Sénologie

Mardi 21 novembre 2023

Palais de la Bourse - Bordeaux

Laura SALABERT – Institut Bergonié

Les « Actus » de l'ESMO – Soirée Post-ESMO Bordeaux 2023

Liens d’intérêts

- Board : Seagen, Viatris, Lilly
- Hospitalité : Gilead, Pfizer

Cancer du sein métastatique

RH+ HER2 négatif

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LBA11

Datopotamab deruxtecan (Dato-DXd) vs chemotherapy in previously-treated inoperable or metastatic hormone receptor-positive, HER2-negative (HR+/HER2–) breast cancer: Primary results from the randomised Phase 3 TROPION-Breast01 trial

Aditya Bardia,[1] Komal Jhaveri,[2] Seock-Ah Im,[3] Sonia Pernas,[4] Michelino De Laurentiis,[5] Shusen Wang,[6] Noelia Martínez Jañez,[7] Giuliano Borges,[8] David W. Cescon,[9] Masaya Hattori,[10] Yen-Shen Lu,[11] Erika Hamilton,[12] Qingyuan Zhang,[13] Junji Tsurutani,[14] Kevin Kalinsky,[15] Lu Xu,[16] Neelima Denduluri,[17] Hope S. Rugo,[18] Binghe Xu,[19*] Barbara Pistilli[20*]

*Contributed equally

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TROPION-Breast01 Study Design[1]

Randomised, phase 3, open-label, global study (NCT05104866)

Key inclusion criteria:

- Patients with HR+/HER2– breast cancer* (HER2– defined as IHC 0/1+/2+; ISH negative)
- Previously treated with 1–2 lines of chemotherapy (inoperable/metastatic setting)
- Experienced progression on ET and for whom ET was unsuitable
- ECOG PS 0 or 1

1:1

Dato-DXd
6 mg/kg IV Day 1 Q3W
(n=365)

Investigator's choice of chemotherapy (ICC)
as per protocol directions†
(eribulin mesylate D1,8 Q3W; vinorelbine D1,8 Q3W; gemcitabine D1,8 Q3W; capecitabine D1–14 Q3W)
(n=367)

Endpoints:

- **Dual primary:** PFS by BICR per RECIST v1.1, and OS
- **Key secondary:** ORR, PFS (investigator assessed) and safety

Randomisation stratified by:

- **Lines of chemotherapy** in unresectable/metastatic setting (1 vs 2)
- **Geographic location** (US/Canada/Europe vs ROW)
- **Previous CDK4/6 inhibitor** (yes vs no)

- Treatment continued until PD, unacceptable tolerability, or other discontinuation criteria

Detailed description of the statistical methods published previously.[1] *Per American Society of Clinical Oncology/College of American Pathologists (ASCO/CAP) guidelines. †ICC was administered as follows: eribulin mesylate, 1.4 mg/m^2 IV on Days 1 and 8, Q3W; capecitabine, 1000 or 1250 mg/m^2 orally twice daily on Days 1 to 14, Q3W (dose per standard institutional practice); vinorelbine, 25 mg/m^2 IV on Days 1 and 8, Q3W; or gemcitabine, 1000 mg/m^2 IV on Days 1 and 8, Q3W. BICR, blinded independent central review; CDK4/6, cyclin-dependent kinase 4/6; ECOG PS, Eastern Cooperative Oncology Group performance status; ET, endocrine therapy; IV, intravenous; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; RECIST, Response Evaluation Criteria in Solid Tumors; ROW, rest of world.

1. Bardia A, et al. *Future Oncol* 2023; doi: 10.2217/fon-2023-0188.

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Demographics and Baseline Characteristics

ICC:
- Eribulin mesylate: n=220
- Vinorelbine: n=38
- Capecitabine: n=76
- Gemcitabine: n=33

		Dato-DXd (n=365)	ICC (n=367)
Age, median (range), years		56 (29–86)	54 (28–86)
Female, n (%)		360 (99)	363 (99)
Race, n (%)	Black or African American / Asian / White / Other*	4 (1) / 146 (40) / 180 (49) / 35 (10)	7 (2) / 152 (41) / 170 (46) / 38 (10)
Ethnicity, n (%)	Hispanic or Latino / Not Hispanic or Latino†	40 (11) / 322 (88)	43 (12) / 318 (87)
Prior lines of chemotherapy,‡ n (%)	1 / 2	229 (63) / 135 (37)	225 (61) / 141 (38)
Prior CDK4/6 inhibitor, n (%)	Yes / No	299 (82) / 66 (18)	286 (78) / 81 (22)
Prior taxane and/or anthracycline, n (%)	Taxane and/or Anthracycline	330 (90)	339 (92)
	Neither	35 (10)	28 (8)

*Including not reported. †Ethnicity missing: 3 patients in Dato-DXd group; 6 patients in ICC group.
‡In the inoperable/metastatic setting; one patient in the Dato-DXd group had 3 prior lines of chemotherapy; one patient in the ICC group had 4 prior lines.

