

# **Beyond the Guidelines: Clinical Investigators Provide Their Perspectives on Current Strategies and Ongoing Research in the Management of Breast Cancer**

**Wednesday, December 11, 2013**

**7:30 PM – 9:30 PM**

**San Antonio, Texas**

## **Moderator**

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**George W Sledge Jr, MD**

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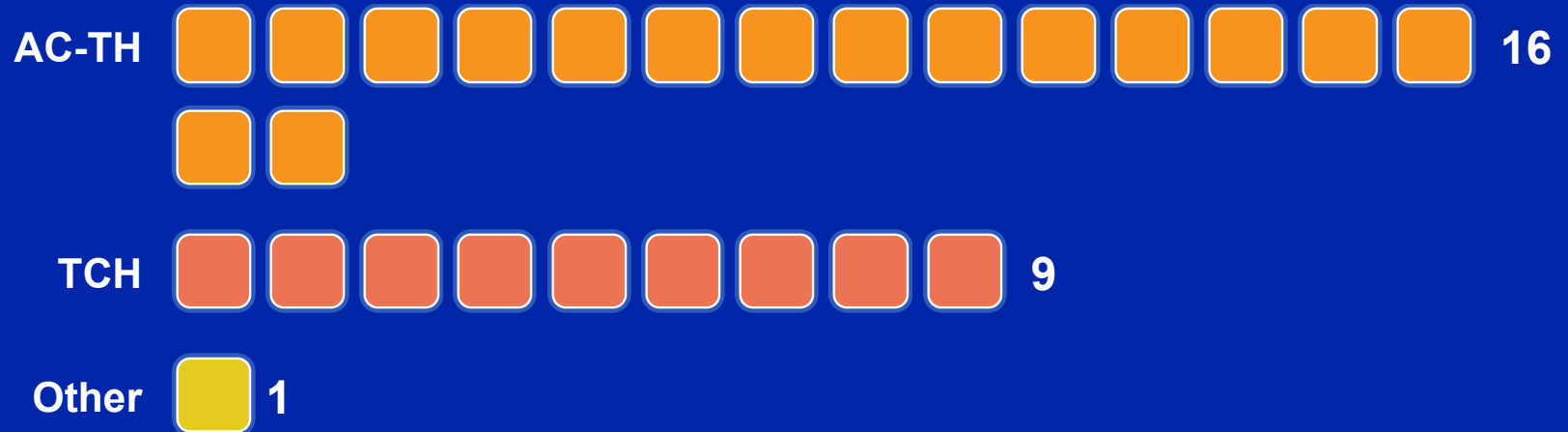
# Module 1

