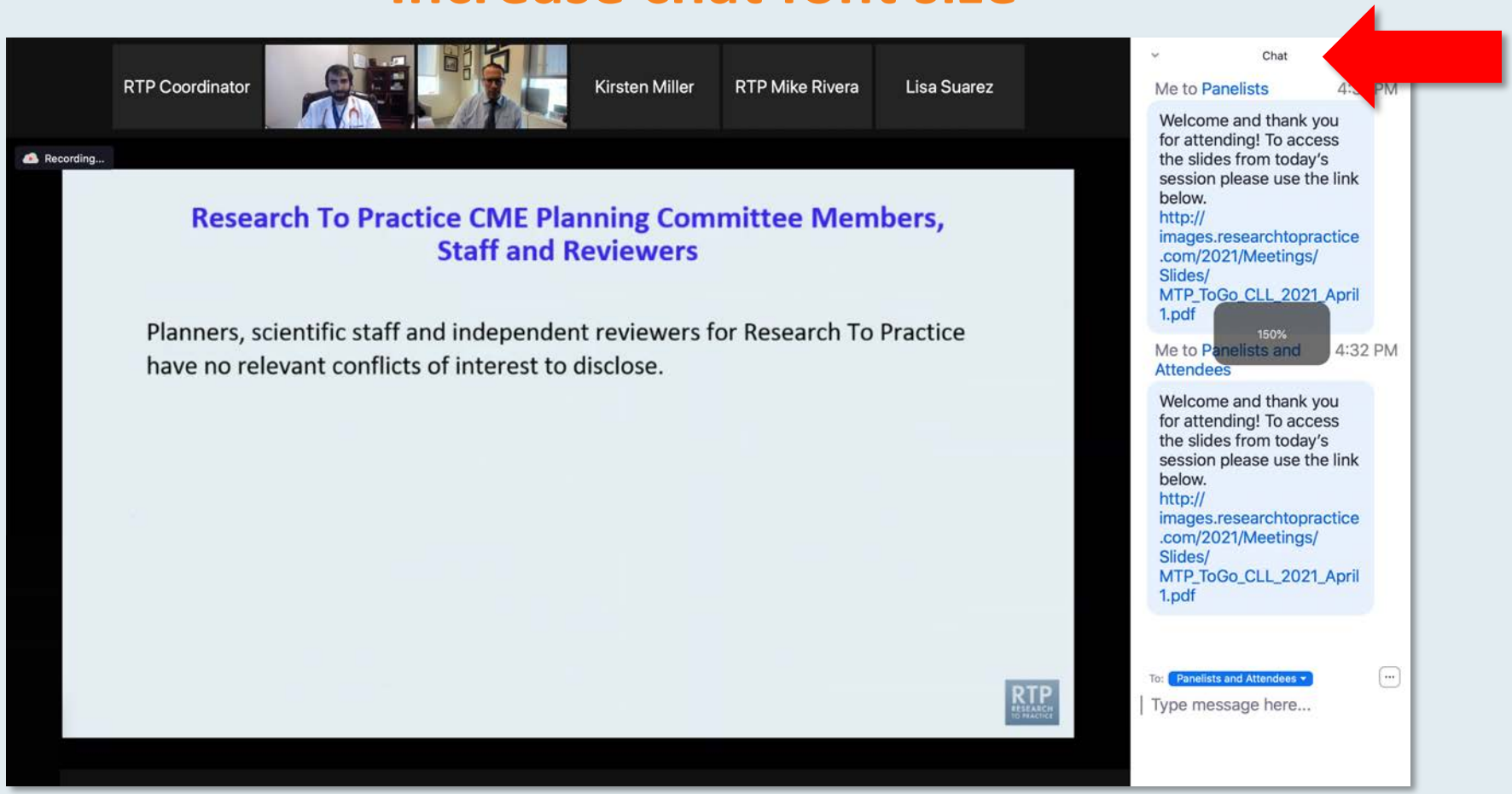
Familiarizing Yourself with the Zoom Interface

Increase chat font size



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You may do this as many times as you need for readability.

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WITH DR NEIL LOVE

Newly Approved Agents in HER2-Positive Metastatic Breast Cancer

DR MARK PEGRAM

STANFORD UNIVERSITY SCHOOL OF MEDICINE

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Acute Myeloid Leukemia
Wednesday, April 21, 2021
12:00 PM – 1:00 PM ET

Colorectal and Gastroesophageal Cancers
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4:45 PM – 5:45 PM ET

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Chronic Lymphocytic Lymphoma
Thursday, April 29, 2021
8:30 AM – 10:00 AM ET

Chimeric Antigen Receptor T-Cell Therapy
Thursday, April 29, 2021
5:00 PM – 6:30 PM ET

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Exploring the Multidisciplinary Management of Localized Non-Small Cell Lung Cancer with EGFR Mutation

A CME/MOC Virtual Satellite Symposia Offering During the AATS 101st Annual Meeting

Faculty

Chung-Han Lee, MD, PhD
David I Quinn, MBBS, PhD
Walter Stadler, MD

Moderator

Neil Love, MD

Activity Dates and Times

Tuesday, May 4, 2021 – 5:00 PM – 6:00 PM – Dr Lee
Wednesday, June 2, 2021 – 5:00 PM – 6:00 PM – Dr Stadler
Tuesday, July 6, 2021 – 5:00 PM – 6:00 PM – Dr Quinn

All times noted are Eastern Daylight Time

RTP RESEARCH TO PRACTICE

Ask the Expert: Clinical Investigators Provide Perspectives on the Management of Renal Cell Carcinoma

In Partnership with Project Echo® and Florida Cancer Specialists

Tuesday, May 4, 2021
5:00 PM – 6:00 PM ET

Faculty

Chung-Han Lee, MD, PhD

Moderator

Neil Love, MD

Current Concepts and Recent Advances in Oncology

A Daylong Clinical Summit Hosted in Partnership with Medical Oncology Association of Southern California (MOASC)

Saturday, May 15, 2021
10:30 AM – 6:30 PM ET

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Saturday, May 15, 2021

10:30 AM — Breast Cancer
Ruth O'Regan, Tiffany A Traina

11:30 AM — Multiple Myeloma
Kenneth Anderson, Noopur Raje

12:50 PM — Chronic Lymphocytic Leukemia and Lymphomas
Craig Moskowitz, Jeff Sharman

1:50 PM — Genitourinary Cancers
Joaquim Bellmunt, Sumanta Kumar Pal

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Saturday, May 15, 2021

3:15 PM — Gastrointestinal Cancers
Wells A Messersmith, Eileen M O'Reilly

4:15 PM — Acute Myeloid Leukemia and Myelodysplastic Syndromes
Harry Paul Erba, Rami Komrokji

5:35 PM — Lung Cancer
D Ross Camidge, Benjamin Levy

Up for Debate: Oncology Investigators Provide Their Take on Current Controversies in Patient Care

A Daylong Multitumor Educational Webinar
in Partnership with Florida Cancer Specialists

Saturday, May 22, 2021
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Saturday, May 22, 2021

10:15 AM — Lung Cancer
John V Heymach, Stephen V Liu

11:30 AM — Genitourinary Cancers
Maha Hussain, Elizabeth R Plimack

12:45 PM — Chronic Lymphocytic Leukemia and Lymphomas
Jonathan W Friedberg, Laurie H Sehn

2:00 PM — Multiple Myeloma
Irene M Ghobrial, Sagar Lonial

3:15 PM — Breast Cancer
Virginia Kaklamani, Nancy U Lin

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Thank you for joining us!

NCPD credit information will be emailed to each participant within 3 business days.

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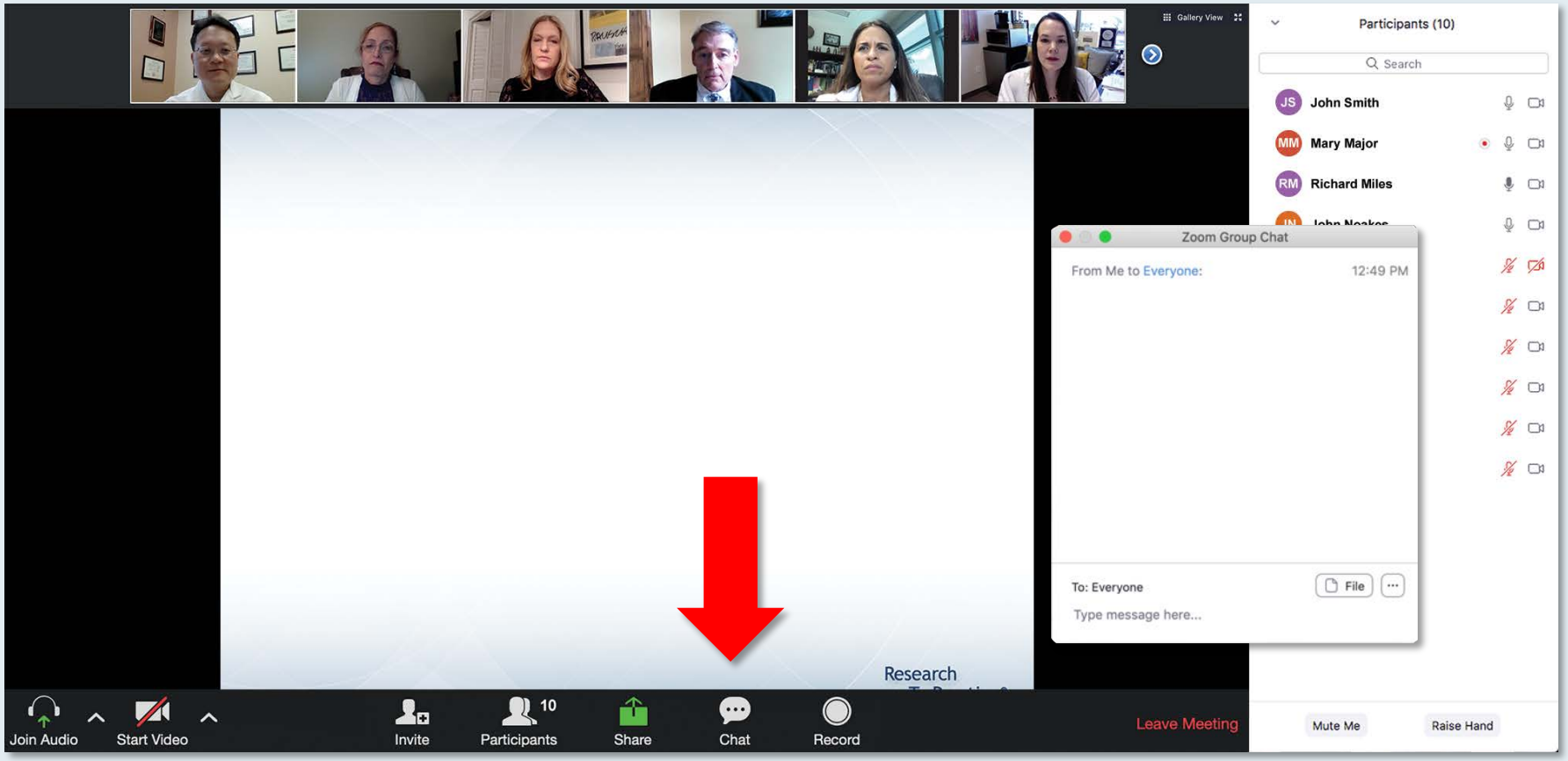

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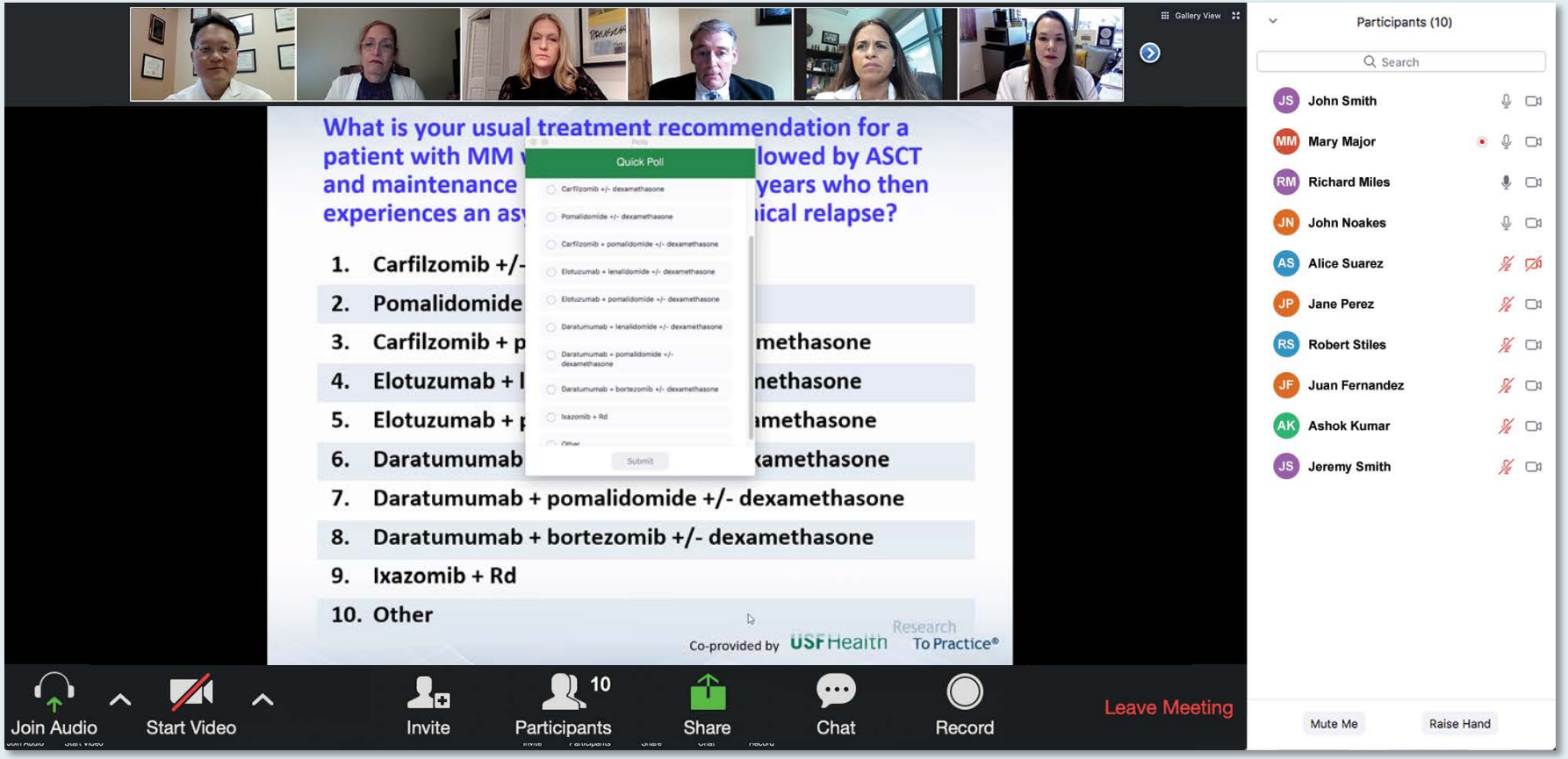

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Medical Oncologists

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Medical Oncologists

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Oncology Nurse Practitioners

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University of Arkansas for Medical Sciences
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Perelman Center for Advanced Medicine
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Faculty, University of Pennsylvania School of Nursing
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APN Inpatient Hematopoietic Cellular Therapy Service
University of Chicago Medicine
Chicago, Illinois

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Oncology Grand Rounds Nursing Webinar Series

Monday	Tuesday	Wednesday	Thursday	Friday
19	20 Breast Ca 8:30 AM Lung Ca 5:00 PM	21 AML 12:00 PM CRC and GI Ca 4:45 PM	22 Prostate Ca 8:30 AM Lymphomas 5:00 PM	23
26	27 Multiple Myeloma 8:30 AM GYN 5:00 PM	28 Bladder Ca 12:00 PM	29 CLL 8:30 AM CAR-T 5:00 PM	30

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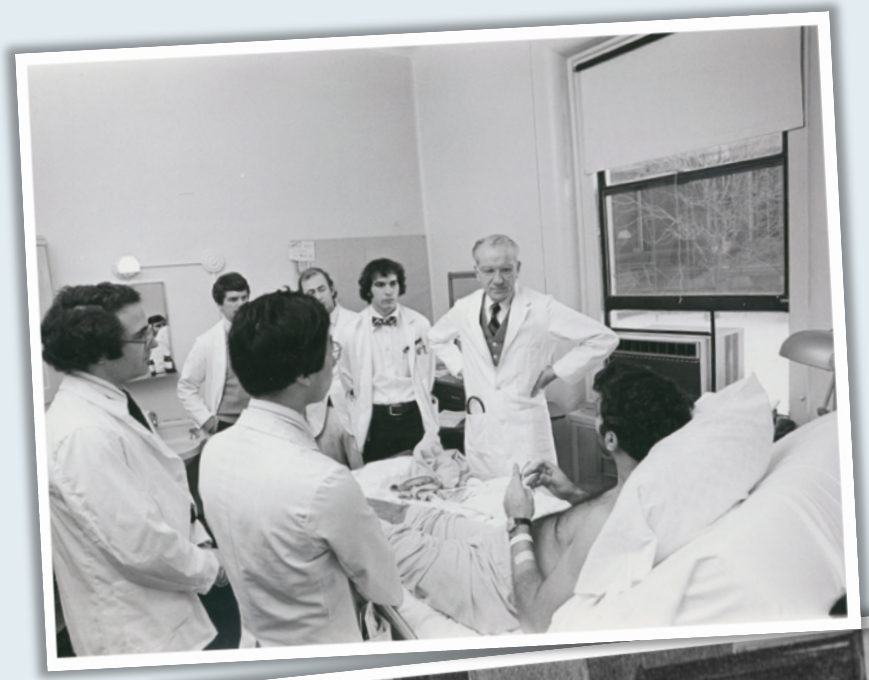