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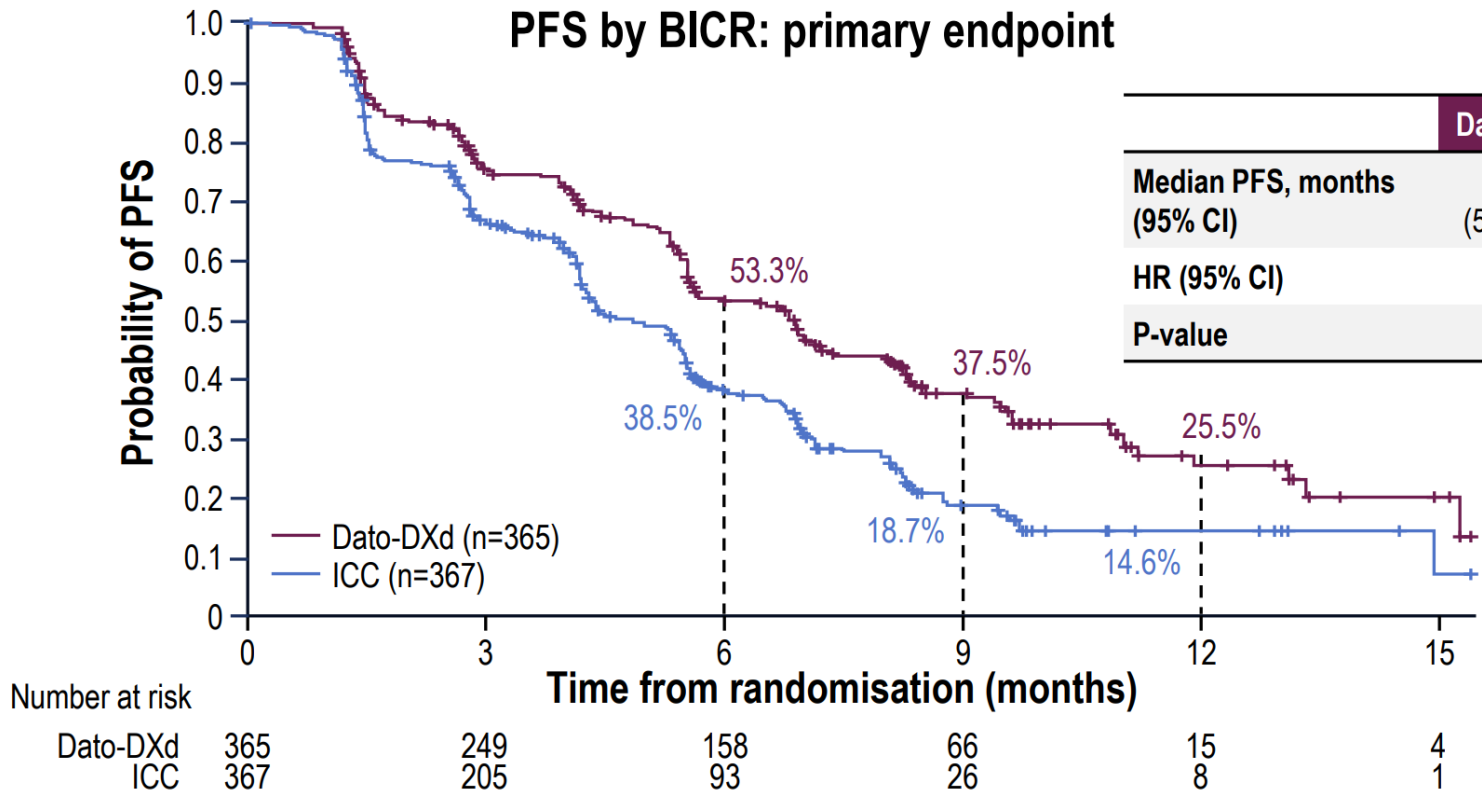
Progression-Free Survival



	Dato-DXd	ICC
Median PFS, months (95% CI)	6.9 (5.7–7.4)	4.9 (4.2–5.5)
HR (95% CI)	**0.63 (0.52–0.76)**	
P-value	<0.0001	

PFS by investigator assessment: Median 6.9 vs 4.5 months; HR 0.64 (95% CI 0.53–0.76)

CI, confidence interval; HR, hazard ratio

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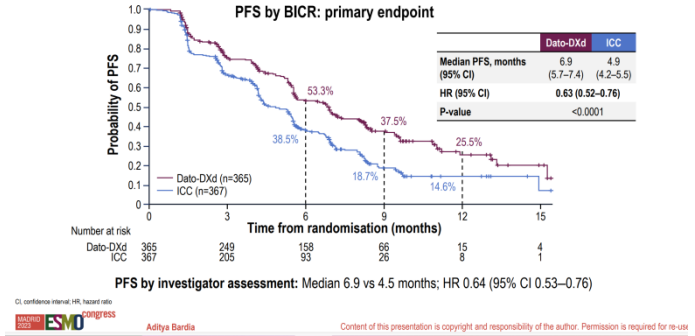
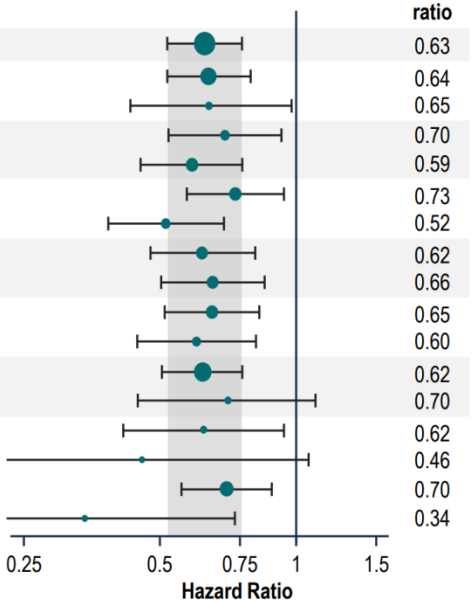
Progression-Free Survival