# Adjuvant Rx: ER-neg, HER2+

Age: 40

T: 1.5 cm

N: 1+

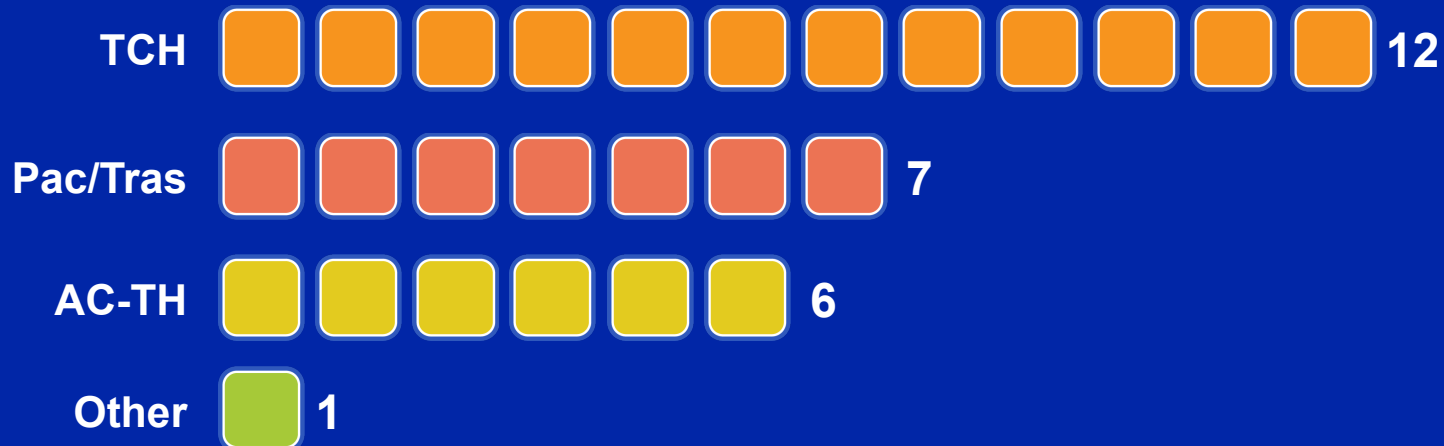


# Adjuvant Rx: ER-neg, HER2+

Age: 40

T: 1.5 cm

N: 0



**Rx: ER-neg, HER2+**

Age: 40

T: 0.8 cm

N: 0

Pac/Tras  12

TCH  9

AC-TH  3

Doc/Cyc/Tras  2

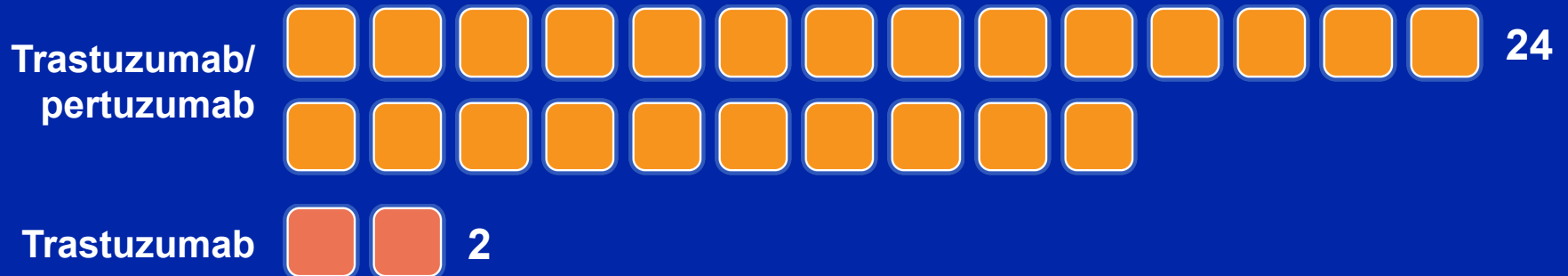
# Neoadjuvant Rx: ER-neg, HER2+

Age: 40

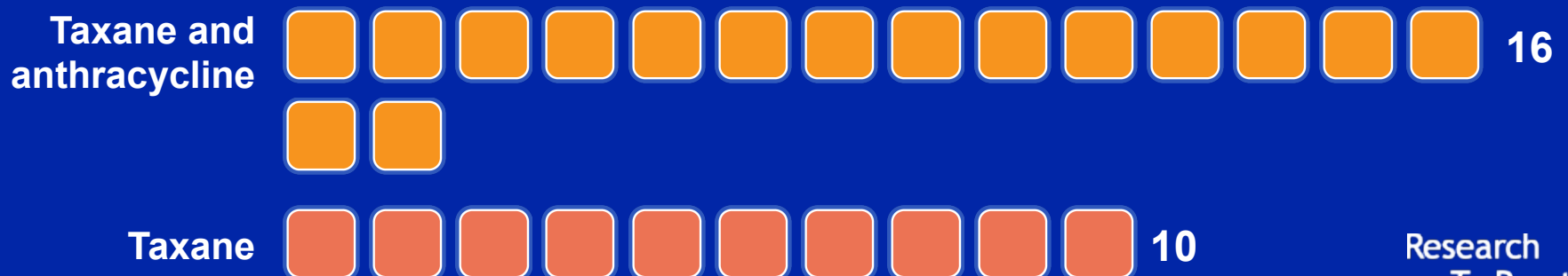
T: 4 cm

Tumor shrinkage needed for BCS

## Anti-HER2 Treatment (with Chemo)



## Choice of Chemotherapy

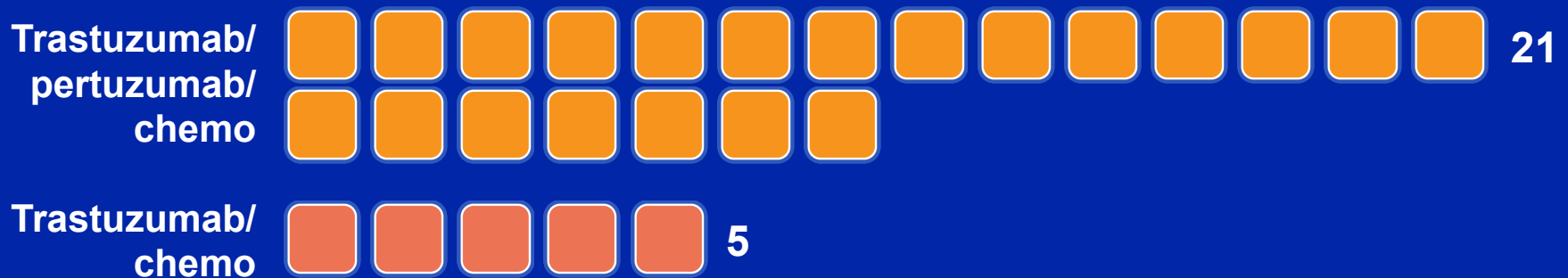


# Neoadjuvant Rx: ER-neg, HER2+

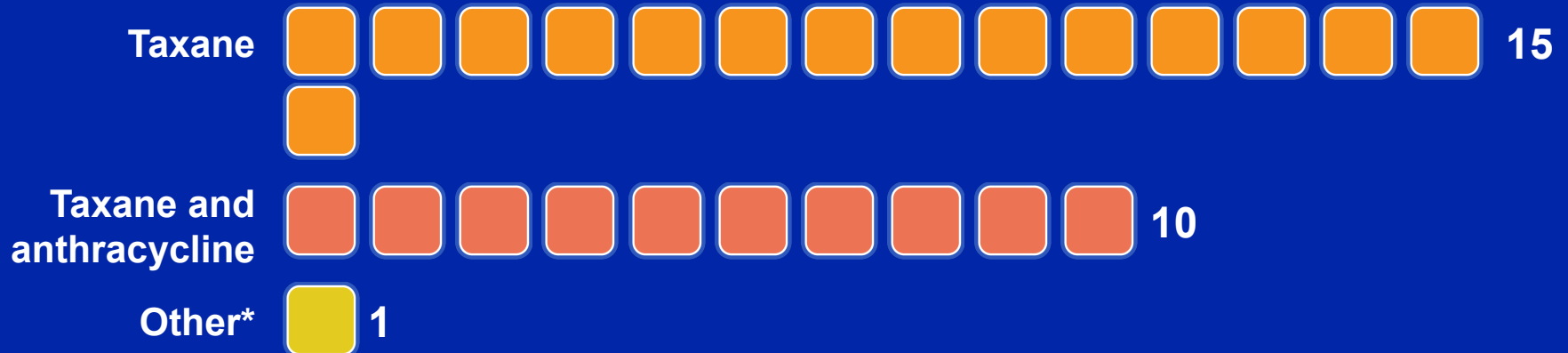
Age: 40

T: 2 cm

## Anti-HER2 Treatment



## Choice of Chemotherapy



\* N-: taxane-based or N+: taxane + anthracycline-based

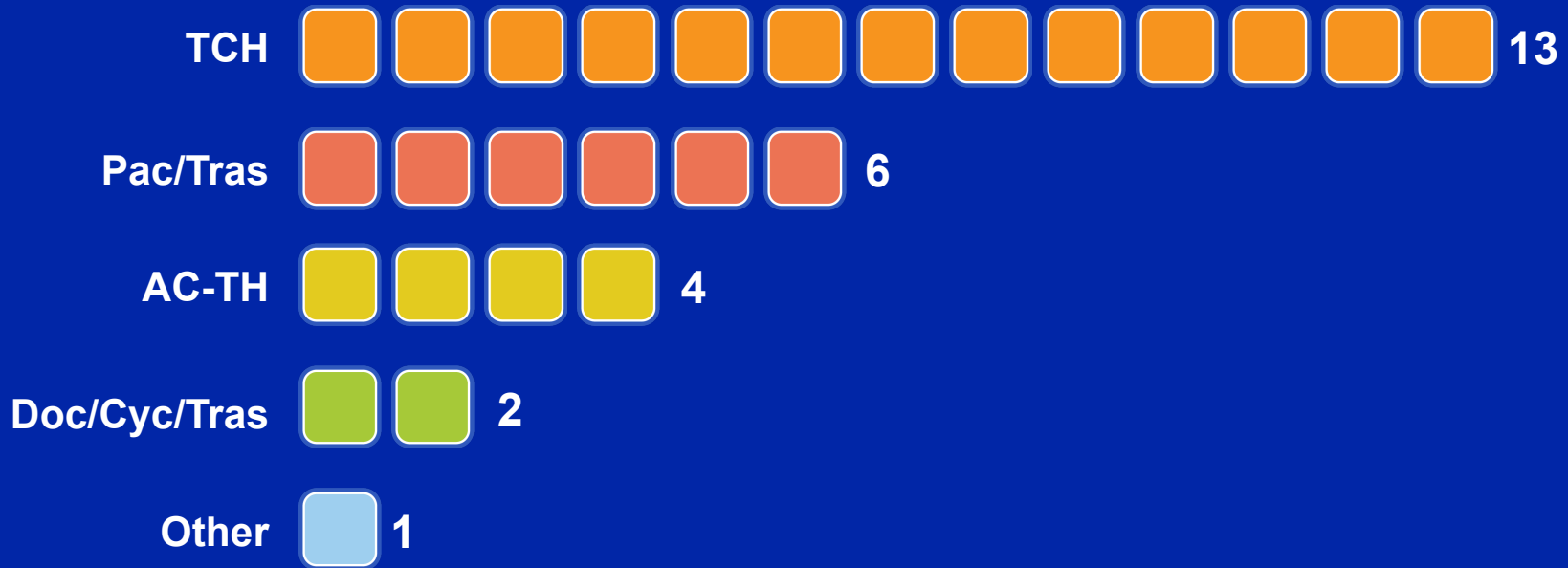


# Adjuvant Rx: ER-neg, HER2+

Age: 75

T: 1.5 cm

N: 1+

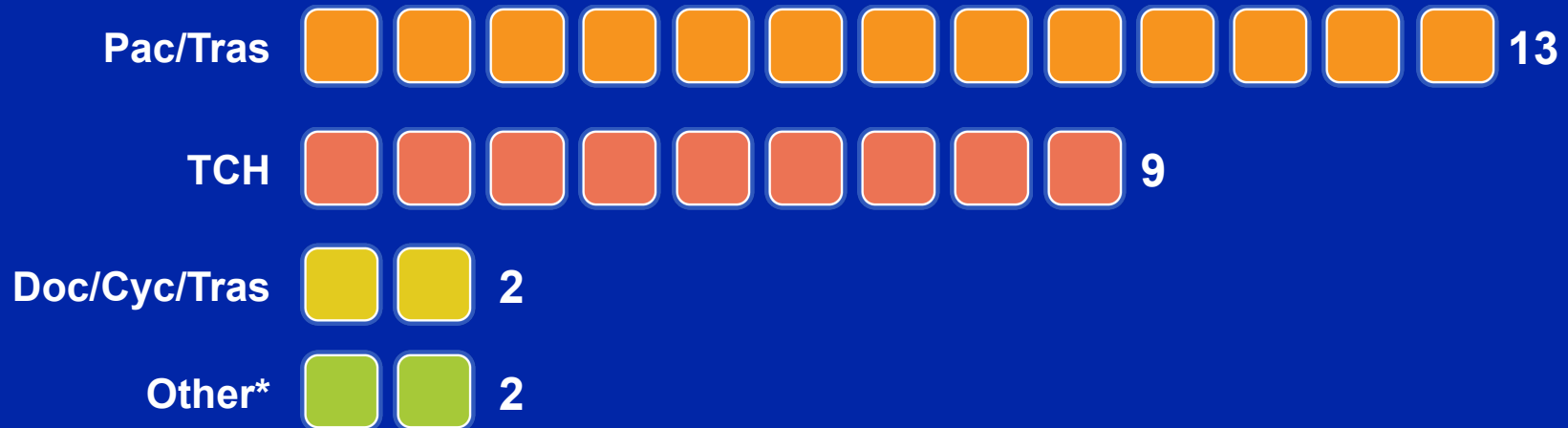


# Adjuvant Rx: ER-neg, HER2+

Age: 75

T: 1.5 cm

N: 0



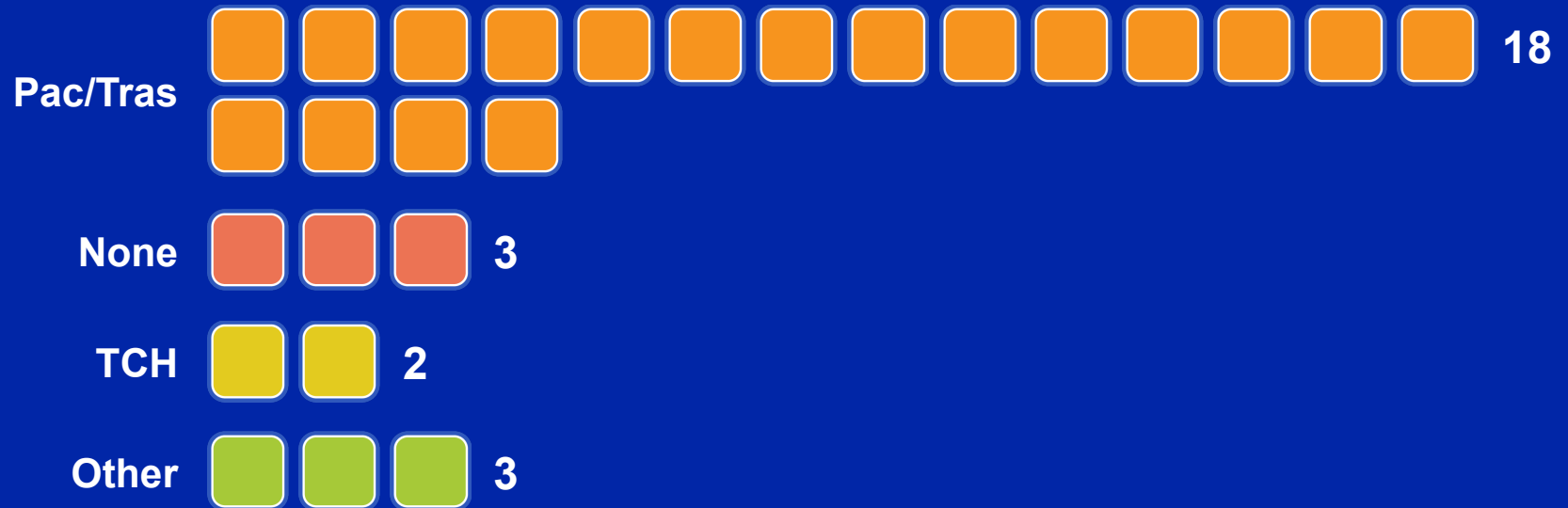
\* Dose-dense AC-TH; no systemic therapy

