

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/closing-the-evidence-gap-in-metastasis-directed-therapy-for-mbc/67357/>

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Closing the Evidence Gap in Metastasis-Directed Therapy for mBC

Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Lajos Pusztai, who's a Professor of Medicine at Yale University, and Co-Leader of the Yale Cancer Center Genomics, Genetics, and Epigenetics Program. He's also Chair of the Breast Cancer Research Committee of the Southwest Oncology Group. He'll be discussing the latest data on metastasis-directed therapy for metastatic breast cancer. Here's Dr. Pusztai now.

Dr. Pusztai:

So there are four clinical trials which tested, in a prospective randomized way, the value of doing metastasis-targeted therapy in metastatic breast cancer patients.

However, all of these studies were done in the past fifteen or twenty years, and they all combined the de novo and the recurrent metastatic population. As a matter of fact, the de novo population—where we think this strategy works the best—has been a woefully small component of the accrued patient population. Each of these actually show a trend for better outcome, but they are all woefully underpowered to really establish either a positive effect or rule out with confidence the lack of benefit.

So there are a number of studies now open in the United States that actually try to address this question in a cleaner and more definitive way.

And one important study that SWOG opened, actually, on August 18th, is a nationwide cooperative group trial led by the SWOG Clinical Trial Group. And it randomizes patients to standard care systemic therapy—metastasis-directed therapy—only if there is any palliative reason to do it, versus an adjuvant-like approach.

That study is restricted to the HER2-positive oligometastatic de novo stage four population. And the study selected this HER2-positive population because this is the setting where we have really, really remarkably effective systemic therapies. And our adjuvant therapies actually are so good that, in recent first-line trials for metastatic HER2-positive breast cancer, 60, 70 percent of the population are de novo, because there are less and less systemic recurrences.

So that's probably the largest and most broadly available study for this particular population in the United States. But there are other smaller studies run by institutions like Memorial Sloan Kettering and other places.

So if there is a study or clinical trial opportunity, then I would really encourage our colleagues to support the study and refer patients or put them on the trial, because I think this is an important question to answer. And imagine if we are right that a subset of these patients could be cured—then it would be really better to know this sooner rather than later.

Announcer:

That was Dr. Lajos Pusztai talking about emerging trials in metastatic breast cancer treatment. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!