

Cancer Conference Update: What Happened at the 2020 San Antonio Breast Cancer Symposium®

Session 1: Management of HER2-Positive Breast Cancer

**Monday, January 25, 2021
5:00 PM – 6:00 PM ET**

Faculty

Erika Hamilton, MD

Moderator

Neil Love, MD

Commercial Support

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Eisai Inc, Genentech, a member of the Roche Group, and Merck.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies Corporation, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Inc, Exelixis Inc, Foundation Medicine, Genentech, a member of the Roche Group, Genmab, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Guardant Health, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seagen Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Verastem Inc.

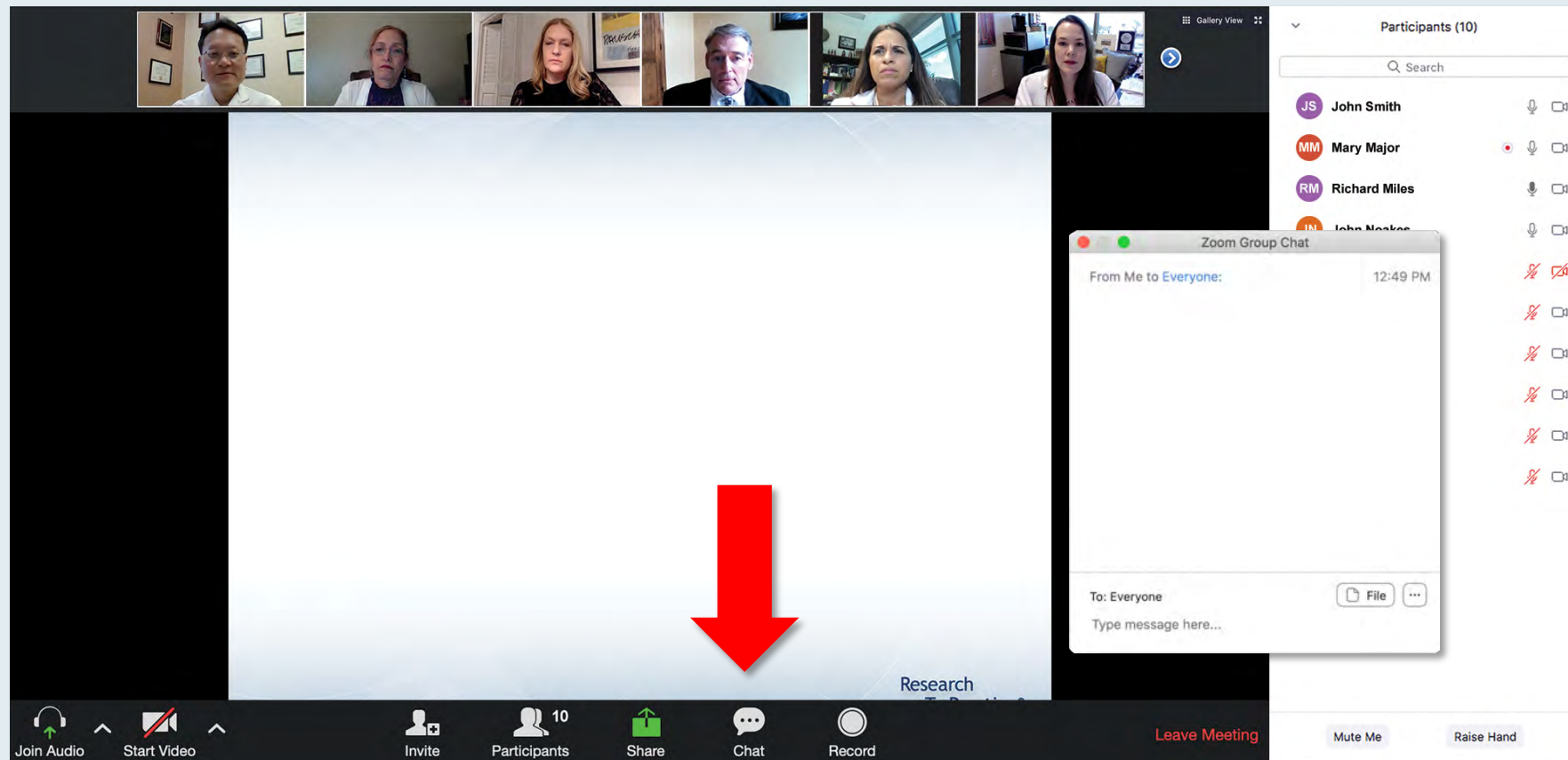
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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Hamilton — Disclosures

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We Encourage Clinicians in Practice to Submit Questions



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

Familiarizing Yourself with the Zoom Interface

How to answer poll questions

The screenshot displays a Zoom meeting interface. At the top, a gallery view shows six participants. The main screen displays a poll question: "What is your usual treatment recommendation for a patient with MM who has relapsed or is refractory to ASCT and experiences an asymptomatic relapse?" Below the question is a "Quick Poll" menu with a list of treatment options. A list of 10 options is shown on the left, and a "Submit" button is at the bottom of the poll menu. On the right, a "Participants (10)" list shows the names and status of the meeting attendees. At the bottom, the Zoom control bar includes buttons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting".

Quick Poll

What is your usual treatment recommendation for a patient with MM who has relapsed or is refractory to ASCT and experiences an asymptomatic relapse?

1. Carfilzomib +/- dexamethasone
2. Pomalidomide +/- dexamethasone
3. Carfilzomib + pomalidomide +/- dexamethasone
4. Elotuzumab + pomalidomide +/- dexamethasone
5. Elotuzumab + daratumumab +/- dexamethasone
6. Daratumumab + pomalidomide +/- dexamethasone
7. Daratumumab + bortezomib +/- dexamethasone
8. Daratumumab + pomalidomide +/- dexamethasone
9. Ixazomib + Rd
10. Other

Submit

Participants (10)

- JS John Smith
- MM Mary Major
- RM Richard Miles
- JN John Noakes
- AS Alice Suarez
- JP Jane Perez
- RS Robert Stiles
- JF Juan Fernandez
- AK Ashok Kumar
- JS Jeremy Smith

Co-provided by USF Health Research To Practice®

When a poll question pops up, click your answer choice from the available options.
Results will be shown after everyone has answered.

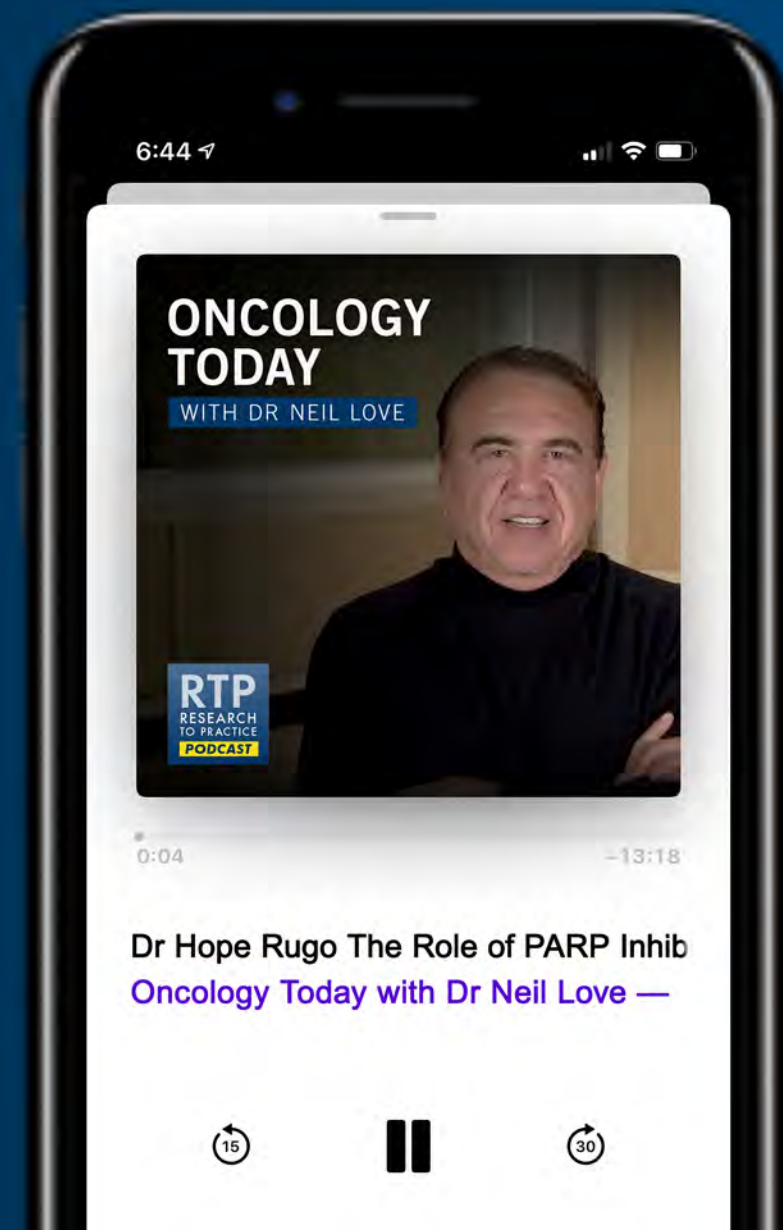
ONCOLOGY TODAY

WITH DR NEIL LOVE

The Role of PARP Inhibition in the Management of Breast Cancer



HOPE S RUGO, MD
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Year in Review — Clinical Investigators Provide Perspectives on the Most Relevant New Publications, Data Sets and Advances in Oncology: Targeted Therapy for Lung Cancer

**Tuesday, January 26, 2021
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**Joel W Neal, MD, PhD
Paul K Paik, MD**

Moderator

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Cases from the Community: Investigators Discuss Emerging Research and Actual Patients with Hepatocellular Carcinoma (Part 1 of a 3-Part Series)

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Jonathan L Kaufman, MD**

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**Tuesday, February 2, 2021
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David I Quinn, MBBS, PhD**

Moderator

Neil Love, MD

**Recent Advances in Hematologic Oncology:
A 4-Part Live Webinar Series Reviewing Key Data and
Presentations from the 62nd ASH Annual Meeting**

Part 2 — Hodgkin and Non-Hodgkin Lymphoma

**Wednesday, February 3, 2021
5:00 PM – 6:00 PM ET**

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**John Kuruvilla, MD
John P Leonard, MD
Michael E Williams, MD, ScM**

Moderator

Neil Love, MD

Cases from the Community: Investigators Discuss Emerging Research and Actual Patients with Gastroesophageal Cancers (Part 2 of a 3-Part Series)

**Thursday, February 4, 2021
5:00 PM – 6:30 PM ET**

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**Daniel Catenacci, MD
Yelena Y Janjigian, MD
Rutika Mehta, MD, MPH
Zev Wainberg, MD, MSc**

Moderator

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Meet The Professor

Management of Lung Cancer

**Friday, February 5, 2021
12:00 PM – 1:00 PM ET**

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P Kelly Marcom, MD

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Erika Hamilton, MD

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Monday, February 22, 2021

5:00 – 6:00 PM ET

Faculty

Joyce O'Shaughnessy, MD

Session 2: HER2-Positive Breast Cancer

Monday, March 8, 2021

5:00 – 6:00 PM ET

Faculty

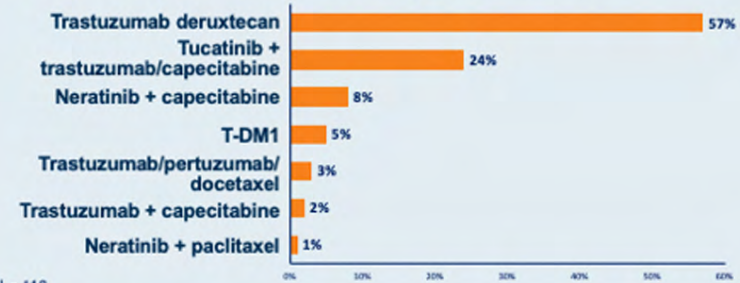
Mark D Pegram, MD

Thank you for joining us!