# Adjuvant Rx: ER-neg, HER2+

Age: 75

T: 0.8 cm

N: 0



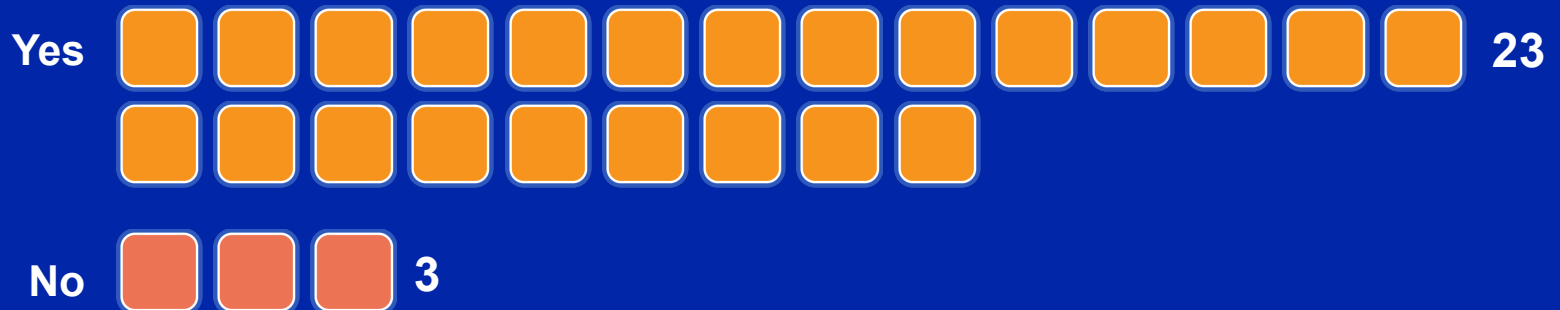
# Module 2

# Would you order 21-gene Recurrence Score<sup>®</sup> (RS)? (ER+, HER2-neg)

Age: 40

T: 1.5 cm

N: 0

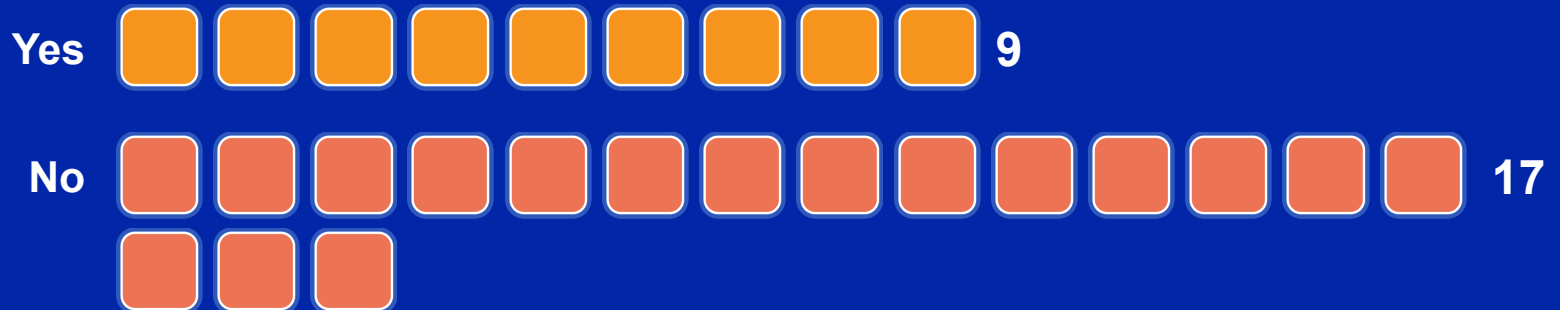


# Would you order 21-gene RS? (ER+, HER2-neg)

Age: 40

T: 1.5 cm

N: 1+

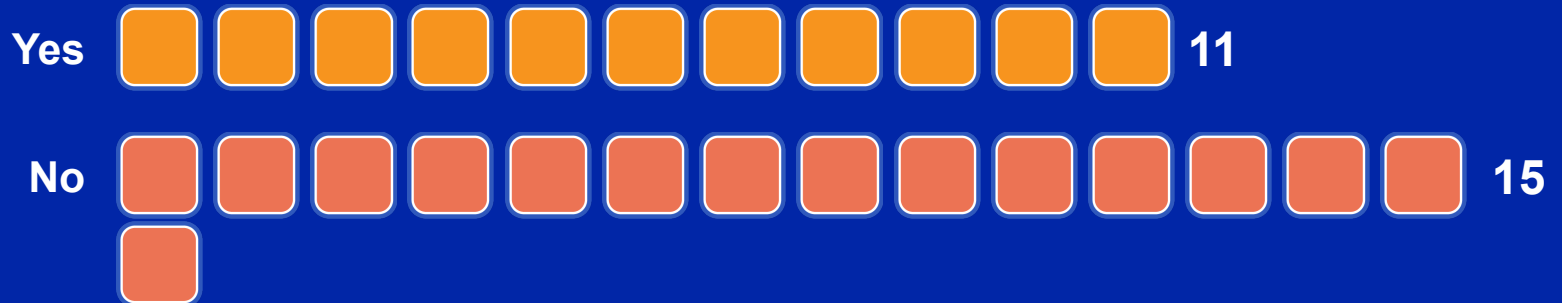


# Would you order 21-gene RS? (ER+, HER2-neg)

Age: 75

T: 1.5 cm

N: 0

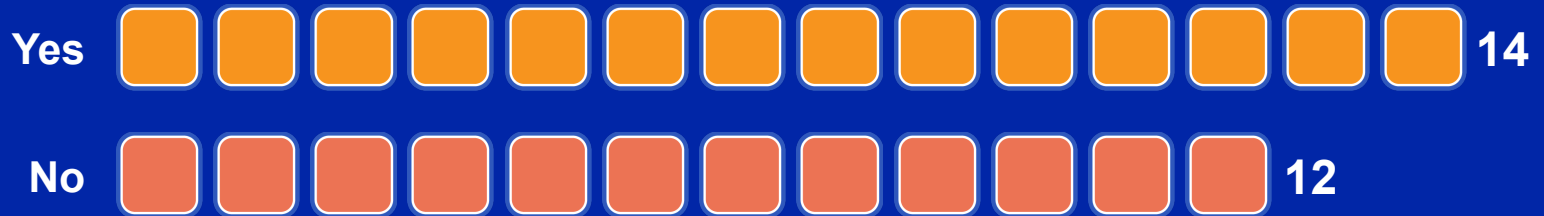


# Would you order 21-gene RS? (ER+, HER2-neg)

Age: 75

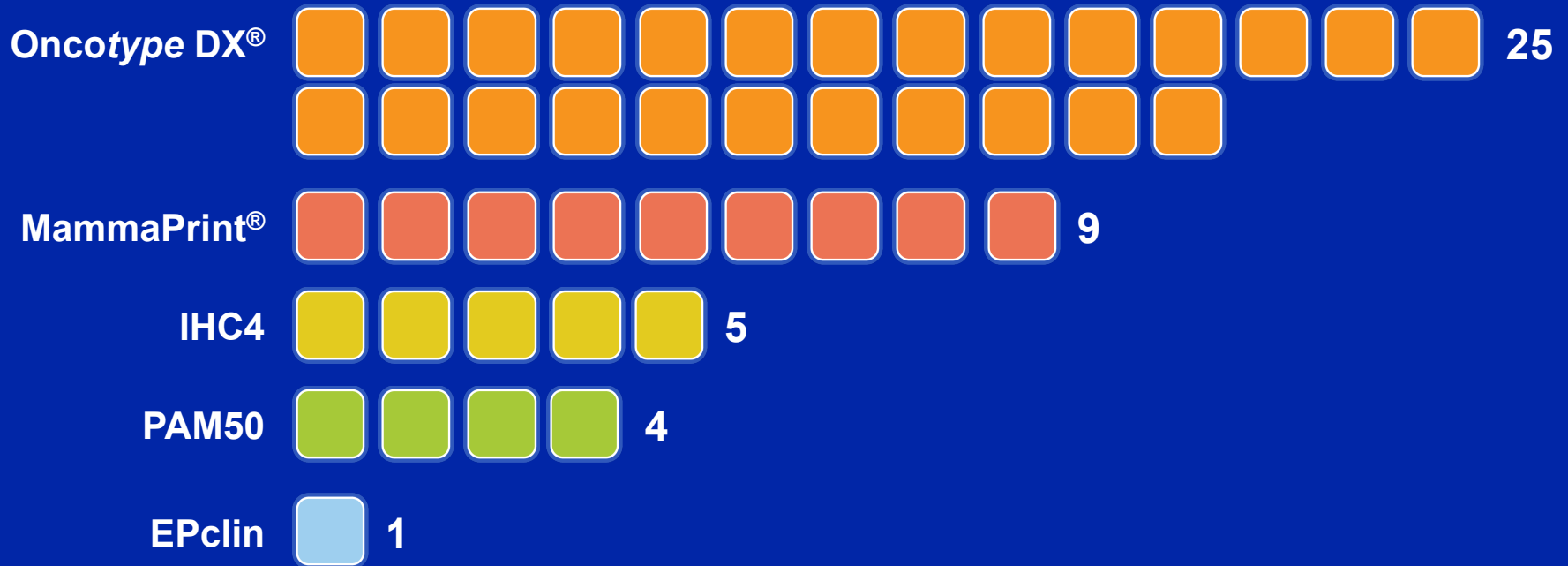
T: 1.5 cm

N: 1+





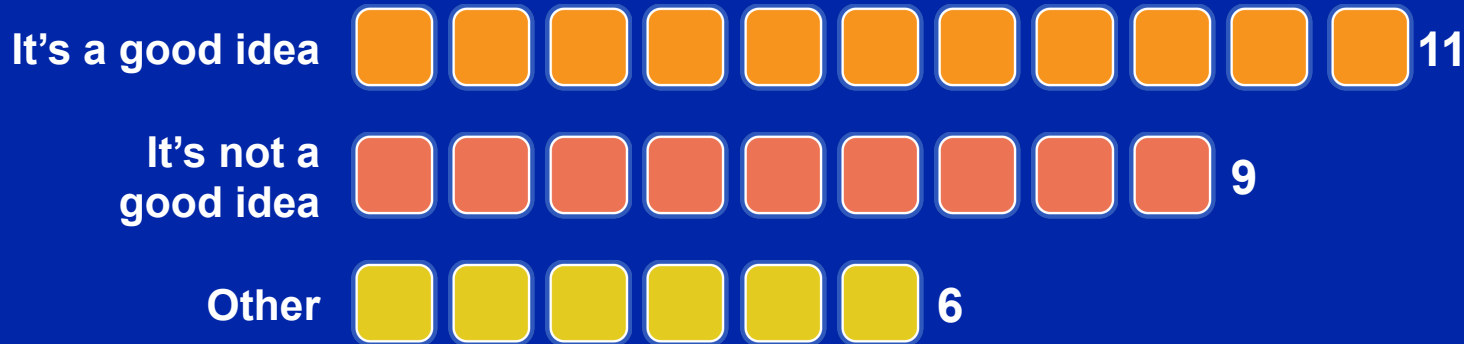
# Do the following assays predict benefit from adjuvant chemotherapy?



## 60 yo patient

4.0-cm, ER+++ , HER2-neg IDC requiring tumor shrinkage for BCS

21-gene RS?

