

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/emerging-metastatic-breast-cancer-therapies-from-cdk-inhibitors-to-serds-and-beyond/26818/>

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Emerging Metastatic Breast Cancer Therapies: From CDK Inhibitors to SERDs and Beyond

Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Sarah Sammons, who's an Associate Director of the Metastatic Breast Cancer Program at Dana-Farber Cancer Institute in Boston, Massachusetts, and an Assistant Professor at Harvard Medical School. She'll be discussing emerging treatment options for patients with metastatic breast cancer. Here's Dr. Sammons now.

Dr. Sammons:

There is a tremendous amount of clinical research going on looking at the development of new treatments for metastatic breast cancer. We need to do better. Depending on the subtype, for hormone-receptor positive breast cancer, there are many new estrogen-targeting agents out there. There are several novel and new ways to target the estrogen receptor outside of aromatase inhibitors and Fulvestrant, which for a long time were the only approved therapies. We have selective estrogen receptor degraders. We have PROTAC and SERCAs, all kinds of new ways to target the estrogen receptor. For the majority of patients with hormone-receptor positive disease, something needs to be added to that anti-estrogen therapy to really help it be effective for longer. There are several new CDK4/6 inhibitors out there. There's novel CDK4 inhibitors, CDK7 inhibitors, and CDK2 inhibitors, and so we hope to do better for those patients in that way.

One of the main challenges of agents targeting the PIK3CA mutation is that those drugs do have a fair amount of side effects, but the good news there is that there are multiple agents in development that specifically target the mutation and not the whole receptor. And the hope for those is that they'll have less side effects because not only do we need to create better therapies for better efficacy, but we need better therapies in terms of side effects too, and I feel really passionate about that.

For all of the different types of breast cancer really in the next 10 years, the way we deliver chemotherapy will change. So historically, we gave chemotherapy and it went into the bloodstream, and it really just killed any rapidly dividing cell; but now we have this new class of drugs called antibody drug conjugates, which is a targeted way to deliver chemotherapy where the drug goes into the bloodstream; it tries to find a specific protein on the cancer cell and does not release its chemotherapy payload until it's taken up into that cell. And so the hope for antibody drug conjugates, or ADCs, is that the drugs will be more effective because the delivery of chemotherapy is more targeted, and they'll have potentially less side effects, but where we are right now these still certainly have side effects, and we can only go up from here.

Announcer:

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