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

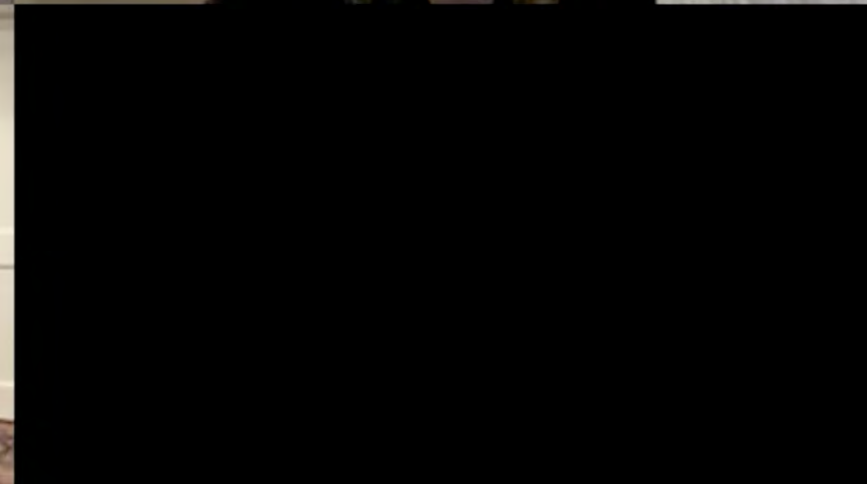


A 65-year-old woman with an ER-negative, HER2-positive IDC experiences disease recurrence in the liver 6 months after completing neoadjuvant TCHP followed by adjuvant T-DM1. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



N = 118

Survey of live webinar audience





Atif Hussein, MD, MMM

Program Director, Hematology/Oncology Fellowship

Medical Director, Oncology Clinical Research

Chairman, Cancer Committee

Memorial Healthcare System

Clinical Associate Professor

Florida International University Herbert Wertheim College of Medicine

Hollywood, Florida















Case Presentation: Dr Carey

- 85 yo otherwise healthy retired teacher from NC mountains ~ 2.5h away. Transportation issues.
- Clinical T3N1 IDC right breast; ER40%, PR40%, HER2+. Erythema without peau d'orange, > 2cm axillary lymphadenopathy.
- No-paclitaxel denied, Rx dose-intensified. 4 cycles completed. Despite treatment, at presentation, out







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Beyond the Guidelines: Clinical Investigator Perspectives on the Management of HER2-Positive Breast Cancer

**Thursday, December 10, 2020
8:30 PM – 10:00 PM ET**

Faculty

**Carey K Anders, MD
Erika Hamilton, MD
Sara Hurvitz, MD**

**Mark D Pegram, MD
Sara M Tolaney, MD, MPH**

Moderator

Neil Love, MD

Presentation Library

HER2-Positive Breast Cancer, Thursday, December 10, 2020

Considerations in the Care of Patients with Localized HER2-Positive Breast Cancer (BC) Receiving Neoadjuvant Systemic Therapy

Mark D Pegram, MD

[Download Slides](#)

Adjuvant and Extended-Adjuvant Therapy for Patients with Localized HER2-Positive BC

Sara M Tolaney, MD, MPH

[Download Slides](#)

Optimizing the Management of HER2-Positive Metastatic BC (mBC)

Sara Hurvitz, MD

[Download Slides](#)

Treatment of HER2-Positive Brain Metastases

Carey K Anders, MD

[Download Slides](#)

Incidence and Management of Adverse Events Associated with HER2-Targeted Therapies

Erika Hamilton, MD

[Download Slides](#)

HER2-Positive Breast Cancer Survey Participants

1. Carey K Anders, MD
2. Aditya Bardia, MD, MPH
3. Joanne L Blum, MD, PhD
4. Adam M Brufsky, MD, PhD
5. Howard A Burris III, MD
6. Harold J Burstein, MD, PhD
7. Lisa A Carey, MD
8. Charles E Geyer Jr, MD
9. Matthew Goetz, MD
10. Erika Hamilton, MD
11. Sara Hurvitz, MD
12. Virginia Kaklamani, MD, DSc
13. Hannah M Linden, MD
14. Eleftherios P Mamounas, MD, MPH
15. P Kelly Marcom, MD
16. Jennifer M Matro, MD
17. Kathy D Miller, MD
18. Rita Nanda, MD
19. Ruth O'Regan, MD
20. Joyce O'Shaughnessy, MD
21. Mark D Pegram, MD
22. Lajos Pusztai, MD, DPhil
23. Joseph A Sparano, MD
24. Sandra M Swain, MD
25. Sara M Tolaney, MD, MPH

Faculty

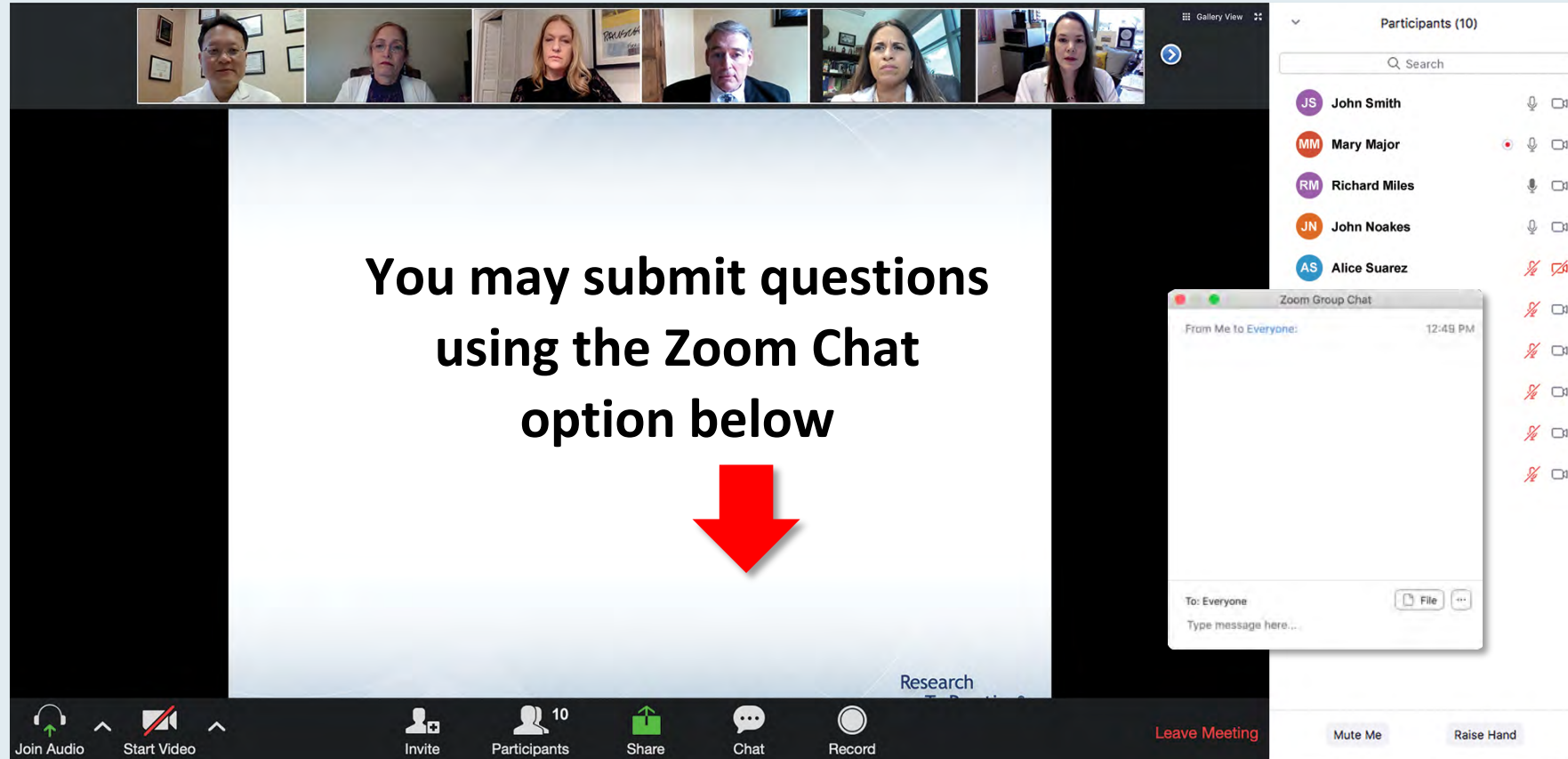


Erika Hamilton, MD
Director, Breast and Gynecologic
Research Program
Sarah Cannon Research Institute
Nashville, Tennessee



Moderator
Neil Love, MD
Research To Practice
Miami, Florida

We Encourage Clinicians in Practice to Submit Questions



The screenshot displays a Zoom meeting interface. At the top, a gallery view shows six participants. The main screen displays a presentation slide with the text: "You may submit questions using the Zoom Chat option below". A large red arrow points downwards from this text. On the right side, a "Participants (10)" list is visible, showing names like John Smith, Mary Major, Richard Miles, John Noakes, and Alice Suarez. Below the participants list, a "Zoom Group Chat" window is open, showing a message from "Me to Everyone" at 12:49 PM. The bottom toolbar includes icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting".

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

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What is your usual treatment recommendation for a patient with MM who has been followed by ASCT for 1-5 years who then experiences a clinical relapse?

Quick Poll

- ☐ Carfilzomib +/- dexamethasone
- ☐ Pomalidomide +/- dexamethasone
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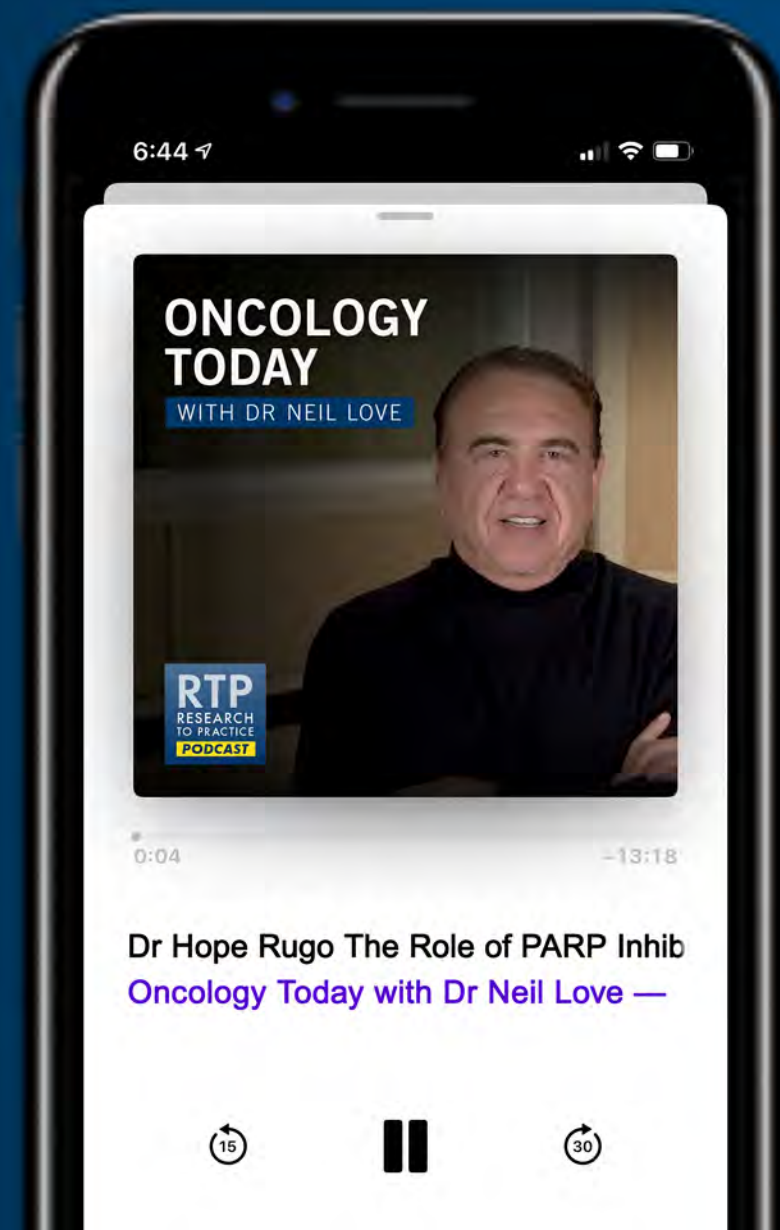
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Program Director, Hematology/Oncology Fellowship

Medical Director, Oncology Clinical Research

Chairman, Cancer Committee, Memorial Healthcare System

Clinical Associate Professor, Florida International University Herbert

Wertheim College of Medicine

Hollywood, Florida



Laurie Matt-Amaral, MD, MPH

Attending Physician

Cleveland Clinic Akron General Medical Center

Medina, Ohio

Agenda

Module 1: Dr Matt-Amaral — A 42-year-old premenopausal woman with ER-positive, HER2-positive, node-negative breast cancer

Module 2: SABCS 2020 Review — Part 1

Module 3: Dr Hussein — A 43-year-old woman with ER/PR-negative, HER2-positive breast cancer with brain metastasis

Module 4: SABCS 2020 Review — Part 2

Module 5: Dr Matt-Amaral — A 73-year-old woman with clinical T4 ER/PR-negative, HER2-positive breast cancer

Module 6: Dr Hussein — A 36-year-old physician with ER/PR-negative, HER2-positive, node-positive breast cancer during pregnancy

Do you remember 2005?