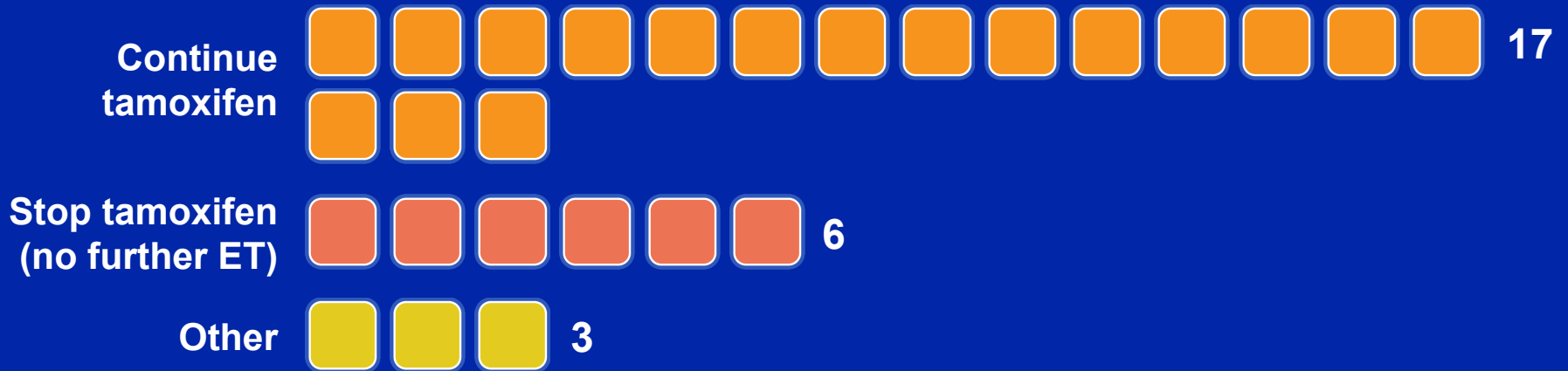


# Continuation of endocrine treatment at 5 years

Age: 40

Original tumor: 1.5 cm, node-neg

Rx: Tamoxifen

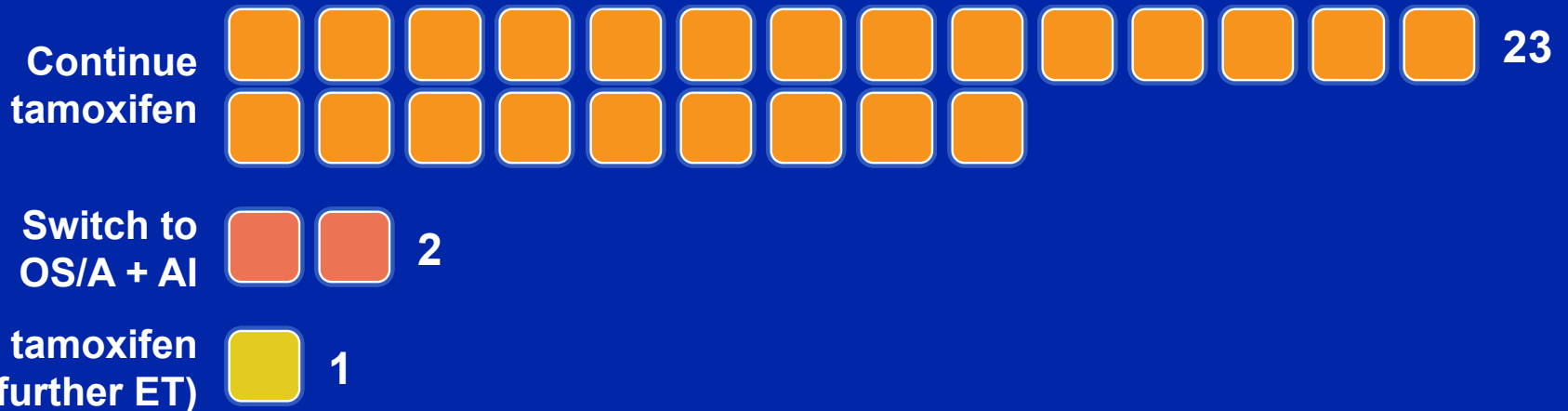


# Continuation of endocrine treatment at 5 years

Age: 40

Original tumor T: 1.5 cm; N: 2+

Rx: Tamoxifen

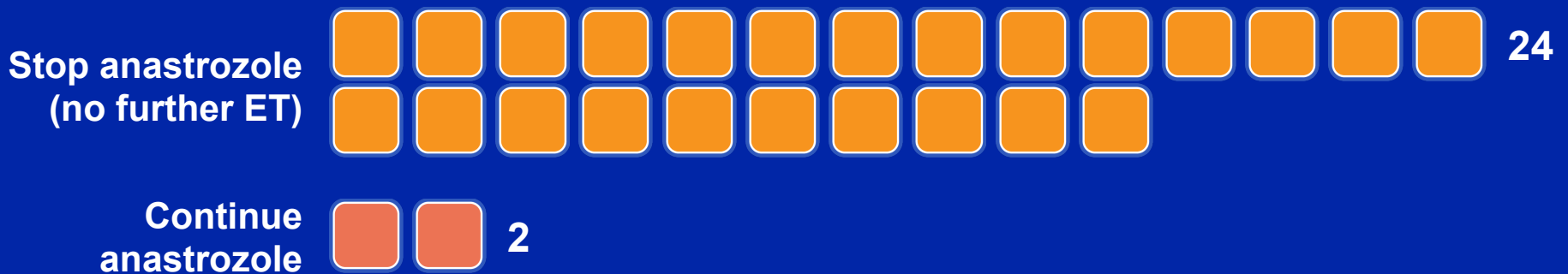


# Continuation of endocrine treatment at 5 years

Age: 75

Original tumor T: 1.5 cm; N: 0

Rx: AI



# Continuation of endocrine treatment at 5 years

Age: 75

Original tumor T: 1.5 cm; N: 2+

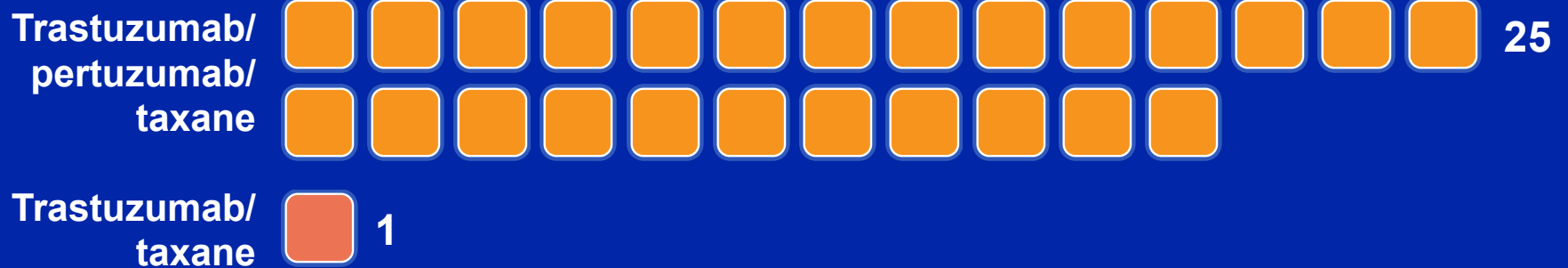
Rx: AI



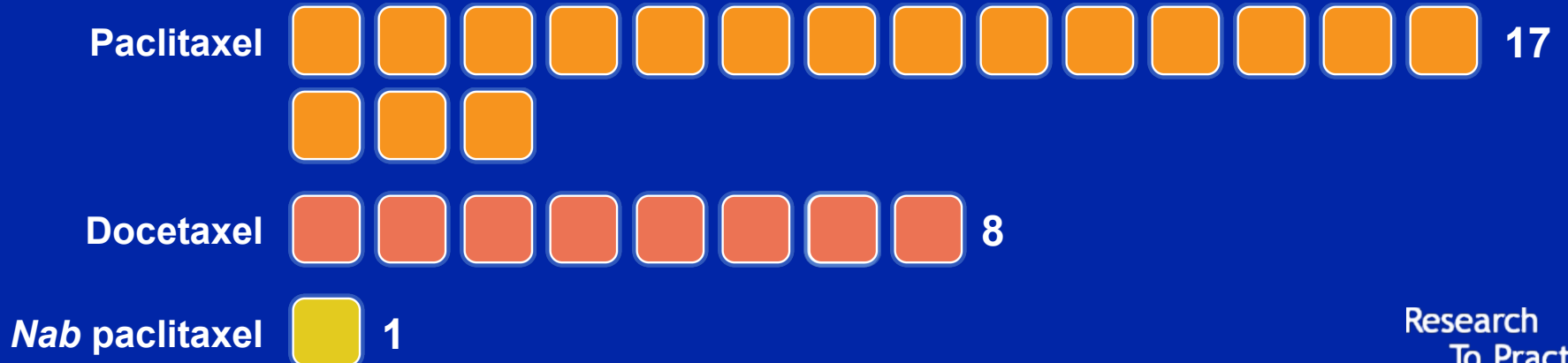
# Module 3

# ER-neg, HER2+ mBC (no prior systemic Rx)

## Usual 1<sup>st</sup>-line Rx



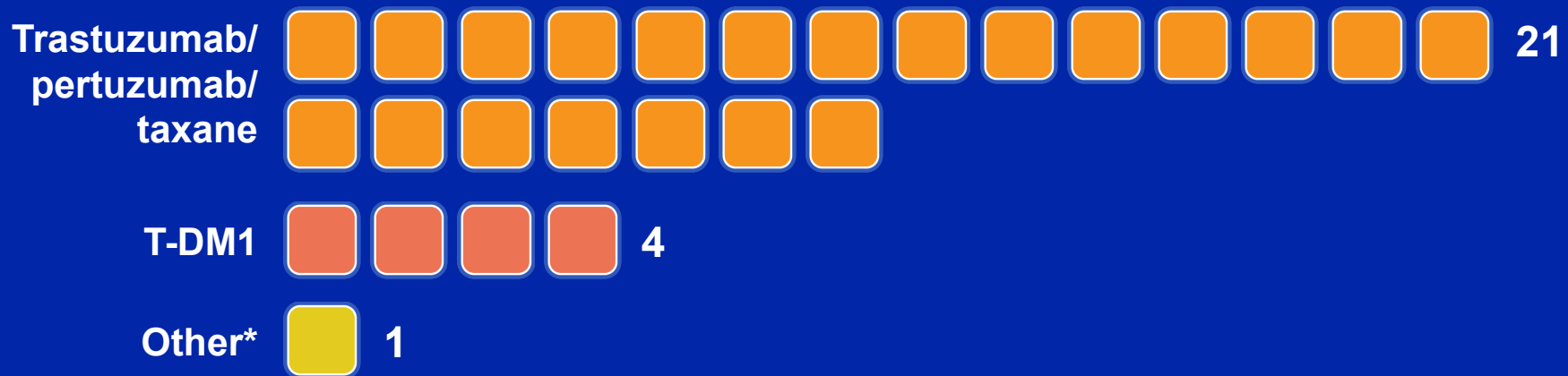
## Choice of Taxane



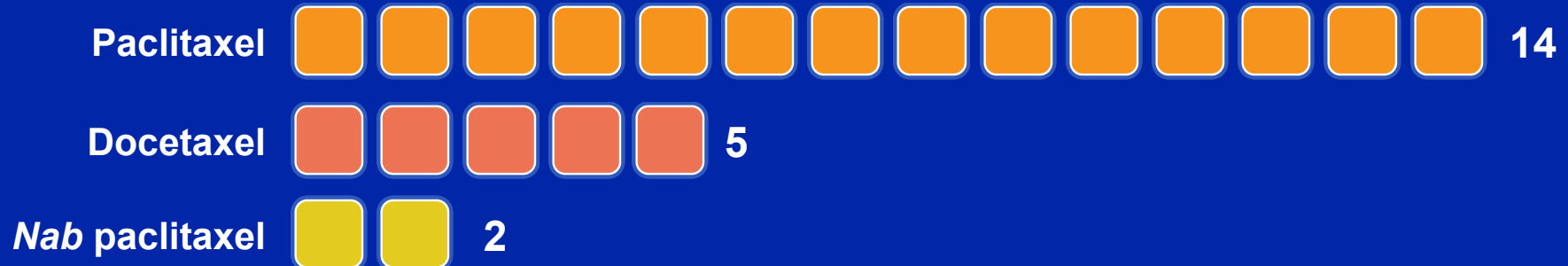


# ER-neg, HER2+ mBC (adj TCH 12 mo ago)

## Usual 1<sup>st</sup>-line Rx



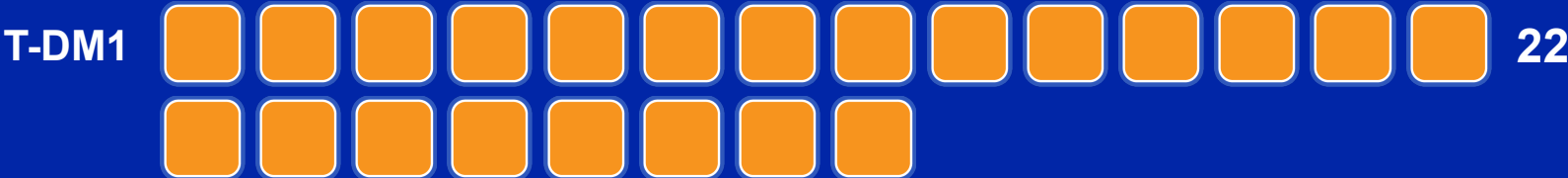