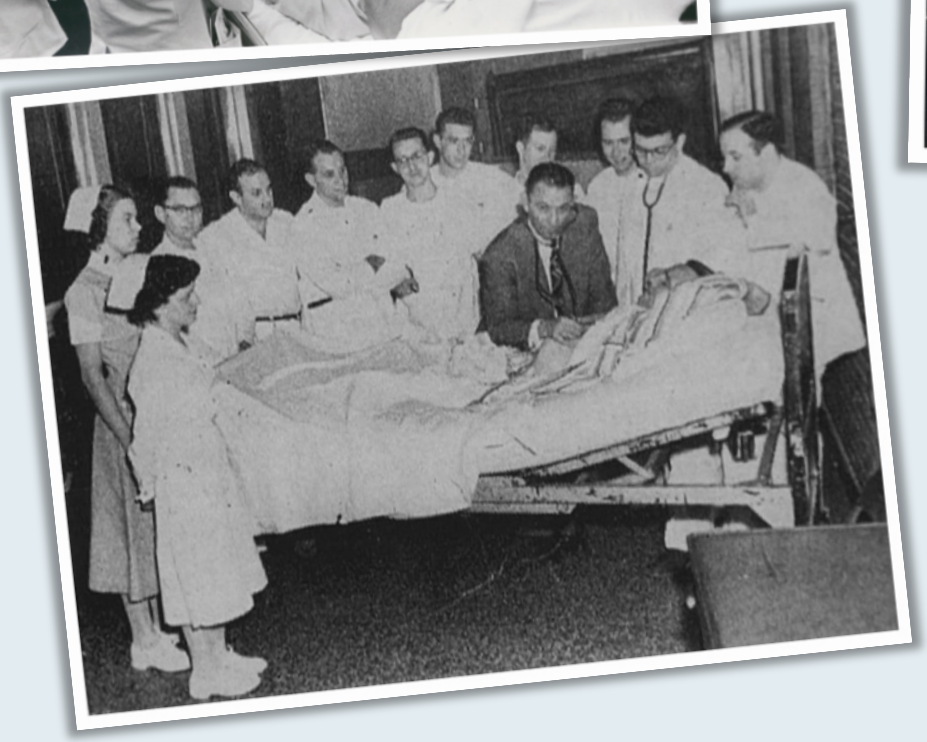


The Birmingham News

The Core Oncology Triad
Developing an Individualized Oncology Strategy

RTP RESEARCH TO PRACTICE

13th Annual Oncology Grand Rounds

Oncology Nurse Practitioners

Case Presentations

- Key patient-education issues
- Biopsychosocial considerations:
  - Family/loved ones
  - The bond that heals

Clinical Investigators

Oncology Strategy

- New agents and regimens
- Predictive biomarkers
- Ongoing research and implications

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Research To Practice's 2019 San Antonio Breast Cancer Symposia

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13th Annual Oncology Grand Rounds

A Complimentary NCPD Live Webinar Series
Held During the 46th Annual ONS Congress

Breast Cancer

Tuesday, April 20, 2021
8:30 AM – 10:00 AM ET

Medical Oncologists

Carey K Anders, MD
Kathy D Miller, MD
Sara M Tolaney, MD, MPH

Oncology Nurse Practitioners

Gretchen Santos Fulgencio, MSN, FNP-BC
Allie Hershey, MSN, RN, ANP-BC, AOCNP
Kelly Leonard, MSN, FNP-BC

Moderator

Neil Love, MD

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Kelly Leonard, MSN, FNP-BC


Gretchen Santos Fulgencio, MSN, FNP-BC


Allie Hershey, MSN, RN, ANP-BC, AOCNP

Agenda

Cases from the Practices of Ms Fulgencio, Ms Hershey and Ms Leonard

Module 1: ER-Positive

- **Case 1 (Ms Fulgencio): A 31-year-old woman with localized ER/PR-positive, HER2-negative breast cancer and 3 positive nodes**
- **Case 2 (Ms Leonard): A 53-year-old woman with ER-positive, HER2-negative metastatic breast cancer and a PIK3CA tumor mutation**

Module 2: HER2-Positive

- **Case 3 (Ms Leonard): A 33-year-old woman with localized ER/PR-positive, HER2-positive breast cancer and residual disease after neoadjuvant treatment**
- **Case 4 (Ms Fulgencio): A 70-year-old woman with metastatic HER2-positive breast cancer**
- **Case 5 (Ms Hershey): A 44-year-old woman with ER/PR-positive, HER2-positive metastatic breast cancer**
- **Case 6 (Ms Leonard): A 64-year-old woman with ER-positive, HER2-positive metastatic breast cancer and brain metastases**

Module 3: Triple-Negative

- **Case 7 (Ms Hershey): A 52-year-old woman with metastatic BRCA wild-type TNBC, PD-L1-positive**

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Ms Leonard: Reflections on Being an Oncology Nurse

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Case Presentation – A 31-year-old woman with localized ER/PR-positive, HER2-negative breast cancer and 3 positive nodes (Part 1)

Ms Fulgencio

- Systems engineer diagnosed with Stage IIB breast cancer with 3 of 8 positive nodes
- Experienced noticeable fatigue and cognitive issues associated with adjuvant chemotherapy

Case Presentation – A 31-year-old woman with localized ER/PR-positive, HER2-negative breast cancer and 3 positive nodes (Part 2)

Ms Fulgencio

- Systems engineer diagnosed with Stage IIB breast cancer with 3 of 8 positive nodes
- Experienced noticeable fatigue and cognitive issues associated with adjuvant chemotherapy
- ***Started on chemotherapy, LHRH agonist, aromatase inhibitor, zoledronic acid and considering abemaciclib***

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Which of the following toxicities is more common with palbociclib and ribociclib than with abemaciclib?

1. Gastrointestinal toxicity
2. Neutropenia
3. Anemia
4. Peripheral neuropathy
5. I don’t know

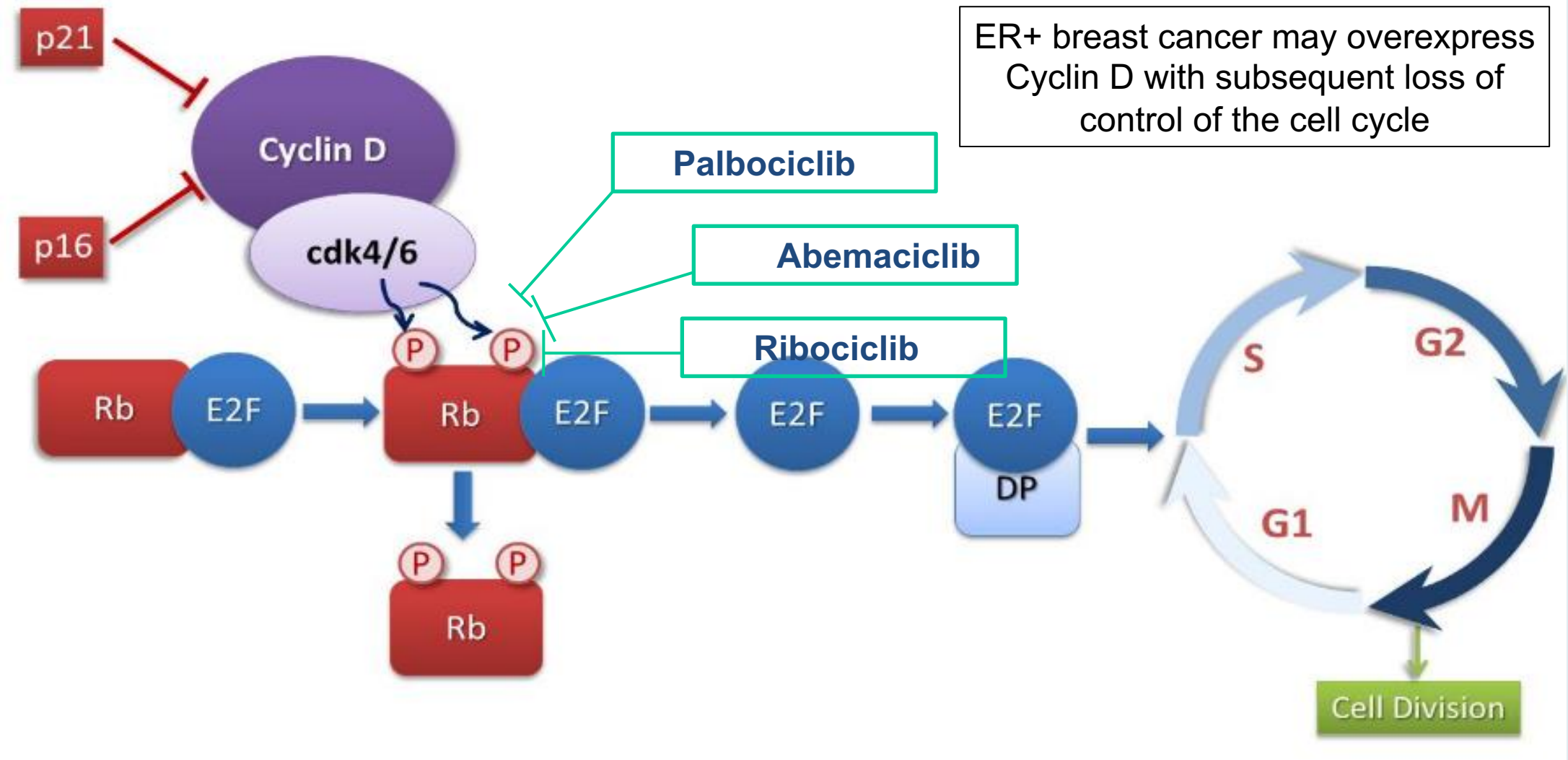
Which of the following toxicities is more common with abemaciclib than with palbociclib and ribociclib?

1. Diarrhea
2. Neutropenia
3. Anemia
4. Peripheral neuropathy
5. I don’t know

Which CDK4/6 inhibitor requires that an electrocardiogram be conducted prior to the initiation of treatment?

1. Palbociclib
2. Ribociclib
3. Abemaciclib
4. I don’t know

CDK4/6 Regulates Cell Cycle Progression



Adapted from Finn et al, 2016.

What effect was observed in the Phase III trial of adjuvant abemaciclib?

1. Fewer recurrences
2. Fewer deaths
3. Both

J Clin Oncol 2020;38(34):3987-98.

rapid communications

Abemaciclib Combined With Endocrine Therapy for the Adjuvant Treatment of HR+, HER2−, Node-Positive, High-Risk, Early Breast Cancer (monarchE)

Stephen R. D. Johnston, MD, PhD[1]; Nadia Harbeck, MD, PhD[2]; Roberto Hegg, MD, PhD[3]; Masakazu Toi, MD, PhD[4]; Miguel Martin, MD, PhD[5]; Zhi Min Shao, MD[6]; Qing Yuan Zhang, MD, PhD[7]; Jorge Luis Martinez Rodriguez, MD[8]; Mario Campone, MD, PhD[9]; Erika Hamilton, MD[10]; Joohyuk Sohn, MD, PhD[11]; Valentina Guarneri, MD, PhD[12]; Morihito Okada, MD, PhD[13]; Frances Boyle, MD, MBBS, PhD[14]; Patrick Neven, MD, PhD[15]; Javier Cortés, MD, PhD[16]; Jens Huober, MD[17]; Andrew Wardley, MD, MBChB[18]; Sara M. Tolaney, MD, MPH[19]; Irfan Cicin, MD[20]; Ian C. Smith, MD[21,22]; Martin Frenzel, PhD[22]; Desirée Headley, MSc[22]; Ran Wei, PhD[22]; Belen San Antonio, PhD[22]; Maarten Hulstijn, PhD[22]; Joanne Cox, MD[22]; Joyce O'Shaughnessy, MD[23]; and Priya Rastogi, MD[24]; on behalf of the monarchE Committee Members and Investigators

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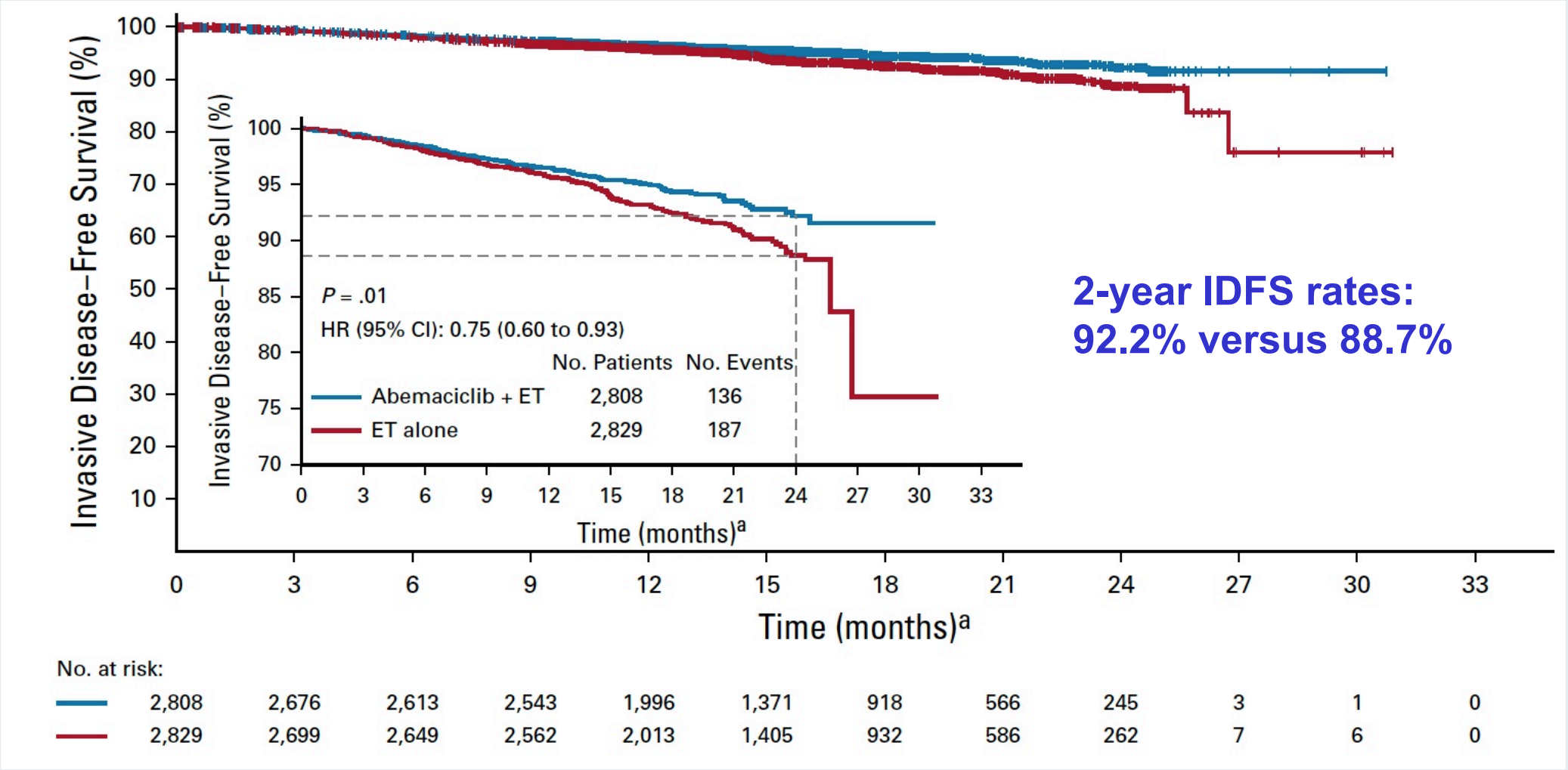
monarchE: Invasive Disease-Free Survival (IDFS) (Zoomed in to better show separation of curves)



Johnston SRD et al. *J Clin Oncol* 2020;38(34):3987-98.

Articles

Lancet Oncol 2021;22:212-22

Palbociclib with adjuvant endocrine therapy in early breast cancer (PALLAS): interim analysis of a multicentre, open-label, randomised, phase 3 study

Erica L Mayer, Amylou C Dueck, Miguel Martin, Gabor Rubovszky, Harold J Burstein, Meritxell Bellet-Ezquerra, Kathy D Miller, Nicholas Zdenkowski, Eric P Winer, Georg Pfeiler, Matthew Goetz, Manuel Ruiz-Borrego, Daniel Anderson, Zbigniew Nowecki, Sibylle Loibl, Stacy Moulder, Alistair Ring, Florian Fitzal, Tiffany Traina, Arlene Chan, Hope S Rugo, Julie Lemieux, Fernando Henao, Alan Lyss, Silvia Antolin Novoa, Antonio C Wolff, Marcus Vetter, Daniel Egle, Patrick G Morris, Eleftherios P Mamounas, Miguel J Gil-Gil, Aleix Prat, Hannes Fohler, Otto Metzger Filho, Magdalena Schwarz, Carter DuFrane, Debora Fumagalli, Kathy Puyana Theall, Dongrui Ray Lu, Cynthia Huang Bartlett, Maria Koehler, Christian Fesl, Angela DeMichele, Michael Gnant**

Therapy for premenopausal women with ER-positive metastatic breast cancer who undergo ovarian suppression or ablation is generally approached in the same manner as is therapy for postmenopausal patients.

1. Agree
2. Disagree
3. I don’t know

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Randomized Trials of Endocrine Therapy +/- CDK4/6 Inhibition

Line	Trial	Schema	PFS HR compared to endocrine alone	OS HR compared to endocrine alone
First line	PALOMA-1	Letrozole ± palbociclib	0.49	0.897
	PALOMA-2	Letrozole ± palbociclib	0.58	NR
	MONALEESA-2	Letrozole ± ribociclib	0.56	0.75
	MONALEESA-3	Fulvestrant ± ribociclib	0.55	0.72
	MONALEESA-7 (premenopausal)	Goserelin + AI or tamoxifen ± ribociclib	0.55	0.71
	MONARCH 3	Letrozole or anastrozole, ± abemaciclib	0.54	NR
Second line	PALOMA-3	Fulvestrant ± palbociclib	0.46	0.75
	MONARCH 2	Fulvestrant ± abemaciclib	0.55	0.757

Courtesy of Dr Harold Burstein; Updated with MONALEESA-3 and MONALEESA-7

Common Side Effects and Dosing of CDK4/6 Inhibitors

	Palbociclib		Abemaciclib		Ribociclib	
Dosing	125 mg qd 3 wk on, 1 wk off		200 mg BID continuously		600 mg qd 3 wk on, 1 wk off	
Common adverse events	**All grades**	**Grade 3/4**	**All grades**	**Grade 3/4**	**All grades**	**Grade 3/4**
Neutropenia Thrombocytopenia	95% 76%	54% 19%	88% 42%	27% 2%	46% 37%	29% 10%
Diarrhea Nausea Vomiting	16% 23% 5%	0 0 0	90% 65% 35%	20% 5% 2%	22% 46% 25%	3% 2% 0

Barroso-Sousa R et al. *Breast Care* 2016;11:167-73.