The **NEW ENGLAND**
JOURNAL of MEDICINE

ESTABLISHED IN 1812

OCTOBER 9, 2011

VOL. 365 NO. 24

Adjuvant Trastuzumab in HER2-Positive Breast Cancer

ORIGINAL ARTICLE

Trastuzumab plus Adjuvant Chemotherapy
for Operable HER2-Positive Breast Cancer

The **NEW ENGLAND**
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OCTOBER 20, 2005

VOL. 353 NO. 16

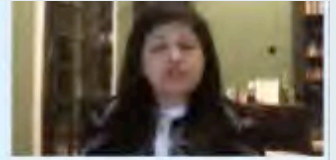
Trastuzumab after Adjuvant Chemotherapy
in HER2-Positive Breast Cancer

**“The results are simply stunning.
They're not evolutionary, they're
revolutionary.” NEJM 2005**



Memorial Sloan-Kettering
Cancer Center

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Ongoing questions in therapy for HER2+ breast cancer



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Case Presentation: A 42-year-old premenopausal woman with ER-positive, HER2-positive, node-negative breast cancer



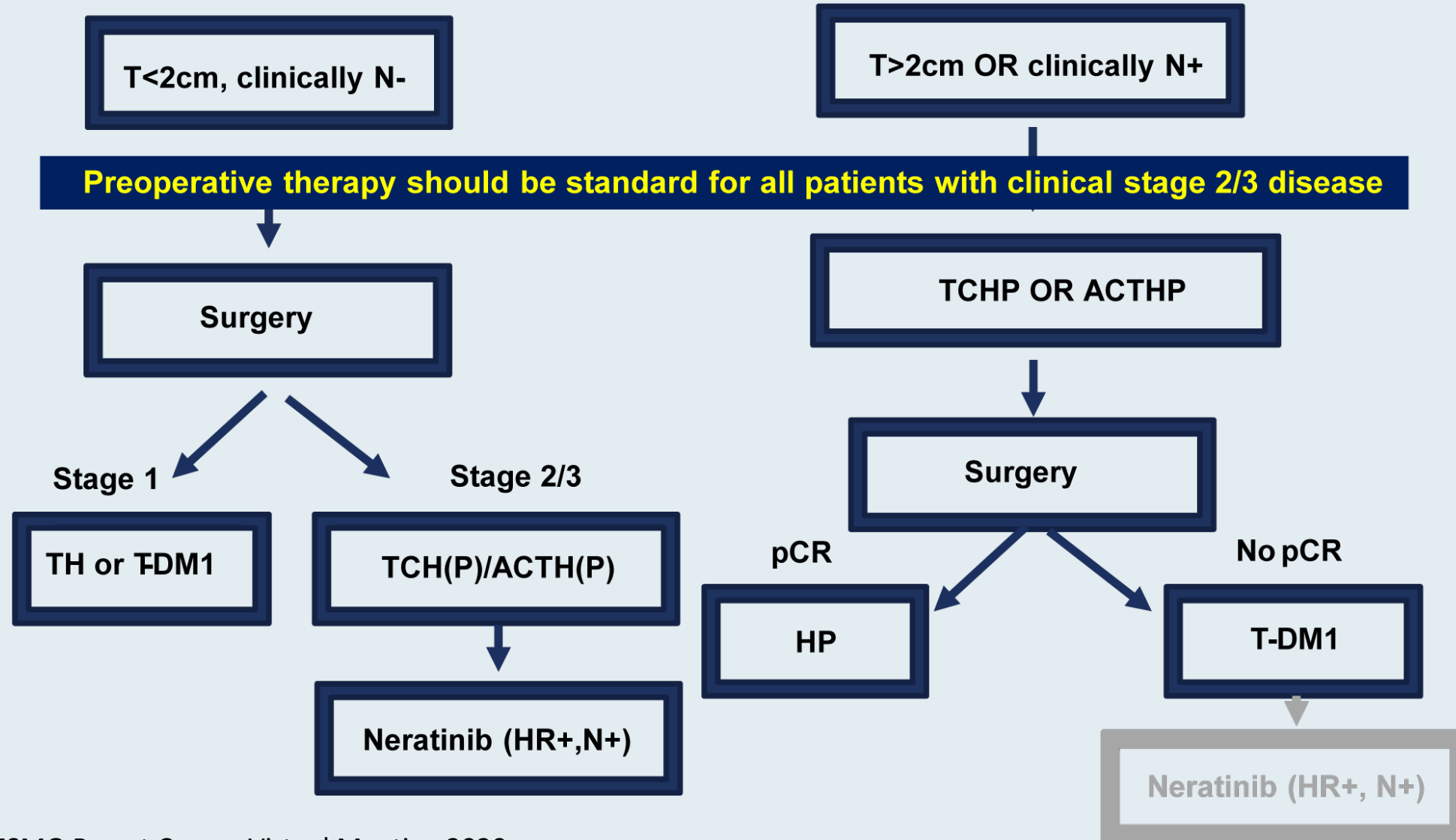
Laurie Matt-Amaral, MD, MPH

- Mastectomy for ER-positive DCIS revealed a 1.3-cm, ER-positive, PR-negative, HER2-positive, node-negative IDC
- PMH: Depression
- Genetic testing: PMS2 VUS
- Patient is not interested in receiving adjuvant chemotherapy
- Plan: Trastuzumab plus either tamoxifen or AI/ovarian suppression

Questions

- For which patients do you decide to use post-adjuvant neratinib?
- Any tips about how to manage the diarrhea?

Current Approach for Treatment of HER2+ Breast Cancer: 2020



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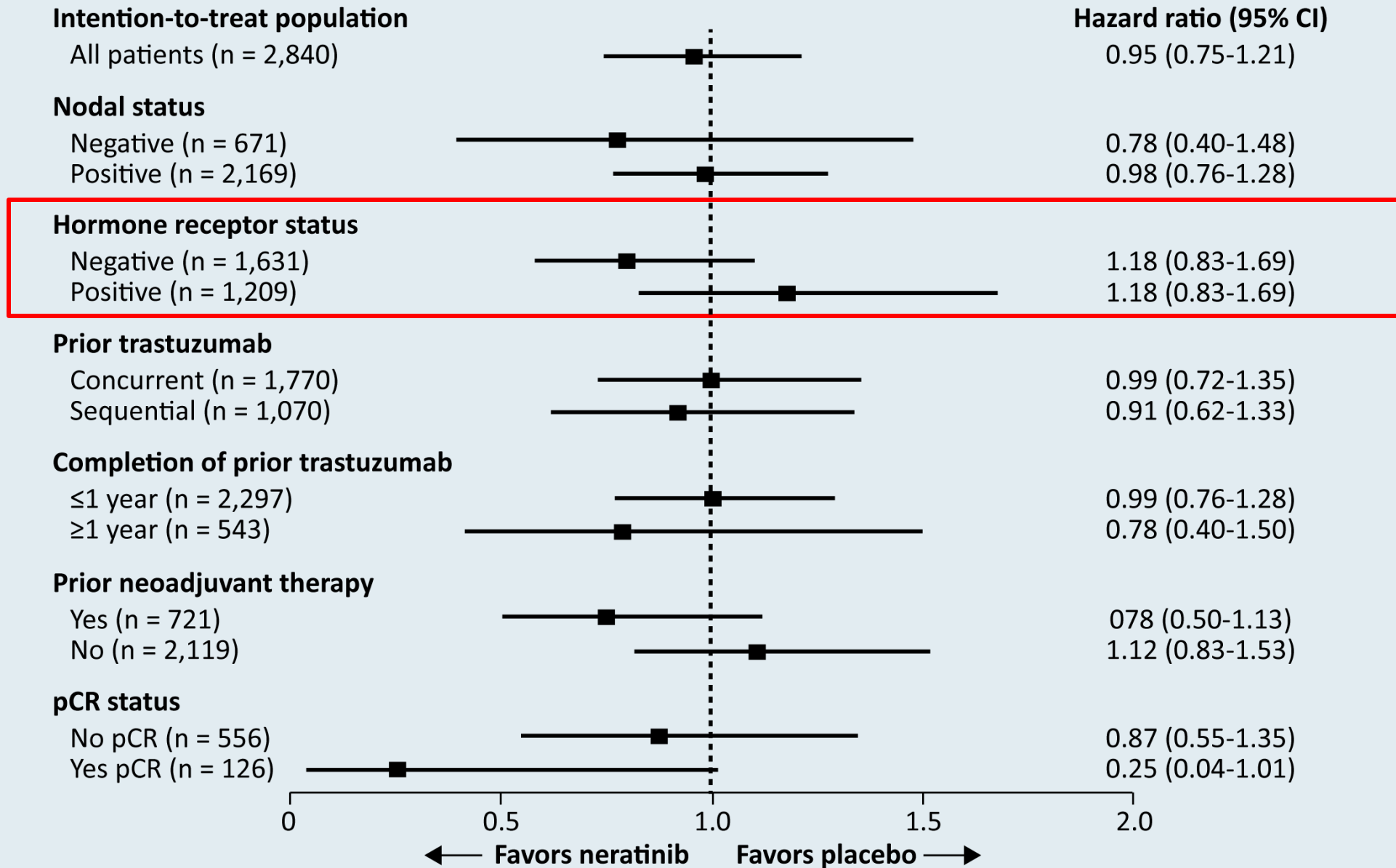
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Continued efficacy of neratinib in patients with HER2-positive early-stage breast cancer: Final overall survival analysis from the randomized phase 3 ExteNET trial

Holmes FA et al.