## Choice of Taxane



\* Trastuzumab/pertuzumab/eribulin

# ER-neg, HER2+ mBC

Usual 2<sup>nd</sup>-line Rx



Trastuzumab/  
lapatinib 1

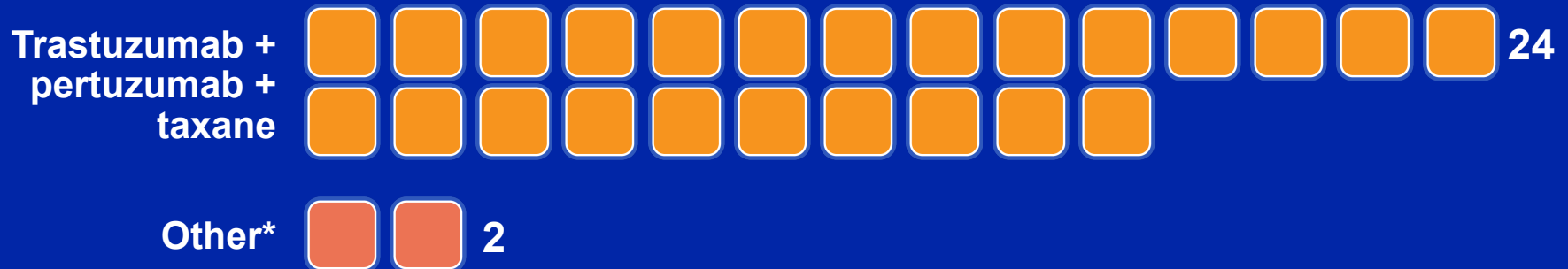
Capecitabine/  
lapatinib 1

Other 2

# ER+, HER2+ mBC

Age 45, premenopausal

Minimally symptomatic, liver mets



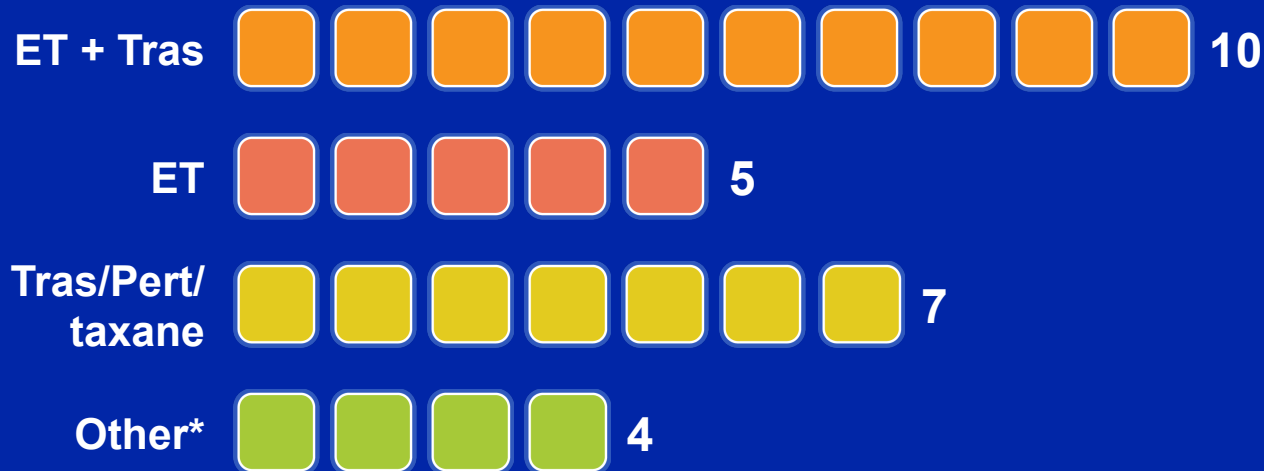
\* ET + trastuzumab; trastuzumab + pertuzumab + ET

# ER+, HER2+ mBC

Age 45, premenopausal

Asymptomatic

Low disease burden bone mets



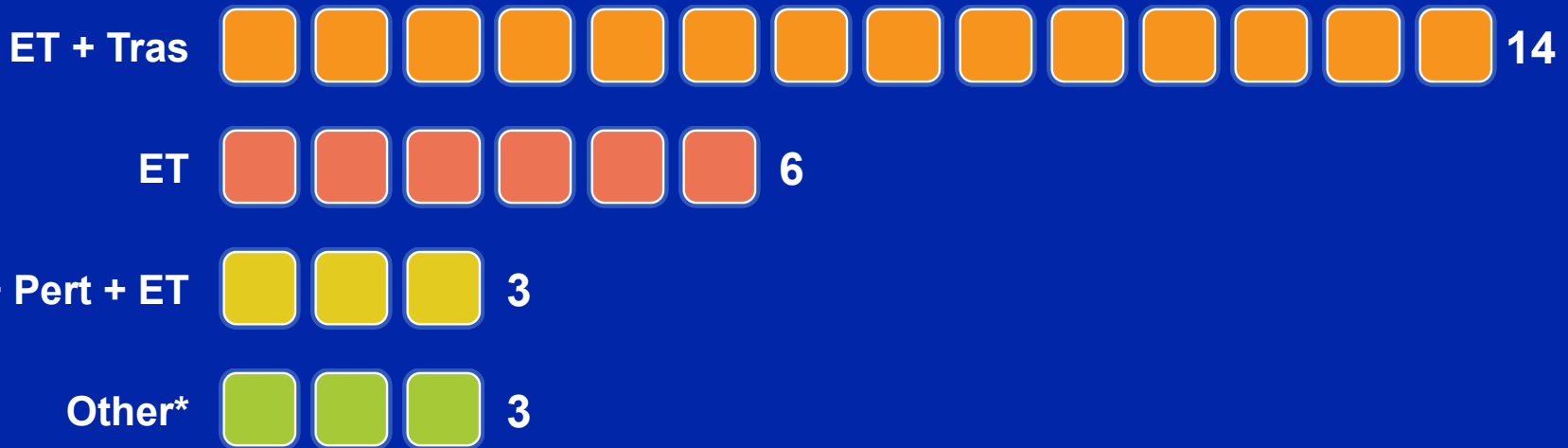
\* Trastuzumab/pertuzumab/ET x 2; trastuzumab + taxane; ET + lapatinib + trastuzumab

## ER+, HER2+

Age 75, postmenopausal

Asymptomatic

Low disease burden bone mets

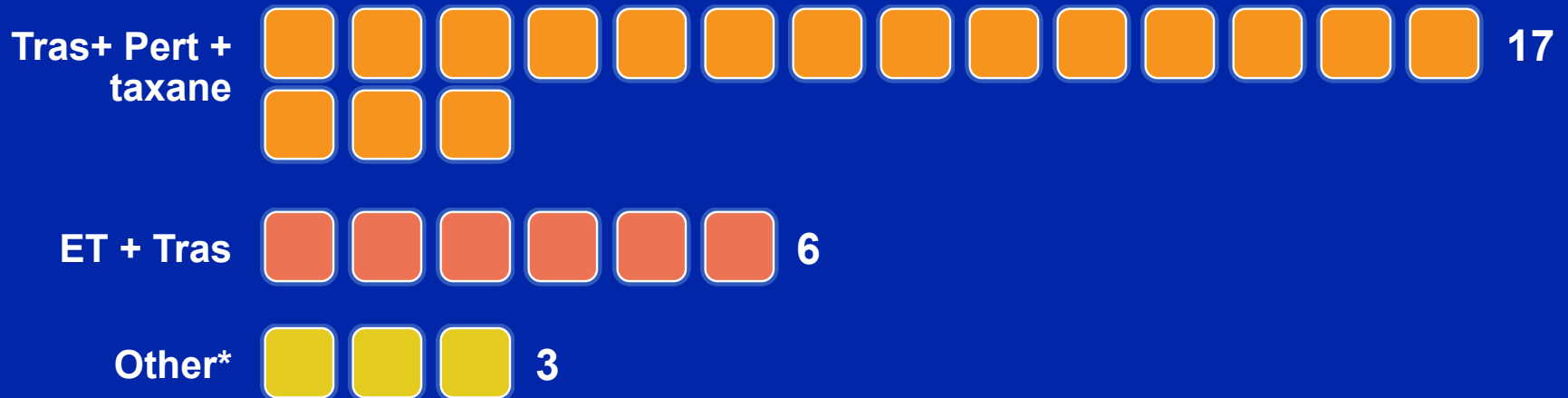


\* Nab paclitaxel + trastuzumab + pertuzumab; ET + trastuzumab + lapatinib; letrozole + lapatinib