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Case Presentation – A 53-year-old woman with ER-positive, HER2-negative metastatic breast cancer and a PIK3CA tumor mutation

Ms Leonard

- Married mother of 2 teenage children whose disease has progressed on CDK4/6 inhibitors, everolimus and multiple chemotherapies
- Treated with alpelisib with fulvestrant
- Management of hyperglycemia associated with alpelisib

Ms Fulgencio: Patient Education on Alpelisib (Part 1)

Ms Fulgencio: Patient Education on Alpelisib (Part 2)

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The PI3 kinase inhibitor alpelisib is used for patients with metastatic ER-positive, HER2-negative breast cancer with a…

1. PIK3CA germline mutation
2. PIK3CA somatic mutation
3. PIK3CA amplification
4. All of the above
5. I don’t know

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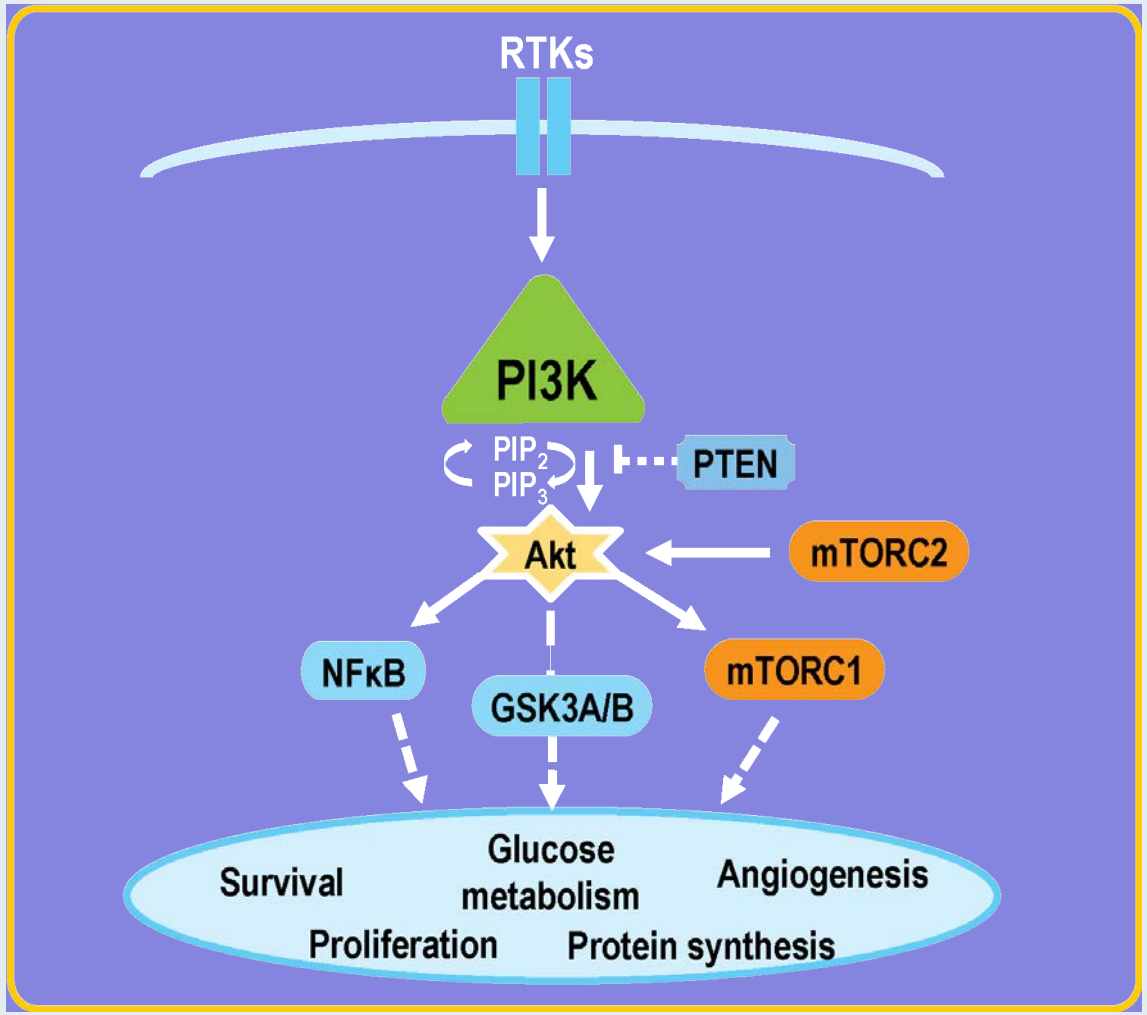
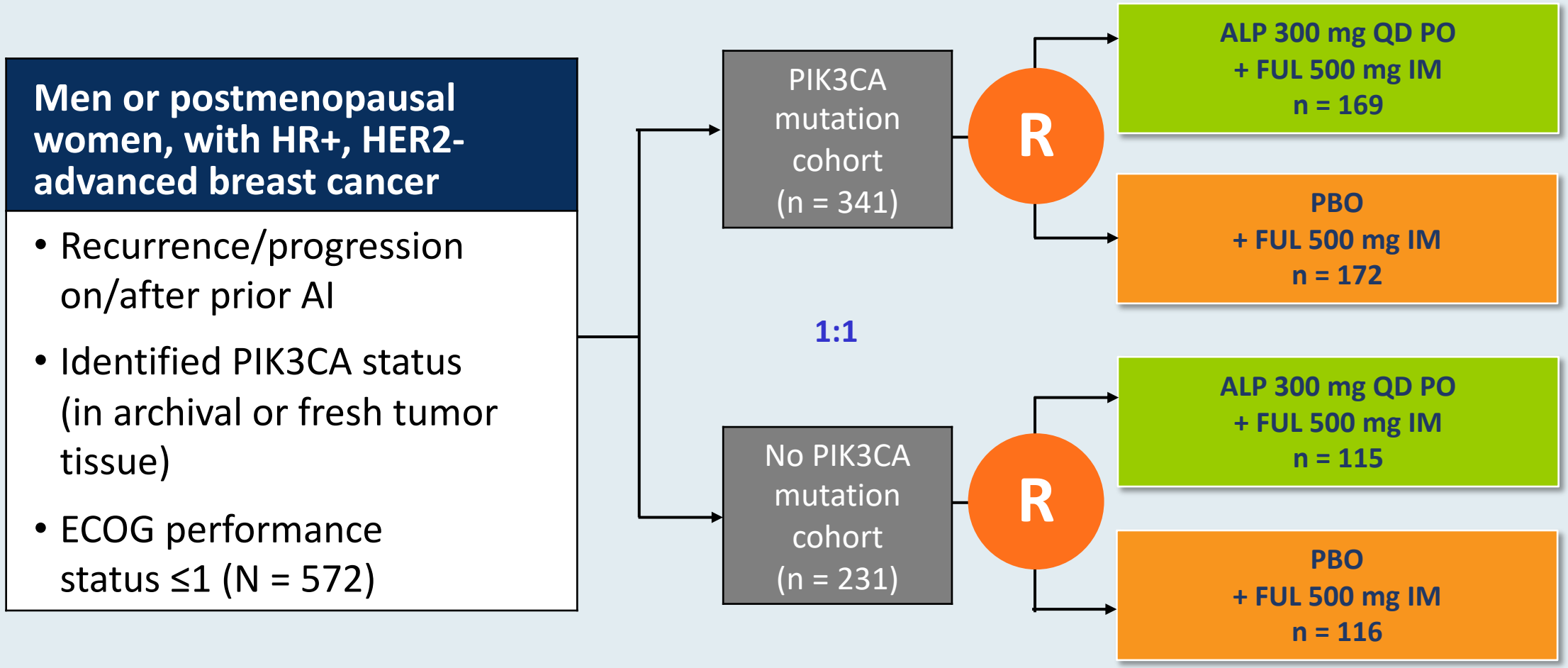
PI3K Inhibitors: Mechanism of Action



- PI3K is involved in the activation of Akt.
- Hyperactivation of the PI3K pathway is implicated in malignant transformation, cancer progression and endocrine therapy resistance.
- PIK3CA encodes the alpha isoform of the PI3K catalytic subunit.
- Around 40% of patients with HR+, HER- BC present with an activating PIK3CA tumor mutation.
- Alpelisib is a specific inhibitor of the PI3K alpha isoform.

André F et al. ESMO 2018;Abstract LBA3_PR.

SOLAR-1 Phase III Study Design



Primary endpoint: Locally assessed PFS in PIK3CA mutation cohort

André F et al. ESMO 2018;Abstract LBA3_PR.

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ANNALS OF ONCOLOGY driving innovation in oncology

ORIGINAL ARTICLE

Alpelisib plus fulvestrant for *PIK3CA*-mutated, hormone receptor-positive, human epidermal growth factor receptor-2—negative advanced breast cancer: final overall survival results from SOLAR-1

F. André[1*], E. M. Ciruelos[2], D. Juric[3], S. Loibl[4], M. Campone[5], I. A. Mayer[6], G. Rubovszky[7], T. Yamashita[8], B. Kaufman[9], Y.-S. Lu[10], K. Inoue[11], Z. Pápai[12], M. Takahashi[13], F. Ghaznawi[14], D. Mills[15], M. Kaper[14], M. Miller[14], P. F. Conte[16], H. Iwata[17] & H. S. Rugo[18]

[1]Department of Medical Oncology, Institut Gustave Roussy, Villejuif and Paris Saclay University, Orsay, France; [2]Medical Oncology, Hospital Universitario 12 de Octubre, Madrid, Spain; [3]Department of Medicine, Massachusetts General Hospital Cancer Center, Boston, USA; [4]Department of Medicine and Research, German Breast Group, GBG Forschungs GmbH, Neu-Isenburg, Germany; [5]Medical Oncology, Institut de Cancerologie de l'Ouest, Saint-Herblain, Nantes Cedex, France; [6]Hematology/Oncology, Vanderbilt University, Nashville, USA; [7]Department of Medical Oncology and Clinical Pharmacology, National Institute of Oncology, Budapest, Hungary; [8]Department of Breast and Endocrine Surgery, Kanagawa Cancer Center, Yokohama, Japan; [9]Medical Oncology, Tel Aviv University, Sheba Medical Centre, Tel Hashomer, Israel; [10]Medical Oncology, National Taiwan University Hospital, Taipei, Taiwan; [11]Breast Surgery, Saitama Cancer Center, Saitama, Japan; [12]Medical Oncology, Hungarian Defence Forces Medical Centre, Budapest, Hungary; [13]Breast Surgery, NHO Hokkaido Cancer Center, Sapporo, Japan; [14]Novartis Pharmaceuticals Corporation, East Hanover, USA; [15]Novartis Pharma AG, Basel, Switzerland; [16]Medical Oncology, Universita di Padova and Oncologia Medica 2, Istituto Oncologico Veneto IRCCS, Padua, Italy; [17]Breast Oncology, Aichi Cancer Center Hospital, Aichi, Japan; [18]Breast Department, UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, USA

Available online 25 November 2020

***Ann Oncol* 2021;32(2):208-17.**

SOLAR-1: Response

Response	Alpelisib–Fulvestrant Group	Placebo–Fulvestrant Group
All patients		
No. of patients	169	172
Confirmed best overall response — no. (%)		
Complete response	1 (0.6)	2 (1.2)
Partial response	44 (26.0)	20 (11.6)
Stable disease	58 (34.3)	63 (36.6)
Neither complete response nor progressive disease*	38 (22.5)	25 (14.5)
Progressive disease	16 (9.5)	53 (30.8)
Unknown status	12 (7.1)	9 (5.2)
Overall response†		
No. of patients	45	22
Percentage of patients (95% CI)	26.6 (20.1–34.0)	12.8 (8.2–18.7)
Clinical benefit‡		
No. of patients	104	78
Percentage of patients (95% CI)	61.5 (53.8–68.9)	45.3 (37.8–53.1)

André F et al. *N Engl J Med* 2019;380:1929-40.

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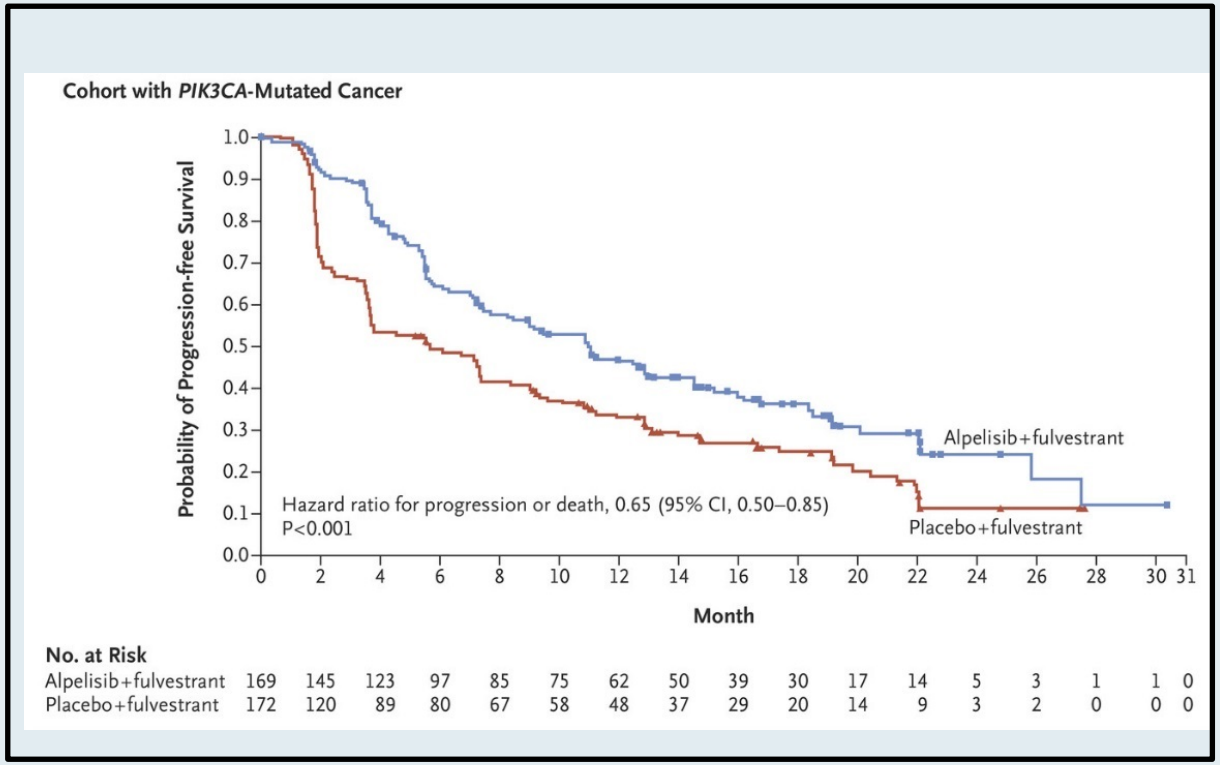
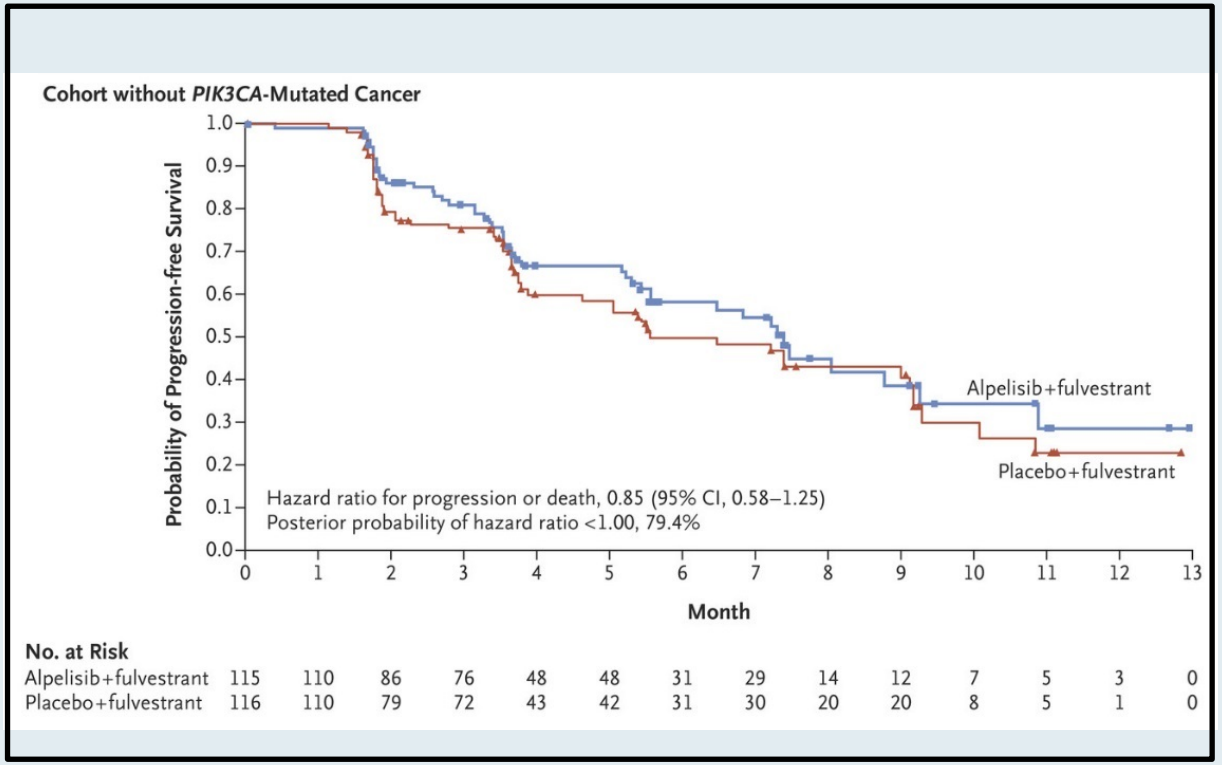
SOLAR-1: PFS Outcomes by PIK3CA Mutation Status





André F et al. *N Engl J Med* 2019;380:1929-40.

