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-tnbc-biomarkers-genomics-adaptive-treatment/50993/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Emerging TNBC Research: Biomarkers, Genomics, and Adaptive Treatment

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 discussing the emerging areas of research that might impact how we treat patients with triple-negative breast cancer. Let's hear from Leon-Ferre now.

Dr. Leon-Ferre:
I think I'm excited about several things. I think I would categorize them probably in three groups of research that are currently being conducted.

The first is biomarker-based treatment deescalation. There are current prospective clinical trials that are asking whether we can omit systemic therapy altogether in patients that have an expected favorable outcome. Specifically, there's a lot of research surrounding tumor infiltrating lymphocytes, or TILs, and we have extensive data showing that retrospectively, patients that have high TILs and do not receive systemic therapy still have a very low risk of recurrence.

Now, this needs prospective validation, and our European colleagues are leading two clinical trials—the OPTIMAL trial and the EDNA trial—that are testing this question prospectively. And then through the Alliance for Clinical Trials and ECOG-ACRIN, we are developing another trial called TIL Choice, which is a prospective trial that uses baseline TILs to tailor systemic therapy for patients with stage one triple-negative breast cancer. Those three studies will finally give us the prospective data that we have been missing.

Another second area of potential progress and impact in the near future will be the emergence of certain genomic signatures that can also help us predict potential outcomes with different regimens. The one that I would highlight is the TNBC-Dx, which combines an immune gene module and a proliferation module. And in the neoadjuvant setting, it has been shown to predict both pathologic complete response and also the risk for long-term recurrence. What we need is a study evaluating those signatures in patients who have not received systemic therapy, which essentially would be similar to an Oncotype DX, but for triple-negative breast cancer.

Then I think the final element that I think we're going to be seeing being evaluated more in clinical trials is the thought of evaluating biomarkers in a dynamic manner—the idea that we don't need to lock in our decisions on a treatment plan on day one, but rather, we can start with one plan and reassess and adapt that treatment as we go and as we get the opportunity to observe how patients are doing. There's one clinical trial—the I-SPY 2 clinical trial—that I think is doing this beautifully where patients receive a segment of the planned chemotherapy and then continuously reassess where we are with serial imaging. In addition, non-invasively, the potential of looking at ctDNA or circulating tumor DNA dynamics throughout the treatment may be also highly predictive to help us know when we have given enough treatment and when we need to continue.

So those are the main things that excite me about potential applications in stage one triple-negative breast cancer in the next few years.

Announcer:
That was Dr. Roberto Leon-Ferre talking about how emerging advances in triple-negative breast cancer might shape our future treatment decisions. 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!