

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/modern-adjuvant-treatment-strategies-for-early-stage-breast-cancer/12326/>

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Modern Adjuvant Treatment Strategies for Early-Stage Breast Cancer

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we're joined by Dr. Lajos Pusztai, who's the Director of Breast Cancer Translational Research at the Yale Cancer Center. Dr. Pusztai is here to share some insights on modern adjuvant treatment strategies for early-stage breast cancer. Let's hear from him now.

Dr. Pusztai:

Breast cancer is treated differently depending on the sub-type of the disease. In triple-negative breast cancer, we have learned that using neoadjuvant therapy, that is systemic chemotherapy before surgery, is a successful clinical strategy that has improved patients' survival by allowing response-guided therapy after surgery. A clinical trial called CREATE-X have demonstrated that adjuvant capecitabine for patients who experience residual disease after neoadjuvant chemotherapy improves their recurrence-free survival.

In HER2-positive disease, similarly, a treatment strategy that relies on neoadjuvant therapy has been shown to be effective because it provides an opportunity for patients who have residual cancer after initial chemotherapy plus HER2-targeted therapy containing regimen to receive additional adjuvant therapy post-operatively with T-DM1 that has been shown to improve their recurrence-free survival. Patients who are ER-positive, HER2-positive also have the opportunity to receive an additional extended HER-2-targeted therapy in year two of their post-operative period with neratinib concurrent with endocrine treatment that has been shown in a separate clinical trial to improve outcomes.

I also would like to point out that recently a press release was made by AstraZeneca that pointed out the success of the OlympiA trial which was an adjuvant trial for women regardless of their molecular status who had a germline BRCA mutation; the press release indicated that olaparib improved recurrence-free survival in all patients who were germline BRCA-positive and received appropriate sub-type, appropriate adjuvant therapies. This drug is not yet approved by the FDA, but likely will have an important further improvement in the outcome of our patients who are germline BRCA-positive.

And among the ER-positive breast cancers, we have learned how to use adjuvant chemotherapy more precisely. At the 2020 San Antonio Breast Cancer Conference, the first results of the RxPONDER trial were presented. That study asked the question whether adjuvant chemotherapy is beneficial for women who have a 1 to 3 positive lymph nodes and a Recurrence Score less than 26. The trial results showed that among post-menopausal women with 1 to 3 positive nodes and a low Recurrence Score, adjuvant chemotherapy did not improve their outcome. This is an important observation because many of these patients under the current standards would have received adjuvant chemotherapy. Now we know that they do not benefit from it. On the other hand, among the ER-positive, 1 to 3 positive lymph node, younger women who are pre-menopausal with a Recurrence Score of 0 to 25 benefited from chemotherapy regardless of the score. So these results confirm findings by an earlier large-trial TAILORx which asked similar questions in node-negative patients.

And finally, there was an important announcement made this year about the success of a CDK4/6-inhibitor drug abemaciclib in the adjuvant setting. The monarchE trial has demonstrated that two years of abemaciclib concurrent with adjuvant endocrine therapy improved recurrence-free survival at an early follow-up of around two years. If these results hold up in, with long-term follow-up, then this could represent an important new treatment modality for early-stage disease, leading to improved outcome for ER-positive patients who are high-risk for recurrence.

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