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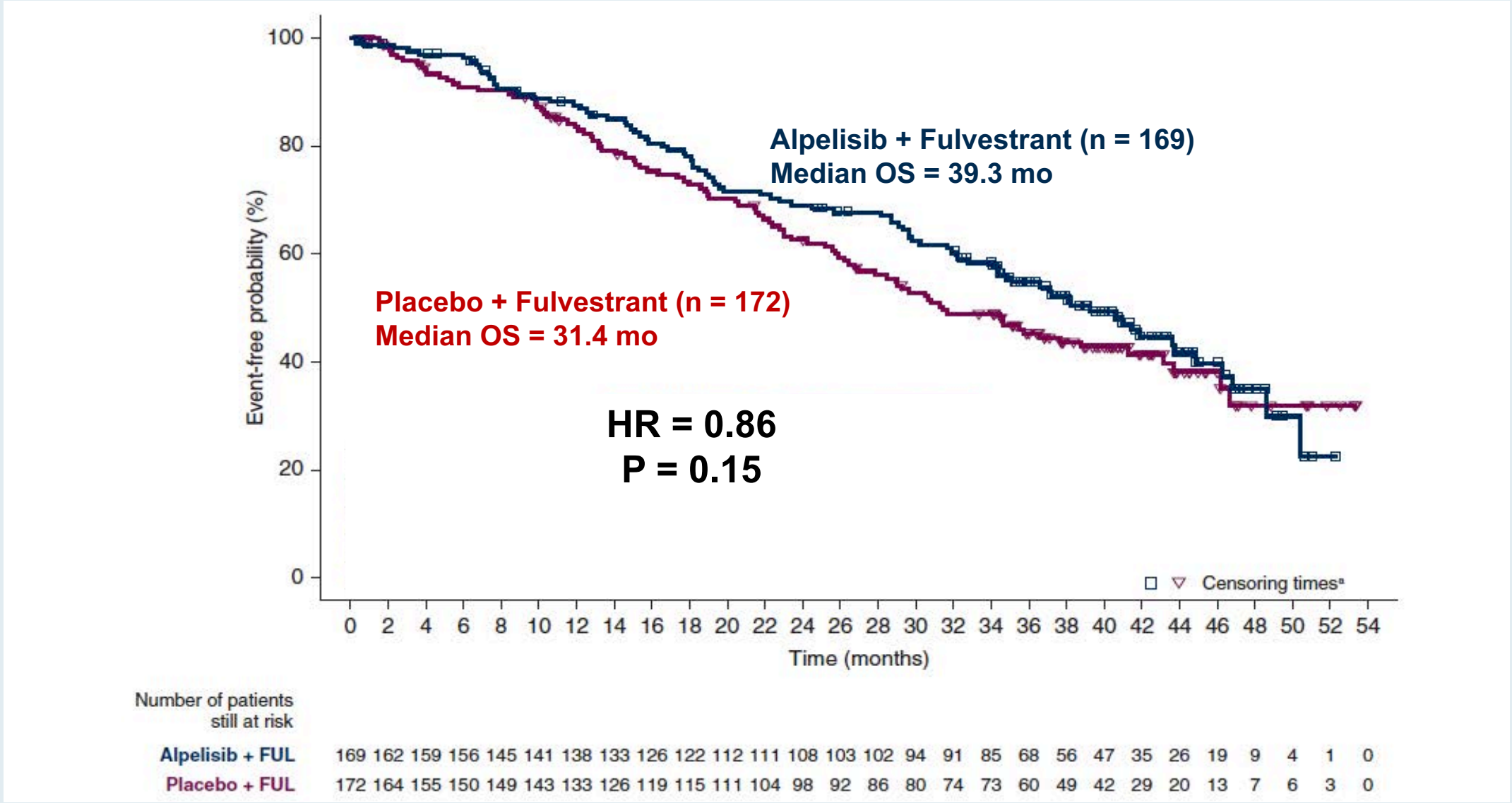
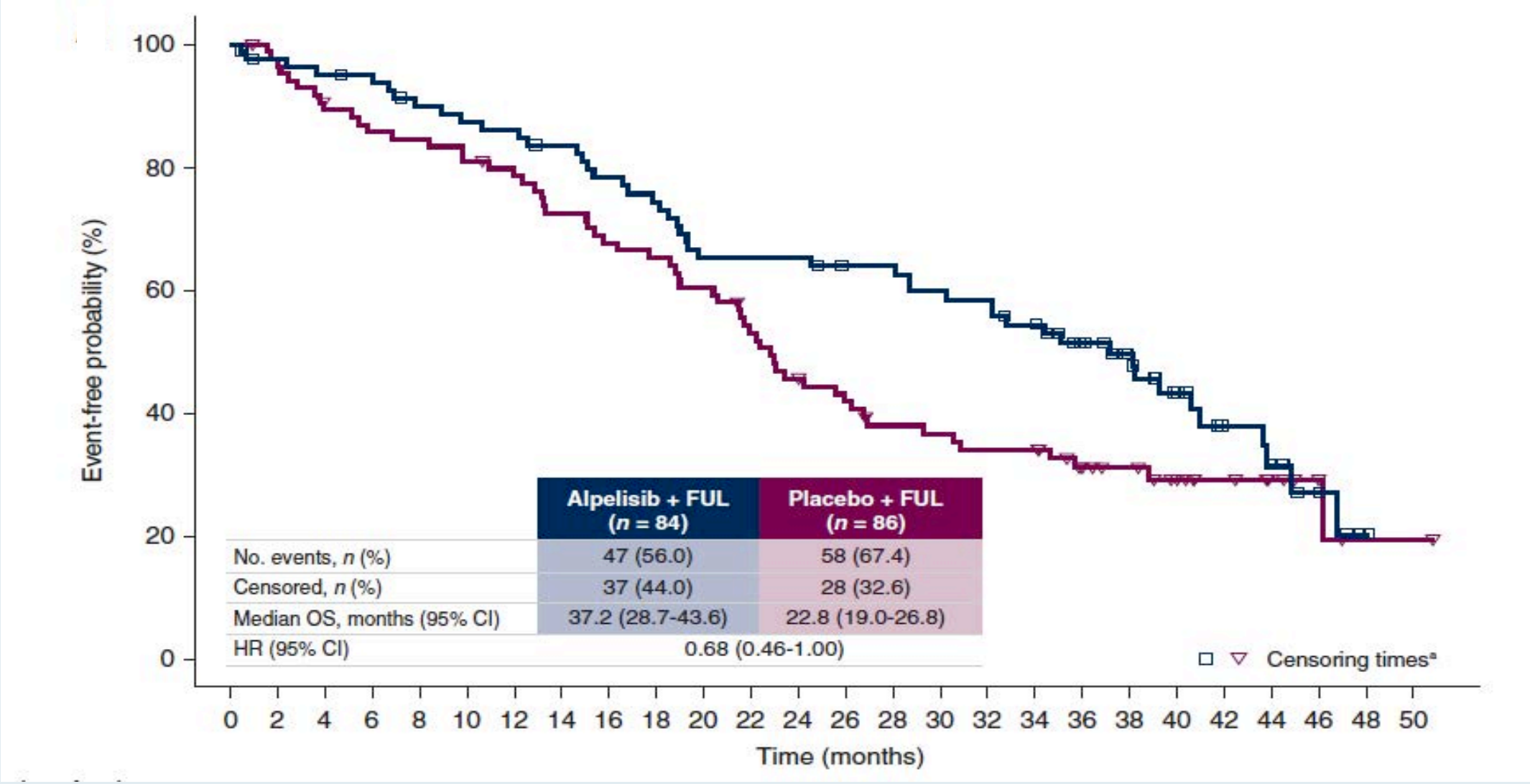
SOLAR-1: OS in Patients with Advanced BC with a PIK3CA Mutation



André F et al. *Ann Oncol* 2021;32(2):208-17.

SOLAR-1: OS in Patients with BC with PIK3CA Mutations and Lung/Liver Metastases



	Alpelisib + FUL (*n* = 84)	Placebo + FUL (*n* = 86)
No. events, *n* (%)	47 (56.0)	58 (67.4)
Censored, *n* (%)	37 (44.0)	28 (32.6)
Median OS, months (95% CI)	37.2 (28.7-43.6)	22.8 (19.0-26.8)
HR (95% CI)	0.68 (0.46-1.00)	

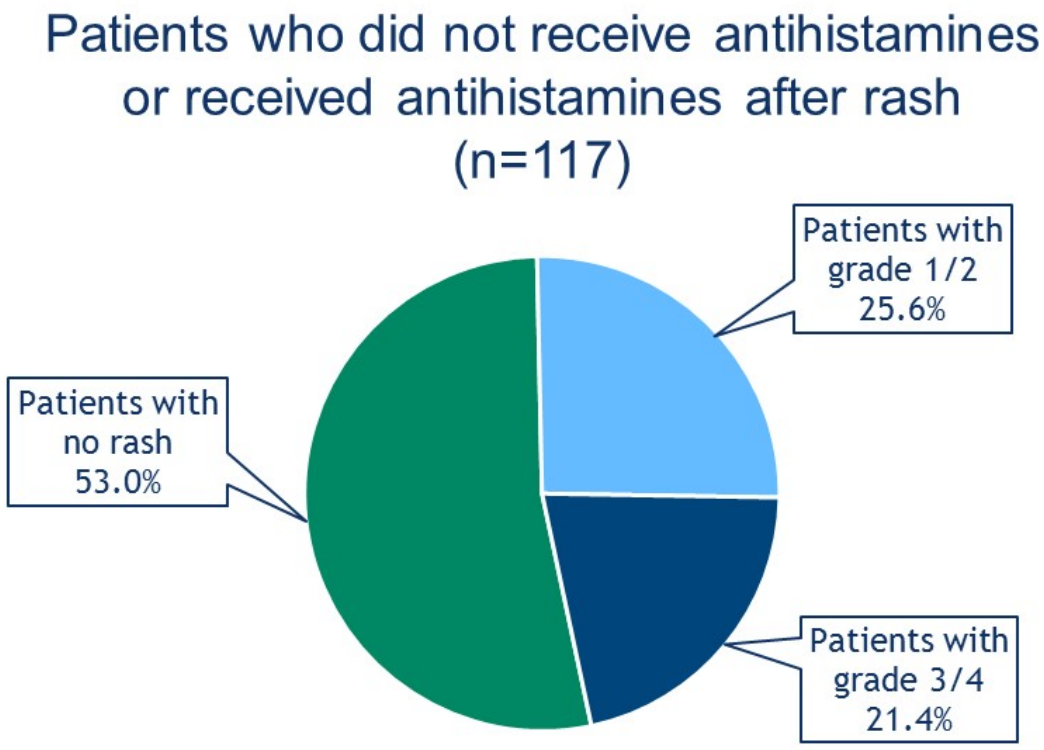
André F et al. *Ann Oncol* 2021;32(2):208-17.

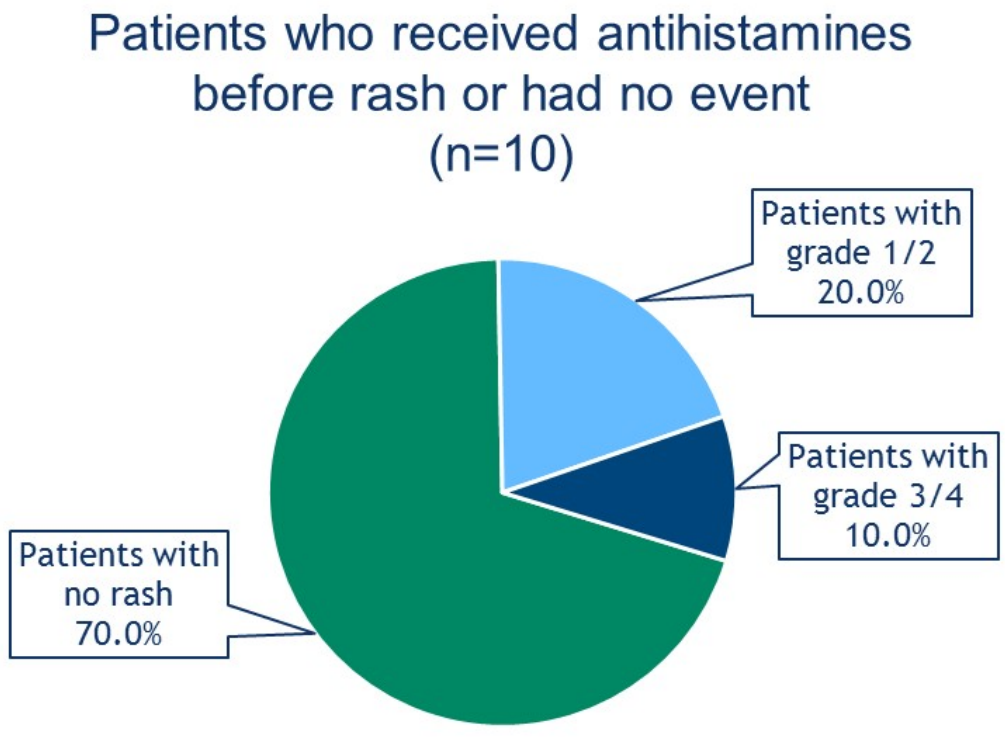
SOLAR-1: Select Adverse Events in Overall Patient Population

Adverse Event	Alpelisib–Fulvestrant Group (N = 284)			Placebo–Fulvestrant Group (N = 287)		
	Any Grade	Grade 3	Grade 4	Any Grade	Grade 3	Grade 4
	number of patients (percent)					
Any adverse event	282 (99.3)	183 (64.4)	33 (11.6)	264 (92.0)	87 (30.3)	15 (5.2)
Hyperglycemia	181 (63.7)	93 (32.7)	11 (3.9)	28 (9.8)	1 (0.3)	1 (0.3)
Diarrhea	164 (57.7)	19 (6.7)	0	45 (15.7)	1 (0.3)	0
Nausea	127 (44.7)	7 (2.5)	0	64 (22.3)	1 (0.3)	0
Decreased appetite	101 (35.6)	2 (0.7)	0	30 (10.5)	1 (0.3)	0
Rash	101 (35.6)	28 (9.9)	0	17 (5.9)	1 (0.3)	0

André F et al. *N Engl J Med* 2019;380:1929-40.

BYLieve: Incidence of Rash with and without Prophylactic Antihistamines





Rugo HS et al. ASCO 2020;Abstract 1006.

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Case Presentation – A 33-year-old woman with localized ER/PR-positive, HER2-positive breast cancer and residual disease after neoadjuvant treatment (Part 1)

Ms Leonard

- Veterinary technician with residual disease after treatment with neoadjuvant TCHP and surgery
- Currently treated with T-DM1 and tolerating treatment well

Case Presentation – A 33-year-old woman with localized ER/PR-positive, HER2-positive breast cancer and residual disease after neoadjuvant treatment (Part 2)

Ms Leonard

- Veterinary technician with residual disease after treatment with neoadjuvant TCHP and surgery
- Currently treated with T-DM1 and tolerating treatment well
- ***Fertility preservation***

A 60-year-old woman presents with a palpable 2.5-cm breast mass that on biopsy is diagnosed as an ER-negative, HER2-positive infiltrating ductal carcinoma (IDC). Biopsy of a small axillary lymph node is positive. In general, the most common next step in this situation is…

1. Surgery to remove the primary tumor and axillary dissection followed by systemic therapy
2. Neoadjuvant systemic therapy followed by surgery
3. Either a or b
4. Neither a nor b
5. I don't know

A patient with a HER2-positive IDC responds to neoadjuvant chemotherapy and trastuzumab/pertuzumab, but at surgery residual disease is detected. In general, the most common next treatment is…

