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Terapias actuales en el manejo del cáncer de mama triple negativo

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ONCOLOGA CLINICA

20 de julio del 2024

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El cáncer de mama triple negativo constituye el 15% de los tumores mamarios

SEER* Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2024 Apr 17. [cited 2024 May 23]. Available from: https://seer.cancer.gov/statistics-network/explorer/. Data source(s): SEER Incidence Data, November 2023 Submission (1975-2021).

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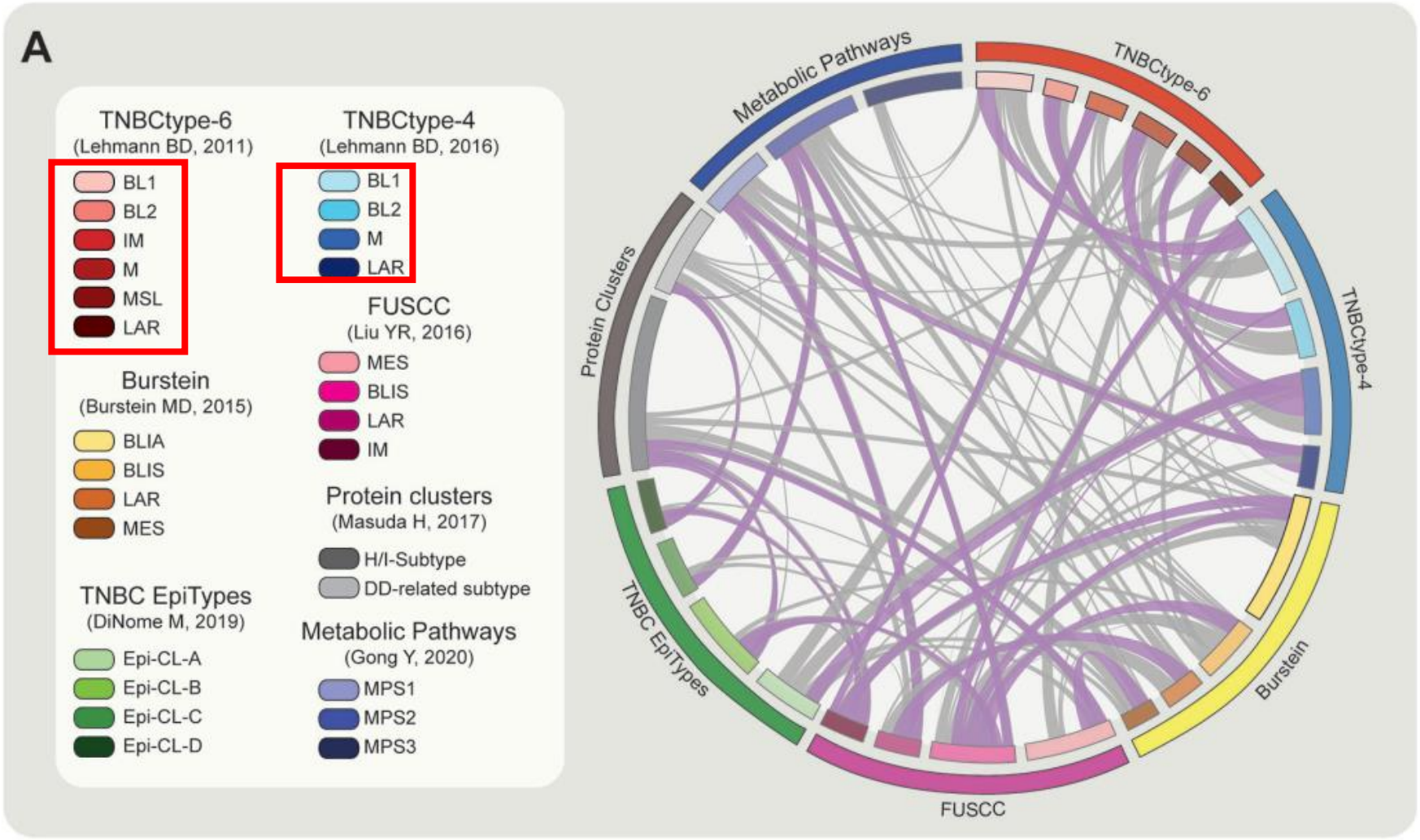

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Enfermedad inicial

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NEOADYUVANCIA

ESMO	• Tumor > 2 cm • Triple negativo, HER 2 +
NCCN	• HER 2 +, triple negativo >=ct2 o >=cN1 • Considerar en cT1, cN0 Triple negativo
St. Gallen	• Pacientes con alto riesgo Triple negativo o HER 2 +
ASCO	• Neoadyuvancia tratamiento preferido inicial en pacientes con EC 2 o 3 HER 2 +, triple negativo

N Engl J Med 2020;382:810-821 DOI: 10.1056/NEJMoa1910549

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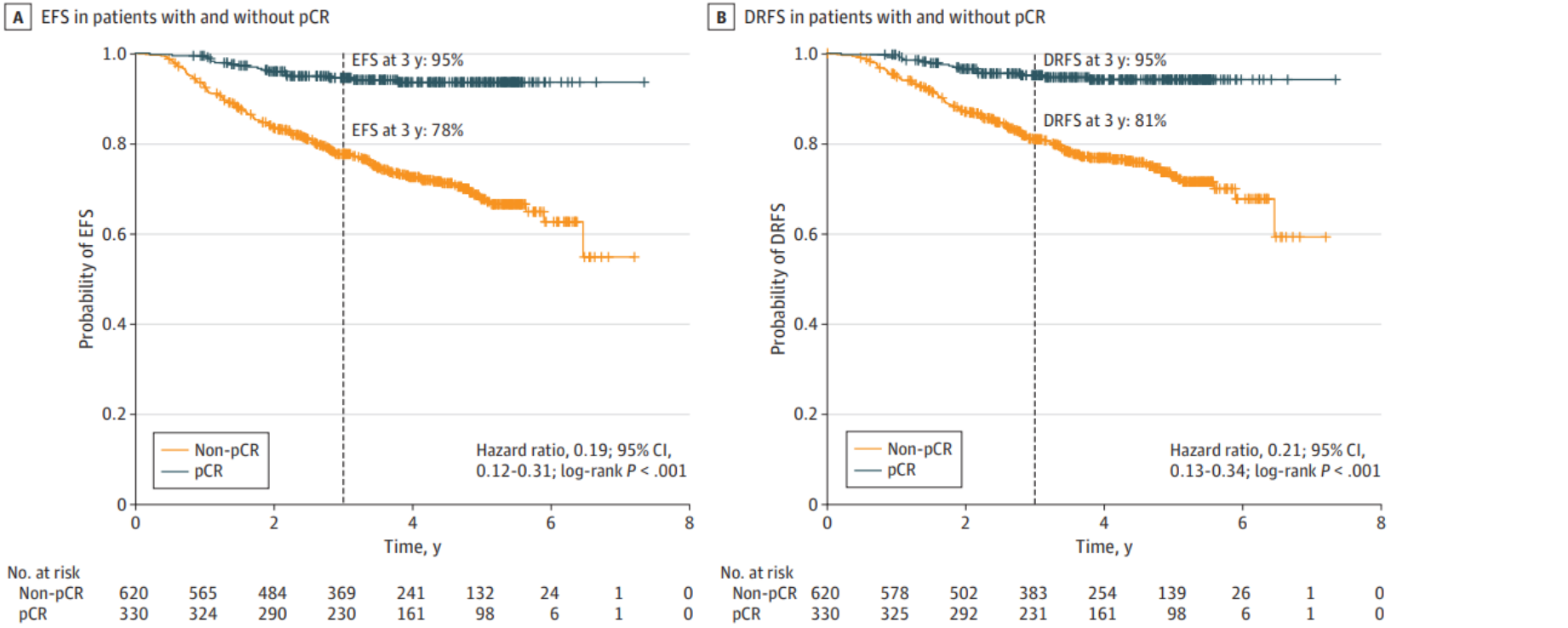
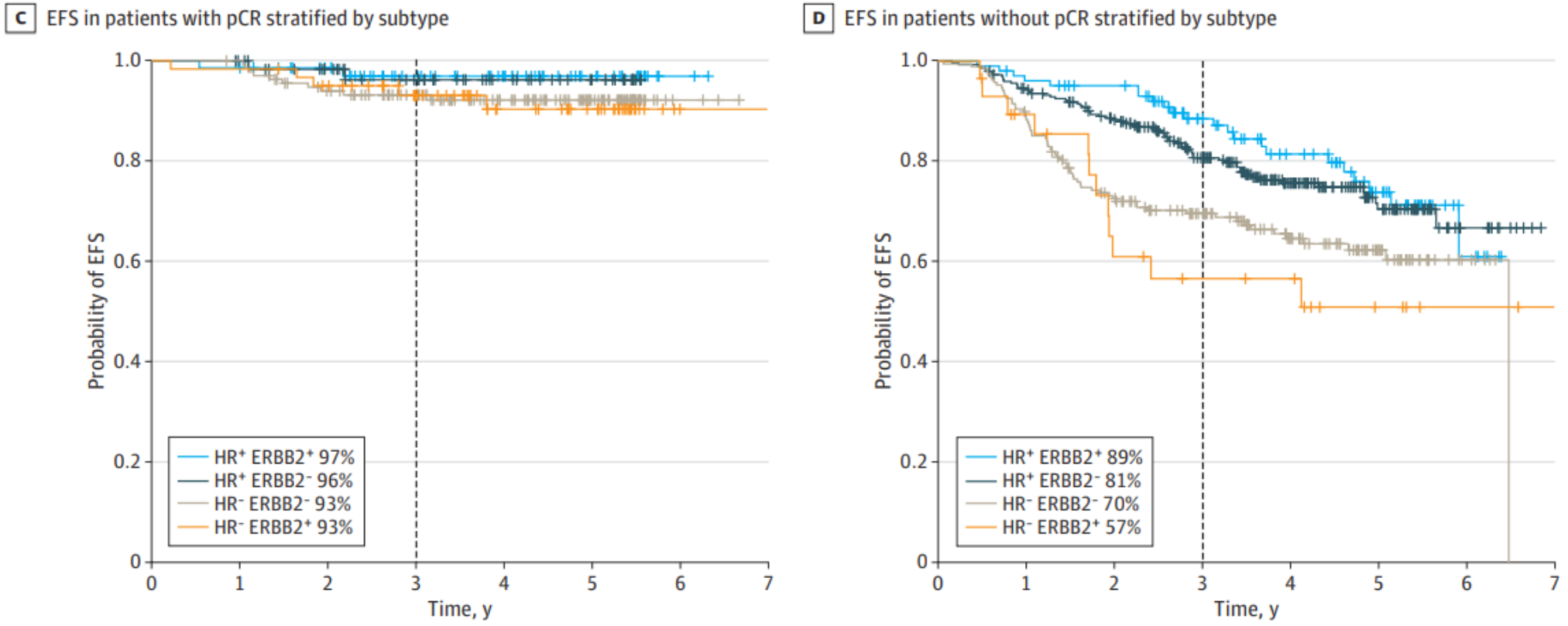
Association of Event-Free and Distant Recurrence–Free Survival With Individual-Level Pathologic Complete Response in Neoadjuvant Treatment of Stages 2 and 3 Breast CancerThree-Year Follow-up Analysis for the I-SPY2 Adaptively Randomized Clinical Trial

Figure 2. Kaplan-Meier Survival Curves



Kaplan-Meier survival curves for event-free survival (EFS) (A), and distant recurrence-free survival (DRFS) (B), in populations achieving pathologic complete response (pCR) at surgery (gray) and those with residual disease at time of surgery (orange). Kaplan-Meier survival curves for EFS among patients achieving pCR (C) and those who did not (D), stratified by hormone receptor (HR) and ERBB2 subtype (HR^+ $ERBB2^+$: light blue; HR^+ $ERBB2^-$: dark blue; HR^- $ERBB2^-$: gray; HR^- $ERBB2^+$: orange).

JAMA Oncol. 2020;6(9):1355–1362. doi:10.1001/jamaoncol.2020.2535



Kaplan-Meier survival curves for event-free survival (EFS) (A), and distant recurrence–free survival (DRFS) (B), in populations achieving pathologic complete response (pCR) at surgery (gray) and those with residual disease at time of surgery (orange). Kaplan-Meier survival curves for EFS among patients achieving pCR (C) and those who did not (D), stratified by hormone receptor (HR) and ERBB2 subtype (HR$^+$ ERBB2$^+$: light blue; HR$^+$ ERBB2$^-$: dark blue; HR$^-$ ERBB2$^-$: gray; HR$^-$ ERBB2$^+$: orange).

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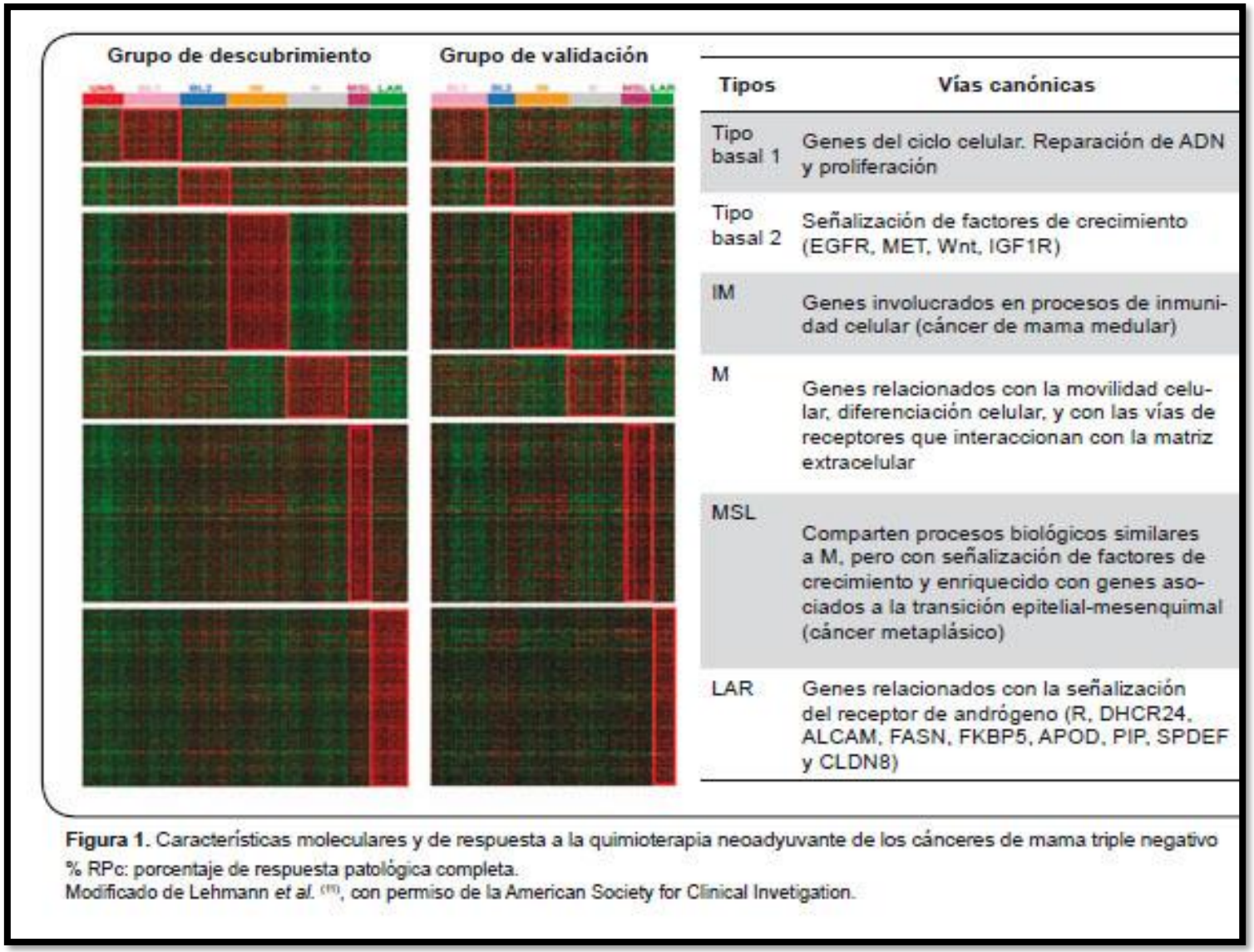


Tipos	Vías canónicas
Tipo basal 1	Genes del ciclo celular. Reparación de ADN y proliferación
Tipo basal 2	Señalización de factores de crecimiento (EGFR, MET, Wnt, IGF1R)
IM	Genes involucrados en procesos de inmunidad celular (cáncer de mama medular)
M	Genes relacionados con la movilidad celular, diferenciación celular, y con las vías de receptores que interaccionan con la matriz extracelular
MSL	Comparten procesos biológicos similares a M, pero con señalización de factores de crecimiento y enriquecido con genes asociados a la transición epitelial-mesenquimal (cáncer metaplásico)
LAR	Genes relacionados con la señalización del receptor de andrógeno (R, DHCR24, ALCAM, FASN, FKBP5, APOD, PIP, SPDEF y CLDN8)

Figura 1. Características moleculares y de respuesta a la quimioterapia neoadyuvante de los cánceres de mama triple negativo
% RPc: porcentaje de respuesta patológica completa.
Modificado de Lehmann *et al.* [11], con permiso de la American Society for Clinical Investigation.