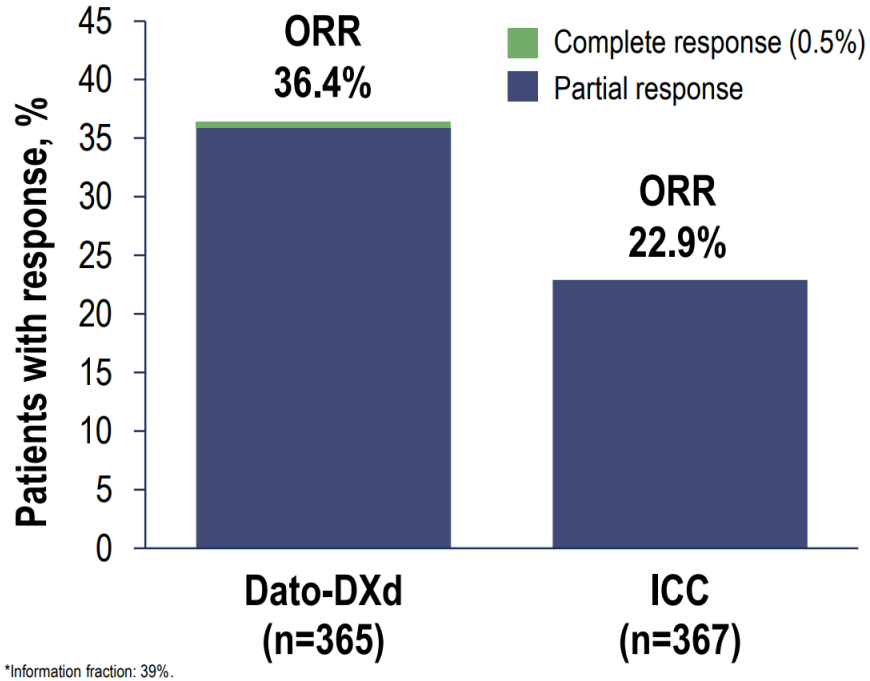
PFS by BICR Across Subgroups

		Events/n Dato-DXd	Events/n ICC	Hazard ratio
All patients		212/365	235/367	0.63
Age at randomisation	<65 years	163/274	190/295	0.64
	≥65 years	49/91	45/72	0.65
Race	Asian	88/146	101/152	0.70
	Non-Asian	109/187	119/183	0.59
ECOG performance status	0	119/197	136/220	0.73
	1	91/165	98/145	0.52
Geographic region	US, Canada, Europe	110/186	112/182	0.62
	Rest of World*	102/179	123/185	0.66
Number of previous lines of chemotherapy	1	128/229	145/225	0.65
	2	84/135	90/141	0.60
Prior use of CDK4/6 inhibitor	Yes	177/299	190/286	0.62
	No	35/66	45/81	0.70
Prior use of taxane and/or anthracycline	Taxane alone	48/80	47/71	0.62
	Anthracycline alone	9/14	16/21	0.46
	Both taxane and anthracycline	141/236	155/247	0.70
	Neither taxane nor anthracycline	14/35	17/28	0.34



Size of circle is proportional to the number of events across both treatment groups.
*Three patients from Canada were incorrectly stratified to Rest of World.

Response Rate



*Information fraction: 39%.
ORR, confirmed objective response rate by BICR

Données de SG non matures

Overall Safety Summary

TRAEs, n (%)	Dato-DXd (n=360)	ICC (n=351)
All grades	337 (94)	303 (86)
Grade ≥3	75 (21)	157 (45)
Associated with dose reduction	75 (21)	106 (30)
Associated with dose interruption	43 (12)	86 (25)
Associated with discontinuation	9 (3)	9 (3)
Associated with death	0	1 (0.3)
Serious TRAEs	21 (6)	32 (9)
Grade ≥3	17 (5)	31 (8)

TRAEs, treatment-related adverse events.

System Organ Class Preferred term, n (%)	Dato-DXd (n=360)		ICC (n=351)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Blood and lymphatic system				
Anaemia	40 (11)	4 (1)	69 (20)	7 (2)
Neutropenia*	39 (11)	4 (1)	149 (42)	108 (31)
Eye				
Dry eye	78 (22)	2 (1)	27 (8)	0
Gastrointestinal				
Nausea	184 (51)	5 (1)	83 (24)	2 (1)
Stomatitis	180 (50)	23 (6)	46 (13)	9 (3)
Vomiting	71 (20)	4 (1)	27 (8)	2 (1)
Constipation	65 (18)	0	32 (9)	0
General				
Fatigue	85 (24)	6 (2)	64 (18)	7 (2)
Skin and subcutaneous				
Alopecia	131 (36)	0	72 (21)	0

Cancer du sein métastatique

HER2 Low

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Trastuzumab Deruxtecan (T-DXd) Versus Treatment of Physician's Choice (TPC) in Patients With HER2-Low Unresectable and/or Metastatic Breast Cancer: Updated Survival Results of the Randomized, Phase 3 DESTINY-Breast04 Study

Presentation 376O

Shanu Modi,[1] William Jacot, Hiroji Iwata, Yeon Hee Park, Maria Jesus Vidal Losada, Wei Li, Junji Tsurutani, Khalil Zaman, Naoto Ueno, Aleix Prat, Konstantinos Papazisis, Hope S. Rugo, Nadia Harbeck, Seock-Ah Im, Michelino De Laurentis, Cecilia Orbegoso Aguilar, Lotus Yung, Fu-Chih Cheng, Yingkai Cheng, David Cameron

On behalf of the DESTINY-Breast04 investigators

[1]Memorial Sloan Kettering Cancer Center, New York, NY, USA

Madrid, Spain, October 20-24, 2023

DESTINY-Breast04 Study Design:
An open-label, multicenter study (NCT03734029)[1-3]

Patients[a]
- HER2-low (IHC 1+ or IHC 2+/ISH−), unresectable, and/or mBC treated with 1-2 prior lines of chemotherapy in the metastatic setting
- HR+ disease considered endocrine refractory

R 2:1

T-DXd
5.4 mg/kg Q3W
(n = 373)

TPC
Capecitabine, eribulin, gemcitabine, paclitaxel, nab-paclitaxel[c]
(n = 184)