1. Trastuzumab
2. Trastuzumab/pertuzumab
3. T-DM1
4. Any of the above
5. I don’t know

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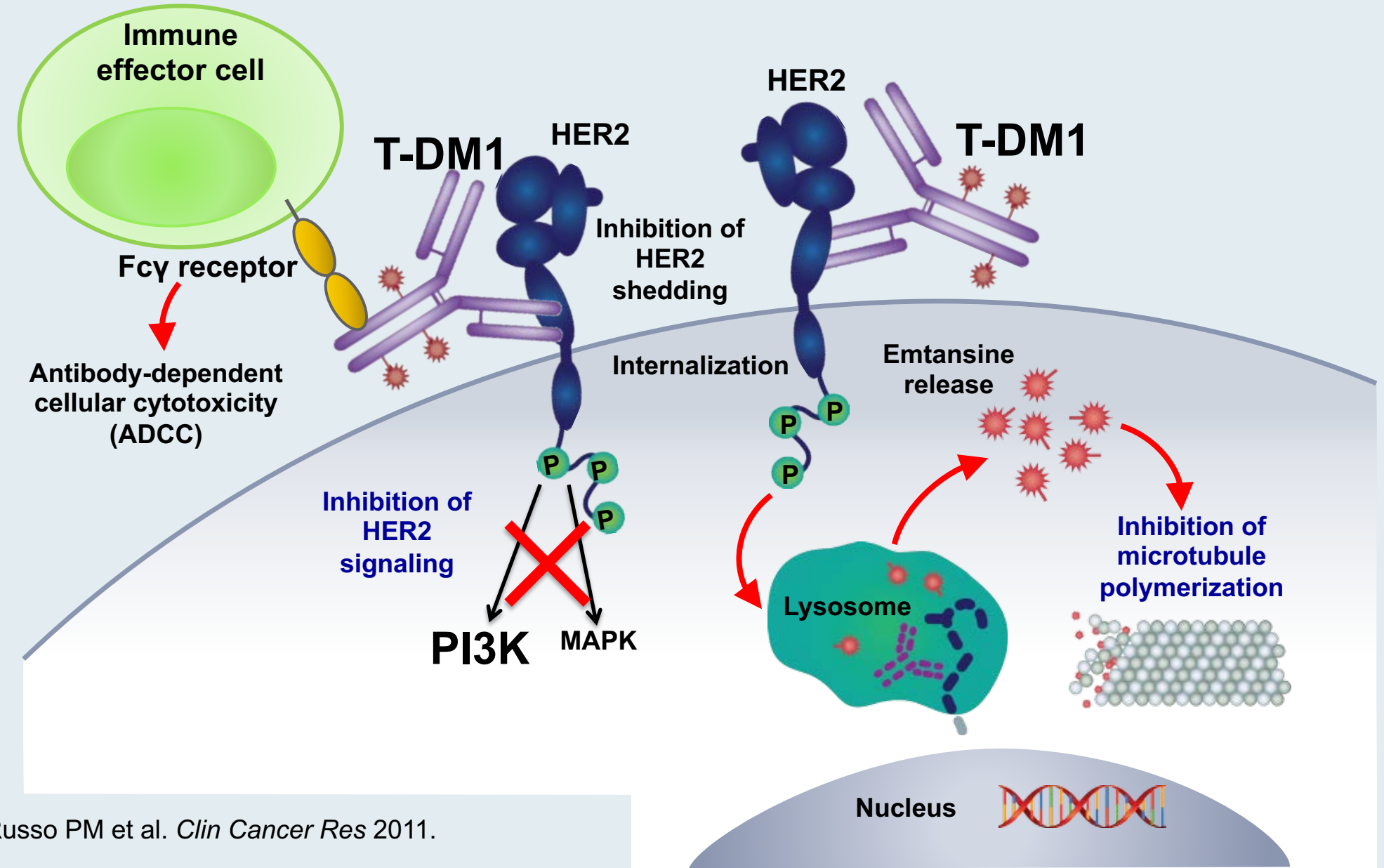
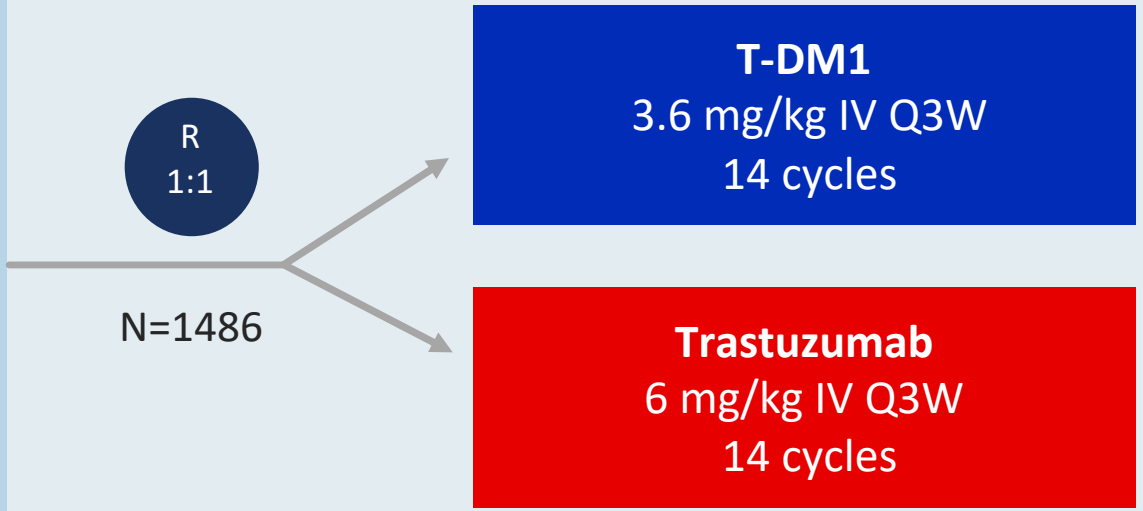
Trastuzumab Emtansine (T-DM1): Mechanisms of Action



Adapted from LoRusso PM et al. *Clin Cancer Res* 2011.

KATHERINE Study Design

- cT1-4/N0-3/M0 at presentation (cT1a-b/N0 excluded)
- Centrally confirmed HER2-positive breast cancer
- Neoadjuvant therapy must have consisted of
  - Minimum of 6 cycles of chemotherapy
    - Minimum of 9 weeks of taxane
    - Anthracyclines and alkylating agents allowed
    - All chemotherapy prior to surgery
  - Minimum of 9 weeks of trastuzumab
    - Second HER2-targeted agent allowed
- Residual invasive tumor in breast or axillary nodes
- Randomization within 12 weeks of surgery



Radiation and endocrine therapy per protocol and local guidelines

Stratification factors:

- Clinical presentation: Inoperable (stage cT4 or cN2–3) vs operable (stages cT1-3N0-1)
- Hormone receptor: ER or PR positive vs ER negative and PR negative/unknown
- Preoperative therapy: Trastuzumab vs trastuzumab plus other HER2-targeted therapy
- Pathological nodal status after neoadjuvant therapy: Positive vs negative/not done

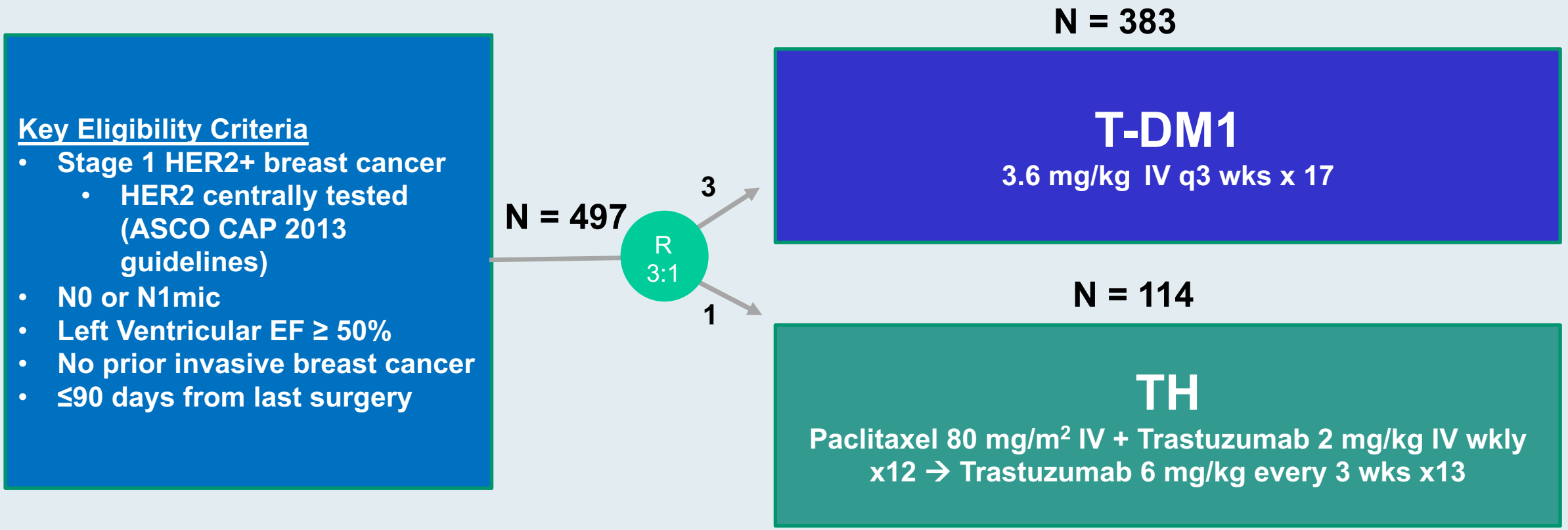
Geyer CE et al. SABCS® 2018;Abstract GS1-10.

KATHERINE: Invasive Disease-Free Survival (IDFS) Outcomes

IDFS	T-DM1 (n = 743)	Trastuzumab (n = 743)
IDFS events	12.2%	22.2%
3-year IDFS	88.3%	77.0%
	HR = 0.50; $p < 0.0001$	
Distant recurrence		
3-year event-free rate	89.7%	83.0%
	HR = 0.60	

Von Minckwitz G, et al. *N Engl J Med* 2019;380:617-28.

ATEMPT Study Schema



*Radiation and endocrine therapy could be initiated after 12 weeks on study therapy

Tolaney S et al. SABCS 2019;Abstract GS1-05.

RTP RESEARCH TO PRACTICE

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- Case 2 (Ms Leonard): A 53-year-old woman with ER-positive, HER2-negative metastatic breast cancer and a PIK3CA tumor mutation

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- Case 4 (Ms Fulgencio): A 70-year-old woman with metastatic HER2-positive breast cancer
- Case 5 (Ms Hershey): A 44-year-old woman with ER/PR-positive, HER2-positive metastatic breast cancer
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Module 3: Triple-Negative

- Case 7 (Ms Hershey): A 52-year-old woman with metastatic BRCA wild-type TNBC, PD-L1-positive

RTP RESEARCH TO PRACTICE

Case Presentation – A 70-year-old woman with metastatic HER2-positive breast cancer

Ms Fulgencio

- Physicist initially diagnosed with metastatic disease in 2002
- Currently treated with tucatinib, capecitabine and trastuzumab
- Experiencing issues with fatigue, hair thinning, appetite changes and muscle cramps

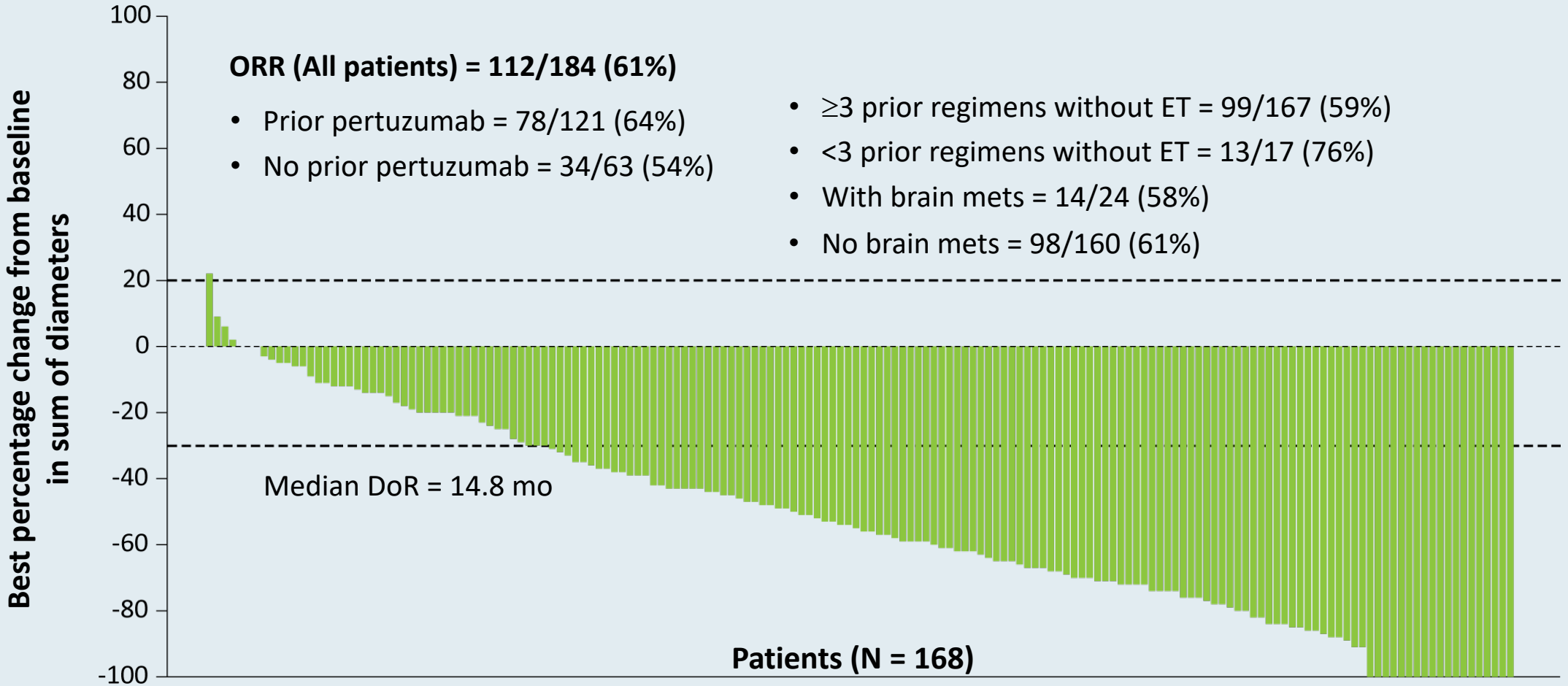
The recently approved trastuzumab deruxtecan is classified as which type of anti-HER2 agent?

1. Monoclonal antibody
2. Antibody-drug conjugate
3. Small molecule tyrosine kinase inhibitor
4. I don’t know

Trastuzumab deruxtecan carries a black box warning for…

1. QT interval prolongation
2. Interstitial lung disease
3. Cardiovascular events
4. I don’t know

DESTINY-Breast01: Response According to Tumor Size and Subgroup Analyses



Modi S et al. *N Engl J Med* 2020;382(7):610-21.

RTP RESEARCH TO PRACTICE

Agenda

Cases from the Practices of Ms Fulgencio, Ms Hershey and Ms Leonard

Module 1: ER-Positive

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RTP RESEARCH TO PRACTICE

Case Presentation – A 44-year-old woman with ER/PR-positive, HER2-positive metastatic breast cancer (Part 1)

Ms Hershey

- Former research scientist with recurrence and multiple symptomatic brain metastases in 2014
- Treated with multiple lines of therapy and has experienced many complications, including substantial vision decline (legally blind)
- Currently treated with trastuzumab deruxtecan

Case Presentation – A 44-year-old woman with ER/PR-positive, HER2-positive metastatic breast cancer (Part 2)

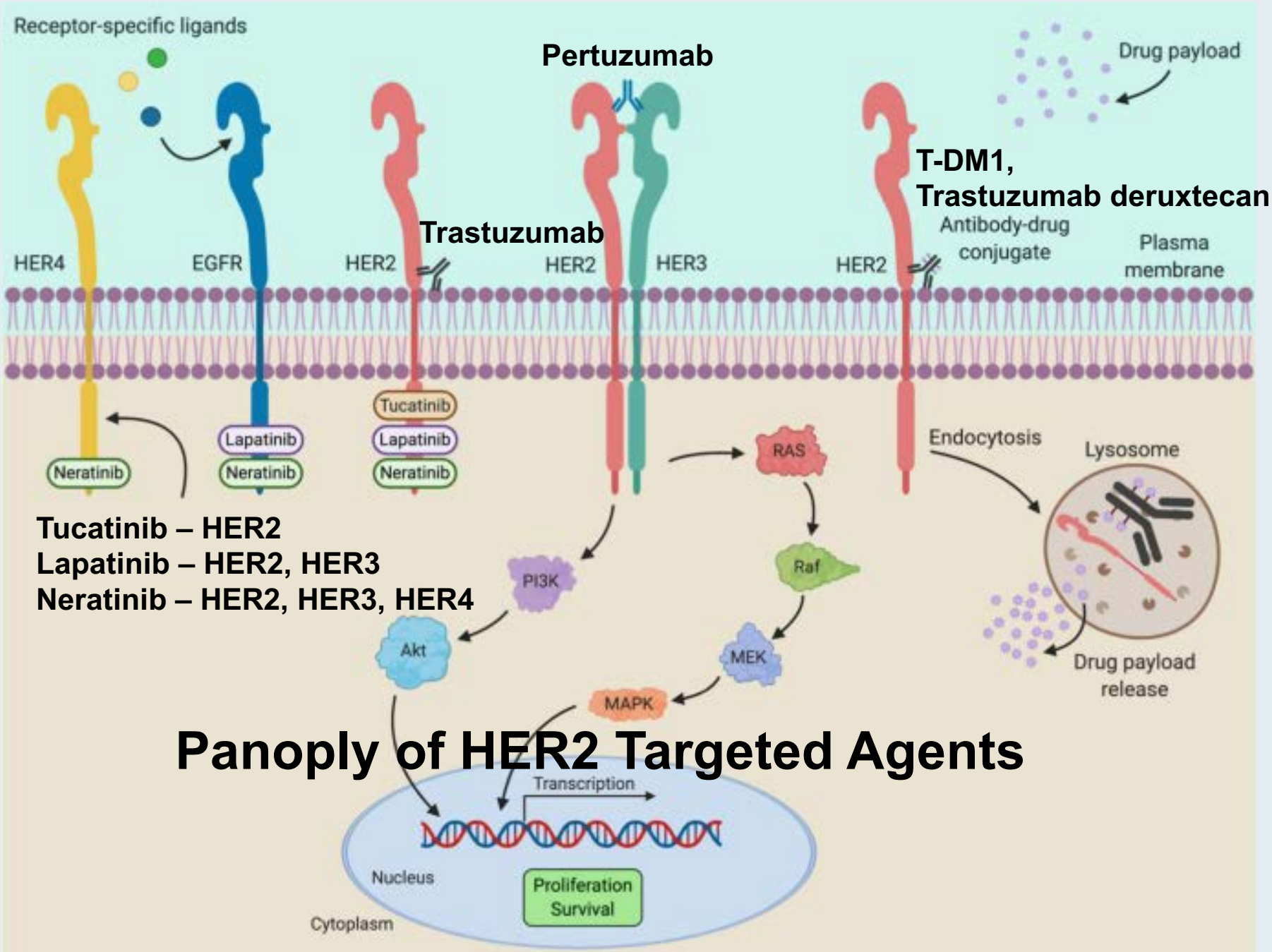
Ms Hershey

- Former research scientist with recurrence and multiple symptomatic brain metastases in 2014
- Treated with multiple lines of therapy and has experienced many complications, including substantial vision decline (legally blind)
- Currently treated with trastuzumab deruxtecan
  - ***Tolerating treatment well***

A Phase III trial evaluating the addition of tucatinib to trastuzumab/capecitabine for metastatic HER2-positive breast cancer resulted in an improvement in overall survival for all patients, including those with brain metastases.