35%

22%

25%

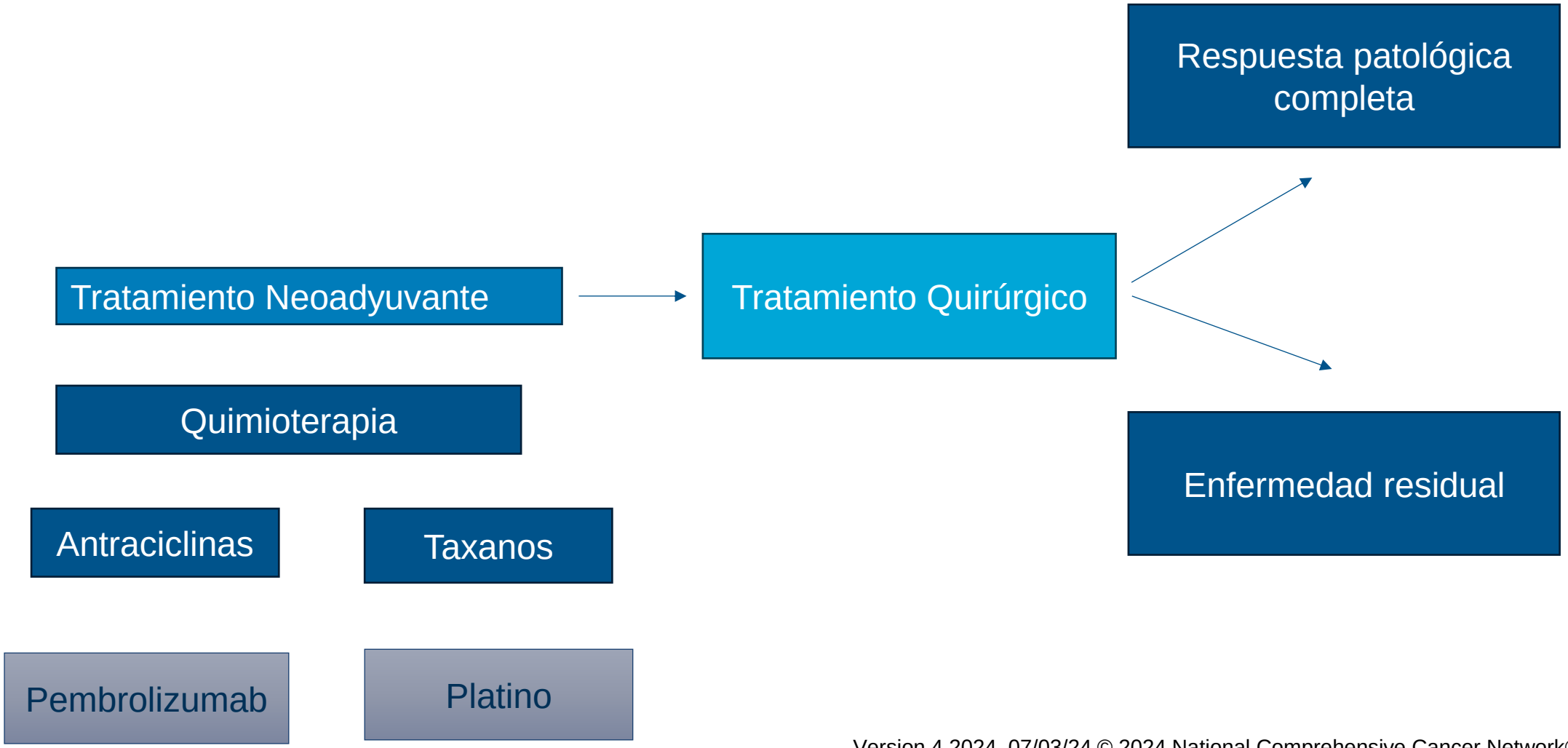
16%

41%

18%

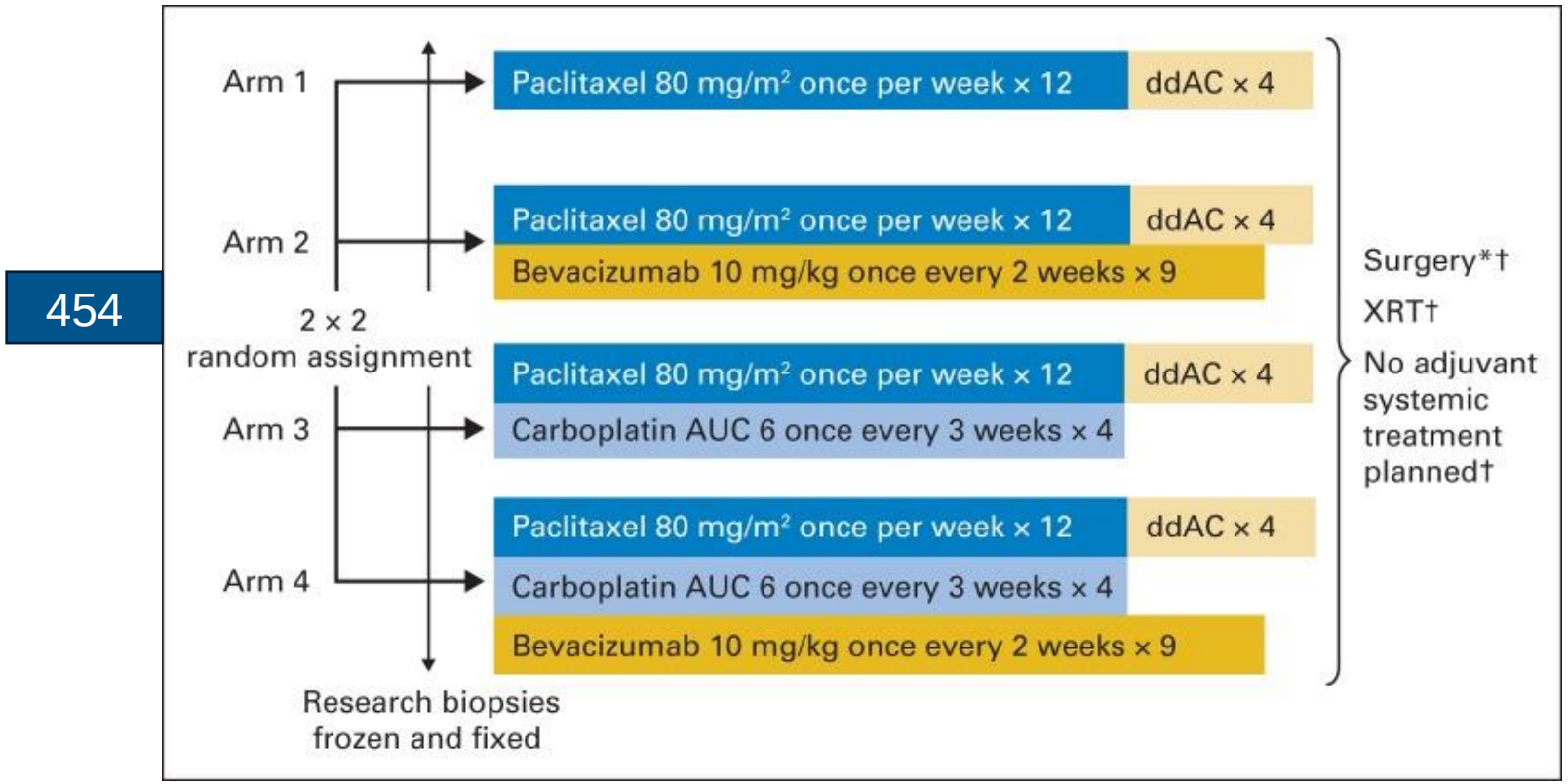
29%

http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1726-46342013000400018&lng=es&tlng=es.

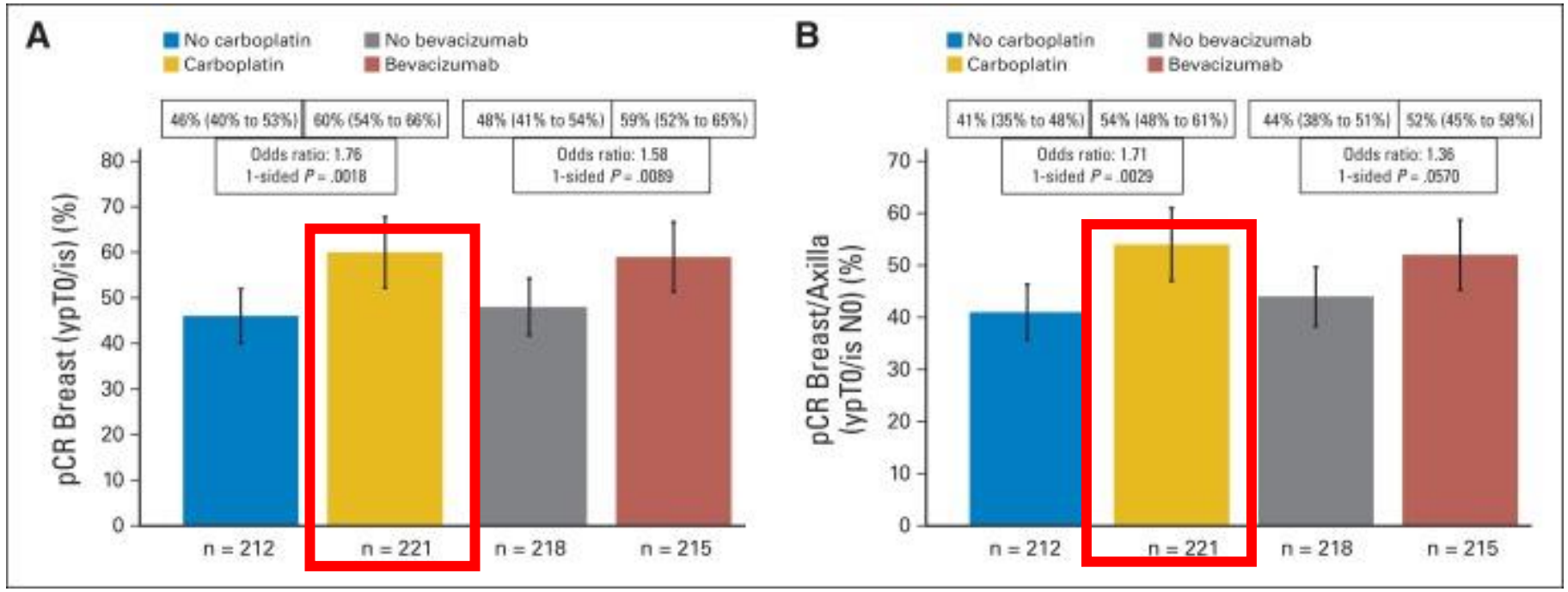


Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-per-Week Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance)

PLATINOS



CALGB 40603 (Alliance). J Clin Oncol. 2015 Jan 1;33(1):13-21. doi: 10.1200/JCO.2014.57.0572. Epub 2014 Aug 4. PMID: 25092775; PMCID: PMC4268249.



No mejoró la SSE a cinco años.

CALGB 40603 (Alliance). J Clin Oncol. 2015 Jan 1;33(1):13-21. doi: 10.1200/JCO.2014.57.0572. Epub 2014 Aug 4. PMID: 25092775; PMCID: PMC4268249.

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Neoadjuvant carboplatin in patients with triple-negative and HER2-positive early breast cancer (GeparSixto; GBG 66): a randomised phase 2 trial (2014)

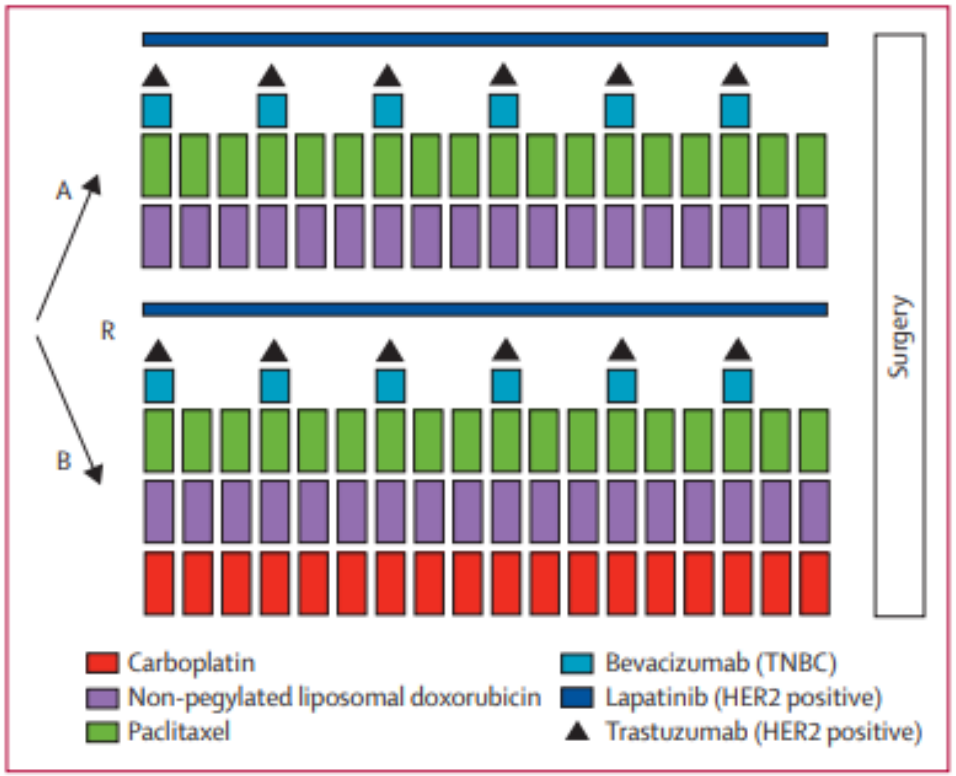

Figure 1: **Trial design**
Regimens were without (A) and with (B) carboplatin. TNBC=triple-negative breast cancer.