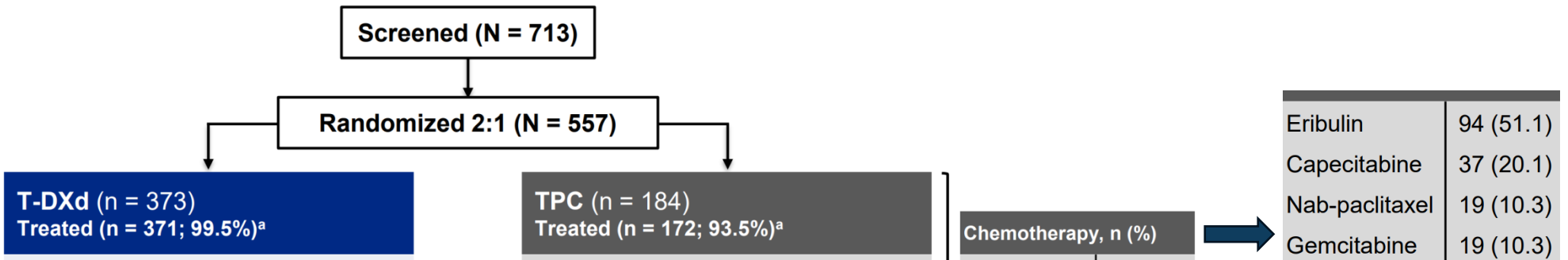
Stratification factors
- Centrally assessed HER2 status[b] (IHC 1+ vs IHC 2+/ISH−)
- 1 vs 2 prior lines of chemotherapy
- HR+ (with vs without prior treatment with CDK4/6i) vs HR−

Primary endpoint
- PFS by BICR (HR+)

Key secondary endpoints[d]
- PFS by BICR (all patients)
- **OS (HR+ and all patients)**

Secondary endpoints[d]
- **PFS by investigator**
- ORR by BICR and investigator
- DOR by BICR
- **Safety**
- Patient-reported outcomes (HR+)[e]

At the updated data cutoff (March 1, 2023), median follow-up was 32.0 months (95% CI, 31.0-32.8 months)

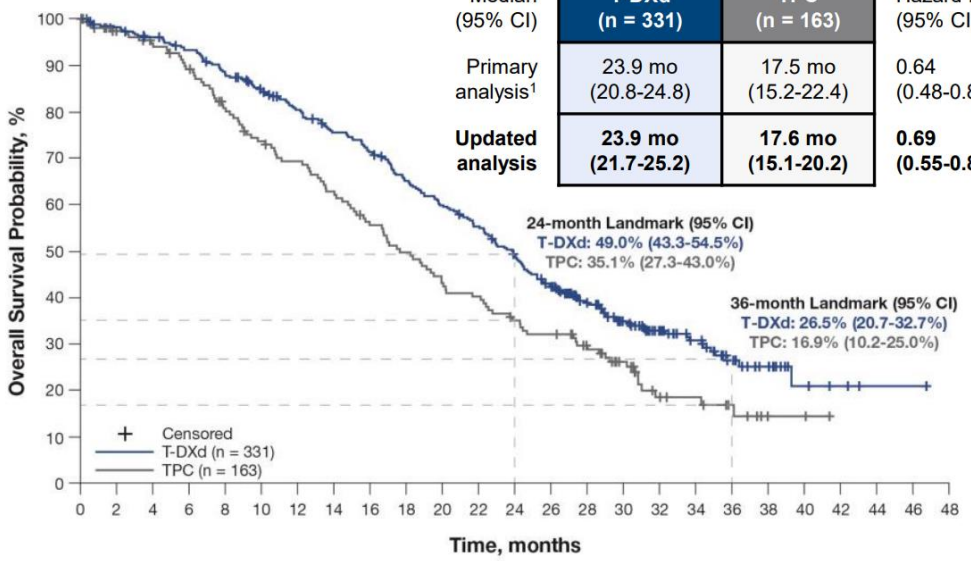


Eribulin	94 (51.1)
Capecitabine	37 (20.1)
Nab-paclitaxel	19 (10.3)
Gemcitabine	19 (10.3)
Paclitaxel	15 (8.2)

Overall Survival

HR+ Cohort

Median (95% CI)	T-DXd (n = 331)	TPC (n = 163)	Hazard ratio (95% CI)
Primary analysis[1]	23.9 mo (20.8-24.8)	17.5 mo (15.2-22.4)	0.64 (0.48-0.86)
Updated analysis	**23.9 mo (21.7-25.2)**	**17.6 mo (15.1-20.2)**	**0.69 (0.55-0.87)**



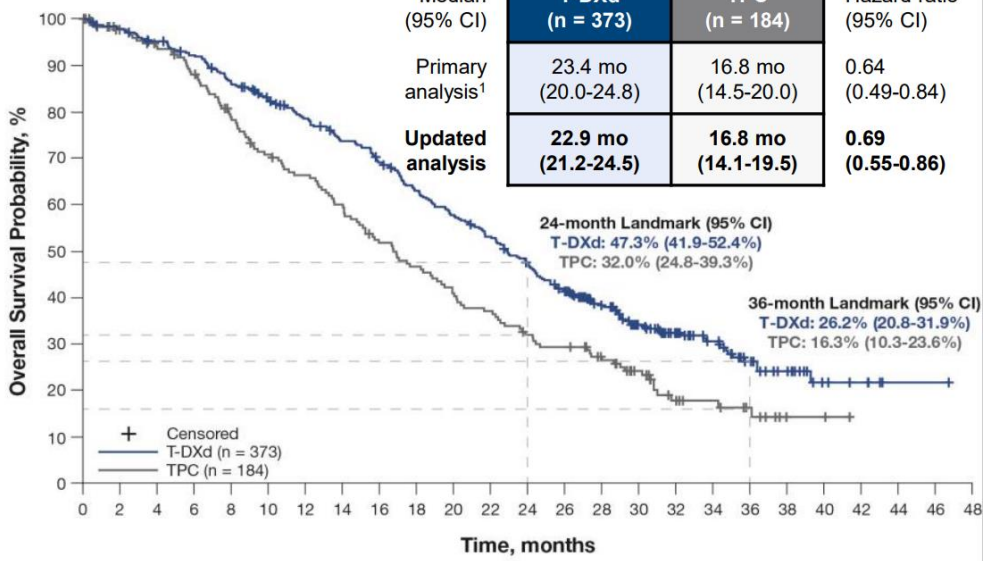
Patients still at risk:

T-DXd (n = 331) 331 325 323 317 313 307 302 292 284 279 267 258 250 243 233 230 220 212 199 189 183 176 168 155 147 135 124 109 94 81 72 66 54 46 42 34 23 17 14 7 5 4 3 2 1 1 1 0

TPC (n = 163) 163 150 144 142 138 134 129 123 114 108 103 97 96 92 87 82 76 71 68 64 59 56 55 50 47 43 43 42 35 31 25 16 13 11 11 9 7 5 2 2 2 1 0

All Patients

Median (95% CI)	T-DXd (n = 373)	TPC (n = 184)	Hazard ratio (95% CI)
Primary analysis[1]	23.4 mo (20.0-24.8)	16.8 mo (14.5-20.0)	0.64 (0.49-0.84)
Updated analysis	**22.9 mo (21.2-24.5)**	**16.8 mo (14.1-19.5)**	**0.69 (0.55-0.86)**



Patients still at risk:

T-DXd (n = 373) 373 366 363 355 350 342 337 325 314 308 295 285 276 269 257 254 240 231 217 205 199 191 182 168 160 148 137 122 107 94 81 75 62 52 48 39 28 21 18 11 7 6 5 3 1 1 1 0

TPC (n = 184) 184 170 165 160 156 152 145 137 127 119 113 107 105 100 95 88 81 76 73 69 64 59 58 53 49 45 45 44 37 33 27 18 15 12 12 10 8 5 2 2 2 1 0

➔ Bénéfice en SG de 31% se maintenant dans le temps dans la cohorte RH+ et dans la population totale, de même que dans l'ensemble des sous-groupes

➔ Pas de nouveau signal d'alerte en termes de toxicité (12% d'ILD)

Cancer du sein métastatique

Triple négatif

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Datopotamab Deruxtecan (Dato-DXd) + Durvalumab (D) as First-Line (1L) Treatment for Unresectable Locally Advanced/Metastatic Triple-Negative Breast Cancer (a/mTNBC)