SABCS 2020; Abstract PD3-03

ExteNET: Final Overall Survival Analysis



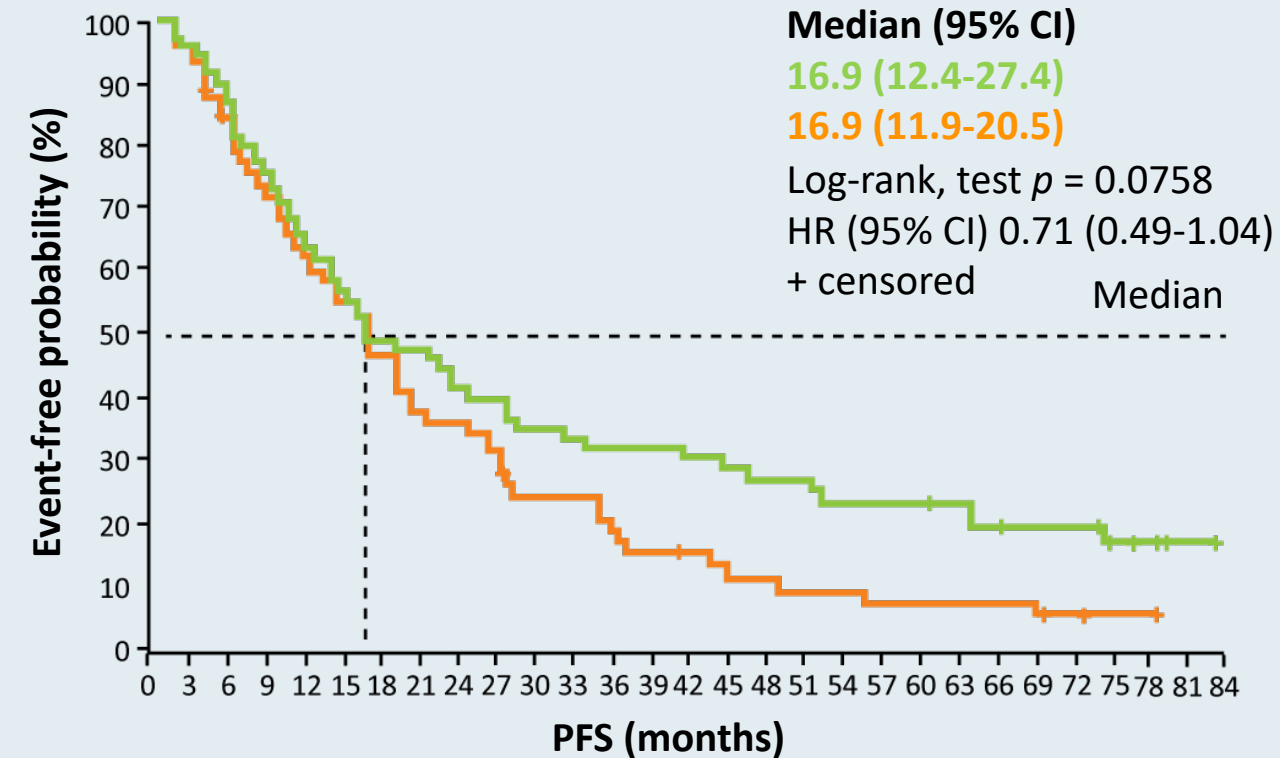
Final analysis of PERTAIN: A randomized, two-arm, open-label, multicenter phase II trial assessing the efficacy and safety of first-line pertuzumab given in combination with trastuzumab plus an aromatase inhibitor in patients with HER2-positive and hormone receptor-positive metastatic or locally advanced breast cancer

Arpino G et al.

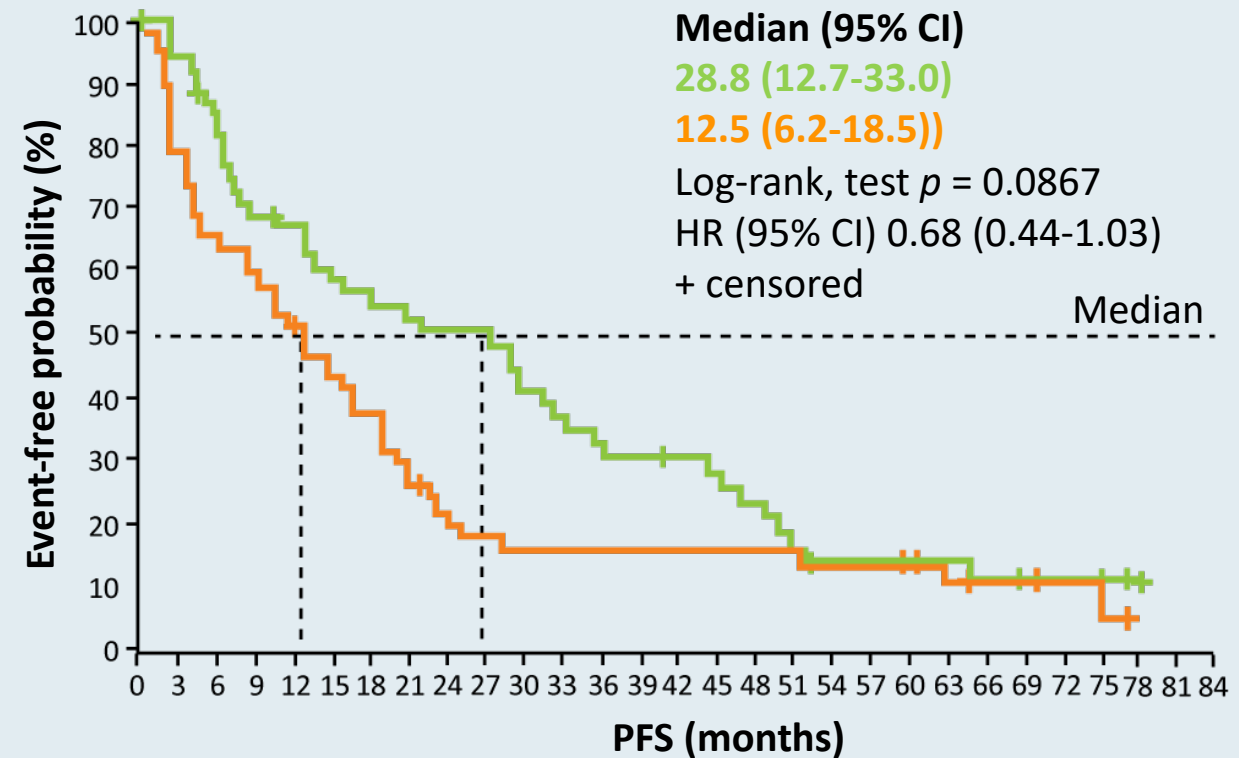
SABCS 2020; Abstract PD3-02

PERTAIN: Progression-Free Survival

Received Induction Therapy



No Induction Therapy



The DAPHNE trial: A feasibility study of chemotherapy de-escalation based on response to neoadjuvant paclitaxel-HP (THP) in HER2-positive breast cancer

Waks AG et al.

SABCS 2020; Abstract PD3-05

DAPHNe: Trial of Chemotherapy De-escalation

TRIAL SCHEMA

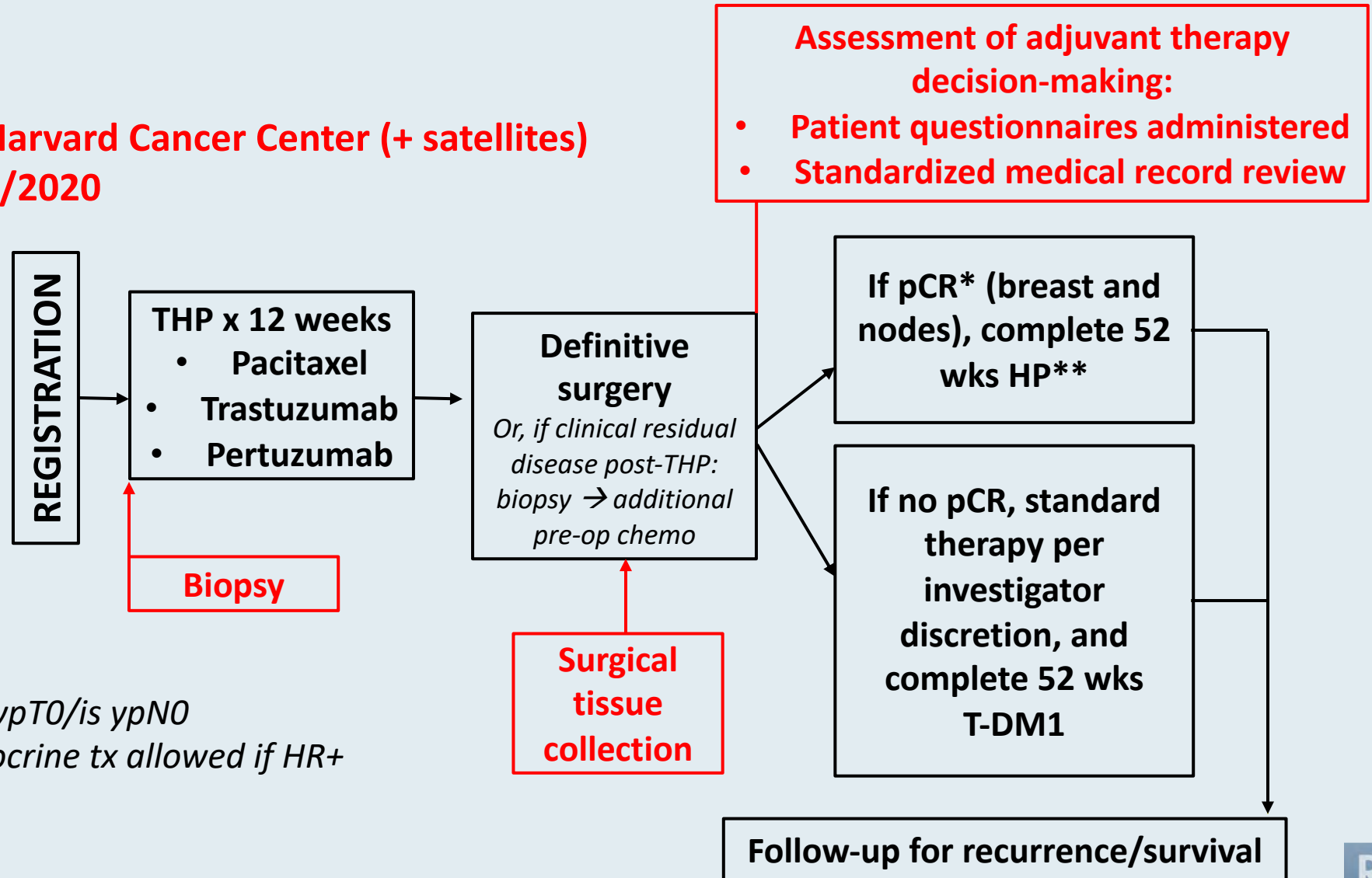
Open at Dana-Farber/Harvard Cancer Center (+ satellites)
Enrollment 11/2018 - 1/2020

Eligibility:

- Anatomic stage II-III
HER2+ breast cancer
- Breast tumor ≥ 1.5 cm
- ER/PR pos or negative

* pCR defined as: ypT0/is ypN0

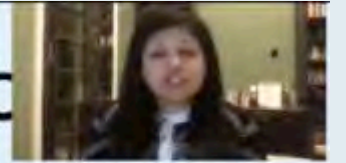
**concurrent endocrine tx allowed if HR+



Patient perspectives on chemotherapy de-escalation: “Don’t de-escalate! I don’t want to die!”

Rocque G et al.

SABCS 2020; Abstract PD3-10



43% of patients were not interested in de-escalation clinical trials

FEAR OF RECURRENCE

"We need to do everything we can so it doesn't come back."

Fear of recurrence and regret were common barriers

FEAR OF REGRET

"I think people are afraid that they will regret their decision."

Trust in the physician and **avoiding toxicity** were common facilitators

TRUST

"You assemble your treatment team of people and you trust and you kind of take their recommendation...I truly put my faith in my doctor."

Patients disliked "de-escalation," preferring patient-centric language (e.g. **customized** or **personalized**).

AVOIDING TOXICITY

"I know how harsh it is and as the saying goes: it's not the cancer, it's the chemo. So I think that [de-escalation] would be great."

The COVID-19 pandemic increased patient interest in de-escalation.

PANDEMIC

"I wouldn't worry about getting the chemo as much as I would worry about getting the virus."