La adición de carboplatino neoadyuvante a un régimen de un taxano, una antraciclina y terapia dirigida aumenta significativamente la proporción de pacientes que logran una respuesta patológica completa.

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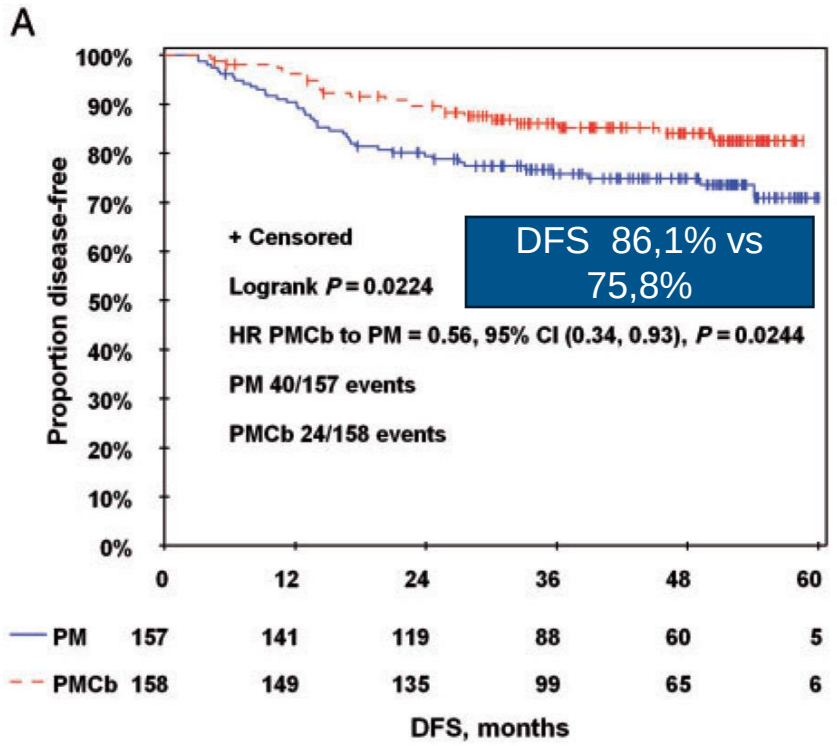
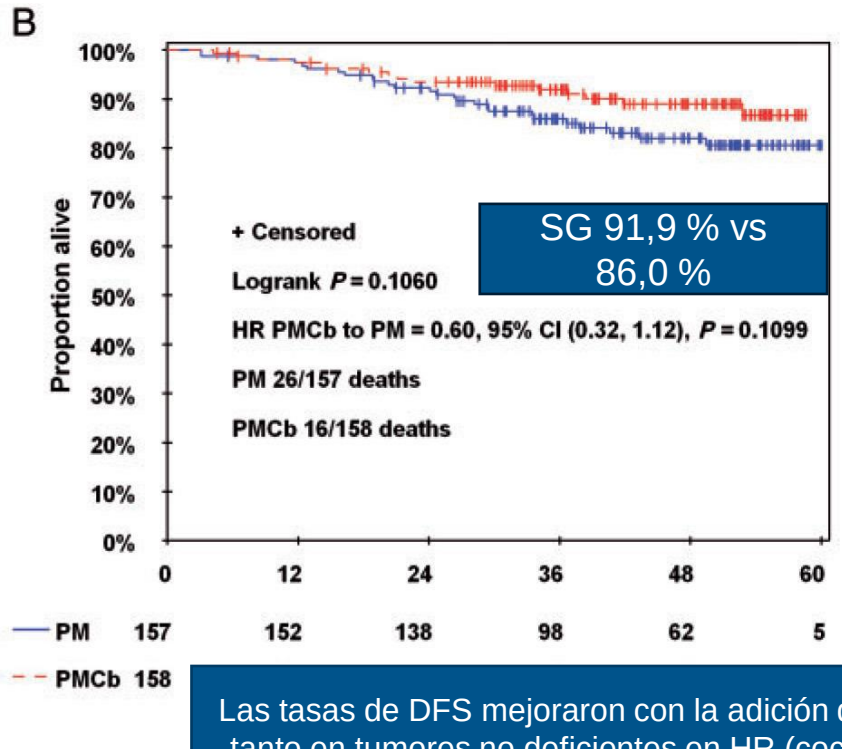
Análisis de supervivencia de carboplatino añadido a quimioterapia neoadyuvante basada en antraciclinas/taxanos y la puntuación deficiencia de recombinación homóloga como predictor de la respuesta: resultados finales de GeparSixto (2018)





Las tasas de DFS mejoraron con la adición de carboplatino, tanto en tumores no deficientes en HR (cociente de riesgo 0,44, 0,17-1,17, P = 0,086) como en tumores deficientes en HR (cociente de riesgo 0,49, 0,23-1,04, P = 0,059).

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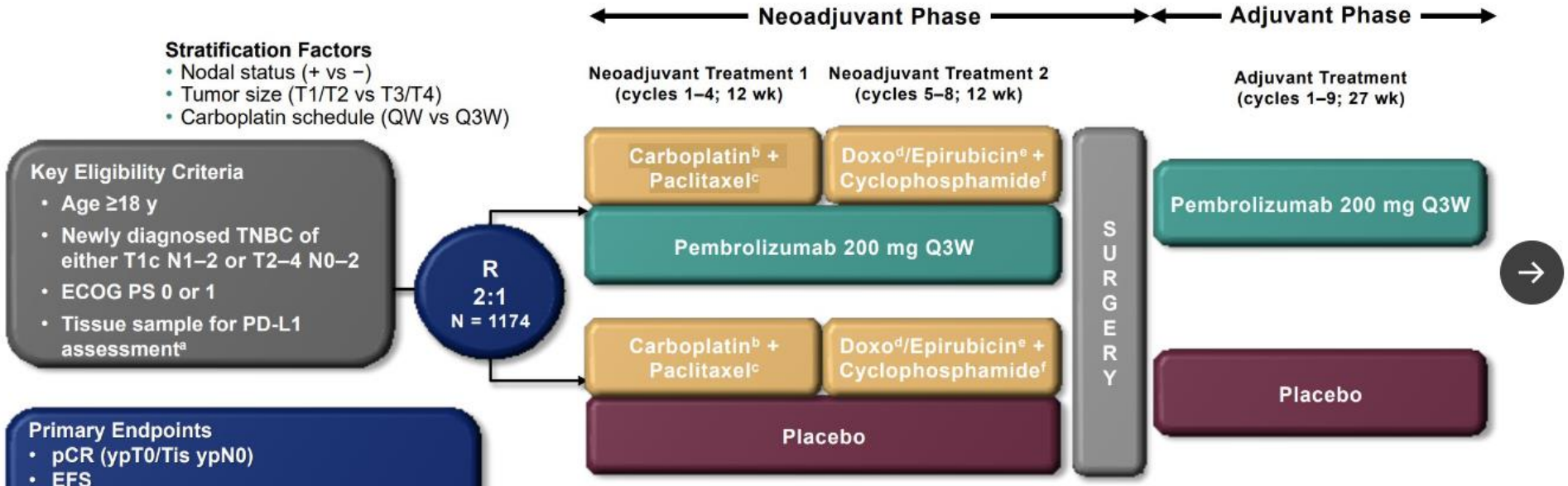
INMUNOTERAPIA

KEYNOTE-522 Study Design (NCT03036488)

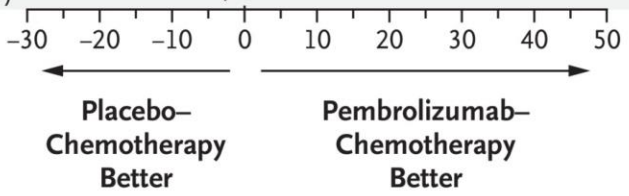


Neoadjuvant phase: starts from the first neoadjuvant treatment and ends after definitive surgery (posttreatment included)

Adjuvant phase: starts from the first adjuvant treatment and includes radiation therapy as indicated (posttreatment included)

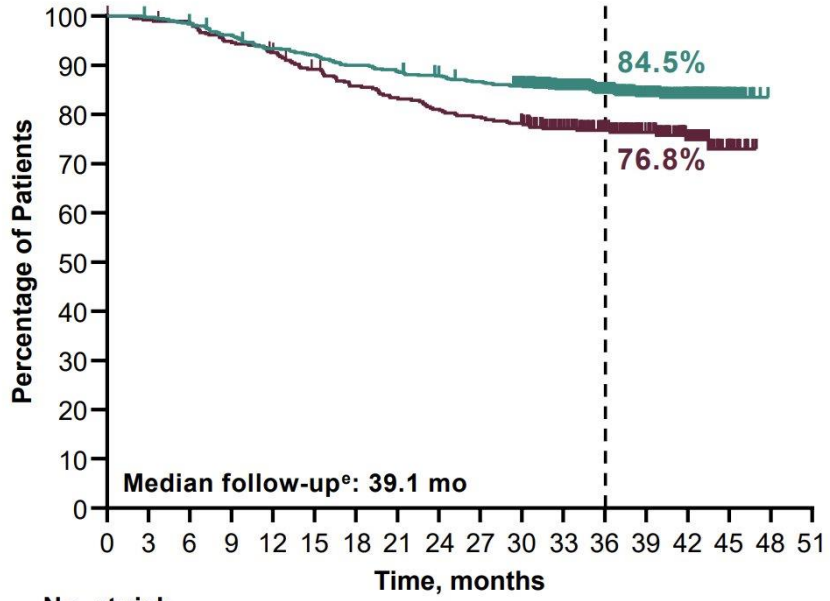
[a]Must consist of at least 2 separate tumor cores from the primary tumor. [b]Carboplatin dose was AUC 5 Q3W or AUC 1.5 QW. [c]Paclitaxel dose was 80 mg/m² QW. [d]Doxorubicin dose was 60 mg/m² Q3W. [e]Epirubicin dose was 90 mg/m² Q3W. [f]Cyclophosphamide dose was 600 mg/m² Q3W.

Subgroup	Pembrolizumab–Chemotherapy	Placebo–Chemotherapy	Difference in Pathological Complete Response (95% CI)
	no. of patients with response/no. of patients (%)		*percentage points*
Overall	260/401 (64.8)	103/201 (51.2)	13.6 (5.4 to 21.8)
Nodal status			
Positive	136/210 (64.8)	45/102 (44.1)	20.6 (8.9 to 31.9)
Negative	124/191 (64.9)	58/99 (58.6)	6.3 (–5.3 to 18.2)
Tumor size			
T1 to T2	207/295 (70.2)	84/149 (56.4)	13.8 (4.3 to 23.3)
T3 to T4	53/106 (50.0)	19/52 (36.5)	13.5 (–3.1 to 28.8)
Carboplatin schedule			
Every 3 wk	105/165 (63.6)	47/84 (56.0)	7.7 (–5.0 to 20.6)
Weekly	154/231 (66.7)	56/116 (48.3)	18.4 (7.4 to 29.1)
PD-L1 status			
Positive	230/334 (68.9)	90/164 (54.9)	14.2 (5.3 to 23.1)
Negative	29/64 (45.3)	10/33 (30.3)	18.3 (–3.3 to 36.8)
Age			
<65 yr	235/355 (66.2)	95/176 (54.0)	12.2 (3.4 to 21.0)
≥65 yr	25/46 (54.3)	8/25 (32.0)	22.3 (–2.1 to 43.5)
ECOG performance-status score			
0	215/328 (65.5)	85/173 (49.1)	16.4 (7.3 to 25.4)
1	45/73 (61.6)	18/28 (64.3)	–2.6 (–22.1 to 18.9)



EFS at IA4 and IA6

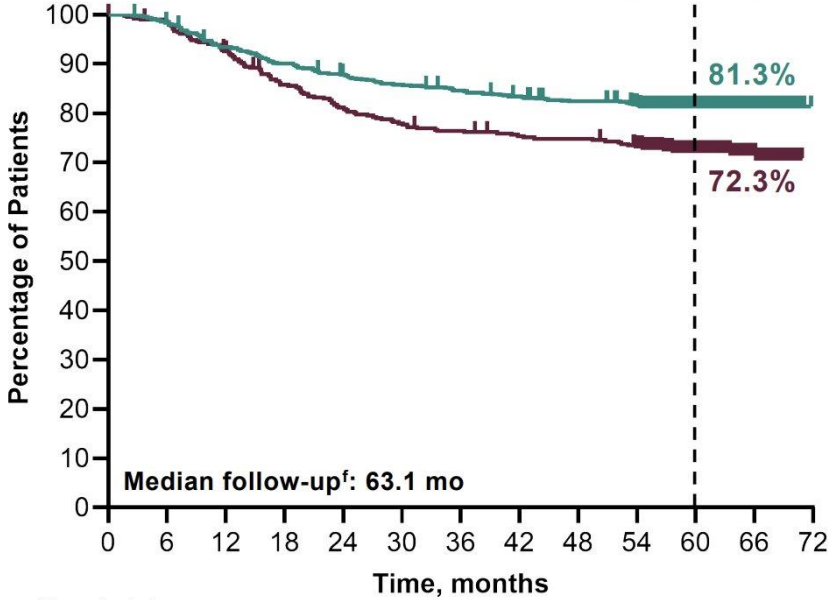
IA4[a]	Events	HR (95% CI)	*P* value
Pembro + Chemo/Pembro	15.7%	0.63[c] (0.48–0.82)	0.00031[d]
Placebo + Chemo/Placebo	23.8%		



No. at risk

784	781	769	751	728	718	702	692	681	671	652	551	433	303	165	28	0	0
390	386	382	368	358	342	328	319	310	304	297	250	195	140	83	17	0	0

IA6[b]	Events	HR (95% CI)
Pembro + Chemo/Pembro	18.5%	0.63[c] (0.49–0.81)
Placebo + Chemo/Placebo	27.7%	