Updated Results From BEGONIA, a Phase 1b/2 Study

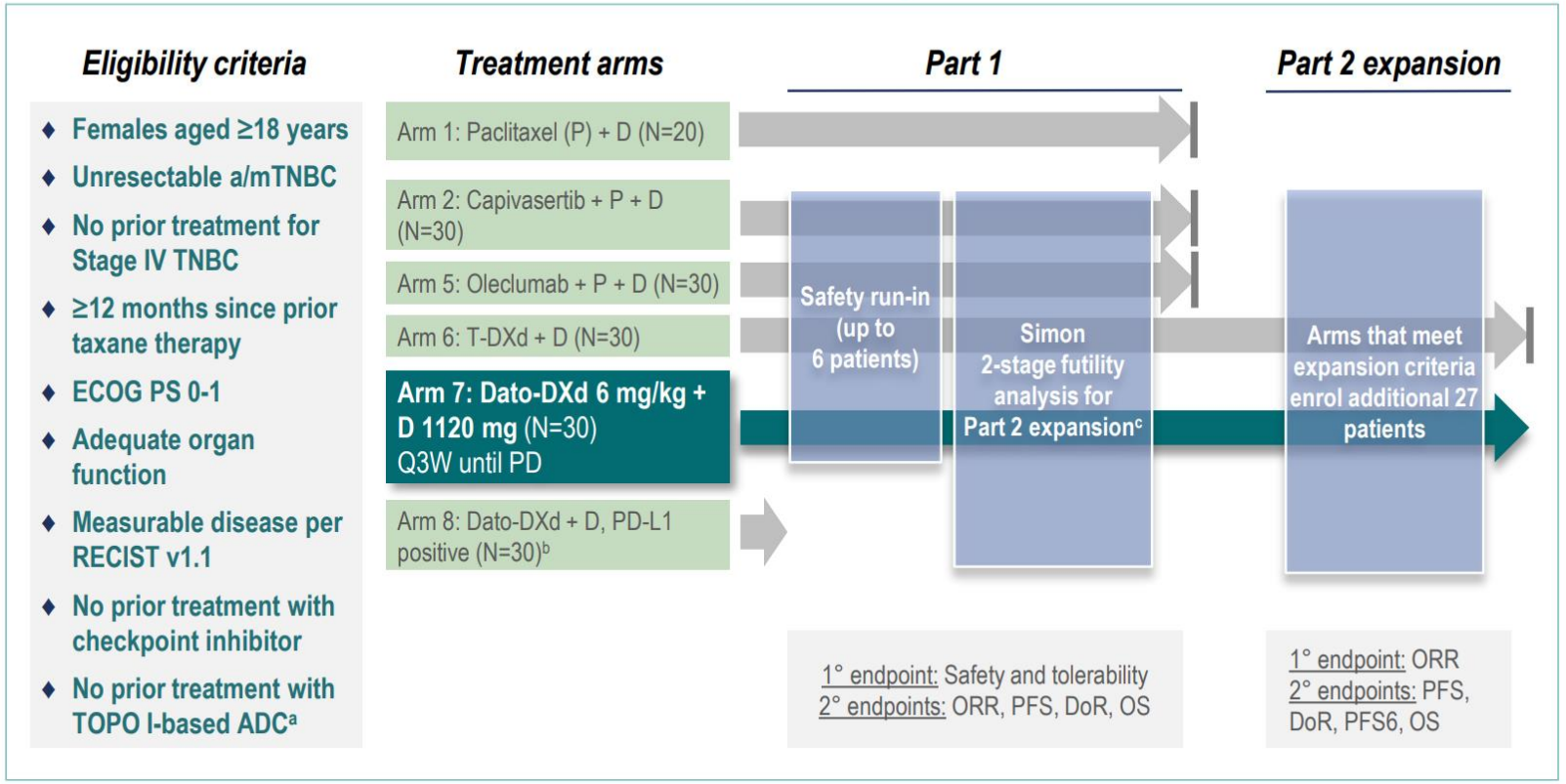
Professor Peter Schmid, FRCP, MD, PhD

Barts Cancer Institute, Queen Mary University of London, London, UK

P. J. Wysocki,[1] C. X. Ma,[2] Y. H. Park,[3] R. Fernandes,[4] S. Lord,[5] R. D. Baird,[6] C. Prady,[7] K. H. Jung,[8] J. Asselah,[9] R. Huisden,[10] R. Stewart,[10] K. Heider,[10] P. Vukovic,[10] N. Denduluri,[11] Z. Nowecki[12]

The BEGONIA Study (NCT03742102)

Study Design



62 patients treated

33 (53%) discontinued treatment
(1 or more reasons may have been reported)
26 (42%) disease progression[a]
10 (16%) due to an adverse event[b]
4 (7%) patient decision[a]

29 (47%) treatment ongoing

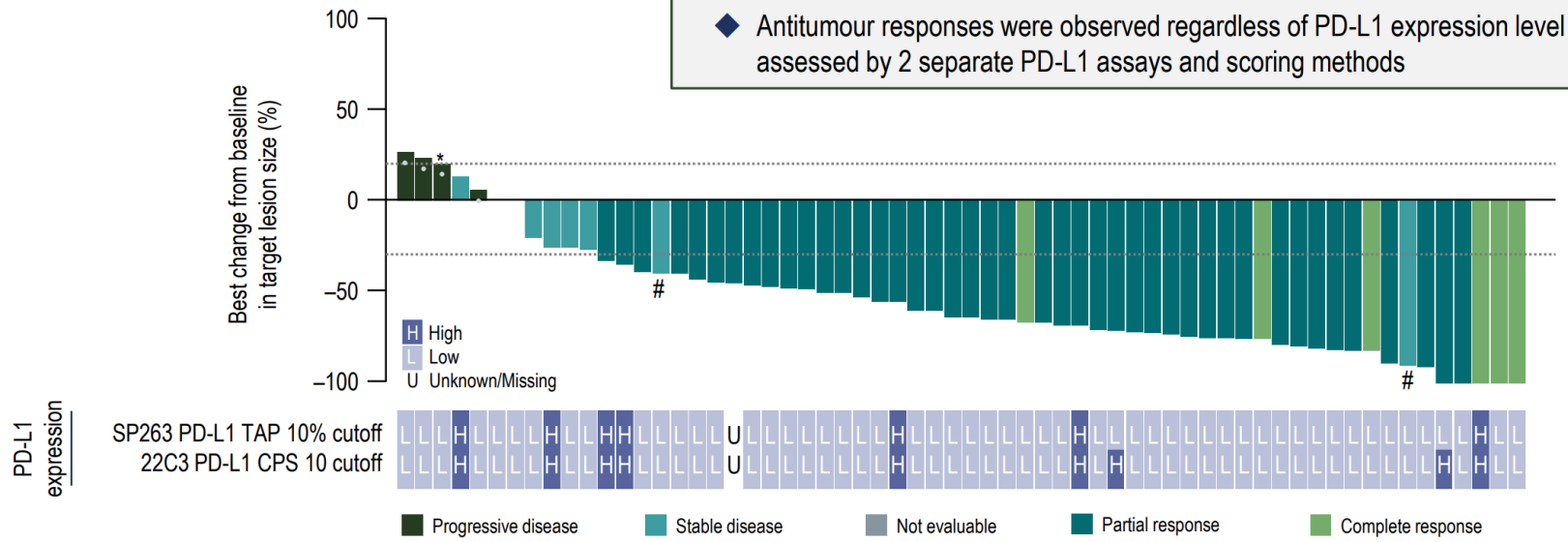
Median follow-up: 11.7 (range, 2–20) months

BEGONIA Arm 7: Dato-DXd + Durvalumab

Antitumour Responses in 1L a/mTNBC

Confirmed ORR was **79%** (49/62; 95% CI, 66.8–88.3) with 6 CR and 43 PR

- Antitumour responses were observed regardless of PD-L1 expression level as assessed by 2 separate PD-L1 assays and scoring methods