Rocque G, et al. SABCS 2020 (PD3-10; abstract 272)

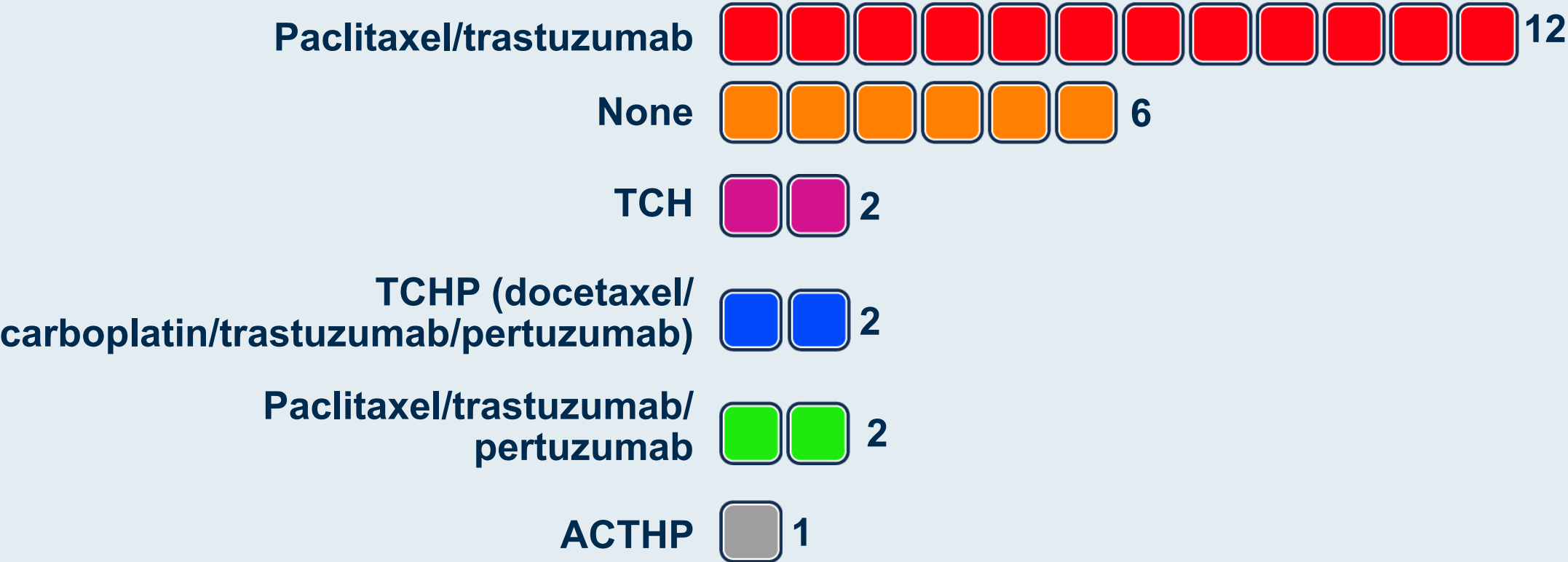
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Which neoadjuvant systemic therapy, if any, would you generally recommend for a 65-year-old patient with a 1.5-cm, ER-negative, HER2-positive, node-negative infiltrating ductal carcinoma (IDC)?

1. None
2. Paclitaxel/trastuzumab
3. Paclitaxel/trastuzumab/pertuzumab
4. ACTH (doxorubicin/cyclophosphamide/paclitaxel/trastuzumab)
5. ACTHP (ACTH/pertuzumab)
6. TCH (docetaxel/carboplatin/trastuzumab)
7. TCHP (TCH/pertuzumab)
8. Other

Which neoadjuvant systemic therapy, if any, would you generally recommend for a patient with an ER-negative, HER2-positive IDC with the following characteristics?

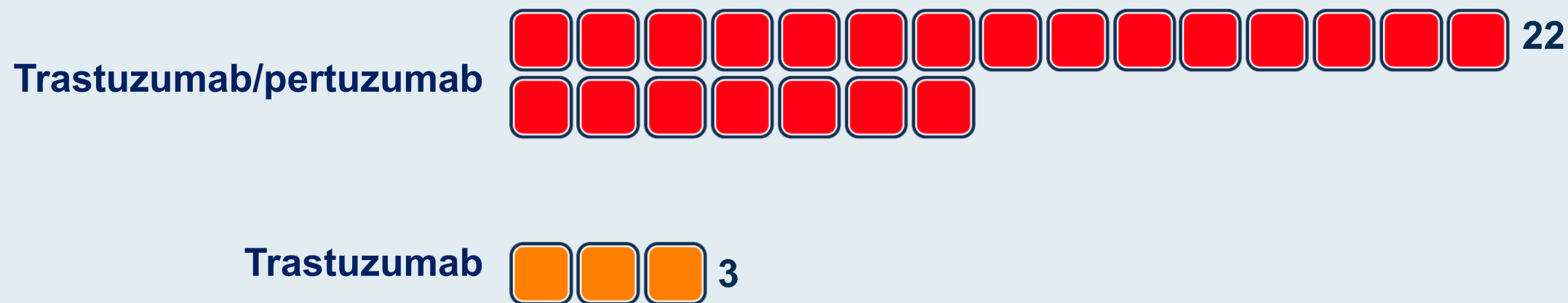
Age: 65, Tumor size: 1.5 cm, Nodal status: Node-negative



A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes and receives neoadjuvant TCHP. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend if at surgery the patient were found to have a pathologic complete response?

1. Trastuzumab
2. Trastuzumab/pertuzumab
3. T-DM1
4. Trastuzumab → neratinib
5. Trastuzumab/pertuzumab → neratinib
6. T-DM1 → neratinib
7. Other

A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes and receives neoadjuvant TCHP. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend if at surgery the patient were found to have a pathologic complete response?

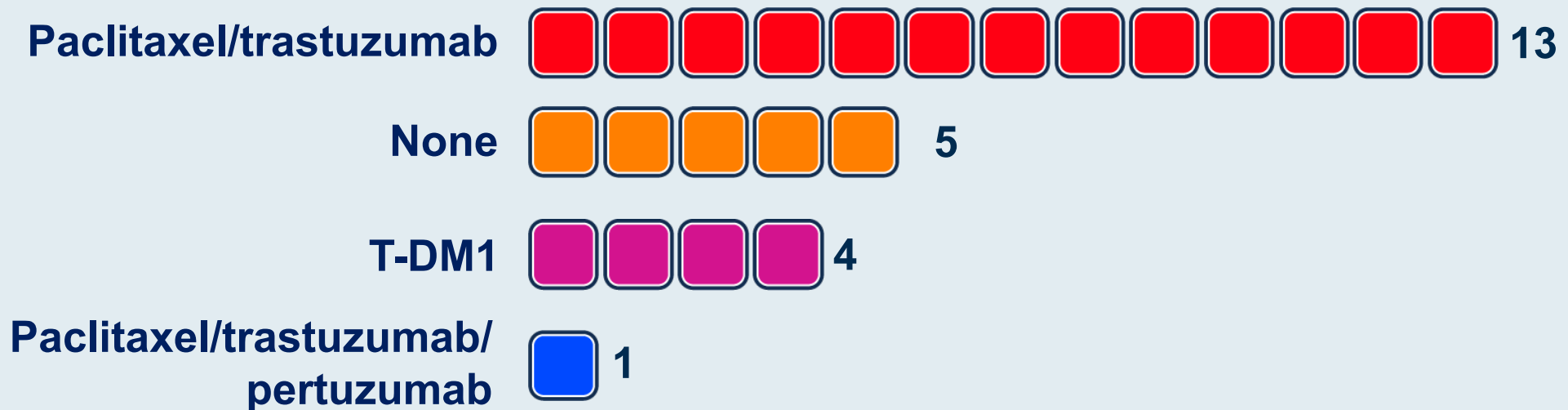


An 80-year-old woman presents with a 0.6-cm, ER-negative, HER2-positive, node-negative IDC. Regulatory and reimbursement issues aside, what adjuvant systemic therapy would you recommend?

1. None
2. Paclitaxel/trastuzumab
3. Paclitaxel/trastuzumab/pertuzumab
4. TCH
5. TCHP
6. T-DM1
7. Other

Regulatory and reimbursement issues aside, what adjuvant systemic therapy would you recommend for a patient with an ER-negative, HER2-positive, node-negative IDC with the following characteristics?

Age: 80, Tumor size: 0.6 cm

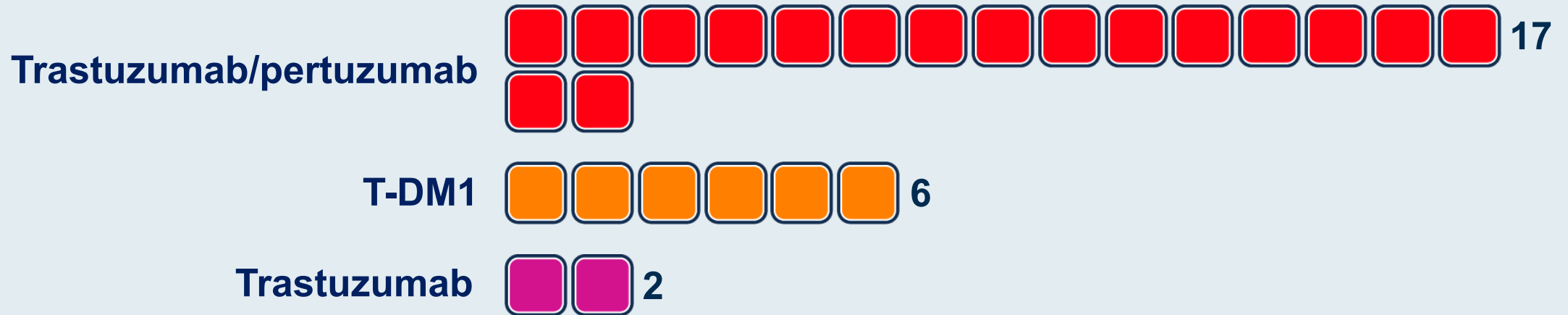


A 65-year-old woman presents with a 1.3-cm, ER-positive, HER2-positive IDC with 2 positive sentinel nodes. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?

1. Trastuzumab
2. Trastuzumab/pertuzumab
3. T-DM1
4. Trastuzumab → neratinib
5. Trastuzumab/pertuzumab → neratinib
6. T-DM1 → neratinib
7. Other

Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend for a 65-year-old patient with a 1.3-cm, HER2-positive IDC with the following characteristics?

ER-positive, 2 positive sentinel nodes



Postadjuvant neratinib?



Agenda

Module 1: Dr Matt-Amaral — A 42-year-old premenopausal woman with ER-positive, HER2-positive, node-negative breast cancer

Module 2: SABCS 2020 Review — Part 1

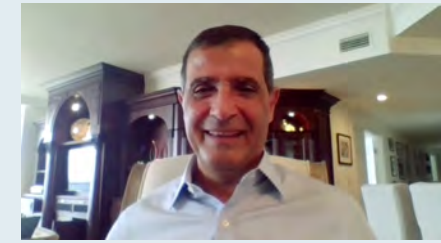
Module 3: Dr Hussein — A 43-year-old woman with ER/PR-negative, HER2-positive breast cancer with brain metastasis

Module 4: SABCS 2020 Review — Part 2

Module 5: Dr Matt-Amaral — A 73-year-old woman with clinical T4 ER/PR-negative, HER2-positive breast cancer

Module 6: Dr Hussein — A 36-year-old physician with ER/PR-negative, HER2-positive, node-positive breast cancer during pregnancy

Case Presentation: A 43-year-old woman with ER/PR-negative, HER2-positive breast cancer with brain metastasis



Atif Hussein, MD, MMM

- 1/2016: Stage IIIC Grade 3 left, ER/PR-negative, HER2-positive IDC
 - S/p neoadjuvant TCH-P x 6 → left MRM and ALND, adjuvant RT and trastuzumab (completed 2/2017)
 - 3/2018: Completed adjuvant neratinib study (ExteNET)
- 3/2019: Resection of 4-cm ER/PR-negative, HER2-positive left parietal mass → SBRT
 - CT chest/abdomen/pelvis and bone scan: Negative
- 4/2019: Capecitabine/lapatinib
- 7/2019 brain MRI: New left parietal lesion at previous site → second subtotal resection
- 10/2019: T-DM1
- 1/2020 brain MRI: Complete resolution of left parietal mass
- 12/2020: T-DM1 cycle 22. Brain MRIs, CT and bone scans – No evidence of disease

Question

- If this patient presented today post-neratinib, lapatinib and capecitabine, what treatment would you recommend – T-DM1, tucatinib, capecitabine/trastuzumab, other?