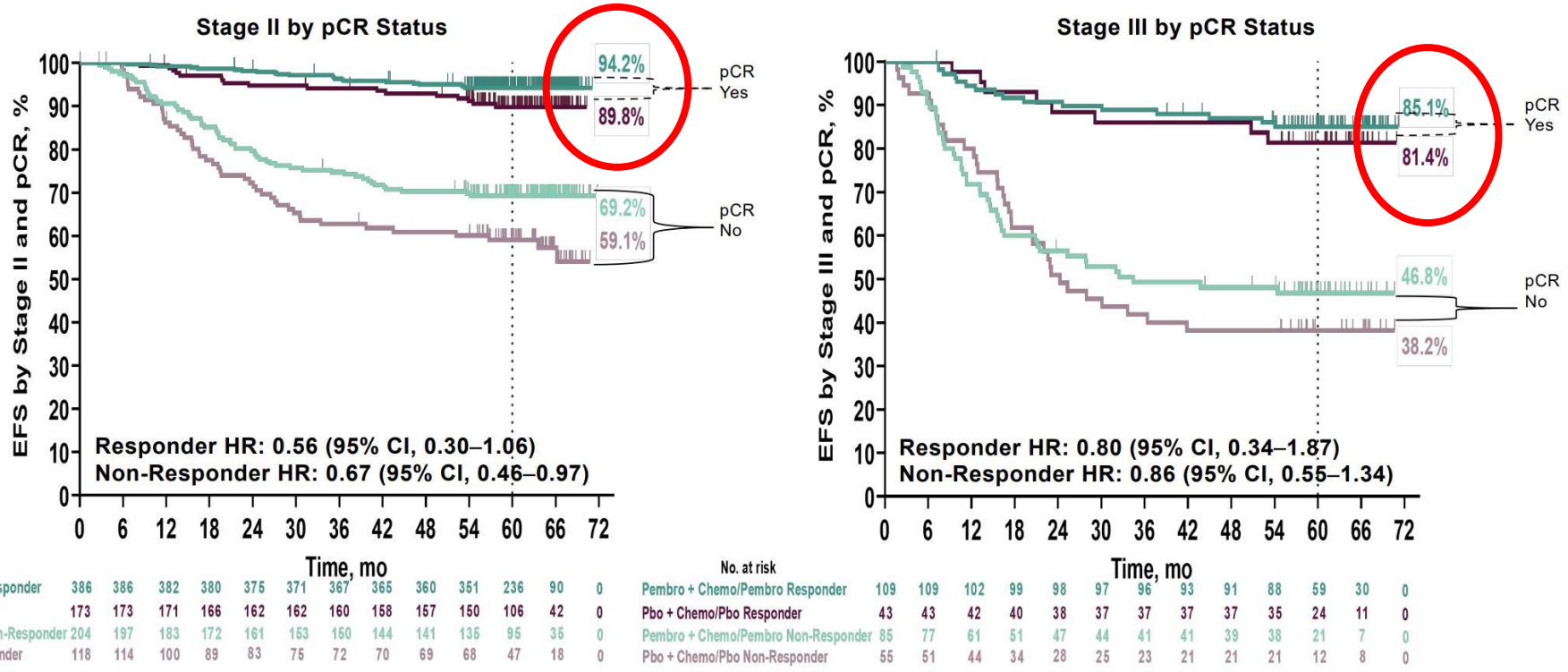


No. at risk

784	769	728	702	681	665	654	643	631	612	411	162	0
390	382	358	329	311	299	292	286	284	274	189	79	0

[a]The 4th prespecified interim analysis of EFS was calendar-driven planned to occur ~48 months after the first participant was randomized. [b]The 6th prespecified interim analysis of EFS was calendar-driven planned to occur ~72 months after the first participant was randomized. [c]Hazard ratio (CI) analyzed based on a Cox regression model with treatment as a covariate stratified by the randomization stratification factors. [d]Prespecified *P*-value boundary of 0.00517 was crossed. [e]Defined as the time from randomization to the data cutoff date of March 23, 2021. [f]Defined as the time from randomization to the data cutoff date of March 23, 2023.

EFS at IA6 by Disease Stage in Patients With and Without pCR



Data cutoff date of March 23, 2023.

N Engl J Med 2020;382:810-821 DOI: 10.1056/NEJMoa1910549

Neoadjuvant atezolizumab in combination with sequential nab-paclitaxel and anthracycline-based chemotherapy

IMpassion031 TRIAL DESIGN

Randomised international phase 3 trial

- Untreated stage II/III eTNBC
- Primary tumour >2 cm
- cT2–cT4, cN0–cN3, cM0

R 1:1

Atezolizumab[a] + nab-paclitaxel[b]

Placebo + nab-paclitaxel[b]

12 weeks

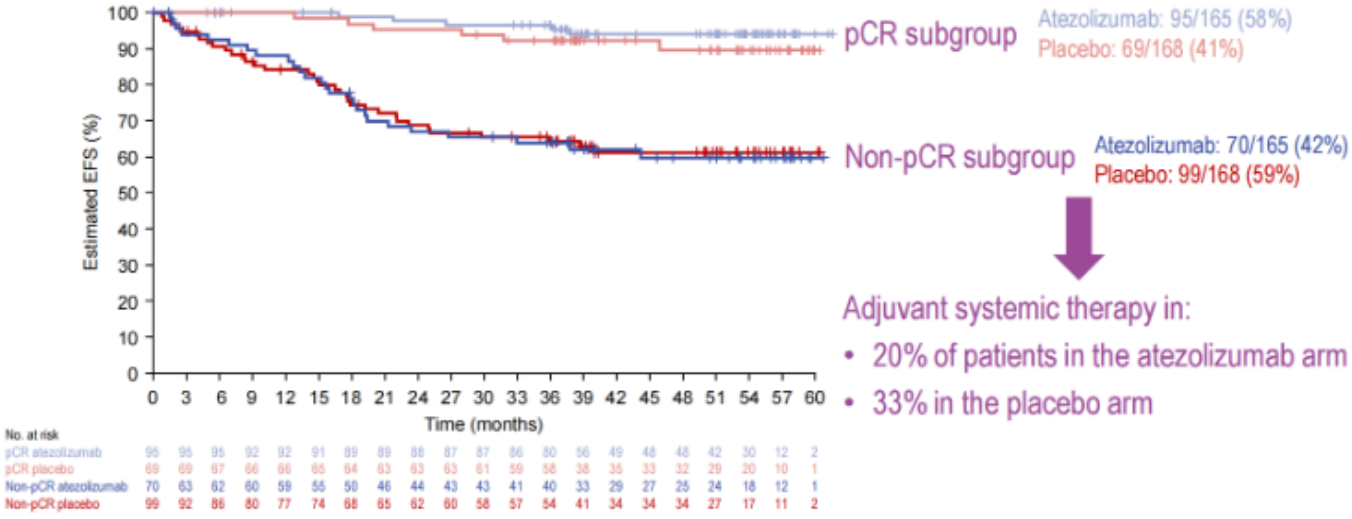
Stratification:
- Stage II vs III
- PD-L1 IC <1% vs ≥1% by SP142

Co-primary endpoints: pCR (ypT0/is ypN0) in ITT and PD-L1+ (IC ≥1%) p

Secondary endpoints: EFS, DFS and OS in ITT and PD-L1+ populations (no

EXPLORATORY ANALYSIS: EFS BY pCR STATUS

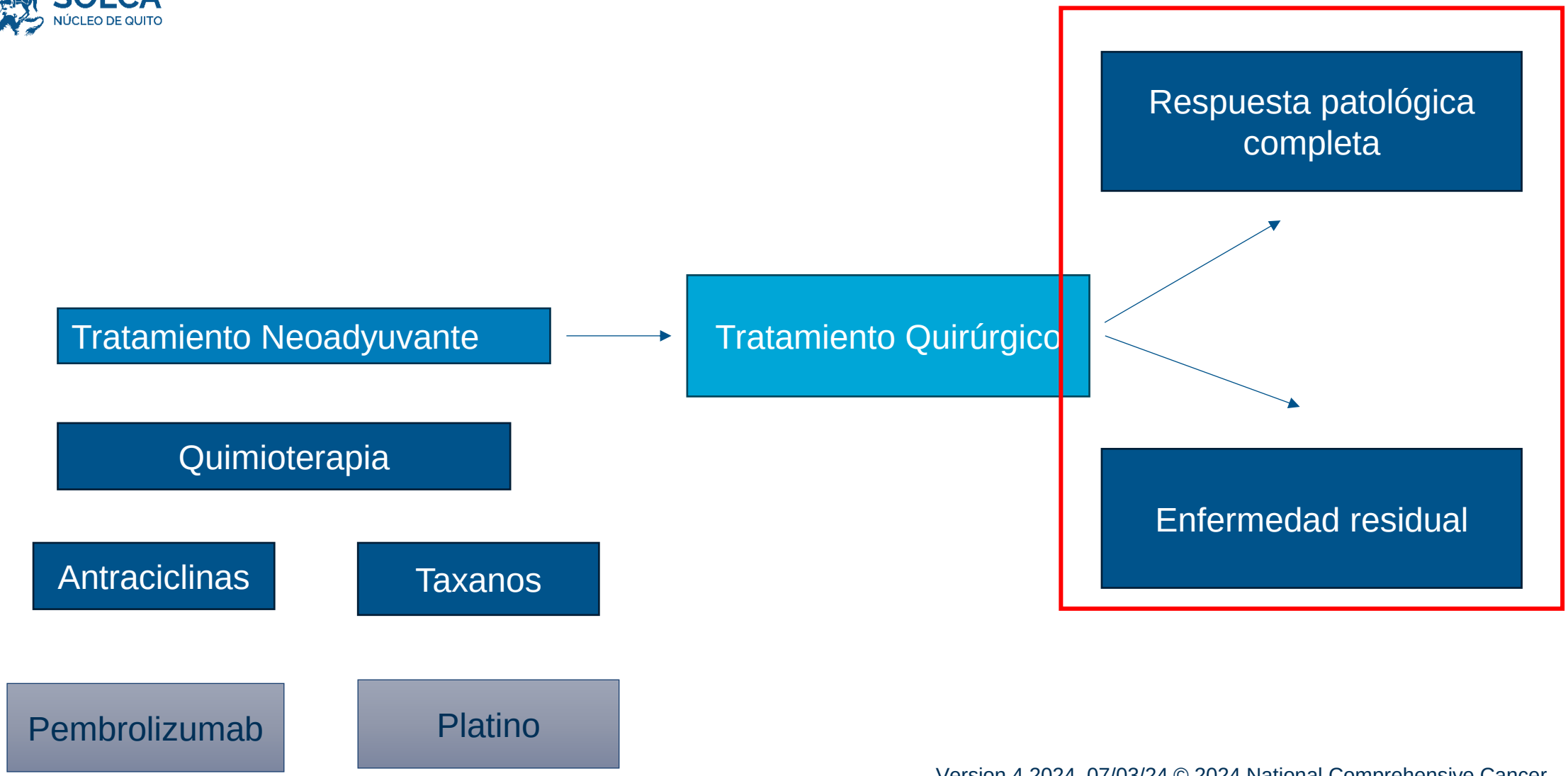
pCR is highly prognostic for long-term outcome

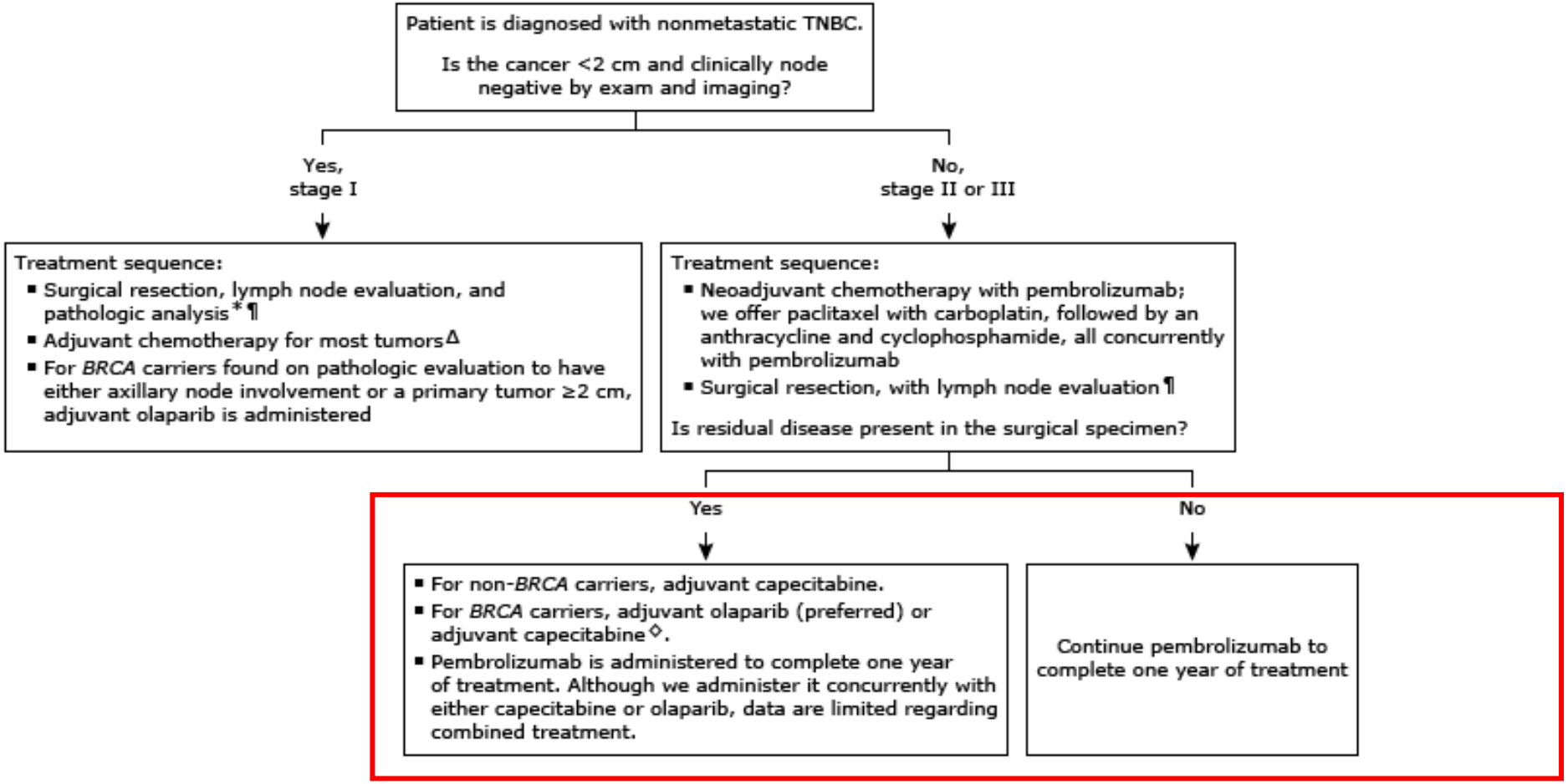


pCR subgroup
Atezolizumab: 95/165 (58%)
Placebo: 69/168 (41%)

Non-pCR subgroup
Atezolizumab: 70/165 (42%)
Placebo: 99/168 (59%)

Adjuvant systemic therapy in:
- 20% of patients in the atezolizumab arm
- 33% in the placebo arm




Patient is diagnosed with nonmetastatic TNBC.
Is the cancer <2 cm and clinically node negative by exam and imaging?
Yes, stage I
No, stage II or III
Treatment sequence:
Surgical resection, lymph node evaluation, and pathologic analysis*¶
Adjuvant chemotherapy for most tumors△
For BRCA carriers found on pathologic evaluation to have either axillary node involvement or a primary tumor ≥2 cm, adjuvant olaparib is administered
Treatment sequence:
Neoadjuvant chemotherapy with pembrolizumab; we offer paclitaxel with carboplatin, followed by an anthracycline and cyclophosphamide, all concurrently with pembrolizumab
Surgical resection, with lymph node evaluation¶
Is residual disease present in the surgical specimen?
Yes
No
For non-BRCA carriers, adjuvant capecitabine.
For BRCA carriers, adjuvant olaparib (preferred) or adjuvant capecitabine◇.
Pembrolizumab is administered to complete one year of treatment. Although we administer it concurrently with either capecitabine or olaparib, data are limited regarding combined treatment.
Continue pembrolizumab to complete one year of treatment