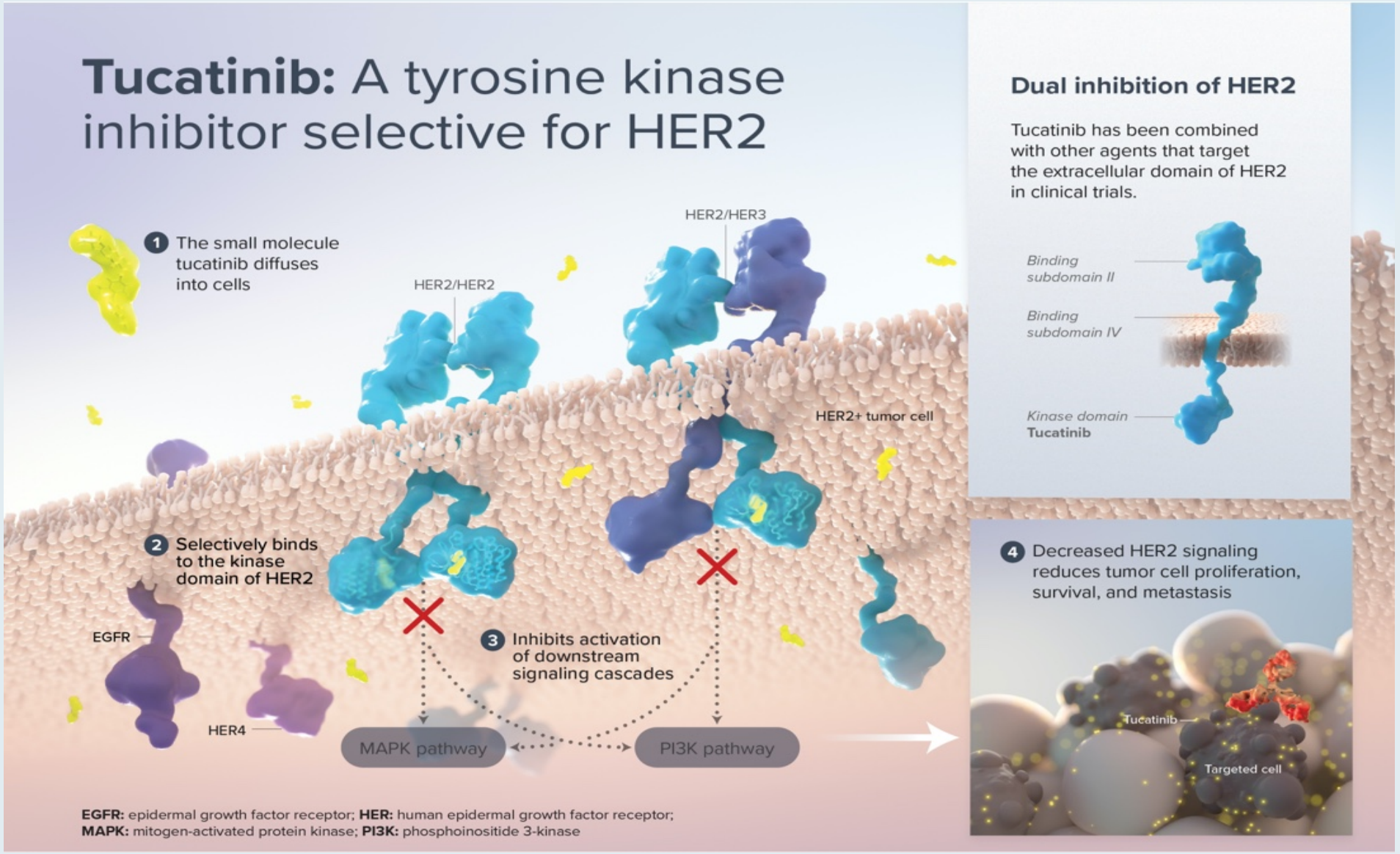
1. Agree
2. Disagree
3. I don't know

Panoply of HER2 Targeted Agents



Tesch ME, Gelmon KA. Drugs 2020;80:1811-30.

Tucatinib Mechanism of Action



www.seagen.com/science/pipeline/tucatinib

RTP RESEARCH TO PRACTICE

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 FEBRUARY 13, 2020 VOL. 382 NO. 7

Tucatinib, Trastuzumab, and Capecitabine for HER2-Positive Metastatic Breast Cancer

R.K. Murthy, S. Loi, A. Okines, E. Paplomata, E. Hamilton, S.A. Hurvitz, N.U. Lin, V. Borges, V. Abramson, C. Anders, P.L. Bedard, M. Oliveira, E. Jakobsen, T. Bachelot, S.S. Shachar, V. Müller, S. Braga, F.P. Duhoux, R. Greil, D. Cameron, L.A. Carey, G. Curigliano, K. Gelmon, G. Hortobagyi, I. Krop, S. Loibl, M. Pegram, D. Slamon, M.C. Palanca-Wessels, L. Walker, W. Feng, and E.P. Winer

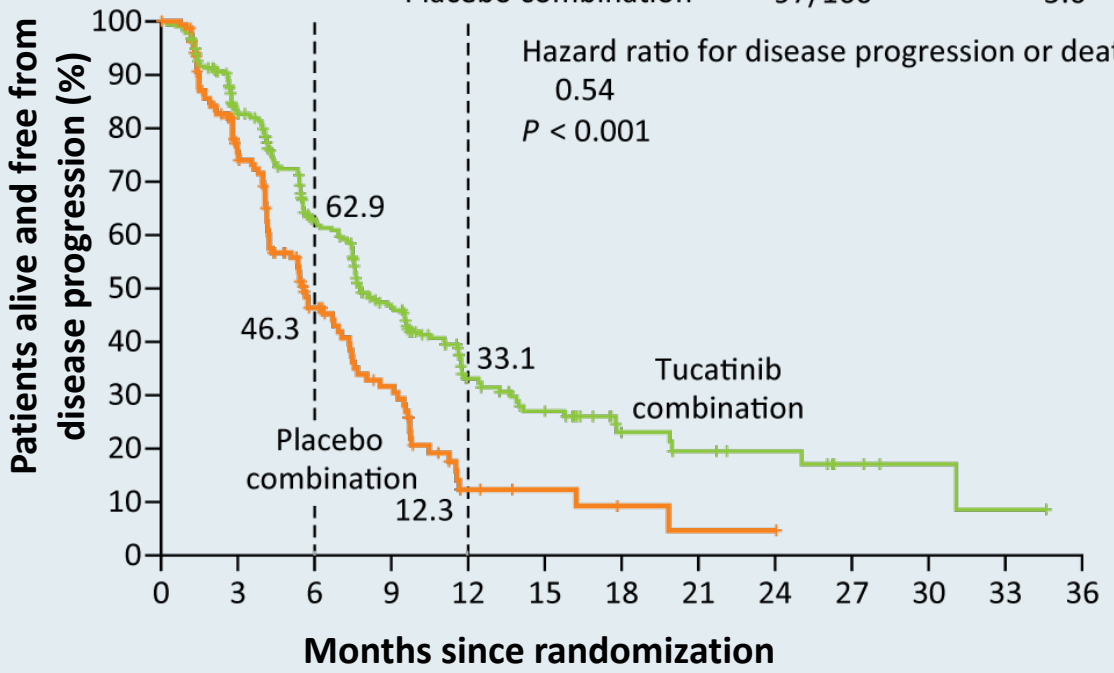
HER2CLIMB: Survival Outcomes

Among the patients with brain metastases:

- Median PFS = 7.6 mo (tucatinib) vs 5.4 mo (placebo)
  - HR = 0.48; $p < 0.001$
- 1-year PFS = 24.9% (tucatinib) vs 0% (placebo)

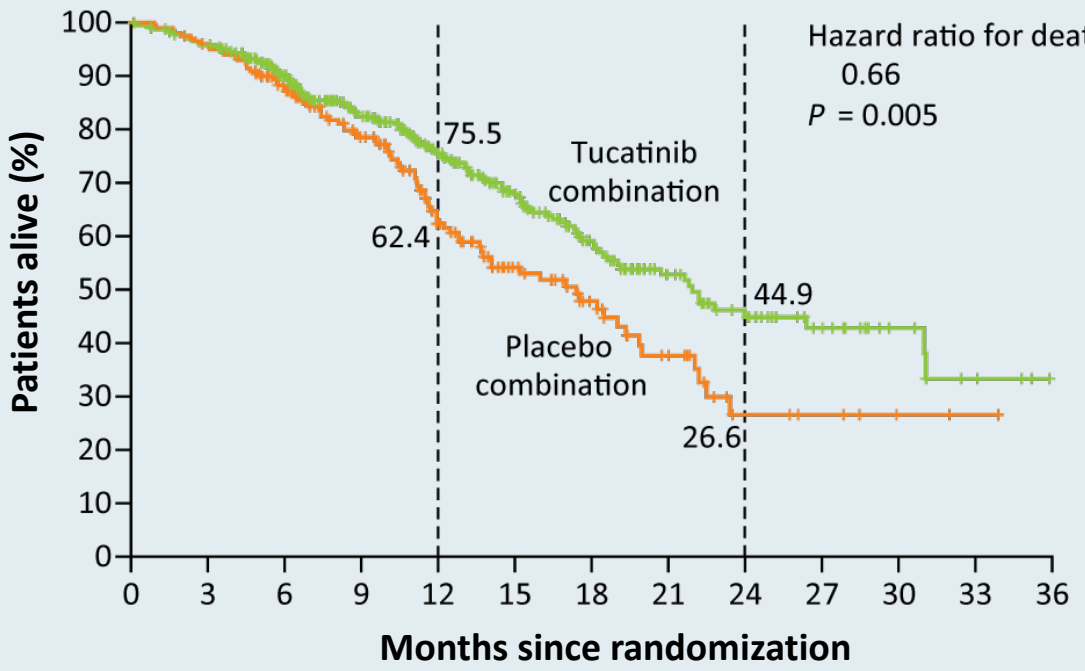
PFS

	No. of events/ No. of patients	Median duration *mo*
Tucatinib combination	178/320	7.8
Placebo combination	97/160	5.6



OS

	No. of deaths/ No. of patients	Median duration *mo*
Tucatinib combination	130/410	21.9
Placebo combination	85/202	17.4



Murthy R et al. San Antonio Breast Cancer Symposium 2019;Abstract GS1-01;
Murthy RK et al. *N Engl J Med* 2020;382(7):597-609.

RTP RESEARCH TO PRACTICE

HER2CLIMB: Safety Outcomes

Select AE	Tucatinib (n = 404)		Placebo (n = 197)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Any	99.3%	55.2%	97.0%	48.7%
Diarrhea	80.9%	12.9%	53.3%	8.6%
PPE syndrome	63.4%	13.1%	52.8%	9.1%
Nausea	58.4%	3.7%	43.7%	3.0%
Fatigue	45.0%	4.7%	43.1%	4.1%
Vomiting	35.9%	3.0%	25.4%	3.6%
Stomatitis	25.5%	2.5%	14.2%	0.5%
Increased AST	21.3%	4.5%	11.2%	0.5%
Increased ALT	20.0%	5.4%	6.6%	0.5%

Murthy R et al. San Antonio Breast Cancer Symposium 2019;Abstract GS1-01;
Murthy RK et al. *N Engl J Med* 2020;382(7):597-609.

Research

JAMA Oncology | Original Investigation

Efficacy of Margetuximab vs Trastuzumab in Patients With Pretreated ERBB2-Positive Advanced Breast Cancer

A Phase 3 Randomized Clinical Trial

Hope S. Rugo, MD; Seock-Ah Im, MD, PhD; Fatima Cardoso, MD; Javier Cortés, MD, PhD; Giuseppe Curigliano, MD, PhD; Antonino Musolino, MD, PhD, MSc; Mark D. Pegram, MD; Gail S. Wright, MD; Cristina Saura, MD, PhD; Santiago Escrivá-de-Romaní, MD; Michelino De Laurentiis, MD, PhD; Christelle Levy, MD; Ursa Brown-Glaberman, MD; Jean-Marc Ferrero, MD; Maaike de Boer, MD, PhD; Sung-Bae Kim, MD, PhD; Katarína Petráková, MD, PhD; Denise A. Yardley, MD; Orit Freedman, MD, MSc; Erik H. Jakobsen, MD; Bella Kaufman, MD; Rinat Yerushalmi, MD; Peter A. Fasching, MD; Jeffrey L. Nordstrom, PhD; Ezio Bonvini, MD; Scott Koenig, MD, PhD; Sutton Edlich, MS, PA; Shengyan Hong, PhD; Edwin P. Rock, MD, PhD; William J. Gradishar, MD; for the SOPHIA Study Group

***JAMA Oncol* 2021;[Online ahead of print].**

Agenda

Cases from the Practices of Ms Fulgencio, Ms Hershey and Ms Leonard

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- Case 7 (Ms Hershey): A 52-year-old woman with metastatic BRCA wild-type TNBC, PD-L1-positive

RTP RESEARCH TO PRACTICE

Case Presentation – A 64-year-old woman with ER-positive, HER2-positive metastatic breast cancer and brain metastases (Part 1)

Ms Leonard

- Progression of metastatic disease on multiple HER2-targeted therapies, including:
  - Neratinib/capecitabine
  - Tucatinib
- Patient education on typical toxicities associated with capecitabine and tucatinib

Case Presentation – A 64-year-old woman with ER-positive, HER2-positive metastatic breast cancer and brain metastases (Part 2)

Ms Leonard

- Progression of metastatic disease on multiple HER2-targeted therapies, including:
  - Neratinib/capecitabine
  - Tucatinib
- Patient education on typical toxicities associated with capecitabine and tucatinib
- ***Impact of CNS involvement on patient's quality of life***

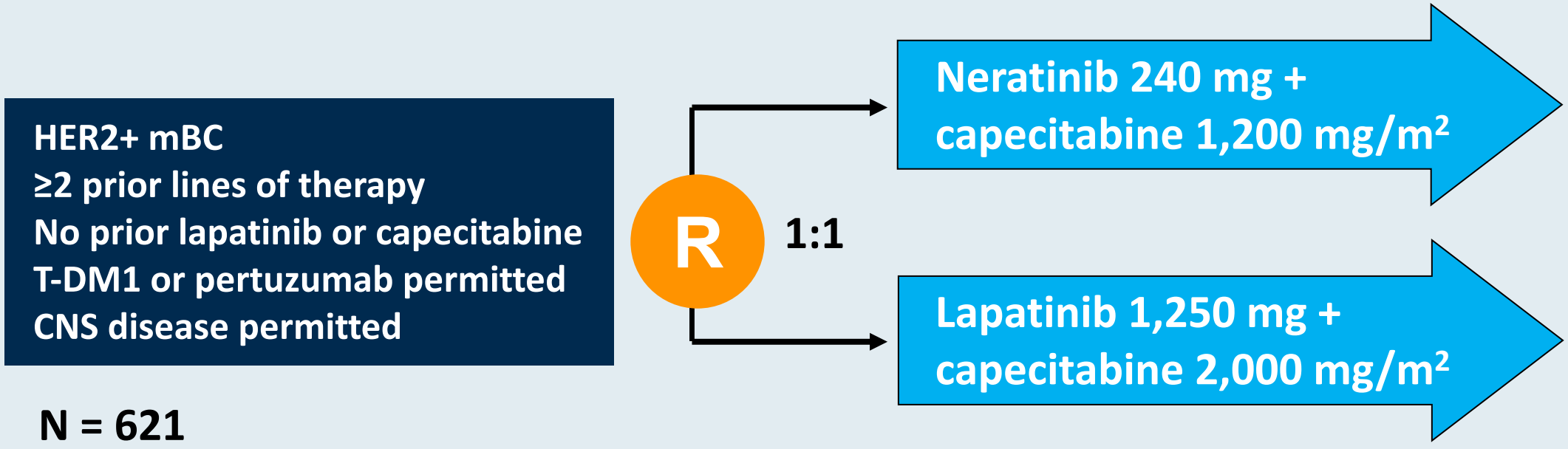
Ms Leonard: Challenges and Rewards of Being an Oncology Nurse

Brain Metastases Are Common in Advanced Cancers

Primary site	Incidence rate
Lung cancer – overall	16%-20%
SCLC NSCLC	~30% ~13%
Breast cancer – overall	10%-15%
HER2-positive Triple-negative	25%-50% 20%

Glitza Oliva IC et al. *Ann Oncol* 2018;29:1509-20
Schouten LJ et al. *Cancer* 2002;94(10):2698-705
Barnholtz-Sloan JS et al. *J Clin Oncol* 2004;22(14):2865-72
Chamberlain MC et al. *Neuro-Oncology* 2017;19(1):i1-24

NALA: Phase III Trial Design



N = 621

Coprimary endpoints: PFS (central) and OS

Saura C et al. *J Clin Oncol* 2020;38(27):3138-49.

rapid communications

Intracranial Efficacy and Survival With Tucatinib Plus Trastuzumab and Capecitabine for Previously Treated HER2-Positive Breast Cancer With Brain Metastases in the HER2CLIMB Trial