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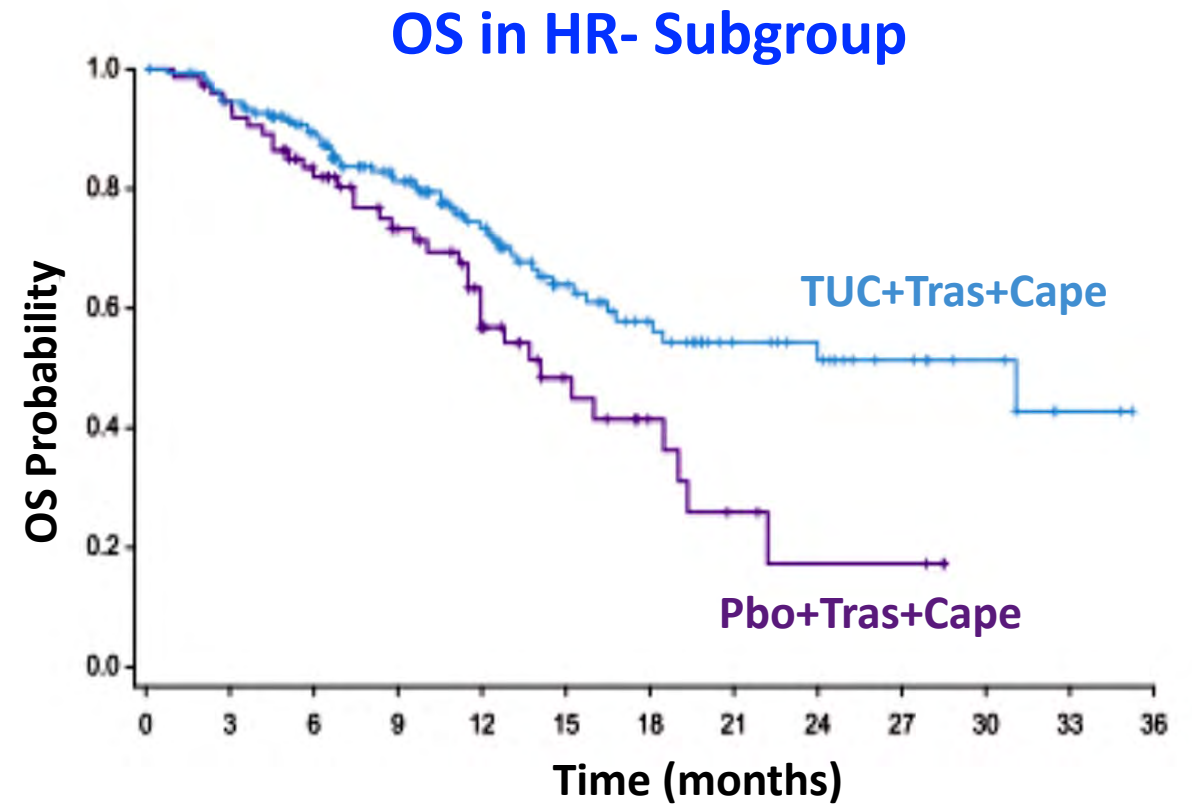
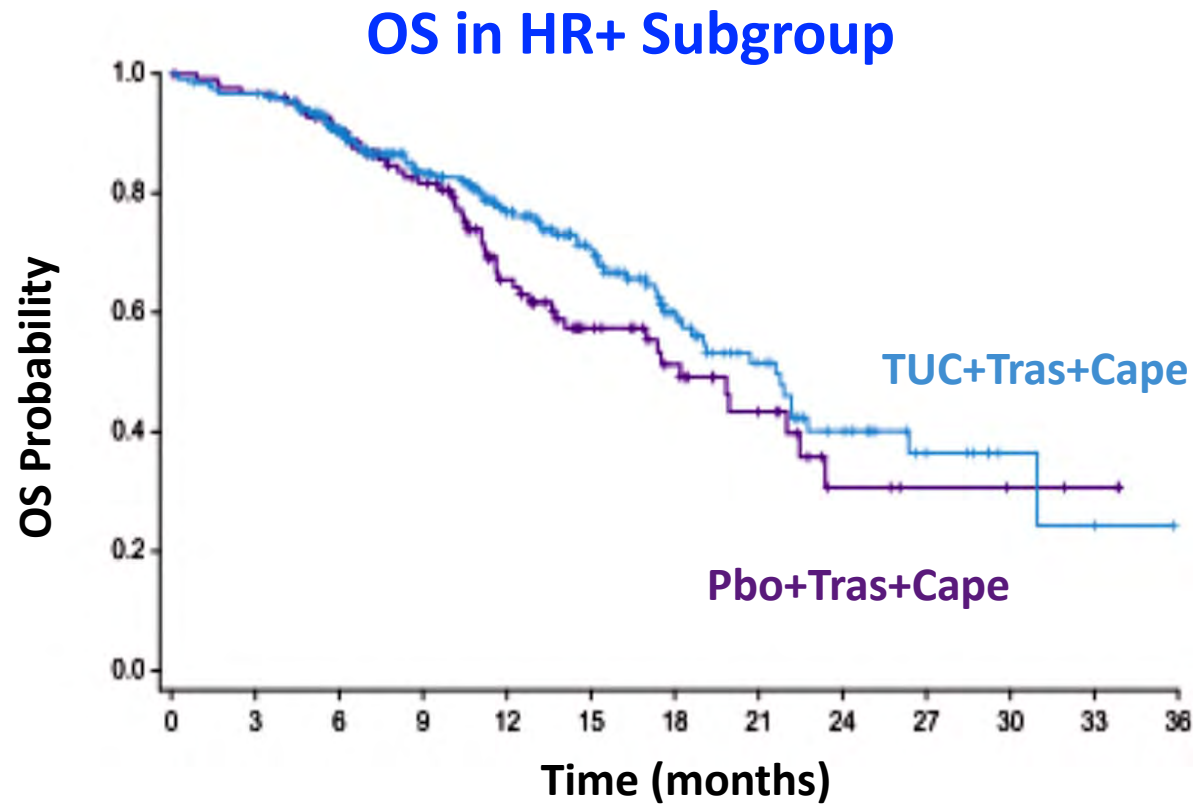
Tucatinib vs placebo in combination with trastuzumab and capecitabine for patients with locally advanced unresectable or HER2-positive metastatic breast cancer (HER2CLIMB): Outcomes by hormone receptor status

Hamilton E et al.

SABCS 2020; Abstract PD3-08

OS by HR Status in the Total Study Population

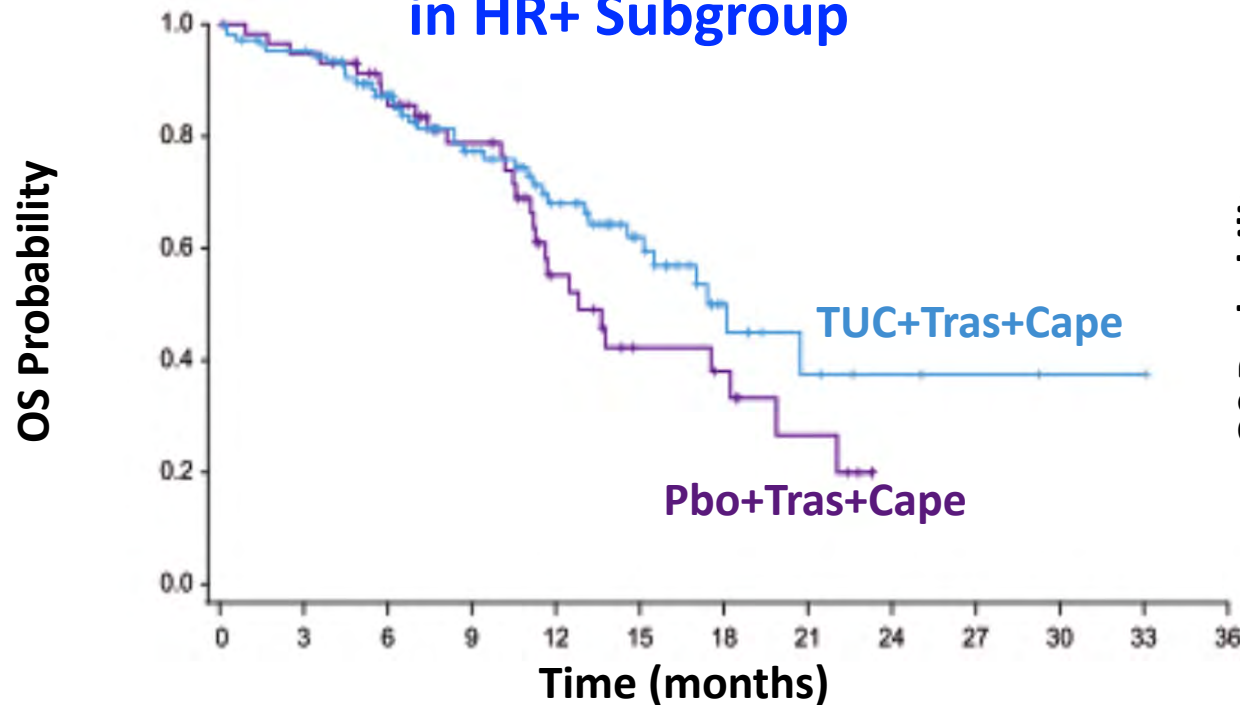
- Clinically meaningful improvement of OS was observed in patients on the tucatinib arm regardless of hormone receptor status.



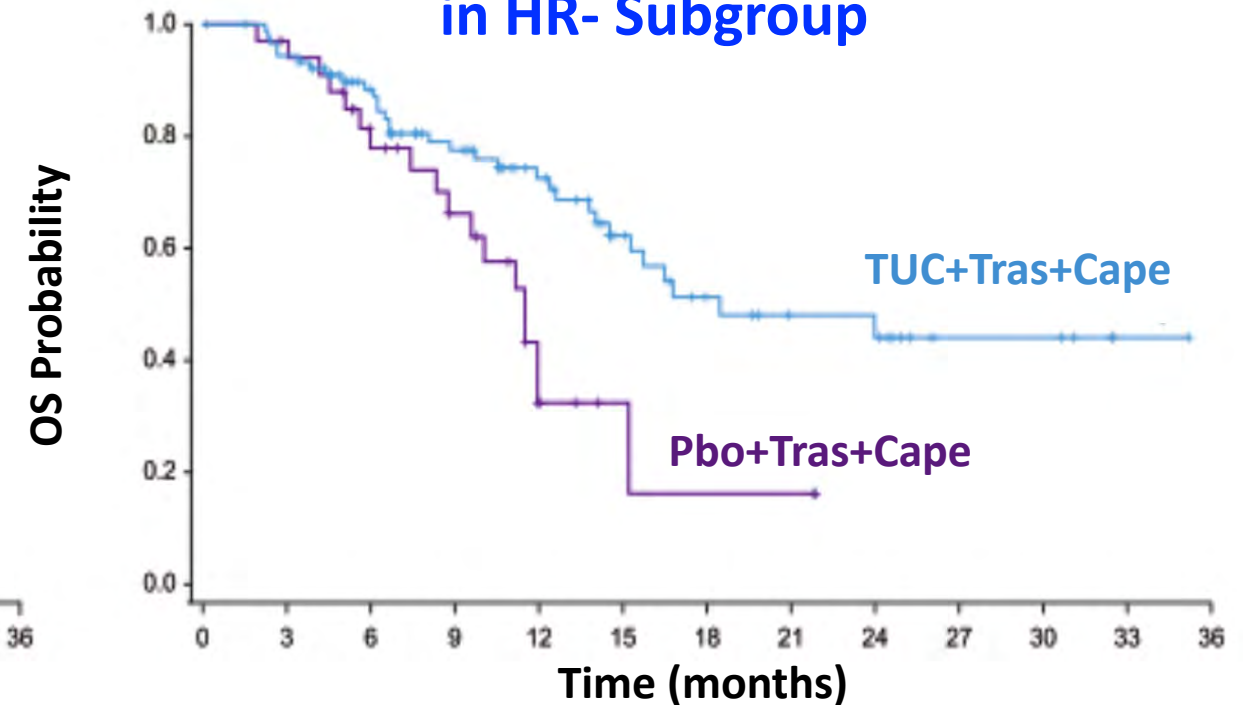
OS by HR Status in Patients with Baseline Brain Metastases

- OS was numerically improved in patients with brain metastases in the tucatinib arm in both hormone receptor subgroups.