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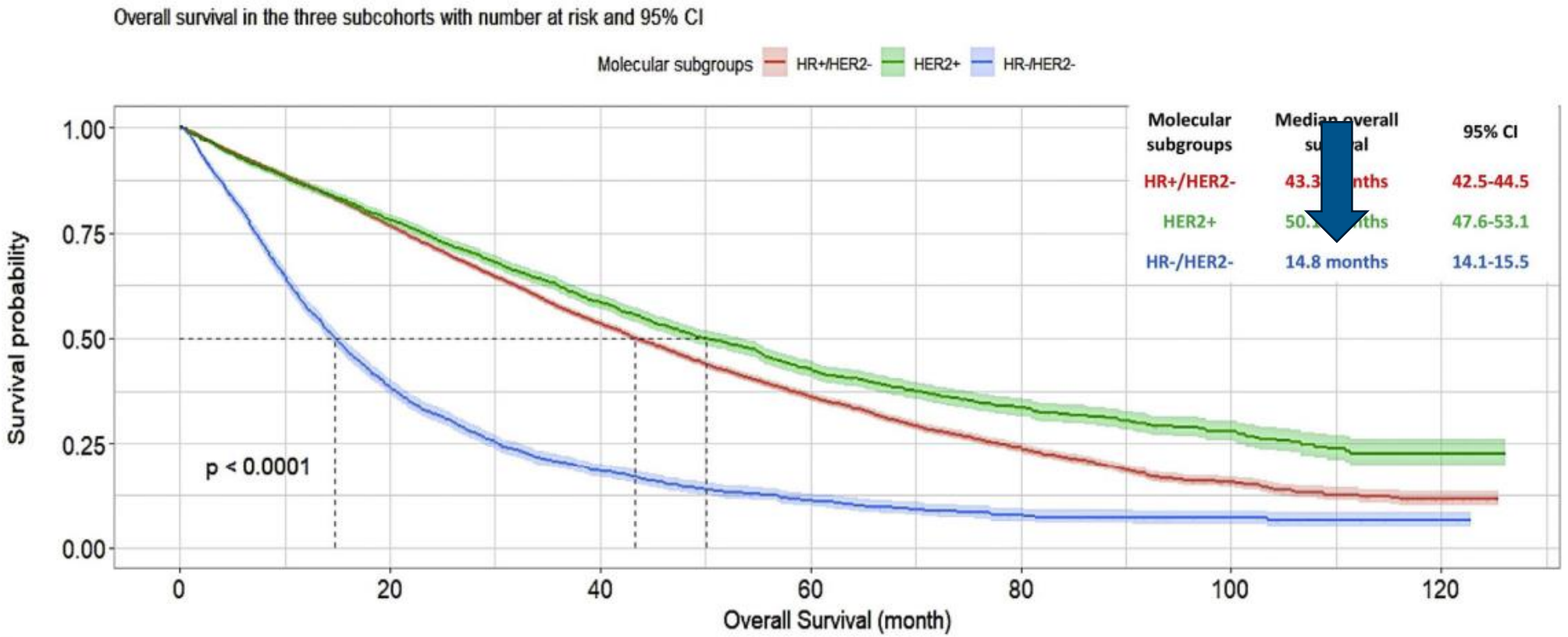
Enfermedad metastásica



Eur J Cancer. 2020 Apr;129:60-70. doi: 10.1016/j.ejca.2020.01.016. Epub 2020 Mar 2. PMID: 32135312.

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Invasive Breast Cancer

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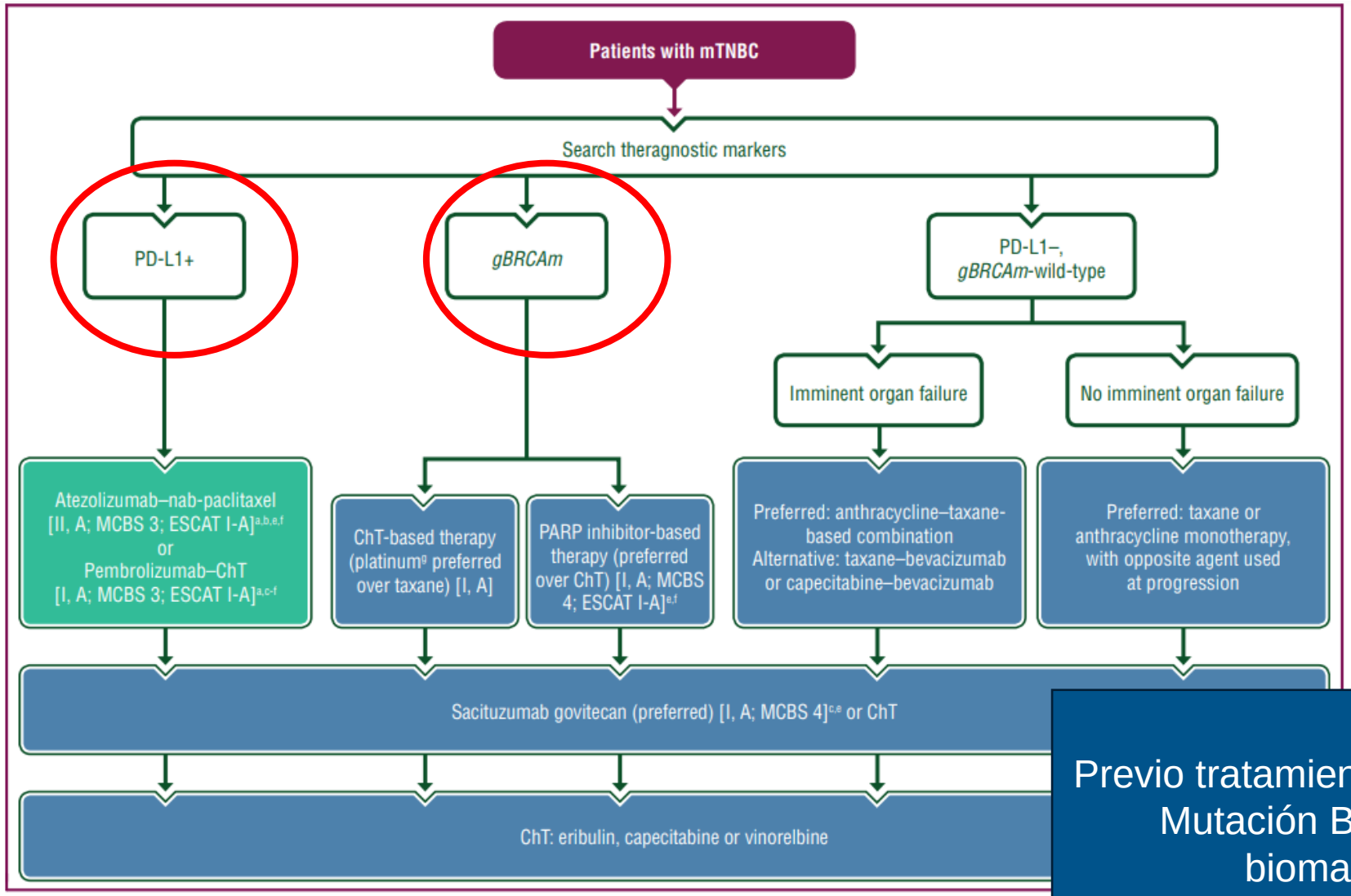
SYSTEMIC THERAPY REGIMENS FOR RECURRENT UNRESECTABLE (LOCAL OR REGIONAL) OR STAGE IV (M1) DISEASE[a]

HR-Negative and HER2-Negative (Triple-Negative Breast Cancer; TNBC)		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	PD-L1 CPS ≥10[g] regardless of germline *BRCA* mutation status[b]	Pembrolizumab + chemotherapy (albumin-bound paclitaxel, paclitaxel, or gemcitabine and carboplatin)[h] (Category 1, preferred)
	PD-L1 CPS <10[g] and no germline *BRCA1/2* mutation[b]	Systemic chemotherapy BINV-Q (5)
	PD-L1 CPS <10[g] and germline *BRCA1/2* mutation[b]	• PARPi (olaparib, talazoparib) (Category 1, preferred) • Platinum (cisplatin or carboplatin) (Category 1, preferred)
Second Line	Germline *BRCA1/2* mutation[b]	PARPi (olaparib, talazoparib) (Category 1, preferred)
	Any	Sacituzumab govitecan[i] (Category 1, preferred)
		Systemic chemotherapy BINV-Q (5)
	No germline *BRCA1/2* mutation[b] and HER2 IHC 1+ or 2+/ISH negative[d]	Fam-trastuzumab deruxtecan-nxki[e] (Category 1, preferred)
Third Line and beyond	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents BINV-Q (6)
	Any	Systemic chemotherapy BINV-Q (5)



Previo tratamiento conocer PD-L1, Mutación BRCA ½, otros biomarcadores

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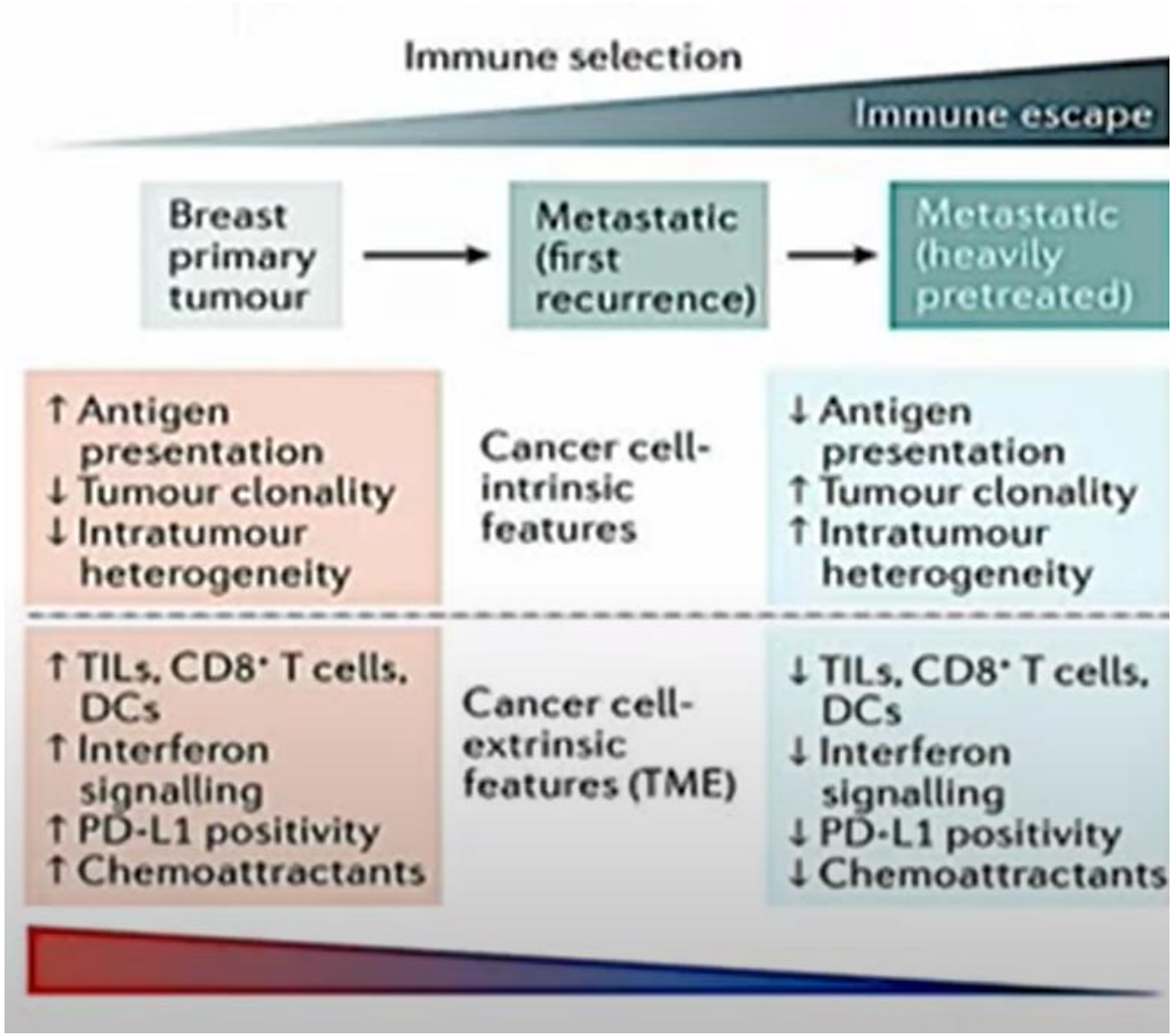
pCR = PDL1 + O
-



40% BENEFICIO INMUNOTERAPIA

Bianchini, G., De Angelis, C., Licata, L. *et al.* Treatment landscape of triple-negative breast cancer — expanded options, evolving needs. *Nat Rev Clin Oncol* 19, 91–113 (2022).

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	Any	Sacituzumab govitecan[i] (Category 1, preferred)
		Systemic chemotherapy BINV-Q (5)
	No germline *BRCA1/2* mutation[b] and HER2 IHC 1+ or 2+/ISH negative[d]	Fam-trastuzumab deruxtecan-nxki[e] (Category 1, preferred)
Third Line and beyond	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents BINV-Q (6)
	Any	Systemic chemotherapy BINV-Q (5)

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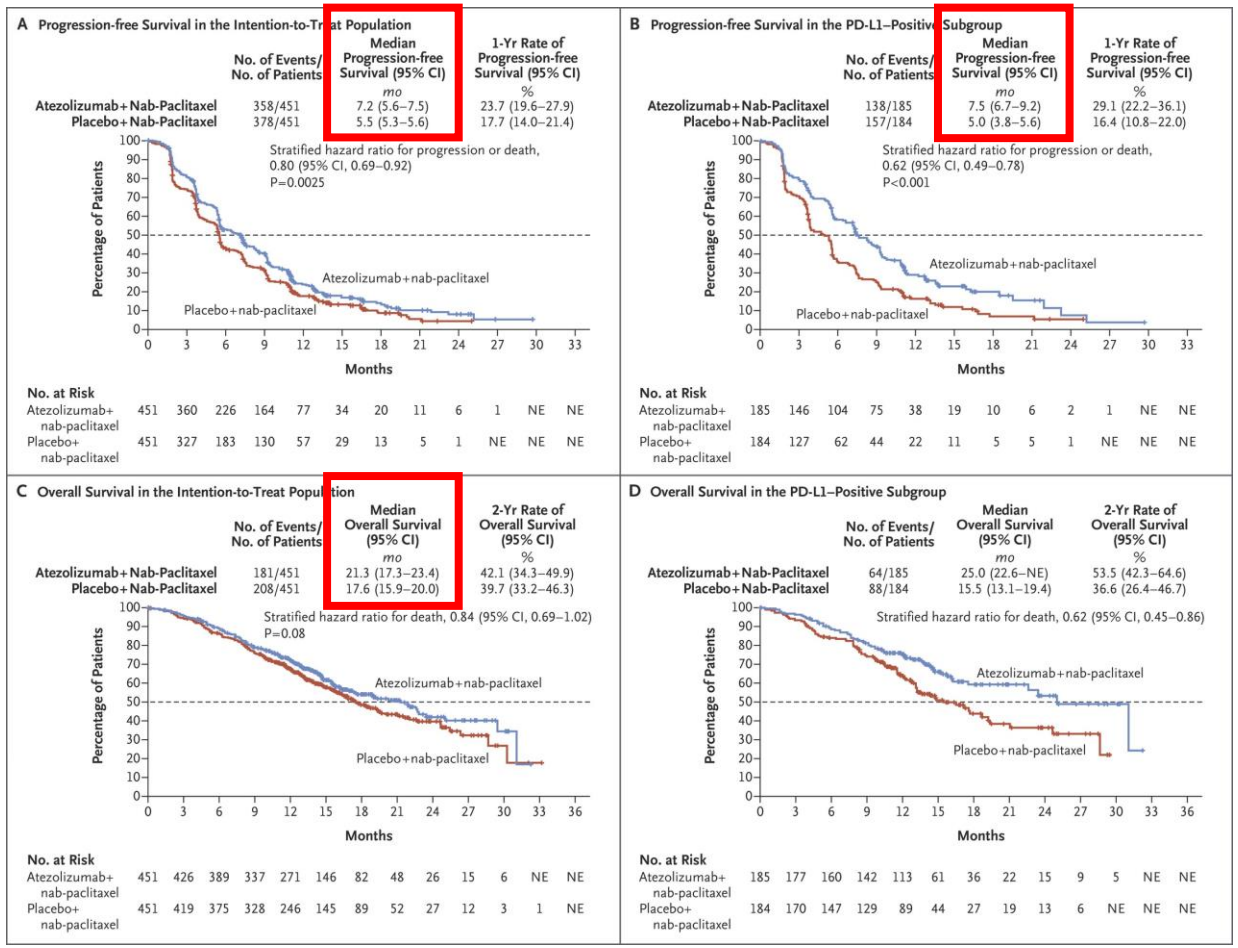
IMpassion 130 Atezolizumab and Nab-Paclitaxel in Advanced Triple-Negative Breast Cancer