## ER+, HER2+

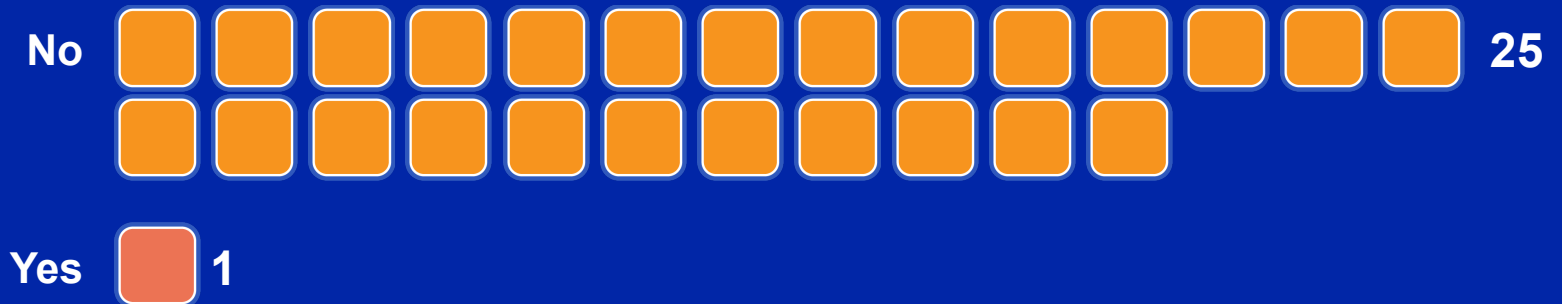
Age 75, postmenopausal

Somewhat symptomatic, liver mets



\* ET; *nab* paclitaxel + trastuzumab + pertuzumab;  
letrozole + lapatinib

# T-DM1 with pertuzumab outside of a trial?



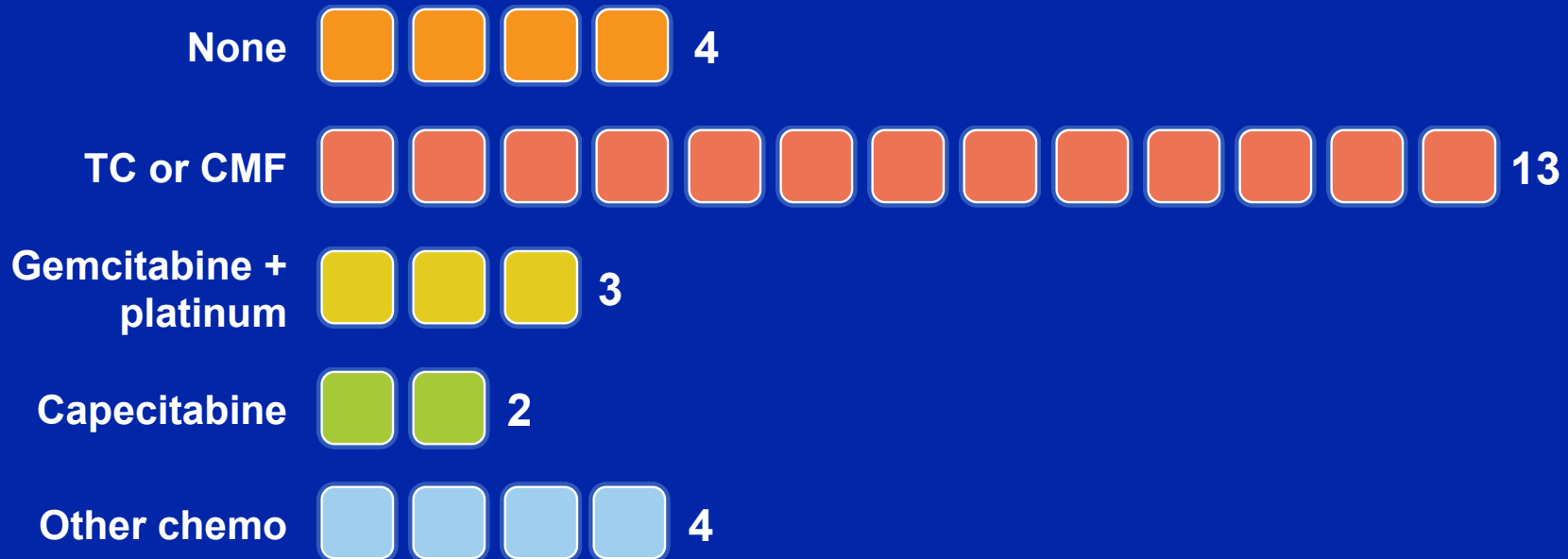
# Module 4



## 60 yo woman

ER-neg, HER2-neg IDC

Postlumpectomy local recurrence 2 years  
after AC → T

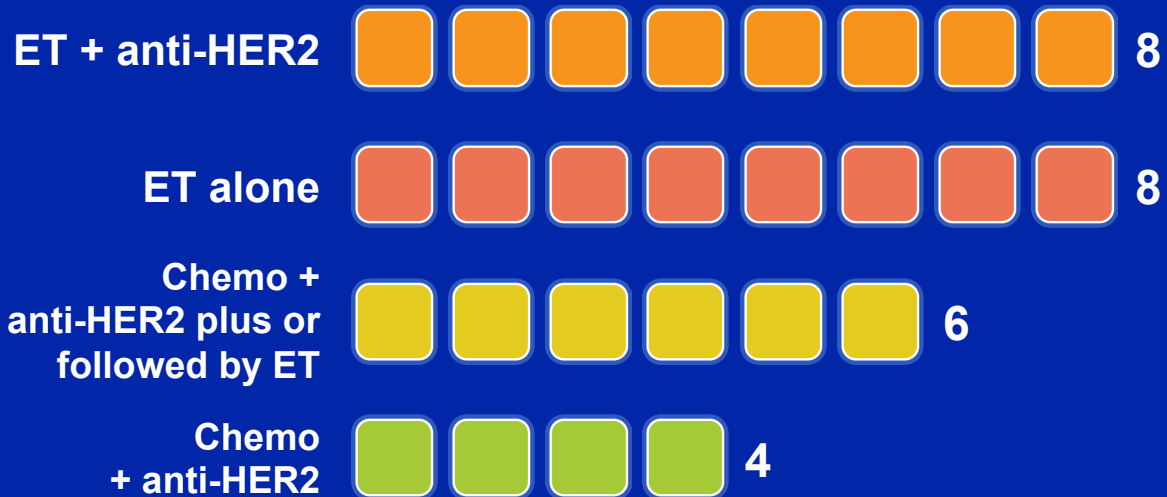


## 60 yo woman

ER+, HER2+ IDC

Postlumpectomy local recurrence while on anastrozole

2 years after AC → TH



## 60 yo woman

ER-neg, HER2+ IDC


Postlumpectomy local recurrence 2 years after AC → TH

None  5

TCH  6

THP  6

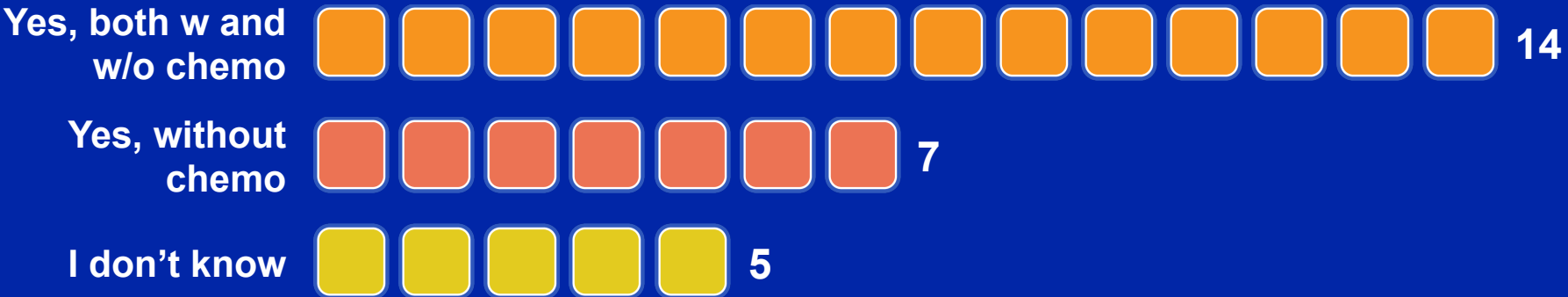
Other chemo +  
trastuzumab  3

Trastuzumab ±  
lapatinib  2

Other  4

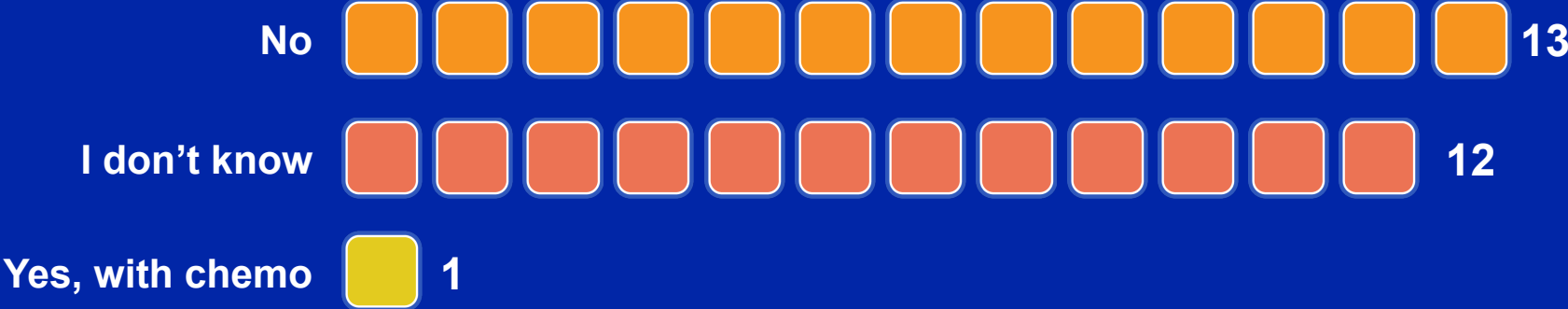
# ER/PR/HER2-neg mBC (BRCA+)

## Do PARP inhibitors demonstrate efficacy?



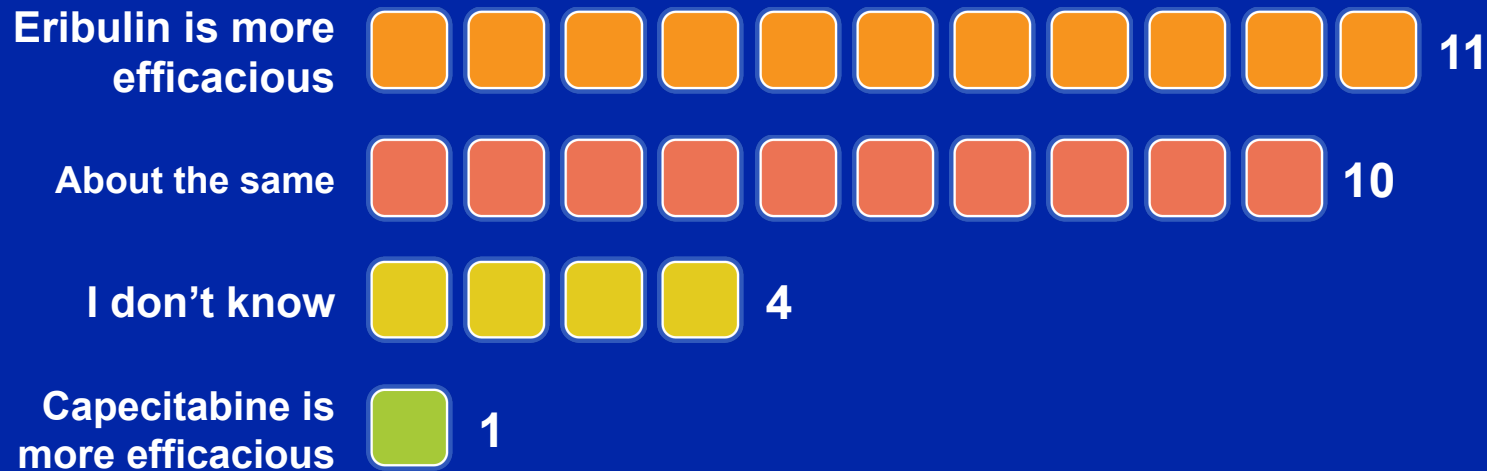
# ER/PR/HER2-neg mBC (BRCA-neg)

Do PARP inhibitors demonstrate efficacy?



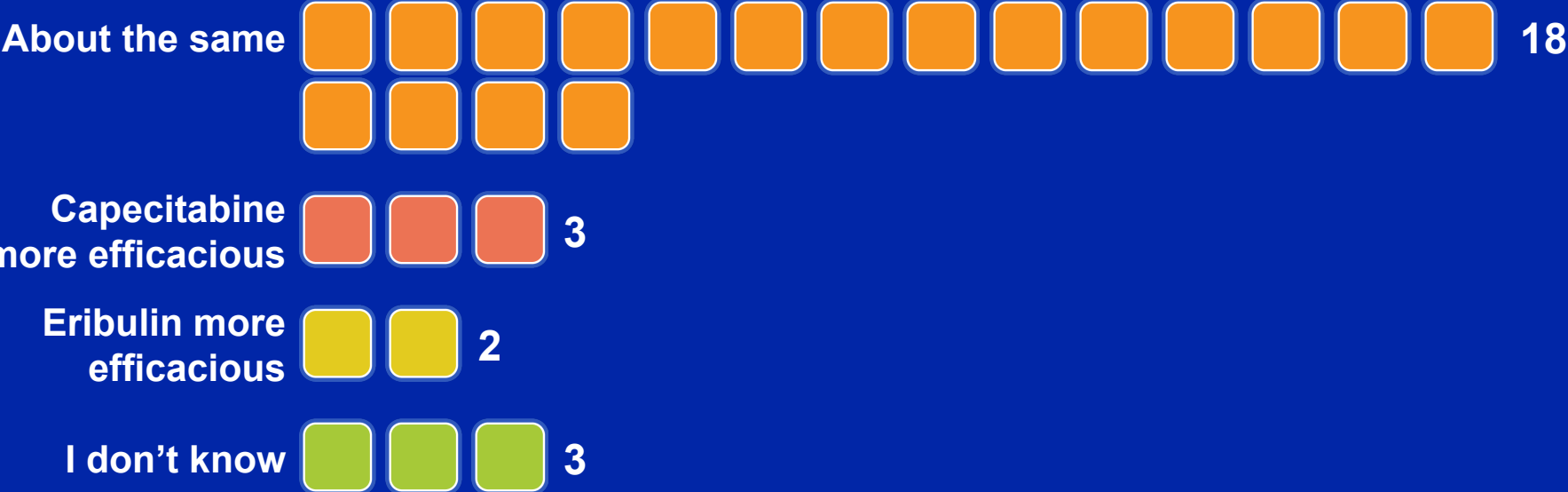
## ER/PR/HER2-neg mBC

Relative efficacy of capecitabine versus eribulin?