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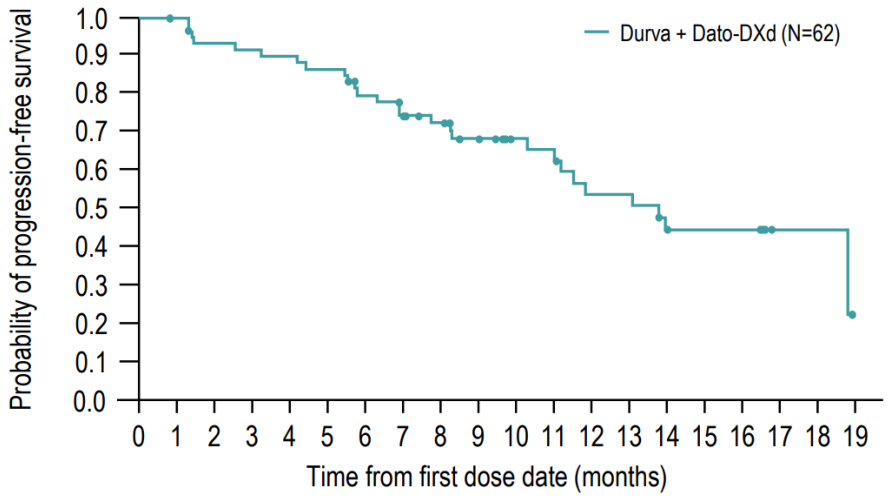
10 (16%) due to an adverse event[b]
4 (7%) patient decision[a]

29 (47%) treatment ongoing

Median follow-up: 11.7 (range, 2–20) months

Median PFS was 13.8 months (95% CI, 11.0–NC)



Number of patients at risk

Durva + Dato-DXd	62	61	56	55	54	52	45	40	37	32	24	23	18	18	14	13	13	2	2	0

Most frequently reported adverse events (≥15%) (N=62)

AE preferred term	Any grade, n (%)	Grade 3/4, n (%)
Nausea	40 (65)	0
Stomatitis	40 (65)	7 (11)
Alopecia	31 (50)	0
Constipation	29 (47)	1 (2)
Fatigue	28 (45)	1 (2)
Rash	20 (32)	0
Vomiting	16 (26)	1 (2)
Amylase increased	13 (21)	11 (18)
COVID-19	13 (21)	0
Dry eye	13 (21)	0
Decreased appetite	12 (19)	1 (2)
Pruritus	10 (16)	0
Cough	10 (16)	0

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A First-in-Human Phase I Trial of HS-20089, a B7-H4 ADC, in Patients with Advanced Solid Tumors

J. Wu[1,2,*], J. Zhang[1,3,*], H. Li[4], X. Wang[5], Q.Y. Zhang[6], Y. Shi[7], M. yan[8], Y. Pan[9], A. Shen[10], Q. Chen[11], Q.Rao[11], H. Wei[12], C. Li[12], L. Yang[12], Q. Huang[12], Z. Cao[12], Q. Wu[12]

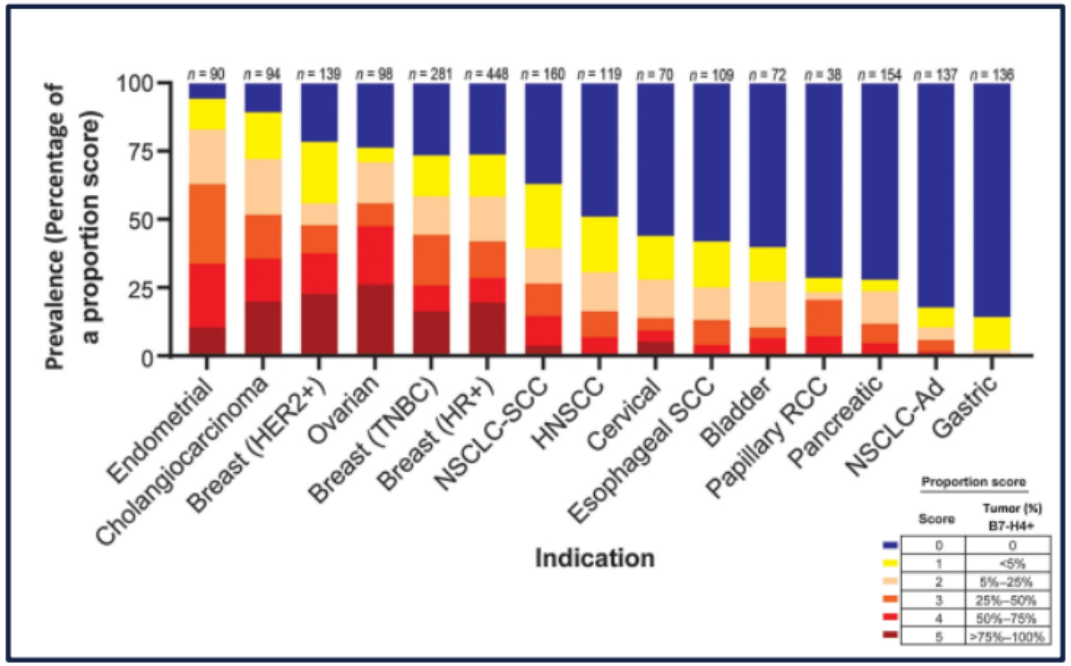
[1]Department of Oncology, Shanghai Medical College, Fudan University, Shanghai, China, [2]Department of Breast Surgery, Fudan University Shanghai Cancer Center, Shanghai, China, [3]Phase Ⅰ Clinical Trial Center, Fudan University Shanghai Cancer Center, Shanghai, China, [4]Medical Oncology, Peking University Cancer Hospital and Institute, Beijing, China, [5]Medical Oncology, Zhejiang Cancer Hospital – Cancer Research Institute, Hangzhou, China, [6]Medical Oncology, 3rd Affiliated Hospital of Harbin Medical University, Harbin, China, [7]Medical oncology department of breast cancer, TMUCIH - Tianjin Medical University Cancer Institute and Hospital, Tianjin, China, [8]Medical Oncology, Henan Cancer Hospital/Affiliated Cancer Hospital of Zhengzhou University, Zhengzhou, China, [9]Oncology Dept, Anhui Provincial Hospital, Hefei, China, [10]Clinical Research, The First Affiliated Hospital of USTC/ Anhui Provincial Hospital, Hefei, China, [11]Medical Oncology, Sun Yat-Sen Memorial Hospital, Guangzhou, China, [12]Department of Oncology Medicine, Hansoh Pharma Group CO.,LTD., Shanghai, China