Combinación con quimioterapia funciona



KEYNOTE-355 Study Design (NCT02819518)

Key Eligibility Criteria
- Age ≥18 years
- Central determination of TNBC and PD-L1 expression
- Previously untreated locally recurrent inoperable or metastatic TNBC
- Completion of treatment with curative intent ≥6 months prior to first disease recurrence
- ECOG performance status 0 or 1
- Life expectancy ≥12 weeks from randomization
- Adequate organ function
- No systemic steroids
- No active CNS metastases
- No active autoimmune disease

847

R
2:1

Pembrolizumab[a] + Chemotherapy[b]

Placebo[c] + Chemotherapy[b]

Progressive disease[d]/cessation of study therapy

Stratification Factors:
- Chemotherapy on study (taxane vs gemcitabine/carboplatin)
- PD-L1 tumor expression (CPS ≥1 vs CPS <1)
- Prior treatment with same class chemotherapy in the neoadjuvant or adjuvant setting (yes vs no)

Patient characteristics	
Age	Median 53 years
PD-L1 + CPS ≥1	75.1%
PD-L1 + CPS ≥10	36.7 – 38.9%
Chemo on study	45% Taxane 55% Gem/carbo

Primary Endpoint: PFS and OS in PD-L1+ tumors and ITT population
Secondary EP: ORR, DOR, DCR, safety

847 pts randomized 2:1 with median f/u ~26m

3W)
y 28 days
ays
and 8 every 21 days

[c]Normal saline
[d]Treatment may be continued until confirmation of progressive disease
CNS=central nervous system; ECOG=Eastern Cooperative Oncology Group;
PD-L1=programmed death ligand 1; R=randomized; TNBC=triple-negative breast cancer
CPS=combined positive score

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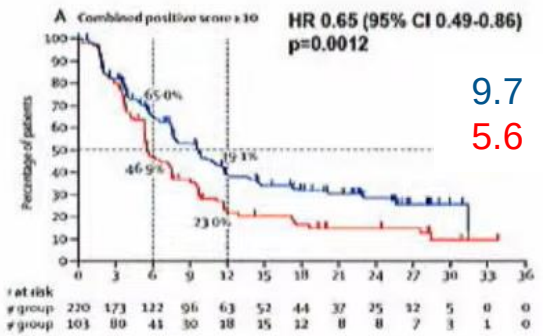
KN355: Pembrolizumab + CT

PD-L1 CPS ≥10

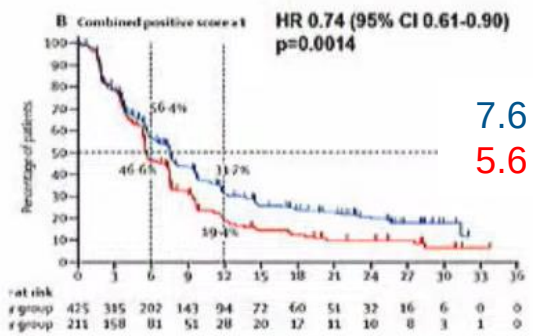


PFS superiority CPS ≥10
boundary α=0.00411

Pembrolizumab + chemo (n = 220)
Placebo + chemo (n = 103)

38% of patients

PD-L1 CPS ≥1

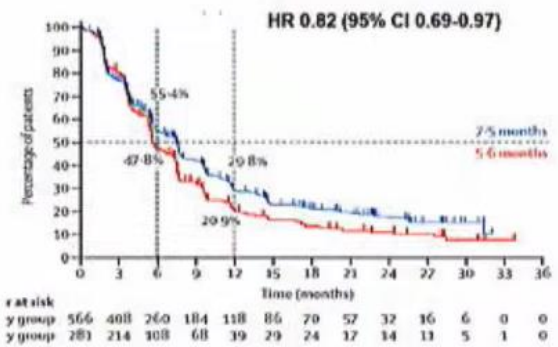


PFS superiority CPS ≥1
boundary α=0.00111 not met

Pembrolizumab + chemo (n = 425)
Placebo + chemo (n = 211)

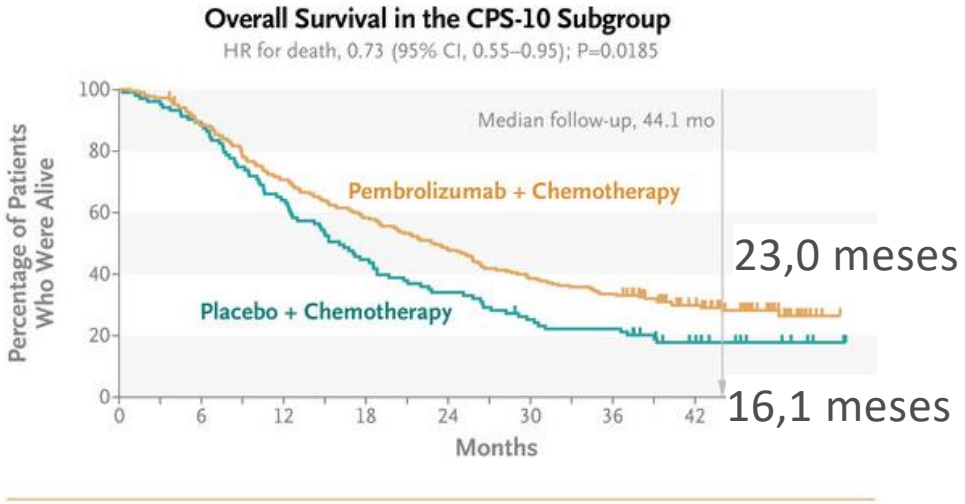
75% of patients

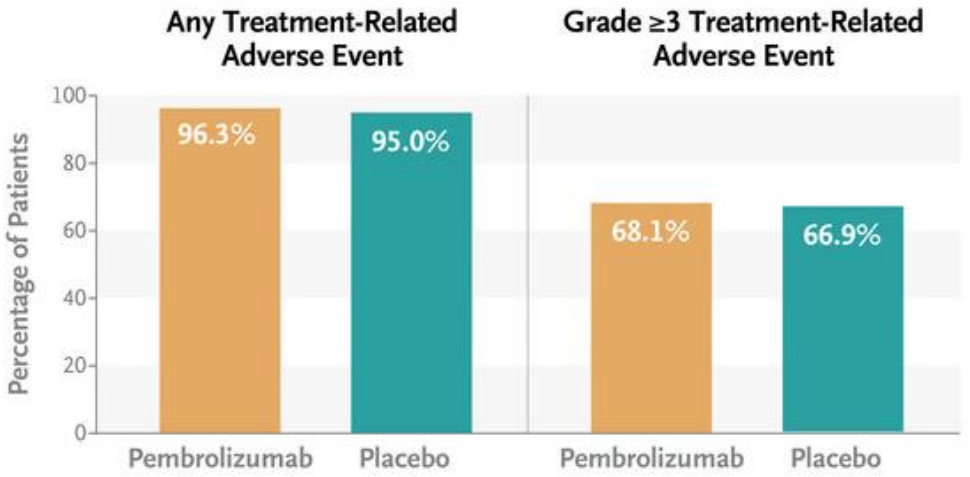
ITT population

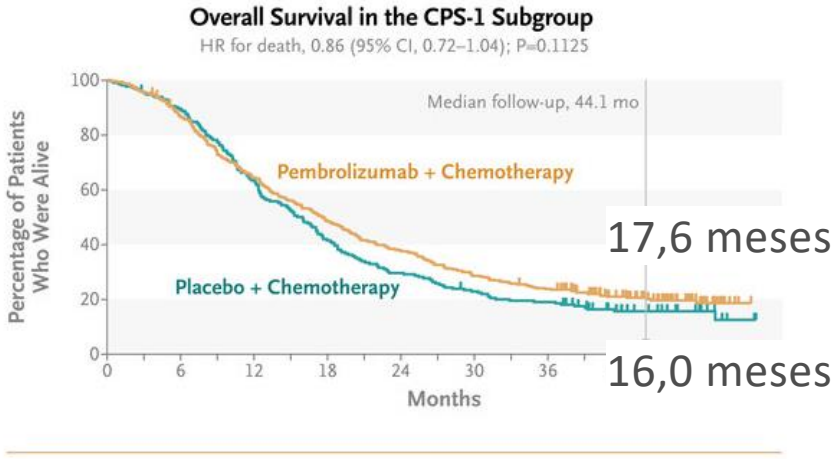


Significance not tested according to
hierarchical statistical design

Pembrolizumab + chemo (n = 566)
Placebo + chemo (n = 281)





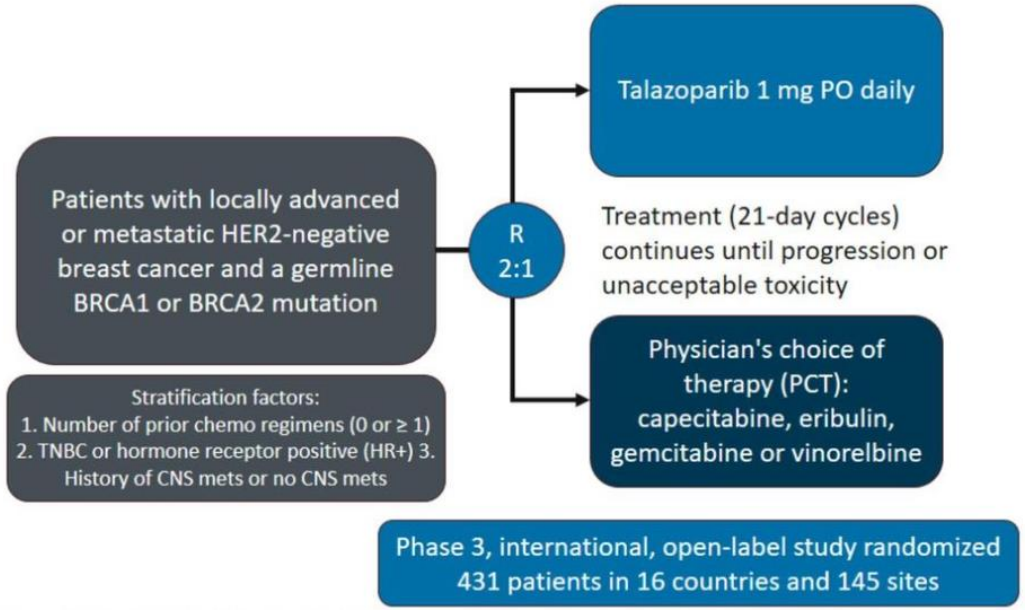


Tumores expresan PD-L1 con un CPS de 10 o más, la adición de pembrolizumab a la quimioterapia resultó en una supervivencia general significativamente más prolongada que la quimioterapia sola

OlympIAD: Study Design

Primary Endpoint	Secondary Endpoints
PFS (RECIST 1.1, BICR)	• OS • Time to second progression or death • ORR • Global HRQoL (EORTC-QLQ-C30) • Safety and tolerability

EMBRACA: Study Design



No mas de 3 líneas, taxano o antraciclinas

N Engl J Med 2017;377:523-533 DOI: 10.1056/NEJMoa1706450
N Engl J Med 2018;379:753-763 DOI: 10.1056/NEJMoa1802905

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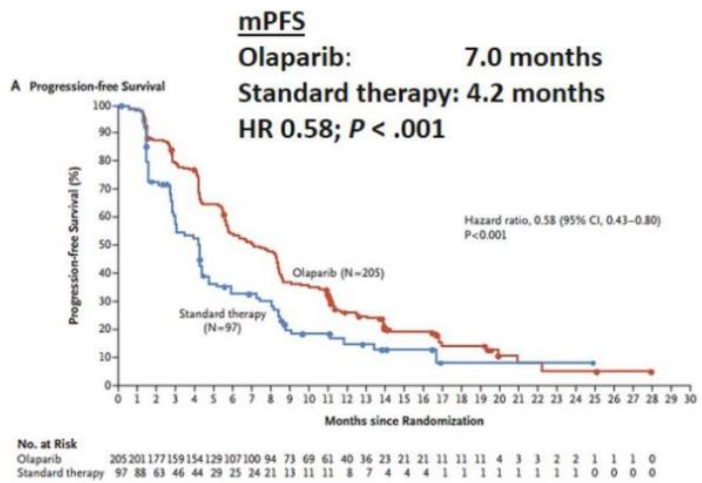
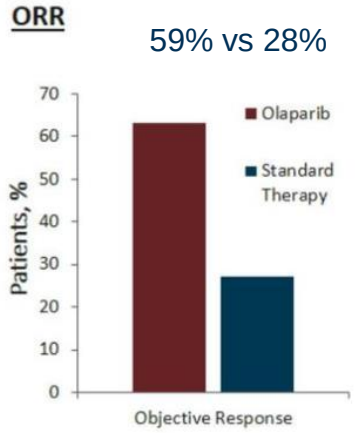
OlympiAD: Olaparib Improves mPFS and ORR



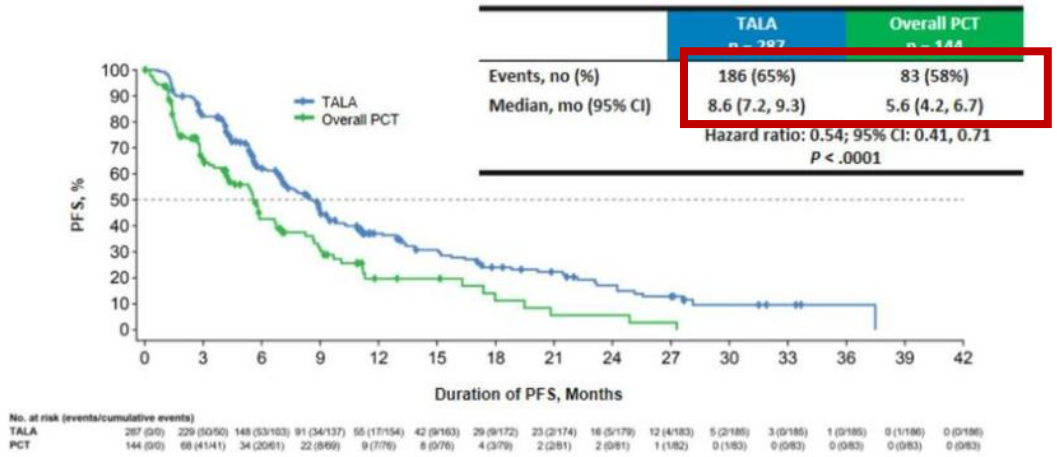


El riesgo de progresión de la enfermedad o muerte fue un 42% menor con la monoterapia con olaparib

ORR: Tasa de respuesta objetiva

N Engl J Med 2017;377:523-533 DOI: 10.1056/NEJMoa1706450
N Engl J Med 2018;379:753-763 DOI: 10.1056/NEJMoa1802905

EMBRACA Primary Endpoint: PFS by Blinded Central Review



1-year PFS: 37% vs 20%
Median follow-up time: 11.2 months

ORR fue talazoparib 62,6% frente a 27,2%.