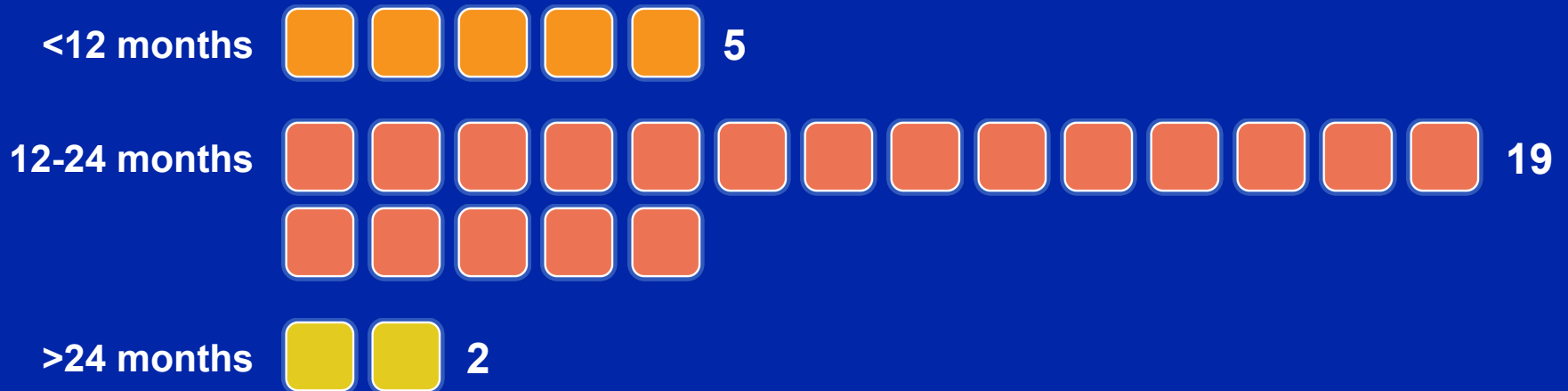
# ER+, HER2-neg mBC resistant to ET

## Efficacy of capecitabine versus eribulin?



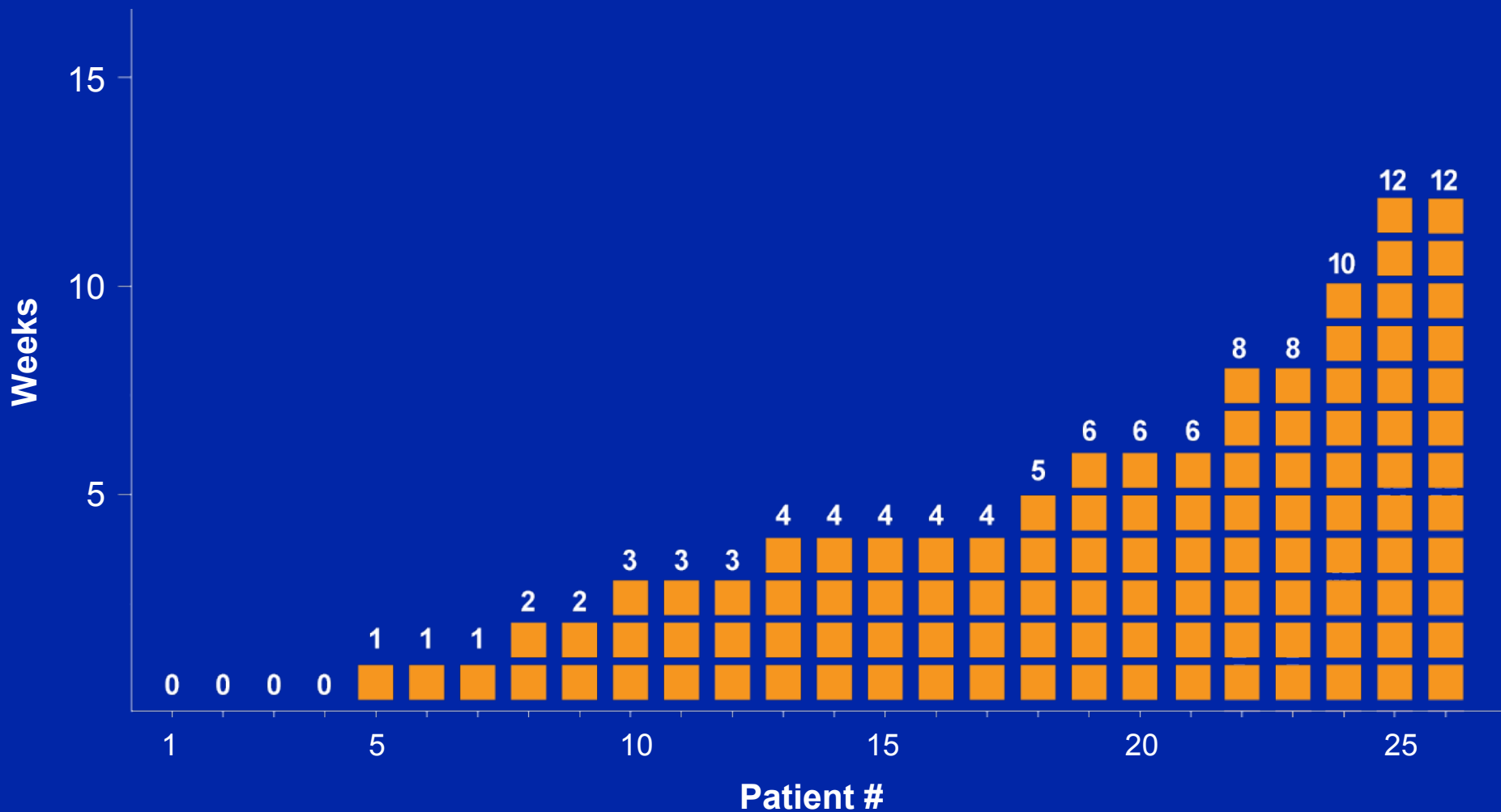
Consider the last patient in your practice who died of breast cancer

How long did the patient live with (triple-negative) mBC?



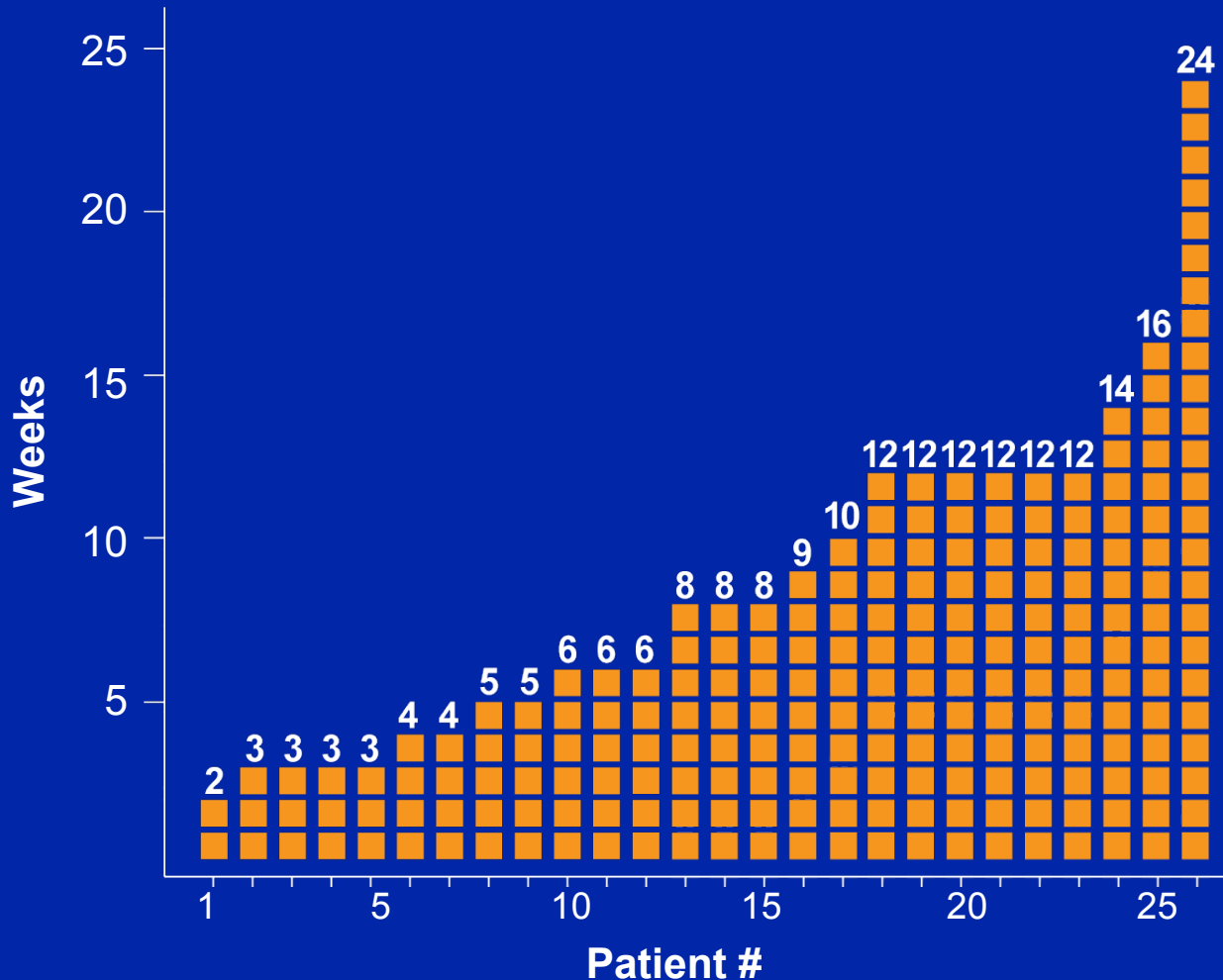


# Was she referred for hospice care?



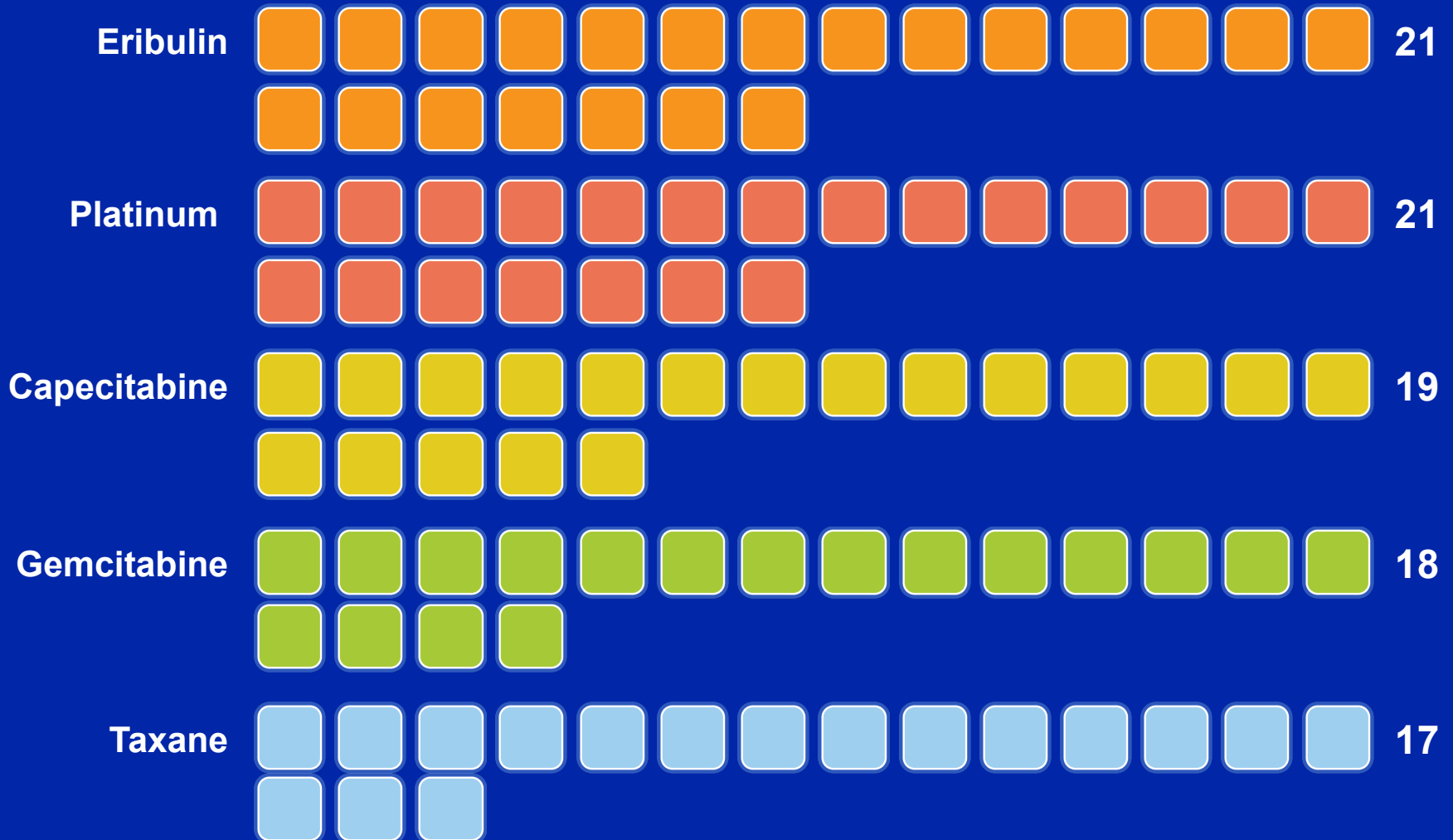
Median duration was 4 weeks.