OS in Patients with Brain Metastases in HR+ Subgroup



OS in Patients with Brain Metastases in HR- Subgroup

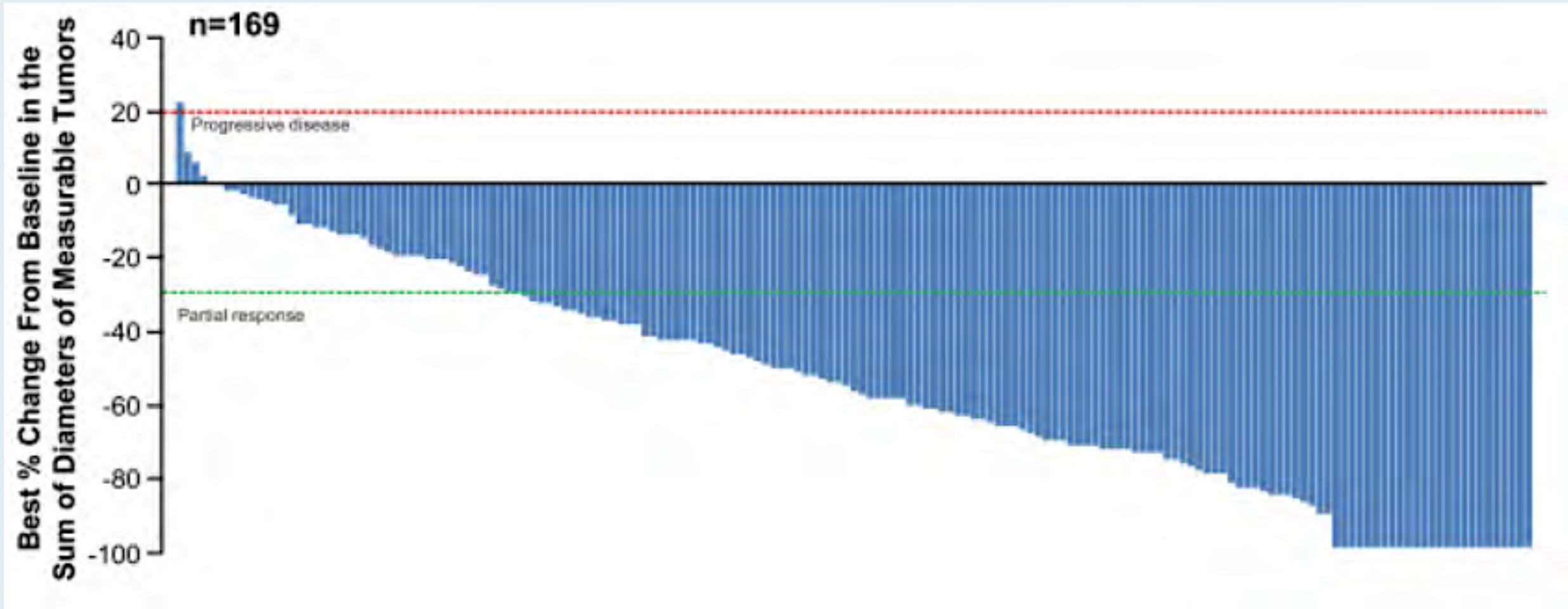


Updated results from DESTINY-Breast01, a phase 2 trial of trastuzumab deruxtecan (T-DXd) in HER2 positive metastatic breast cancer

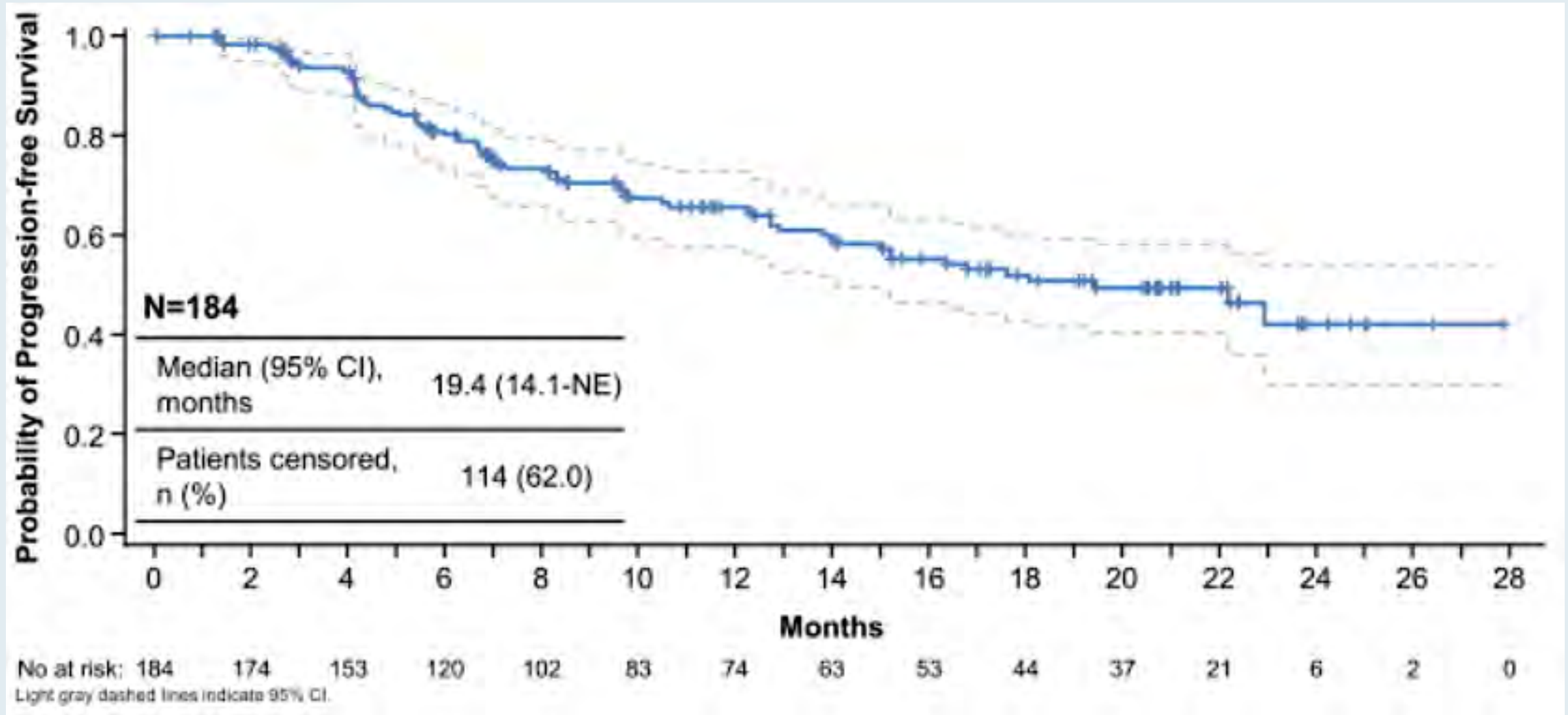
Modi S et al.

SABCS 2020; Abstract PD3-06

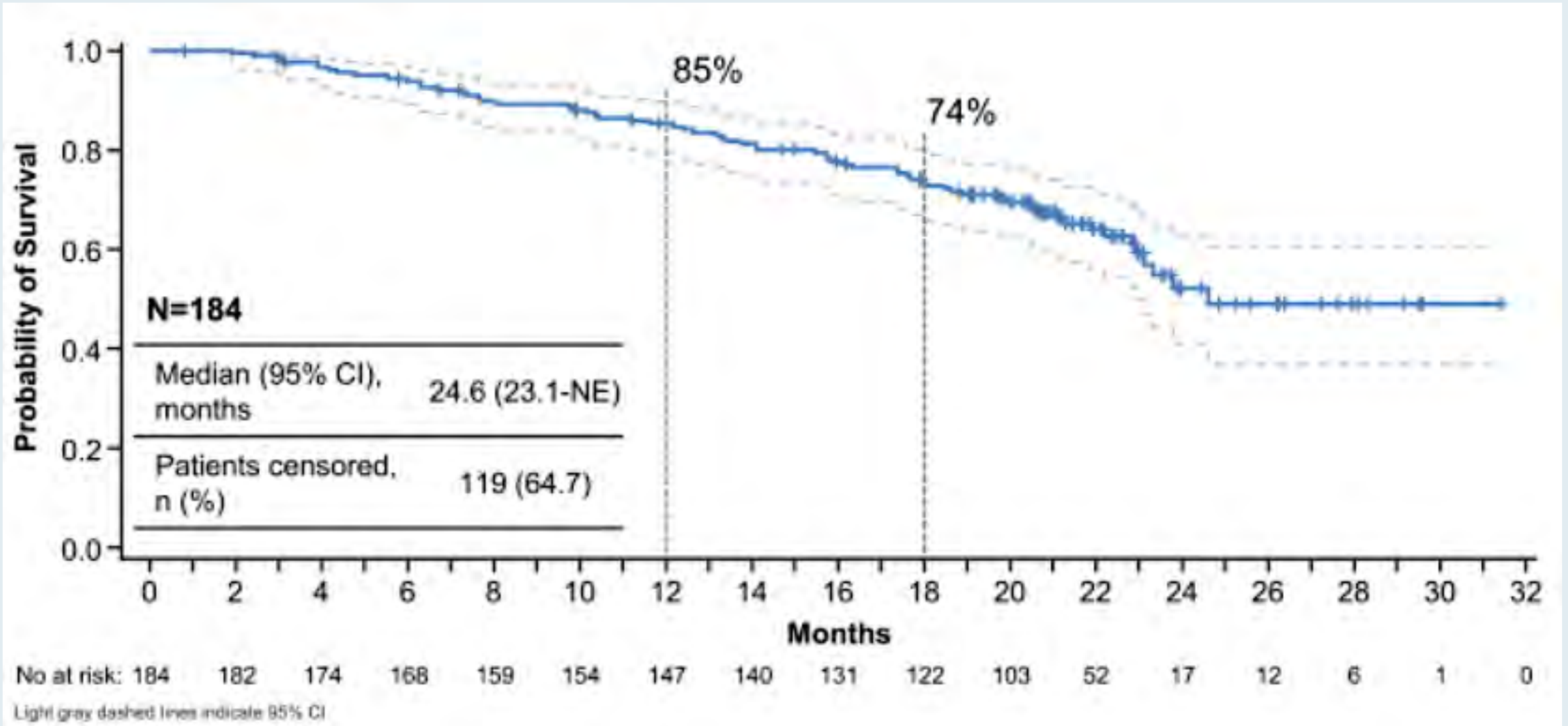
DESTINY-Breast01: Best Percentage Change in Tumor Size from Baseline



