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/early-stage-tnbc-treatment-intensity/50997/

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Optimizing Treatment Intensity in Early-Stage TNBC

Announcer:
Welcome to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Roberto Leon-Ferre, who's an oncologist at the Mayo Clinic in Rochester, Minnesota. He'll be talking about how we can incorporate emerging research into triple-negative breast cancer care. Let's hear from Dr. Leon-Ferre now.

Dr. Leon-Ferre:
A few things I think are already actionable. A few others, of course, still need validation, but I think the first one that's directly applicable to stage one triple-negative breast cancer is trying to be a bit more thoughtful about who actually needs an anthracycline. The data from many trials is fairly consistent that patients with node-negative triple-negative breast cancer appear to derive a lesser degree of benefit from anthracyclines. So I would say that for patients with small tumors, an anthracycline-free regimen either with docetaxel cyclophosphamide or carboplatin-taxane is a reasonable choice.

Another actionable element that still needs more validation is that we may be receiving data on anthracycline omission at the same time of administering immunotherapy in patients with triple-negative breast cancer—for example, a platinum taxane along with pembrolizumab without the anthracycline. Those data will be coming out in a trial evaluating patients with stage two and three triple-negative breast cancer. But I think that it may also inform how we think about patients with stage one triple-negative breast cancer, particularly those with larger T1c tumors. Some of those patients may still benefit from immunotherapy, but they may not need all five drugs that are currently given in the KEYNOTE-522 regimen.

Lastly, I would say that today, we have already seen a lot of data in patients with very small tumors, particularly those with five millimeters or less. I think that we shouldn't have a knee-jerk reaction about giving chemotherapy to those patients just because of the diagnosis of triple-negative breast cancer. I think those patients really deserve a real conversation about the unknowns and an honest discussion about the trade-offs between the absolute benefit of chemotherapy and the potential toxicities. But I think as the data matures on biomarkers like TILs or genomic signatures, we may not only extend those conversations to patients with T1a tumors, but maybe even with patients with T1b and T1c tumors. I expect that hopefully as that data matures, we'll increasingly be able to identify patients with a favorable biology who can be treated with less intensive regimens or at least for carefully selected patients, even potentially without chemotherapy at all.

Announcer:
That was Dr. Roberto Leon-Ferre talking about integrating the latest research into triple-negative breast cancer care. 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!