Transcript Details

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Beyond the Data: Key Takeaways on Breast Cancer Therapies from SABCS 2021

Announcer Introduction

You're listening to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we're going to hear from Dr. Pavani Chalasani, Associate Professor of Medicine and Program Director of the Hematology and Oncology Fellowship at the University of Arizona Cancer Center. Dr. Chalasani will be sharing some key takeaways on the breast cancer therapies that were highlighted at the 2021 San Antonio Breast Cancer Symposium. Let's hear from him now.

Dr. Chalasani:

One of the major studies which was presented in San Antonio 2021 was the EMERALD trial. This was a multi-centered, international, randomized, open-label, phase 3 study which enrolled about 477 post-menopausal patients with hormone-receptive positive, HER-2 negative breast cancer who had been treated with one or two prior lines of endocrine therapy. We don't enter chemotherapy for metastatic disease, and they had experienced disease progression on a CDK4/6 inhibitor. These patients were randomly assigned to either elacestrant, which is a novel, oral, SERD, or standard of care, which is investigator's choice of either fulvestrant or aromatase inhibitors. And about 228 patients had tumors which had a mutated ESR-1, which was pretty evenly distributed among both the treatment arms. And the study did meet both the primary endpoints of improving progression-free survival in the overall study population and in the subgroup with the ESR-1 mutation. This is one of the first studies which has shown and proven benefit of an oral SERD, and it is very exciting and potentially standard-of-care changing.

Switching gears to HER2, there was an update presented on Destiny-03 by Dr. Hurvitz. And this one was specifically giving an update of trastuzumab deruxtecan in patients with metastatic HER2-positive breast cancer who did have brain metastasis. And it was really encouraging to see that for patients who had brain metastasis at the time of study enrollment, there was a significant difference and improvement in progression-free survival in the T-DXd arm compared to T-DM1 arm. And this was very encouraging and very reassuring about the activity and the potency of T-DXd compared to T-DM1.

Now switching gears to some novel translational studies, and again novel therapies, one of the most exciting studies that I thought was presented was called "PADA 1," which actually showed the utility of a blood ESR1 mutation monitoring. This was one of the first in trial, at least to the present, and it was very exciting. This was a multi-centered study which included approximately 1,000 women who were treated with aromatase inhibitor with just palbociclib as a first-line therapy. But they provided blood samples for ESR1 mutation screening at baseline, one month, and then every two months thereafter. These women have a single prior treatment for metastatic breast cancer.

After about a median of approximately 16 months, they've shown that about 172 patients had rising ESR1 mutations, but there was no evidence of disease progression. At the time of rising ESR1 mutations, these women were there as long as they had no disease progression, were randomly assigned to either continue the standard aromatase inhibitors plus the palbociclib or switch to fulvestrant plus palbociclib.

Now what they reported was during the subsequent two-year or so follow-up, there were about 136 cases of disease progression, and the risk of disease progression was lower in the group who had fulvestrant and palbociclib, and that is what we expect. You know, ESR1 mutations, aromatase inhibitors really can't work on them, so early switching when there is an ESR1 mutation did prolong the benefit of continuing this therapy. So this was a really novel therapy, or a translational biomarker-driven trial, which was pretty exciting data there.

Announcer Close

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