DESTINY-Breast01: Progression-Free Survival



DESTINY-Breast01: Overall Survival

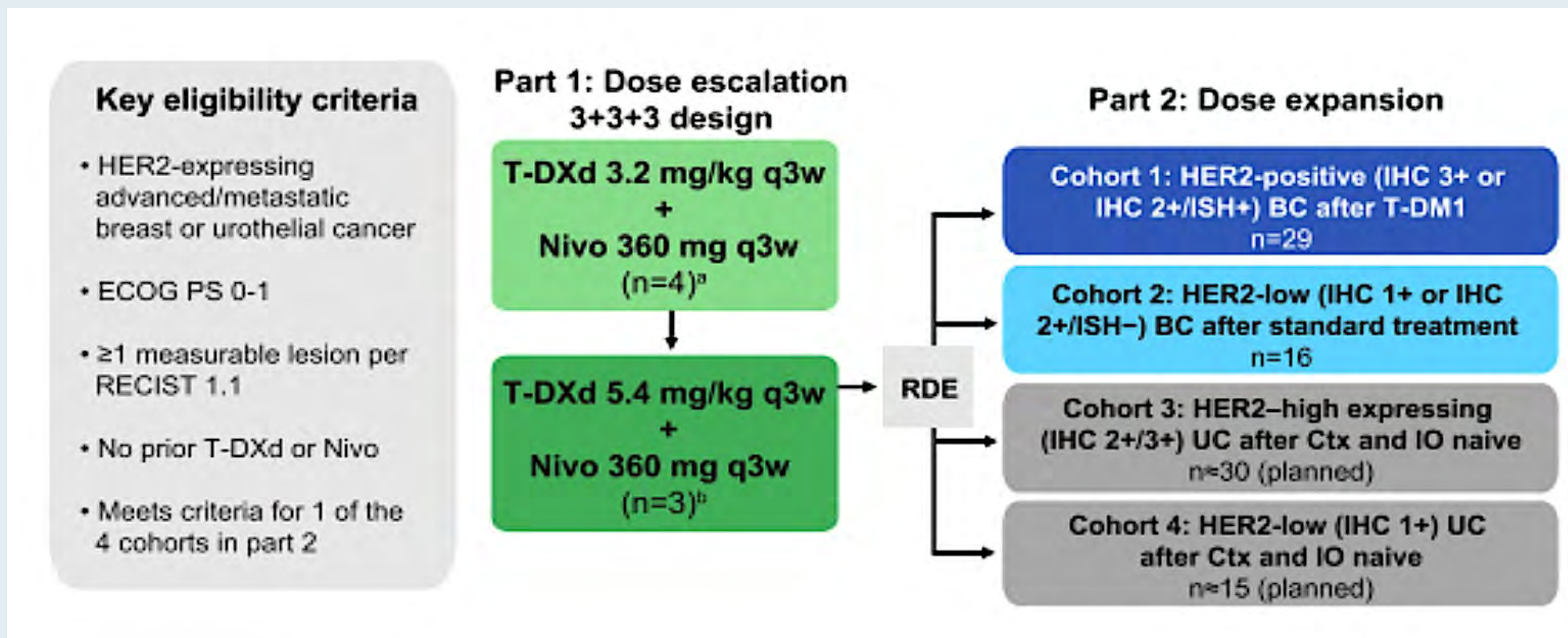


Trastuzumab deruxtecan (T-DXd; DS-8201) with nivolumab in patients with HER2-expressing, advanced breast cancer: A 2-part, phase 1b, multicenter, open-label study

Hamilton E et al.

SABCS 2020; Abstract PD3-07

T-DXd with Nivolumab: Trial Schema



A randomized, open-label, phase III trial of pertuzumab re-treatment in HER2-positive, locally advanced/metastatic breast cancer patients previously treated with pertuzumab, trastuzumab, and chemotherapy: The Japan Breast Cancer Research Group-M05 (PRECIOUS) study

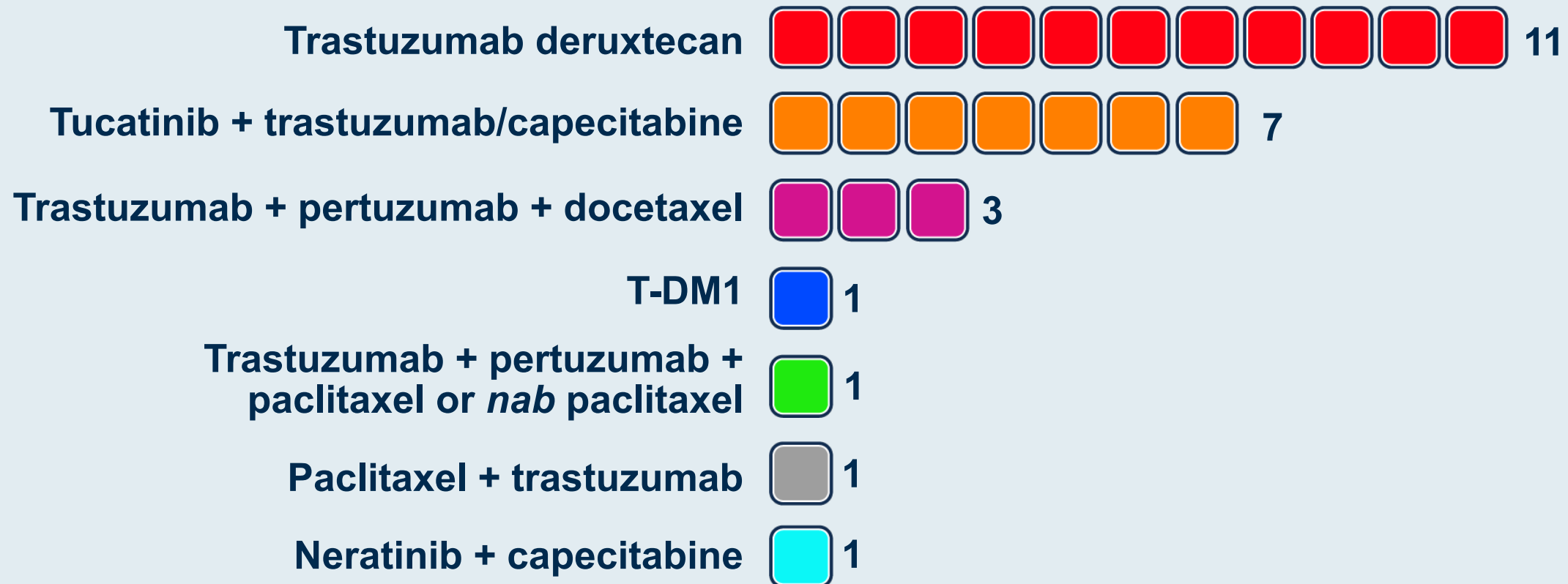
Yamamoto Y et al.

SABCS 2020; Abstract PD3-11

A 65-year-old woman with an ER-negative, HER2-positive IDC experiences disease recurrence in the liver 6 months after completing neoadjuvant TCHP followed by adjuvant T-DM1. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?

1. Trastuzumab/pertuzumab/docetaxel
2. T-DM1
3. Neratinib + paclitaxel
4. Neratinib + capecitabine
5. Tucatinib + trastuzumab/capecitabine
6. Trastuzumab deruxtecan
7. Trastuzumab + capecitabine
8. Other

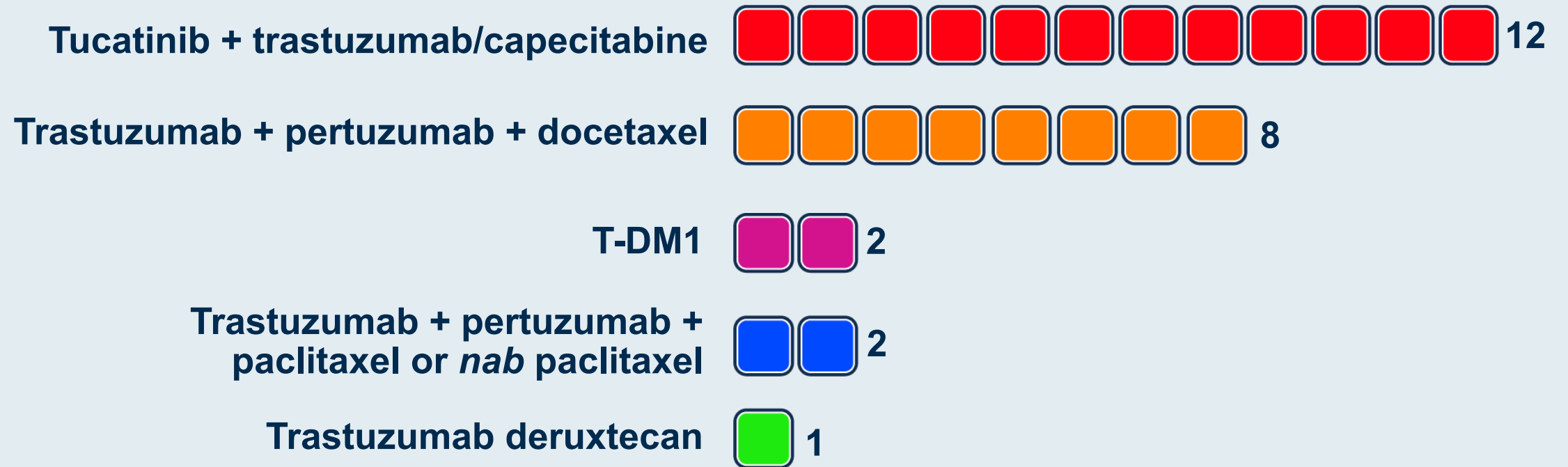
A 65-year-old woman with an ER-negative, HER2-positive IDC experiences disease recurrence in the liver 6 months after completing neoadjuvant TCHP followed by adjuvant T-DM1. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



A 65-year-old woman with an ER-negative, HER2-positive IDC experiences disease recurrence in the liver and brain 18 months after completing neoadjuvant TCHP followed by adjuvant trastuzumab/pertuzumab. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?

1. Trastuzumab/pertuzumab/docetaxel
2. T-DM1
3. Neratinib + paclitaxel
4. Neratinib + capecitabine
5. Tucatinib + trastuzumab/capecitabine
6. Trastuzumab deruxtecan
7. Trastuzumab + capecitabine
8. Other

A 65-year-old woman with an ER-negative, HER2-positive IDC experiences disease recurrence in the liver and brain 18 months after completing neoadjuvant TCHP followed by adjuvant trastuzumab/pertuzumab. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



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Case Presentation: A 73-year-old woman with clinical T4 ER/PR-negative, HER2-positive breast cancer



Laurie Matt-Amaral, MD, MPH

- Presents with clinical T4 breast cancer – whole breast involved with peau d'orange and lymphadenopathy
 - Patient suffered a fall, experienced soreness afterwards, delayed seeking medical attention
- Neoadjuvant taxane/platinum plus dual anti-HER2 therapy

Question

- Which patients should be considered for post-neoadjuvant T-DM1 therapy?

Agenda

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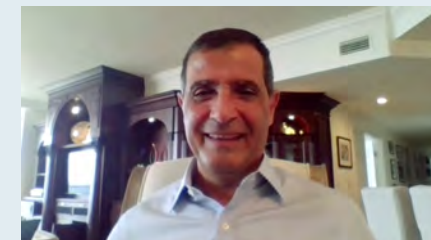
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Case Presentation: A 36-year-old physician with ER/PR-negative, HER2-positive, node-positive breast cancer during pregnancy



Atif Hussein, MD, MMM

- 5/2019: Diagnosed with right, ER/PR-negative, HER2-positive, node-positive IDC at 19 weeks pregnant with her second child
- 6/2019 – 9/2019: AC x 6
- 10/2019: Delivery of a healthy baby girl
- 10/2019 PET/CT: Disease in right breast and axilla but no distant metastases
- 10/2019 – 02/2020: Trastuzumab/pertuzumab/docetaxel/carboplatin x 6
- 3/2020: Right modified radical mastectomy, left prophylactic mastectomy
 - Residual disease: 7-mm IDC in right breast, 7/12 positive axillary nodes
 - Residual Cancer Burden: 3.753, Residual Cancer Burden Class: RCB-III
- 3/2020 – 3/2021: T-DM1

Question

- What is the safest treatment regimen to administer during pregnancy?
- Would you consider neratinib after completion of T-DM1?

Year in Review — Clinical Investigators Provide Perspectives on the Most Relevant New Publications, Data Sets and Advances in Oncology: Targeted Therapy for Lung Cancer

**Tuesday, January 26, 2021
5:00 PM – 6:00 PM ET**

Faculty

**Joel W Neal, MD, PhD
Paul K Paik, MD**

Moderator

Neil Love, MD

Thank you for joining us!

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