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National Comprehensive Cancer Network®

NCCN Guidelines Version 4.2024
Invasive Breast Cancer

NCCN Guidelines
Table of Co
Discu

SYSTEMIC THERAPY REGIMENS FOR RECURRENT UNRESECTABLE (LOCAL OR REGIONAL) OR STAGE IV (M1) DISEASE[a]

HR-Negative and HER2-Negative (Triple-Negative Breast Cancer; TNBC)		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	PD-L1 CPS ≥10[g] regardless of germline *BRCA* mutation status[b]	Pembrolizumab + chemotherapy (albumin-bound paclitaxel, paclitaxel, or gemcitabine and carboplatin)[h] (Category 1, preferred)
	PD-L1 CPS <10[g] and no germline *BRCA1/2* mutation[b]	Systemic chemotherapy BINV-Q (5)
	PD-L1 CPS <10[g] and germline *BRCA1/2* mutation[b]	• PARPi (olaparib, talazoparib) (Category 1, preferred) • Platinum (cisplatin or carboplatin) (Category 1, preferred)
Second Line	Germline *BRCA1/2* mutation[b]	PARPi (olaparib, talazoparib) (Category 1, preferred)
	Any	Sacituzumab govitecan[i] (Category 1, preferred)
		Systemic chemotherapy BINV-Q (5)
	No germline *BRCA1/2* mutation[b] and HER2 IHC 1+ or 2+/ISH negative[d]	Fam-trastuzumab deruxtecan-nxki[e] (Category 1, preferred)
Third Line and beyond	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents BINV-Q (6)
	Any	Systemic chemotherapy BINV-Q (5)

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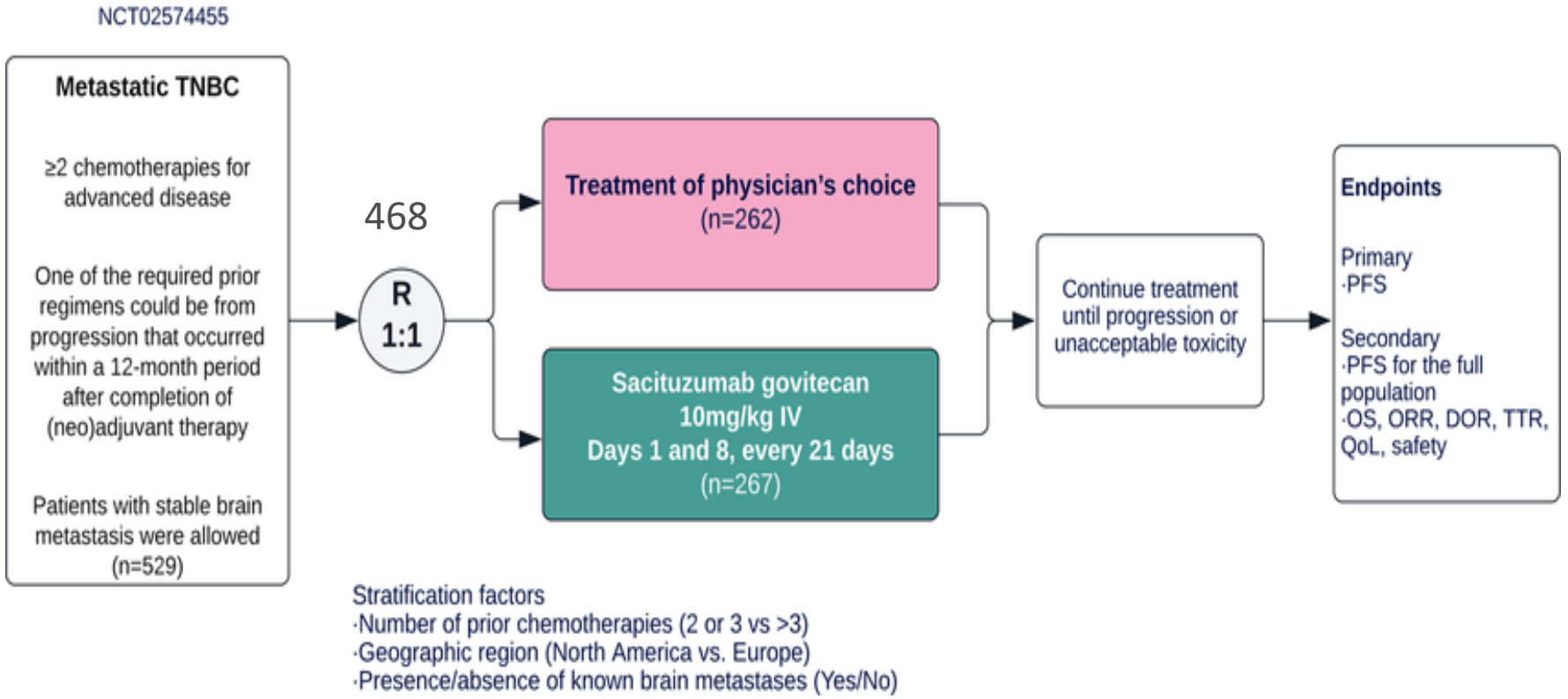
ASCENT: A Phase 3 Confirmatory Study of Sacituzumab Govitecan in Refractory/Relapsed mTNBC



N Engl J Med 2021;384:1529-1541 DOI: 10.1056/NEJMoa2028485

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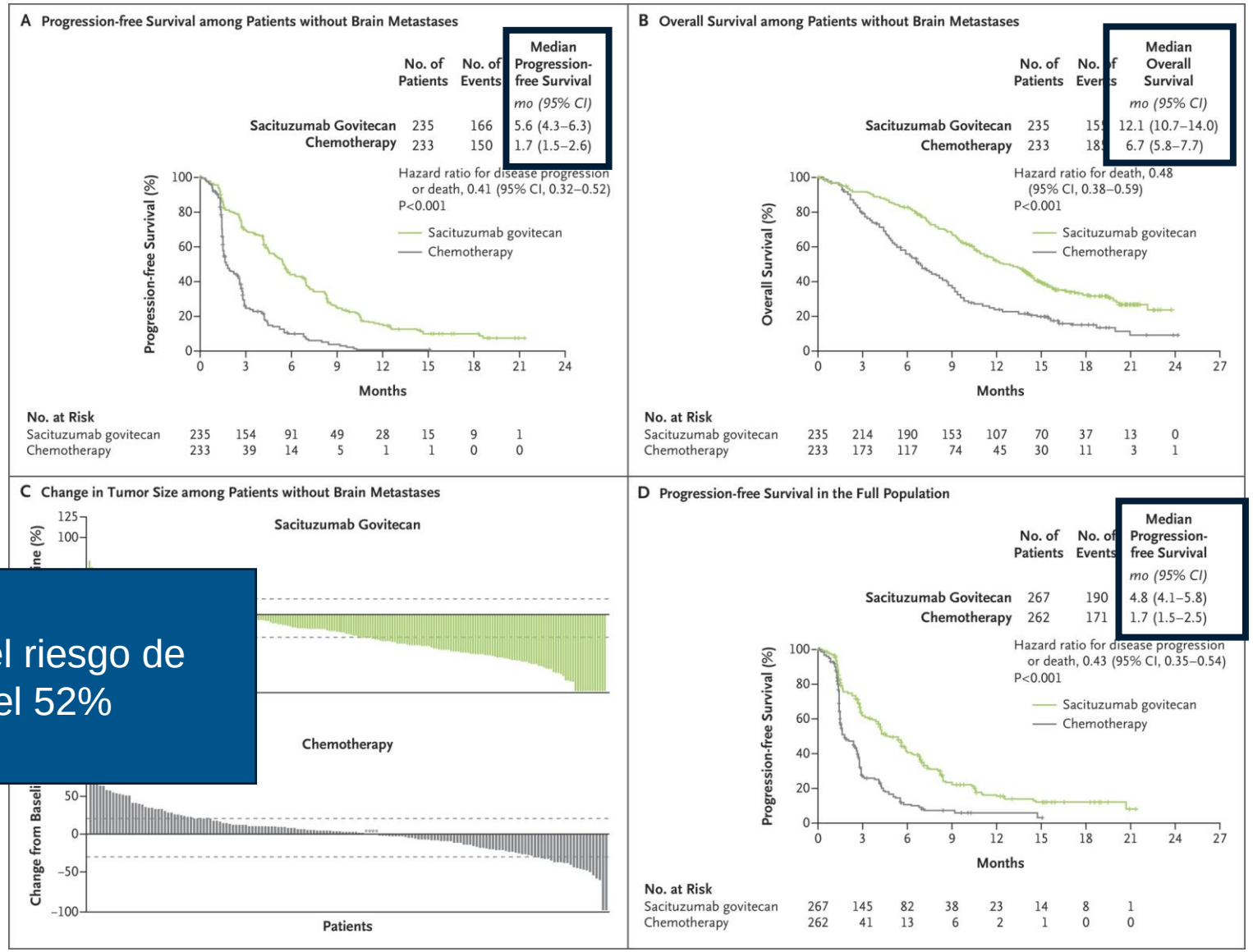

Reducción del riesgo de muerte del 52%

N Engl J Med 2021;384:1529-1541 DOI: 10.1056/NEJMoa2028485

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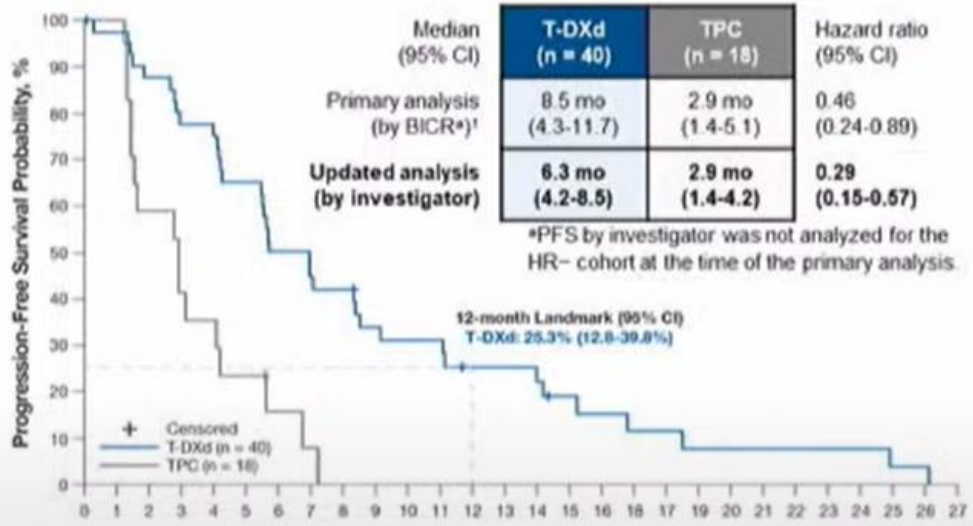
Trastuzumab Deruxtecan in Previously Treated HER2-Low Advanced Breast Cancer

DESTINY BR04: 58 patients with TNBC (HER2-low)

PFS

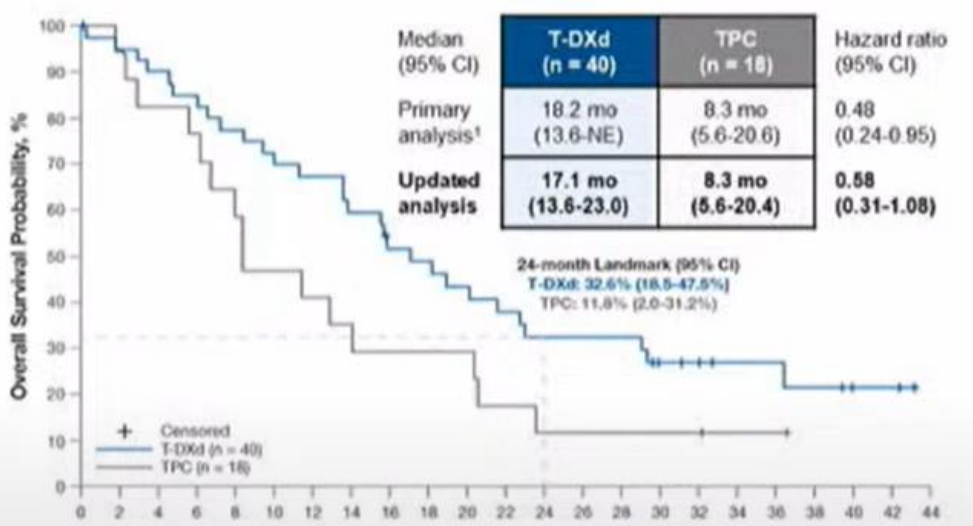
	T-DXd (n = 40)	TPC (n = 18)	Hazard ratio (95% CI)
Median (95% CI)			
Primary analysis (by BICR*)[1]	8.5 mo (4.3-11.7)	2.9 mo (1.4-5.1)	0.46 (0.24-0.89)
Updated analysis (by investigator)	**6.3 mo (4.2-8.5)**	**2.9 mo (1.4-4.2)**	**0.29 (0.15-0.57)**

*PFS by investigator was not analyzed for the HR− cohort at the time of the primary analysis.



OS

	T-DXd (n = 40)	TPC (n = 18)	Hazard ratio (95% CI)
Median (95% CI)			
Primary analysis[1]	18.2 mo (13.6-NE)	8.3 mo (5.6-20.6)	0.48 (0.24-0.95)
Updated analysis	**17.1 mo (13.6-23.0)**	**8.3 mo (5.6-20.4)**	**0.58 (0.31-1.08)**