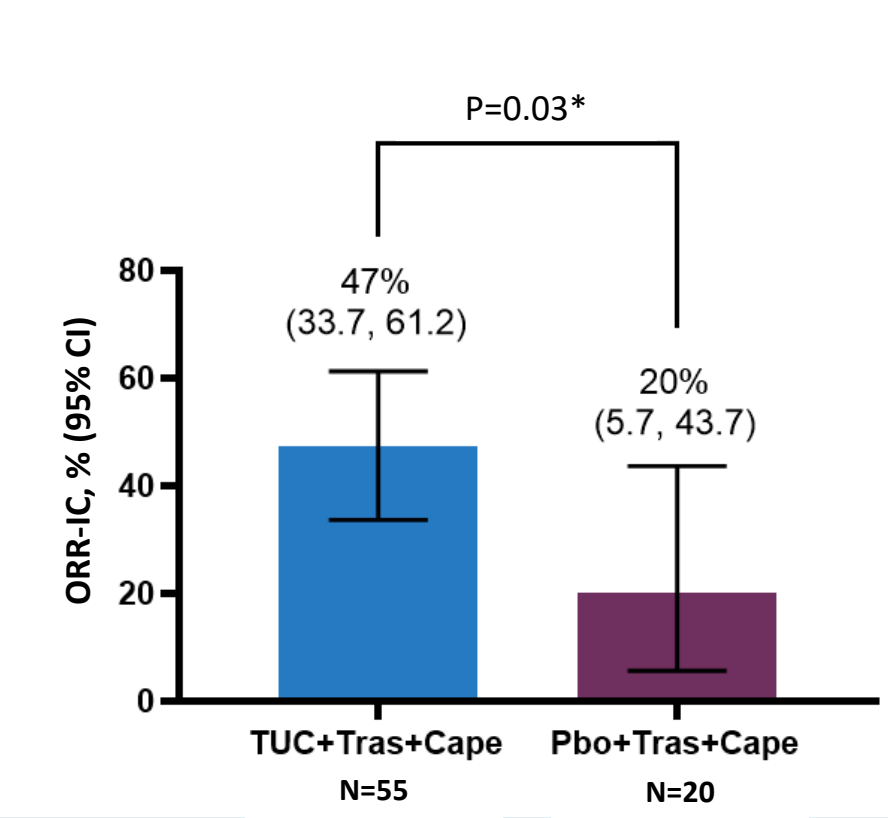
Nancy U. Lin, MD[1]; Virginia Borges, MMSc, MD[2]; Carey Anders, MD[3]; Rashmi K. Murthy, MD, MBE[4]; Elisavet Paplomata, MD[5]; Erika Hamilton, MD[6]; Sara Hurvitz, MD[7]; Sherene Loi, MD, PhD[8]; Alicia Okines, MBChB, MD[9]; Vandana Abramson, MD[10]; Philippe L. Bedard, MD[11]; Mafalda Oliveira, MD, PhD[12]; Volkmar Mueller, MD[13]; Amelia Zelnak, MD[14]; Michael P. DiGiovanna, MD, PhD[15]; Thomas Bachelot, MD[16]; A. Jo Chien, MD[17]; Ruth O'Regan, MD[5]; Andrew Wardley, MBChB, MSc, MD[18]; Alison Conlin, MD, MPH[19]; David Cameron, MD, MA[20]; Lisa Carey, MD[21]; Giuseppe Curigliano, MD, PhD[22]; Karen Gelmon, MD[23]; Sibylle Loibl, MD, PhD[24]; JoAl Mayor, PharmD[25]; Suzanne McGoldrick, MD, MPH[25]; Xuebei An, PhD[25]; and Eric P. Winer, MD[1]

J Clin Oncol 2020;38(23):2610-9.

RTP RESEARCH TO PRACTICE

HER2CLIMB: Intracranial Response Rate (ORR-IC) in Patients with Active Brain Metastases and Measurable Intracranial Lesions at Baseline

Confirmed Objective Response Rate (RECIST 1.1)



*Stratified Cochran-Mantel-Haenszel P value

Best Overall Intracranial Response[a], n (%)		
Complete Response (CR)	3 (5.5)	1 (5.0)
Partial Response (PR)	23 (41.8)	3 (15.0)
Stable Disease (SD)	24 (43.6)	16 (80.0)
Progressive Disease (PD)	2 (3.6)	0
Not Available[b]	3 (5.5)	0
Subjects with Objective Response of Confirmed CR or PR, n	26	4
Duration of Intracranial Response (DOR-IC)[e] (95% CI)[f], months	6.8 (5.5, 16.4)	3.0 (3.0, 10.3)

(a) Confirmed Best overall response assessed per RECIST 1.1. (b) Subjects with no post-baseline response assessments. (c) Two-sided 95% exact confidence interval, computed using the Clopper-Pearson method (1934). (d Cochran-Mantel-Haenszel test controlling for stratification factors (ECOG performance status: 0/1, and Region of world: North America/Rest of World) at randomization. (e) As estimated using Kaplan-Meier methods. (f) Calculated using the complementary log-log transformation method (Collett, 1994).

Courtesy of Carey K Anders, MD

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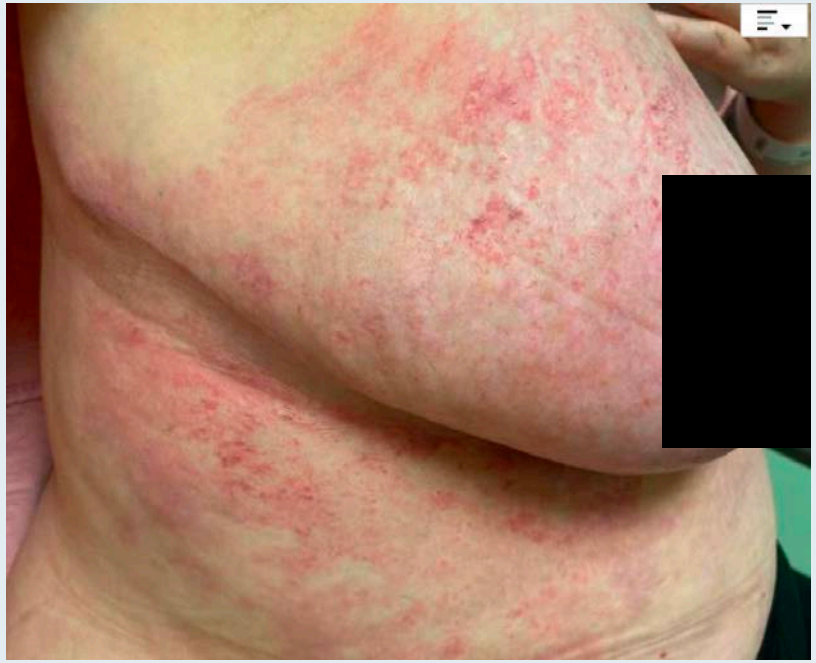
RTP RESEARCH TO PRACTICE

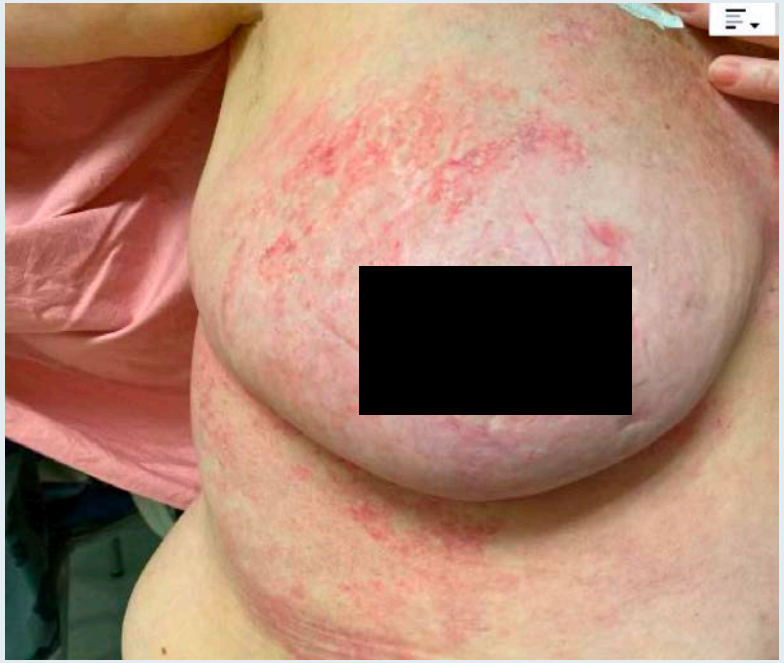
Case Presentation – A 52-year-old woman with metastatic BRCA wild-type TNBC, PD-L1-positive (Part 1)

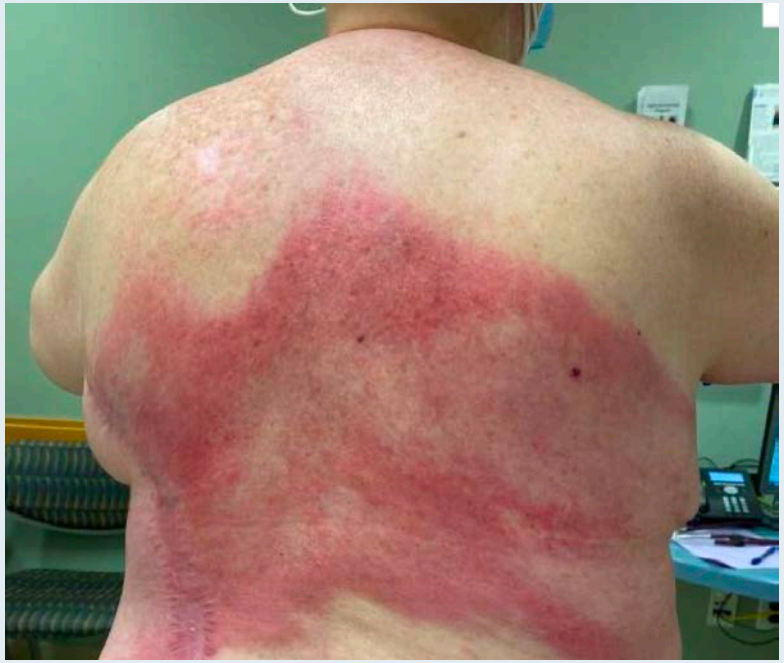
Ms Hershey

- Former school teacher with progression after first-line atezolizumab/ *nab* paclitaxel
- Currently treated with sacituzumab govitecan
- Coping with anxieties and uncertainties of having metastatic disease

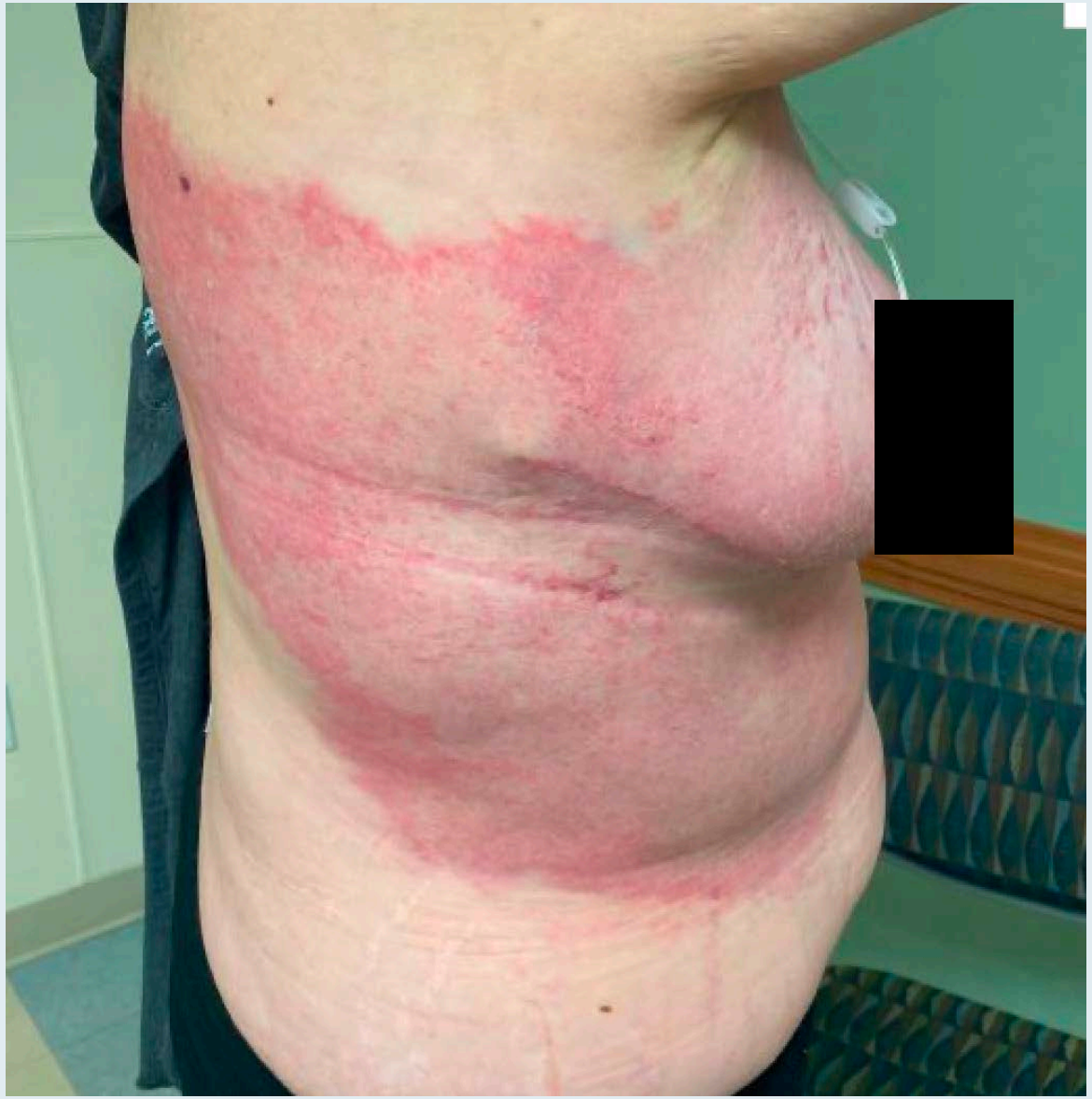
October 2020 – Widespread Erythemia







January 2021 – Disease Progression



Case Presentation – A 52-year-old woman with metastatic BRCA wild-type TNBC, PD-L1-positive (Part 2)

Ms Hershey

- Former school teacher with progression after first-line atezolizumab/ *nab* paclitaxel
- Currently treated with sacituzumab govitecan
- Coping with anxieties and uncertainties of having metastatic disease
  - ***Initially hesitant to take prescription pain medicine***

Ms Hershey: Reflections on Being an Oncology Nurse

Ms Fulgencio: Personal Experiences with Caregiving for a Loved One with Breast Cancer

The anti-PD-L1 antibody atezolizumab is currently FDA approved in combination with *nab* paclitaxel as first-line treatment for…

1. All patients with metastatic breast cancer
2. Metastatic triple-negative breast cancer
3. Metastatic PD-L1-positive triple-negative breast cancer
4. I don’t know

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TO PRACTICE

A germline mutation is found in every cell in the body and a somatic mutation is found in the tumor.

1. Agree
2. Disagree
3. I don’t know

RTP
RESEARCH
TO PRACTICE

The PARP inhibitors olaparib and talazoparib are FDA approved for patients with metastatic breast cancer and a germline BRCA mutation…

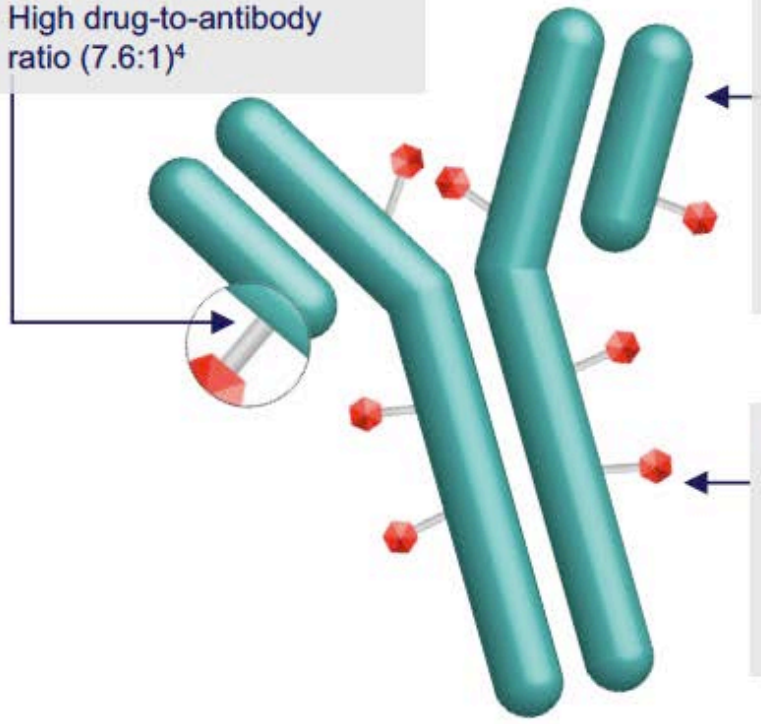
1. As maintenance therapy after platinum chemotherapy
2. As monotherapy
3. Both a and b
4. I don’t know

RTP
RESEARCH
TO PRACTICE

Sacituzumab Govitecan (SG) Is a First-in-Class Trop-2–Directed ADC

- SG is distinct from other ADCs[1-4]
  - Antibody highly specific for Trop-2
  - High drug-to-antibody ratio (7.6:1)
  - Internalization and enzymatic cleavage by tumor cell not required for SN-38 liberation from antibody
  - Hydrolysis of the linker also releases SN-38 extracellularly in the tumor microenvironment (bystander effect)
- Granted FDA accelerated approval for mTNBC[5]
- Landmark ASCENT study demonstrated a significant survival improvement of SG over chemotherapy, with a tolerable safety profile in pretreated mTNBC[6]
  - Median PFS of 5.6 vs 1.7 months (HR 0.41, *P*<0.0001)
  - Median OS of 12.1 vs 6.7 months (HR 0.48, *P*<0.0001)

Linker for SN-38
- Hydrolyzable linker for payload release
- High drug-to-antibody ratio (7.6:1)[4]



Humanized anti–Trop-2 antibody
- Directed toward Trop-2, an epithelial antigen expressed on many solid cancers

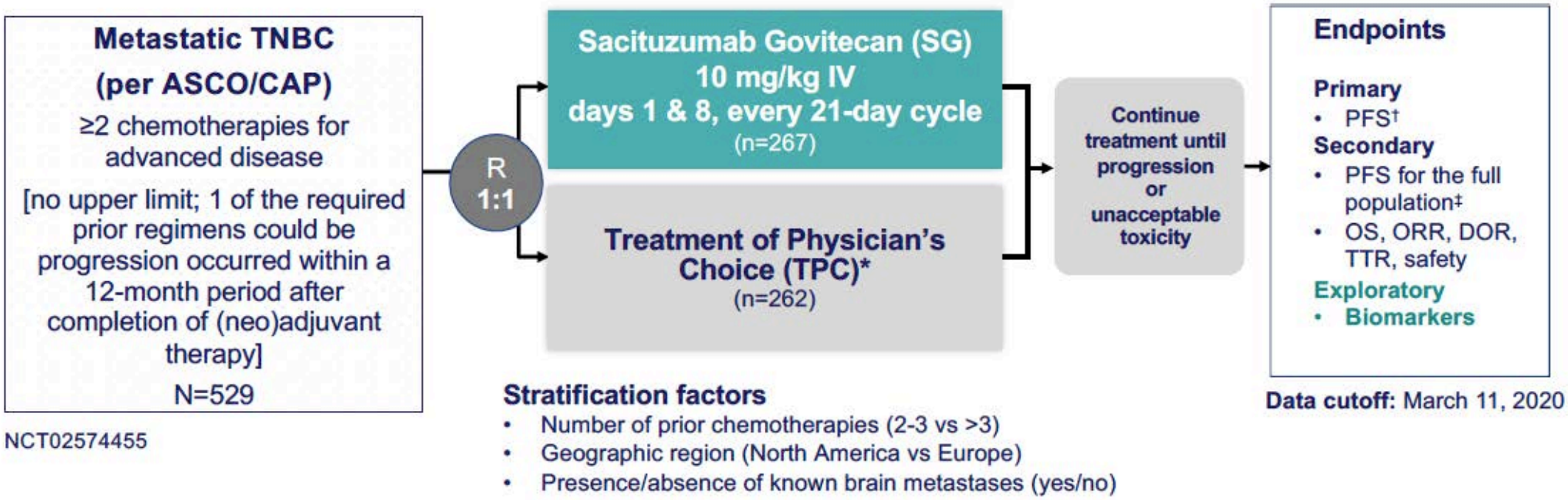
SN-38 payload
- SN-38 more potent than parent compound, irinotecan

ADC, antibody-drug conjugate; FDA, US Food and Drug Administration; OS, overall survival; PFS, progression-free survival; TNBC, triple-negative breast cancer; Trop-2, trophoblast cell surface antigen 2.