# Time between last dose of chemotherapy for triple-negative mBC and patient's death?



Median = 8 weeks

# Most common systemic agents administered



# Module 5

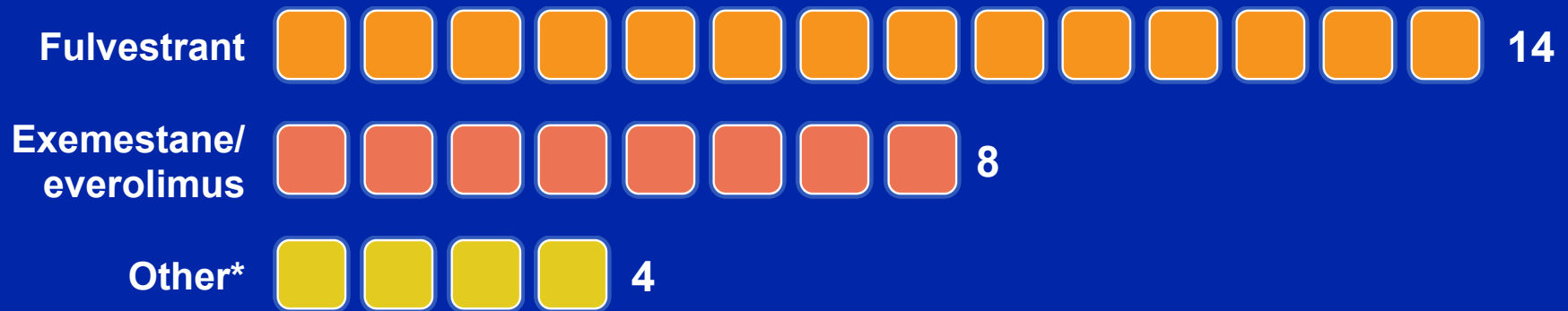
## ER+, HER2-neg mBC

Age 65, postmenopausal

Asymptomatic

Low disease burden bone mets

After 4 years adjuvant anastrozole



\*Tamoxifen x 2; exemestane; fulvestrant + AI

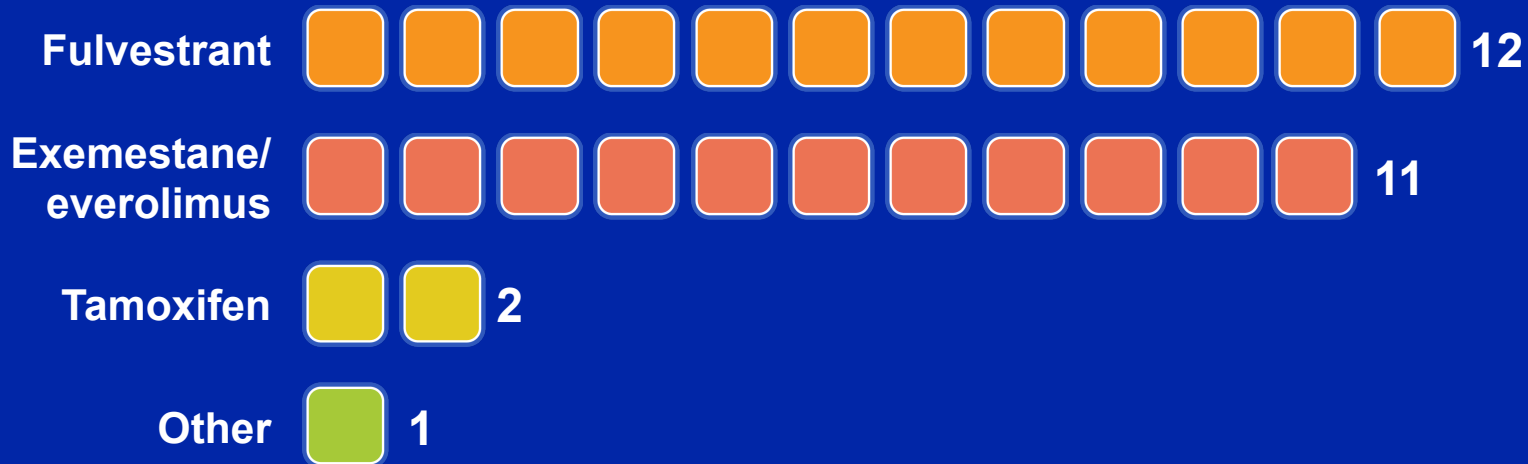
# ER+, HER2-neg mBC

Age 65, postmenopausal

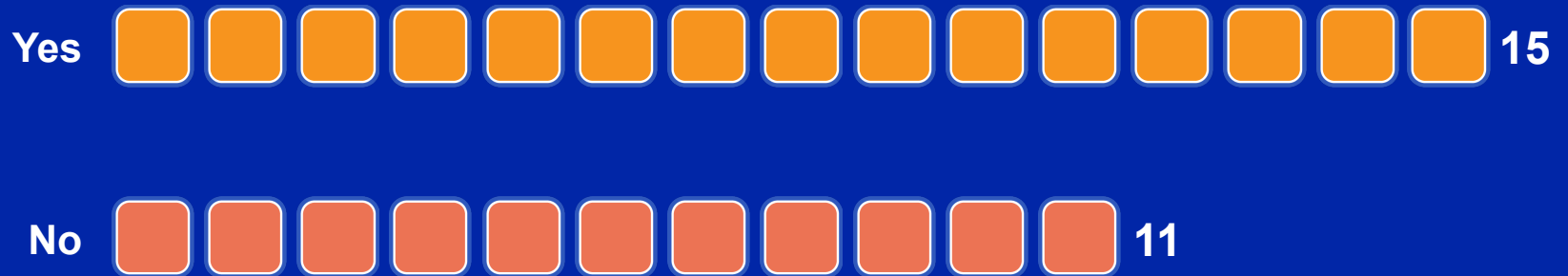
Asymptomatic

Low disease burden bone and liver mets

After 4 years adjuvant anastrozole



# Preemptive antimucositis measures in patients receiving everolimus?



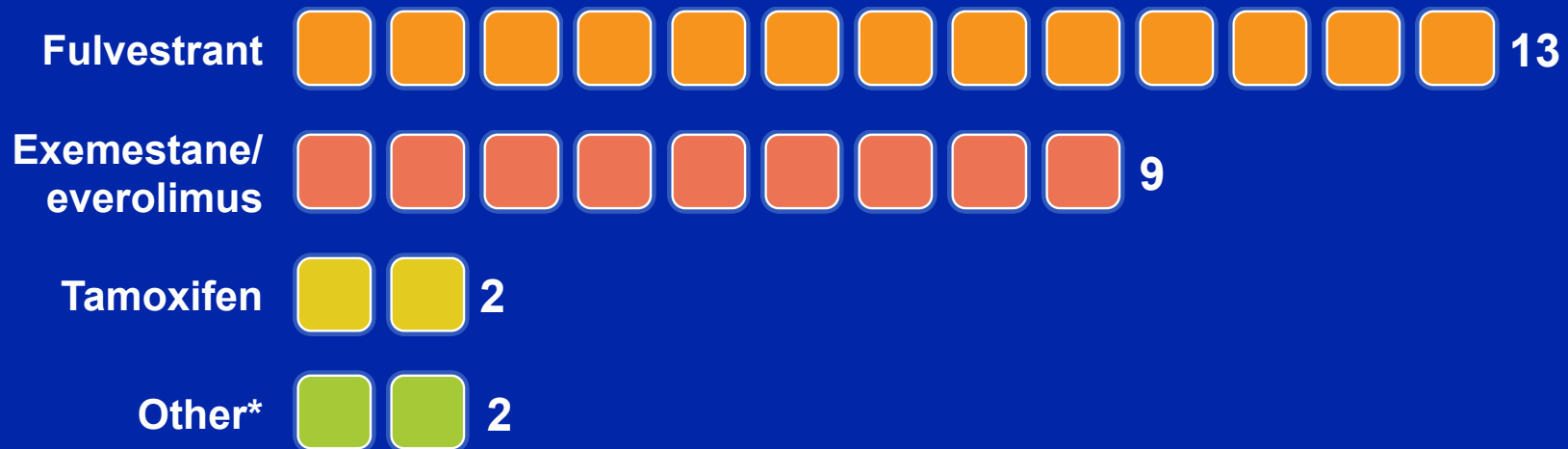
# ER+, HER2-neg mBC

Age 65, postmenopausal

Asymptomatic

Low disease burden bone mets

After 1 year adjuvant anastrozole



\* Exemestane; fulvestrant + AI



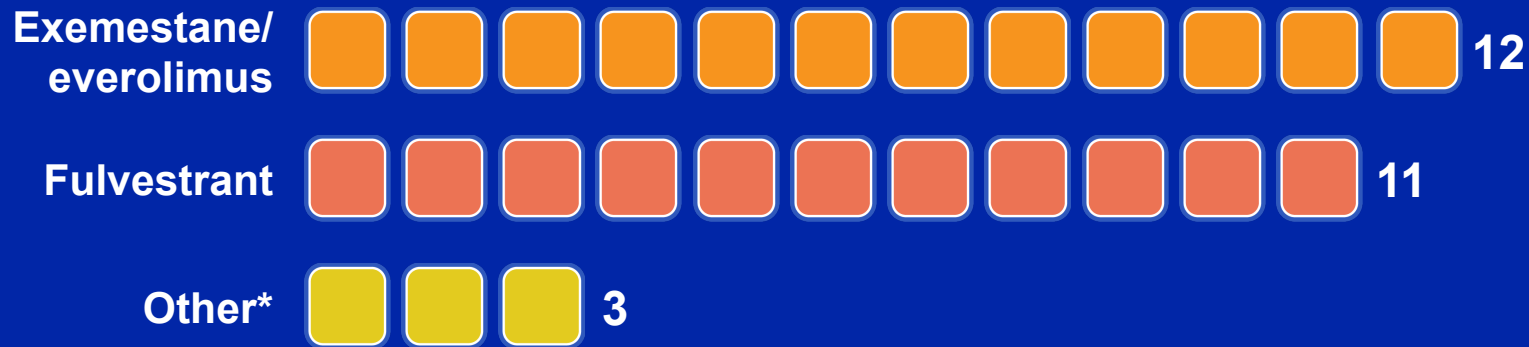
## ER+, HER2-neg mBC

Age 65, postmenopausal

Asymptomatic

Low disease burden bone and liver mets

After 1 year adjuvant anastrozole



\* Fulvestrant + AI; capecitabine; tamoxifen

## ER+, HER2-neg mBC

Relapse after 4 years of nonsteroidal AI

Efficacy of high-dose fulvestrant versus everolimus/  
exemestane?

I don't know  11

Exemestane/  
everolimus more  
efficacious  10

About the same  5