2022 Jul 7;387(1):9-20. doi: 10.1056/NEJMoa2203690

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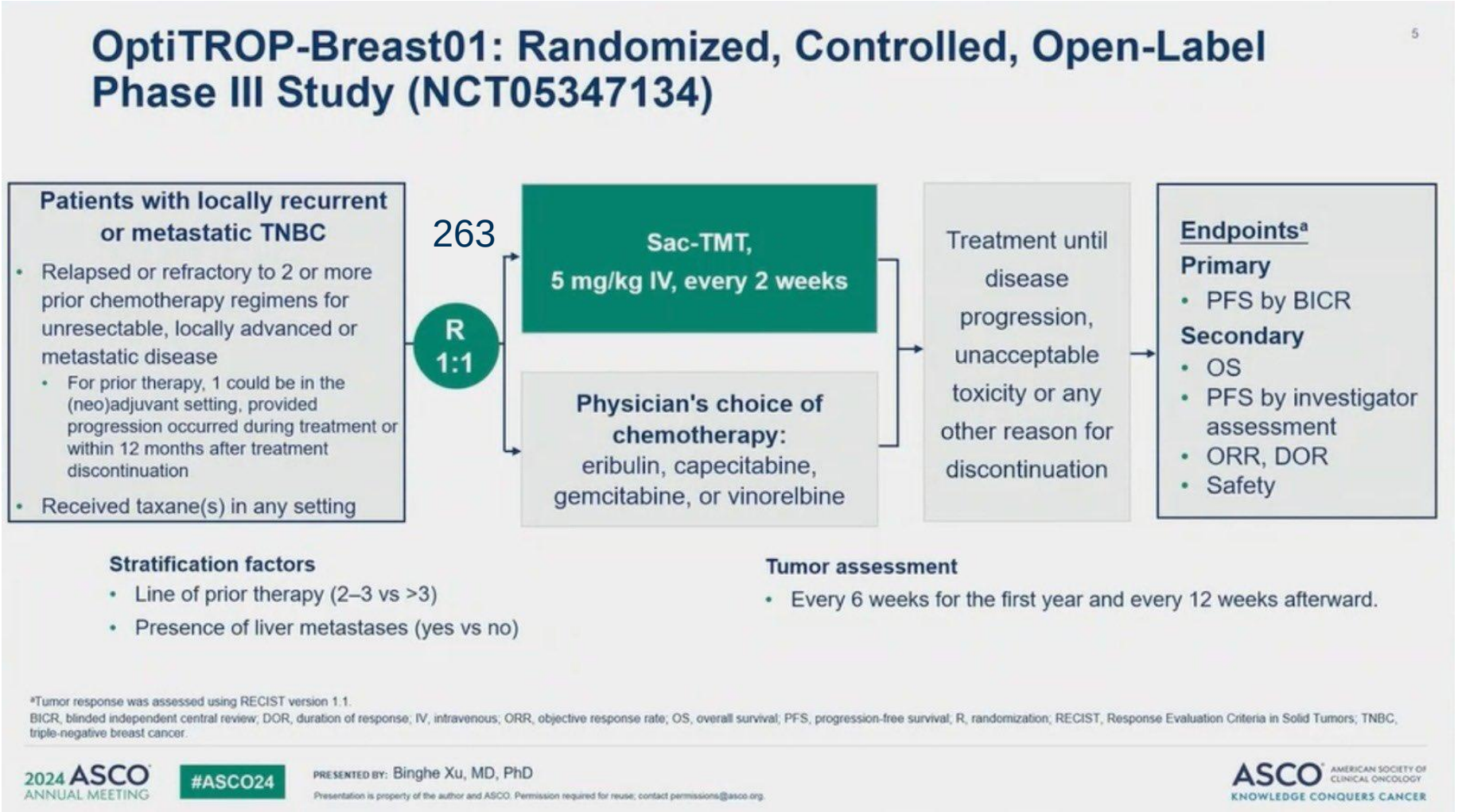
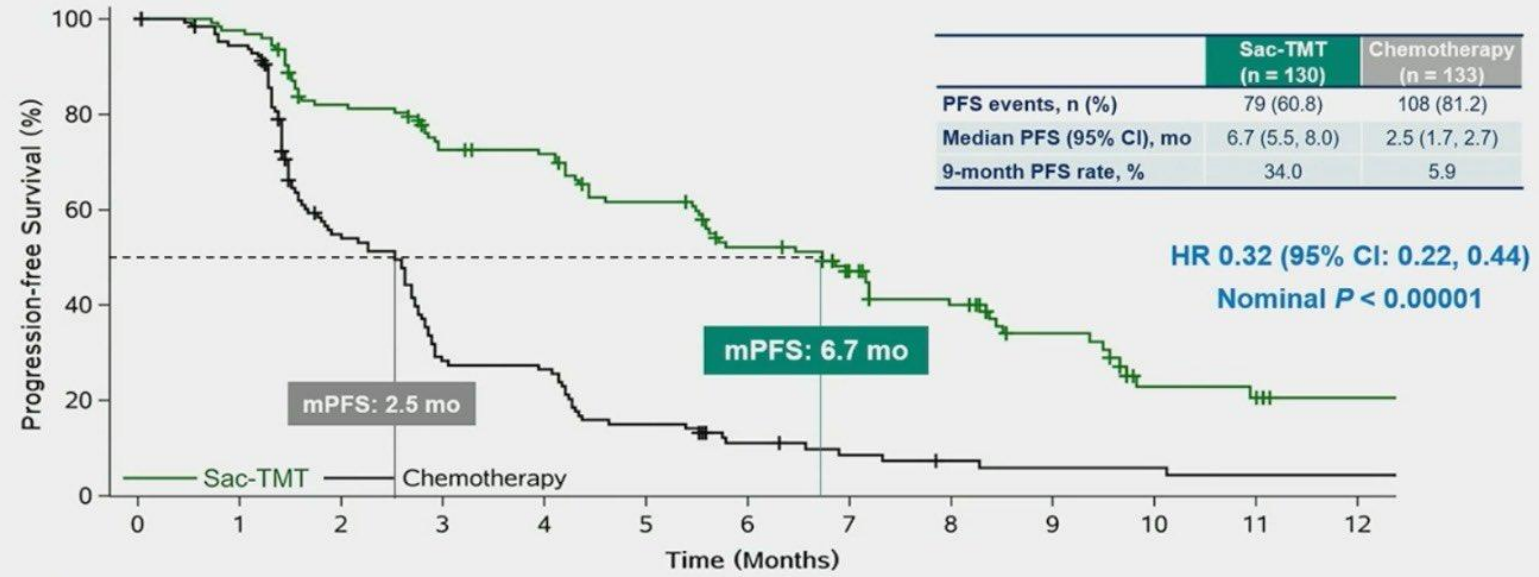
ASCO 2024, SACITUZUMAB TIRUMOTECAN



Progression-Free Survival by BICR (Final Analysis)

Sac-TMT significantly improved PFS over chemotherapy with a 68% lower risk of disease progression or death.



	Sac-TMT (n = 130)	Chemotherapy (n = 133)
PFS events, n (%)	79 (60.8)	108 (81.2)
Median PFS (95% CI), mo	6.7 (5.5, 8.0)	2.5 (1.7, 2.7)
9-month PFS rate, %	34.0	5.9

HR 0.32 (95% CI: 0.22, 0.44)
Nominal *P* < 0.00001

No. at Risk													
Sac-TMT	130	122	97	83	80	67	54	42	33	20	10	9	6
Chemotherapy	133	119	62	32	30	17	10	7	5	4	4	3	3

- **PFS by investigator assessment (secondary endpoint): Median 6.5 *vs* 2.6 mo; HR 0.32 (95% CI: 0.24, 0.44)**

Data cutoff: Nov 30, 2023; the protocol-specified final analysis of PFS. **Median follow up was 10.4 months.**

BICR, blinded independent central review; CI, confidential interval; HR, hazard ratio; mPFS, median progression-free survival.

2024 ASCO ANNUAL MEETING #ASCO24

PRESENTED BY: Binghe Xu, MD, PhD

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Disminuyó el riesgo de progresión o muerte en un 68%.

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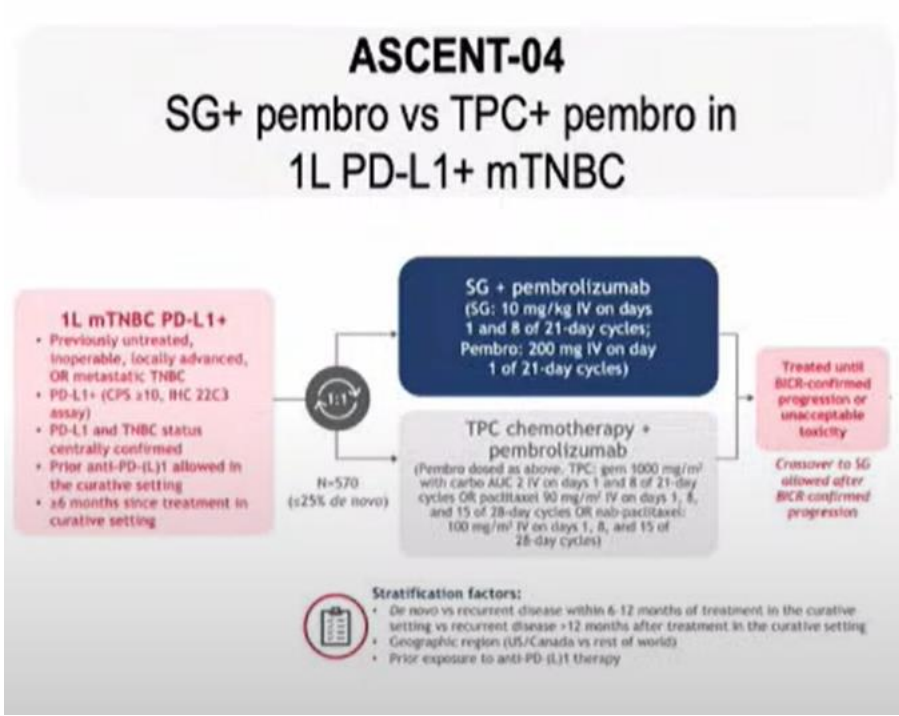
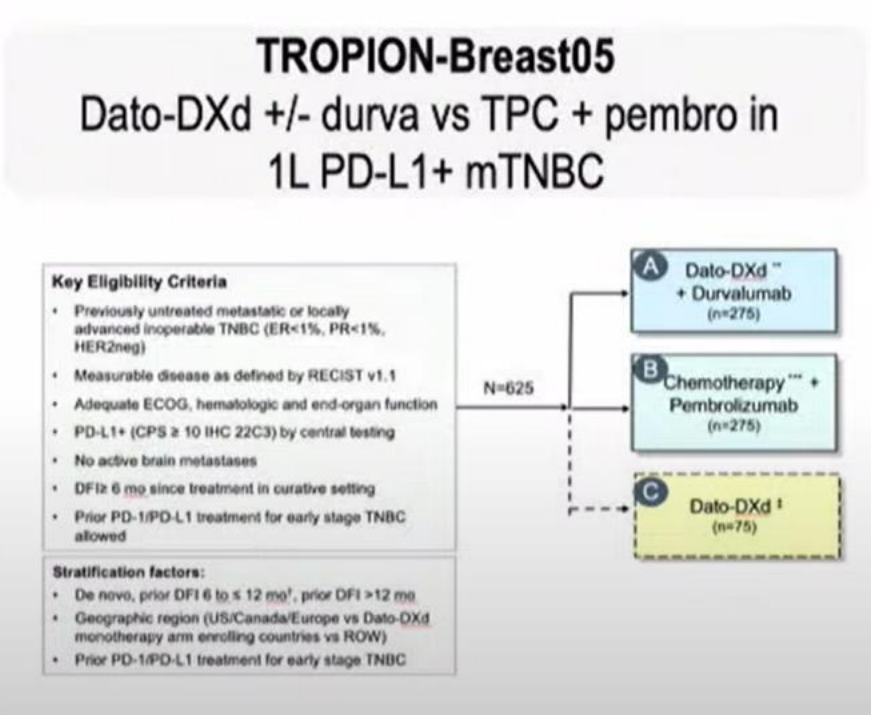
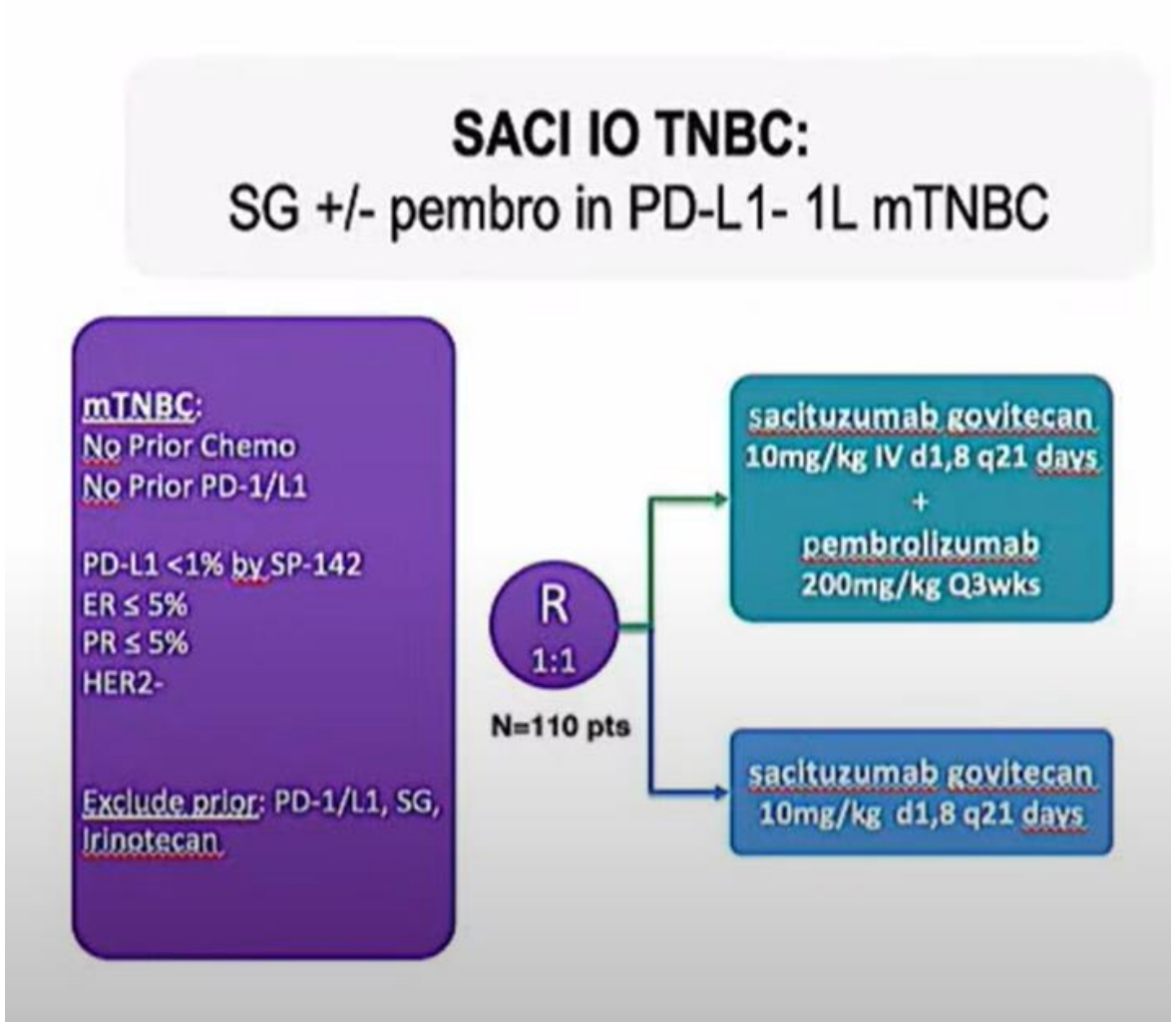
ESTUDIOS EN DESARROLLO

SACITUZUMAB GOVITECAN



DATOPOTAMAB DERUXTECAN




SACI IO TNBC:
SG +/- pembro in PD-L1- 1L mTNBC
mTNBC:
No Prior Chemo
No Prior PD-1/L1
PD-L1 <1% by SP-142
ER ≤ 5%
PR ≤ 5%
HER2-
Exclude prior: PD-1/L1, SG, Irinotecan
R
1:1
N=110 pts
sacituzumab govitecan
10mg/kg IV d1,8 q21 days
+
pembrolizumab
200mg/kg Q3wks
sacituzumab govitecan
10mg/kg d1,8 q21 days

ESTUDIO MEDIOLA: Durva+Olaparib

CALIDAD DE VIDA DEL PACIENTE

Bianchini G, ESMO Breast 2023

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CONCLUSIONES

- La neoadyuvancia constituye una practica que mejora la sobrevida global y sobrevida libre de progresión
- El tratamiento adyuvante demuestra beneficio sobretodo en pcientes sin pCR
- En enfermedad metastásica previo a iniciar tratamiento ideal PDL1 y mutación germinal BRCA
- Inmunoterapia mas quimioterapia es una alternativa en primera línea en pacientes PDL 1 con puntaje mayor o igual a 10
- Se deben buscar alternativas en la enfermedad metastásica que mejora la sobrevida libre de progresión, hay estudios interesantes con anticuerpos conjugados (ADC)`
- Pacientes con recaídas menores a 6 y 12 meses?? IMpassion 132 (negativo)

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de atención especializada en cáncer

Gracias por su atención

UICC Member

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¡Juntos somos esperanza de vida!