1. Goldenberg DM, et al. *Expert Opin Biol Ther.* 2020;20:871-885. 2. Nagayama A, et al. *Ther Adv Med Oncol.* 2020;12:1758835920915980. 3. Cardillo TM, et al. *Bioconjugate Chem.* 2015;26:919-931. 4. Goldenberg DM, et al. *Oncotarget.* 2015;6:22496-224512. 5. Press Release. https://www.fda.gov/drugs/drug-approvals-and-databases/fda-grants-accelerated-approval-sacituzumab-govitecan-hziy-metastatic-triple-negative-breast-cancer. Accessed August 26, 2020. 6. Bardia A, et al. ESMO 2020. Abstract LBA17.

Hurvitz SA et al. SABCS 2020;Abstract GS3-06.

ASCENT: A Phase 3 Confirmatory Study of Sacituzumab Govitecan in Refractory/Relapsed mTNBC



NCT02574455

Stratification factors
- Number of prior chemotherapies (2-3 vs >3)
- Geographic region (North America vs Europe)
- Presence/absence of known brain metastases (yes/no)

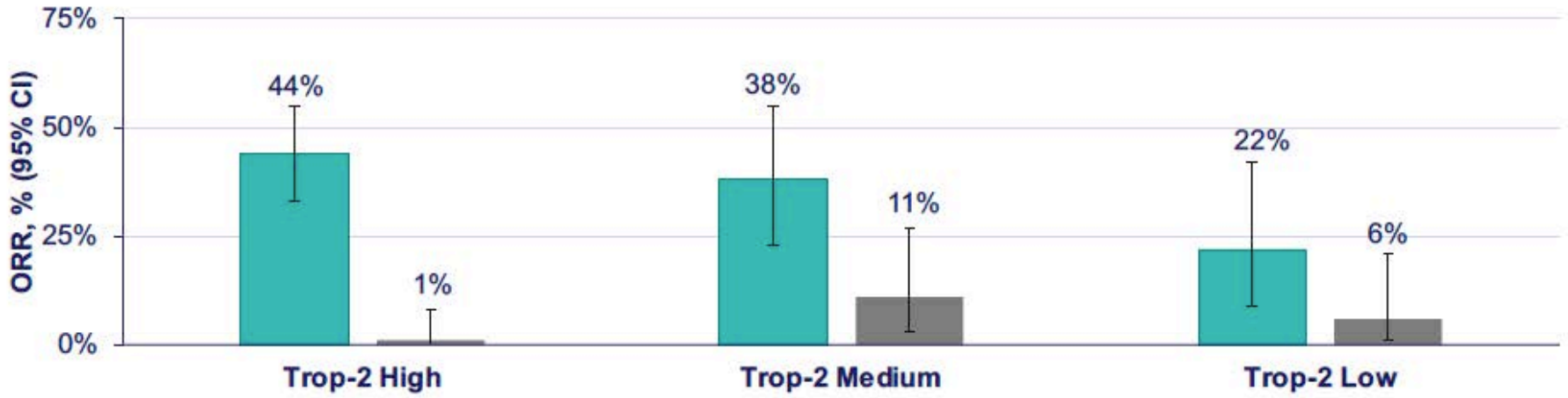
Data cutoff: March 11, 2020

We report the exploratory biomarker analysis in the brain metastases-negative (Brain Mets-Negative) population

*TPC: eribulin, vinorelbine, gemcitabine, or capecitabine. †PFS measured by an independent, centralized, and blinded group of radiology experts who assessed tumor response using RECIST 1.1 criteria in patients without brain metastasis. ‡The full population includes all randomized patients (with and without brain metastases). Baseline brain MRI only required for patients with known brain metastasis.
ASCO/CAP, American Society of Clinical Oncology/College of American Pathologists; DOR, duration of response; DSMC, Data Safety Monitoring Committee; IV, intravenous; mTNBC, metastatic triple-negative breast cancer; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors; TTR, time to response.
National Institutes of Health. https://clinicaltrials.gov/ct2/show/NCT02574455.

Hurvitz SA et al. SABCS 2020;Abstract GS3-06.

ORR by Trop-2 Expression



	Trop-2 High H-score: 200-300 (n=157)		Trop-2 Medium H-score: 100-200 (n=74)		Trop-2 Low H-score: <100 (n=59)	
	SG (n=85)	TPC (n=72)	SG (n=39)	TPC (n=35)	SG (n=27)	TPC (n=32)
ORR—% (no.)	44% (37)	1% (1)	38% (15)	11% (4)	22% (6)	6% (2)
95% CI	33-55	0-8	23-55	3-27	9-42	1-21

Assessed in the brain metastases-negative population. ORR and PFS are assessed by BICR. Trop-2 expression determined in archival samples by validated immunohistochemistry assay and H-scoring.
BICR, blind independent central review; H-score, histochemical-score; ORR, objective response rate; SG, sacituzumab govitecan; TPC, treatment of physician's choice; Trop-2, trophoblast cell surface antigen-2.

Hurvitz SA et al. SABCS 2020;Abstract GS3-06.

Phase III Trials of PARP Inhibitors in gBRCA HER2-Negative Metastatic Breast Cancer

OlympiAD[1]

gBRCAm HER2- mBC

≤2 prior chemotherapy lines for mBC

Previous treatment with anthracycline and taxane in either the (neo)adjuvant or metastatic setting

Randomise 2:1

Olaparib
300mg *po* bid

Treatment of Physician's Choice (TPC)

Primary endpoint
PFS (BICR)

EMBRACA[2]

gBRCAm HER2- LABC or ABC

≤3 prior lines of chemotherapy

Previous treatment with a taxane, an anthracycline, or both, unless this treatment was contraindicated

Randomise 2:1

Talazoparib
1mg *po* qd

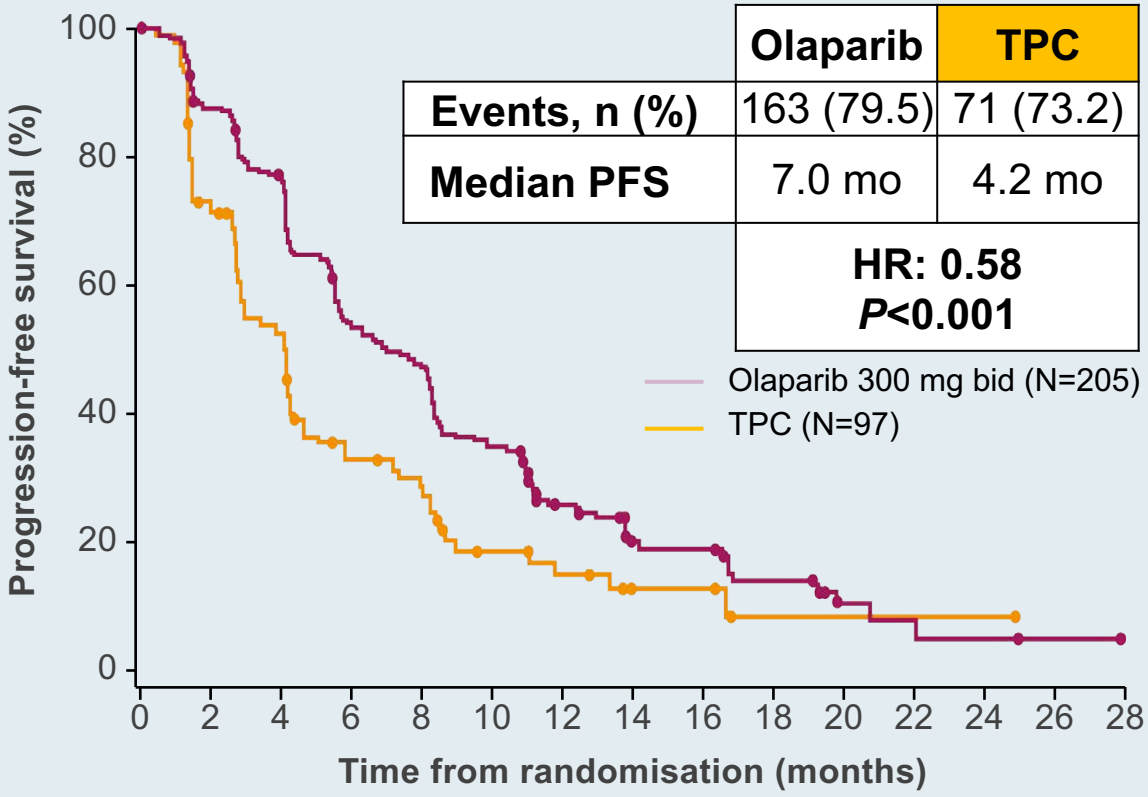
Treatment of Physician's Choice (TPC)

Primary endpoint
PFS (BICR)

1. Robson et al. *N Engl J Med* 2017; 377:523-33;
2. Litton J et al. *N Engl J Med* 2018; 379:753-63.

Phase III Trials of PARP Inhibitors in gBRCA HER2-Negative Metastatic Breast Cancer

OlympiAD: Olaparib PFS[1,2]

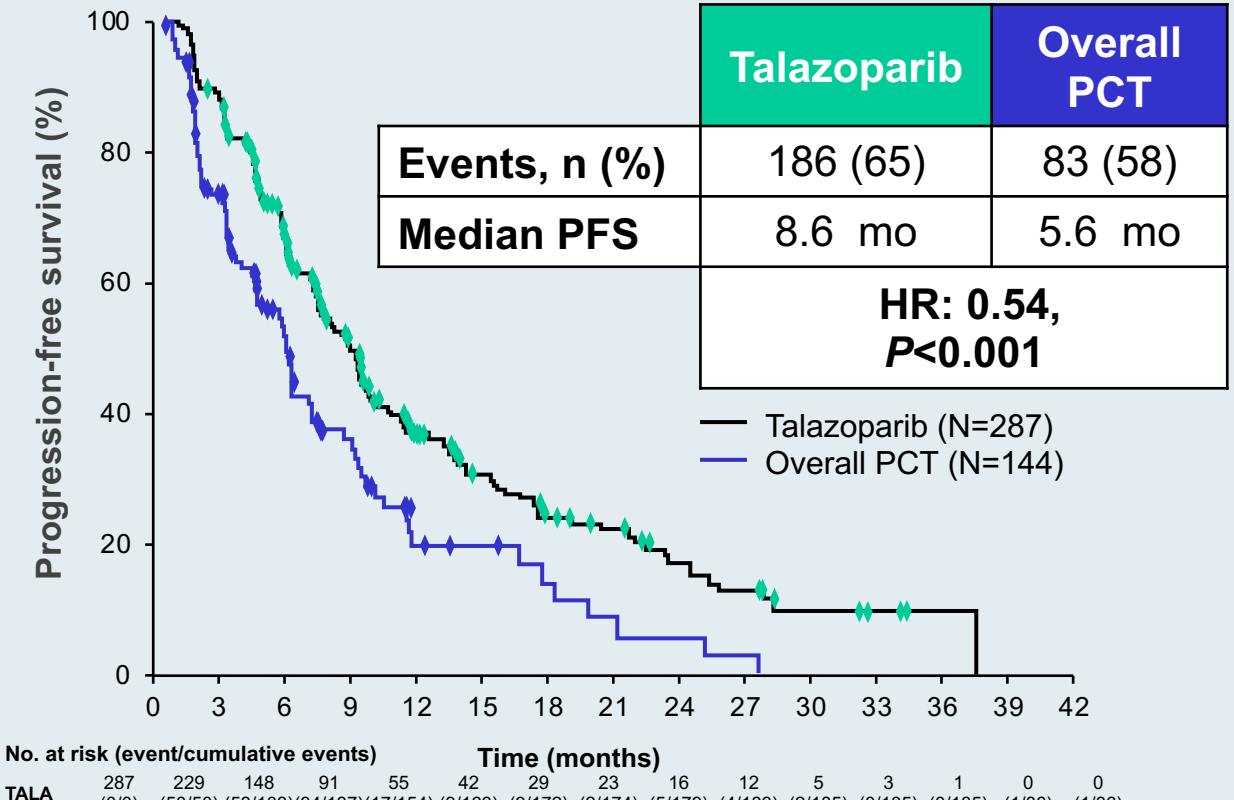


	Olaparib	TPC
Events, n (%)	163 (79.5)	71 (73.2)
Median PFS	7.0 mo	4.2 mo
	HR: 0.58 *P*<0.001	

Number at risk

Olaparib	205	201	177	159	154	129	107	100	94	73	69	61	40	36	23	21	21	11	11	11	4	3	3	2	2	1	1	1	0
TPC	97	88	83	46	44	29	25	24	21	13	11	11	8	7	4	4	4	1	1	1	1	1	1	1	1	0	0	0	0

EMBRACA: Talazoparib PFS[3]



	Talazoparib	Overall PCT
Events, n (%)	186 (65)	83 (58)
Median PFS	8.6 mo	5.6 mo
	HR: 0.54, *P*<0.001	

No. at risk (event/cumulative events)

TALA	287 (0/0)	229 (50/50)	148 (53/103)	91 (34/137)	55 (17/154)	42 (9/163)	29 (9/172)	23 (2/174)	16 (5/179)	12 (4/183)	5 (2/185)	3 (0/185)	1 (0/185)	0 (1/86)	0 (1/86)
PCT	144 (0/0)	68 (41/41)	34 (20/61)	22 (8/69)	9 (7/76)	8 (0/76)	4 (3/79)	2 (2/81)	2 (0/81)	1 (1/82)	0 (1/83)	0 (0/83)	0 (0/83)	0 (0/83)	0 (0/83)

1. Robson M, et al. *N Engl J Med* 2017;377:523-33; 2. Olaparib 150mg Film-Coated Tablets, SmPC. 2019;
3. Litton JK, et al. *N Engl J Med* 2018;379:753-63 (supplementary appendix)

RTP RESEARCH TO PRACTICE

Phase III Olympia Trial of Adjuvant Olaparib for High-Risk HER2-Negative Localized Breast Cancer with a BRCA Mutation Crossed the Superiority Boundary for Invasive Disease-Free Survival

Press Release – February 17, 2021

"The OlympiA Phase III trial of [olaparib] will move to early primary analysis and reporting following a recommendation from the Independent Data Monitoring Committee (IDMC).

Based on the planned interim analysis, the IDMC concluded that the trial crossed the superiority boundary for its primary endpoint of invasive disease-free survival (iDFS) and demonstrated a sustainable, clinically relevant treatment effect for olaparib versus placebo for patients with germline BRCA-mutated (gBRCAm) high-risk human epidermal growth factor receptor 2 (HER2)-negative early breast cancer, and recommend primary analysis now take place.

In its communication, the IDMC did not raise any new safety concerns. The trial will continue to assess the key secondary endpoints of overall survival and distant disease-free survival."

https://www.astrazeneca.com/media-centre/press-releases/2021/olympia-trial-of-lynparza-idmc-recommend-early-analysis.html

13th Annual Oncology Grand Rounds

A Complimentary NCPD Live Webinar Series
Held During the 46th Annual ONS Congress

Non-Small Cell Lung Cancer

Tuesday, April 20, 2021
5:00 PM – 6:30 PM ET

Medical Oncologists

John V Heymach, MD, PhD
Paul K Paik, MD
Zofia Piotrowska, MD, MHS

Oncology Nurse Practitioners

Kelly EH Goodwin, MSN, RN, ANP-BC
Tara Plues, APRN, MSN
Victoria Sherry, DNP, CRNP, AOCNP

Moderator

Neil Love, MD

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Thank you for joining us!

NCPD credit information will be emailed to each participant within 3 business days.