* Contributed equally

Dr Jian Zhang

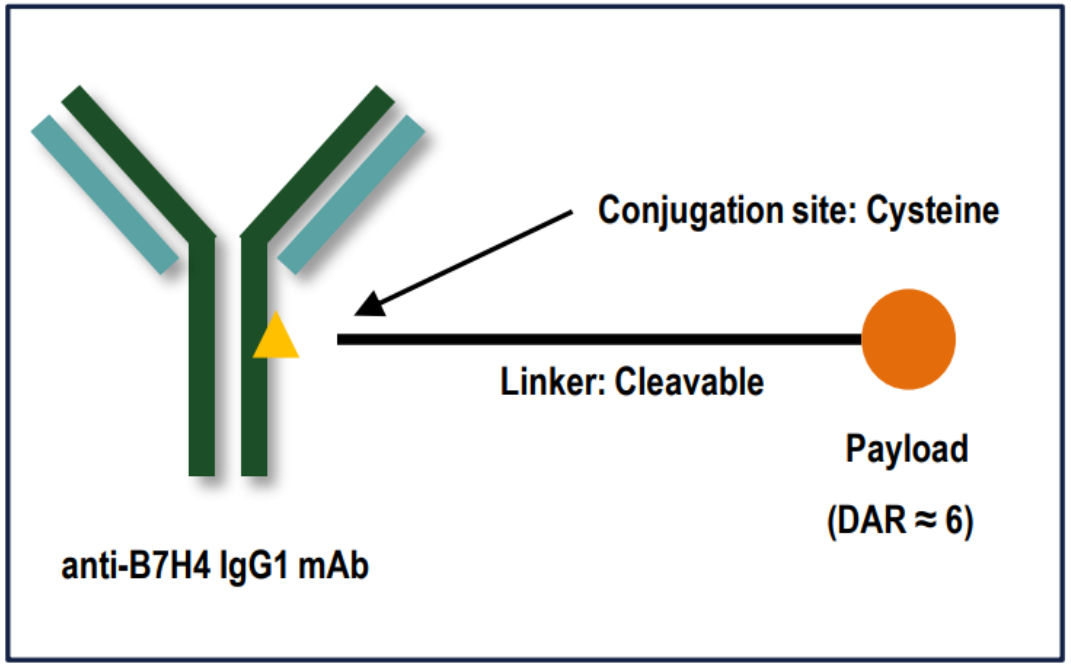
Madrid Spain, 21. 10. 2023

Figure 1. Expression of B7-H4 in Multiple Tumors*

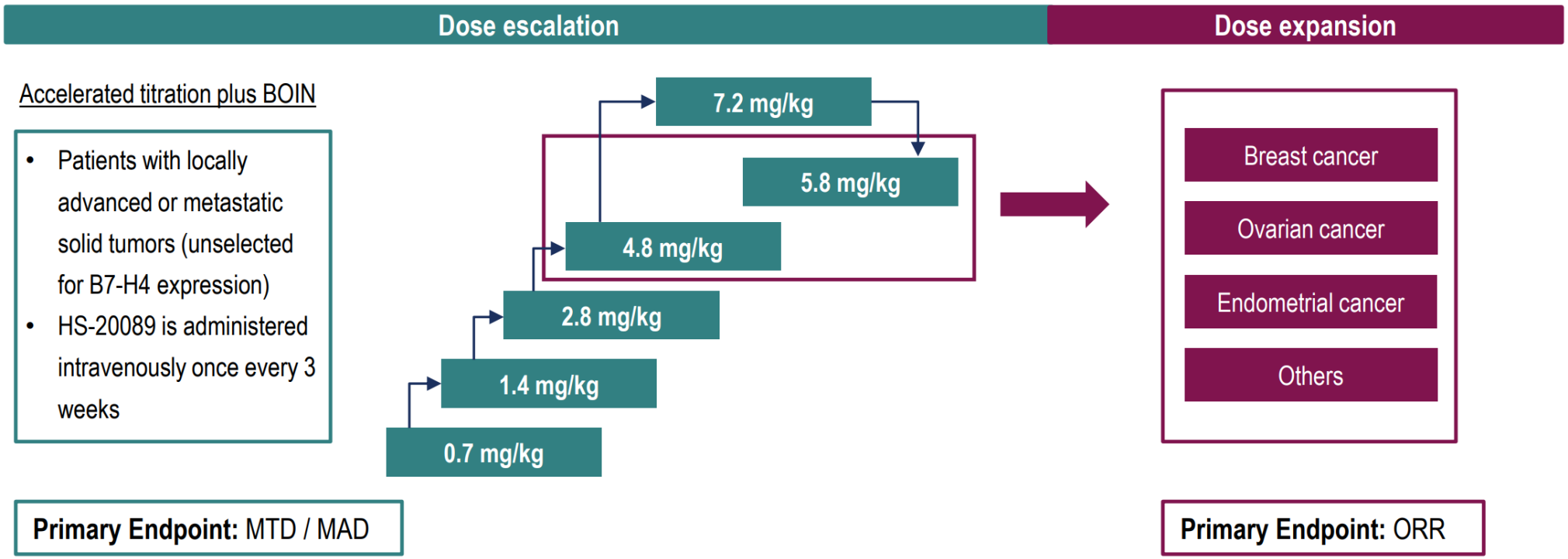


*Reference: Clin Cancer Res . 2022 Dec

Figure 2. Structure of HS-20089



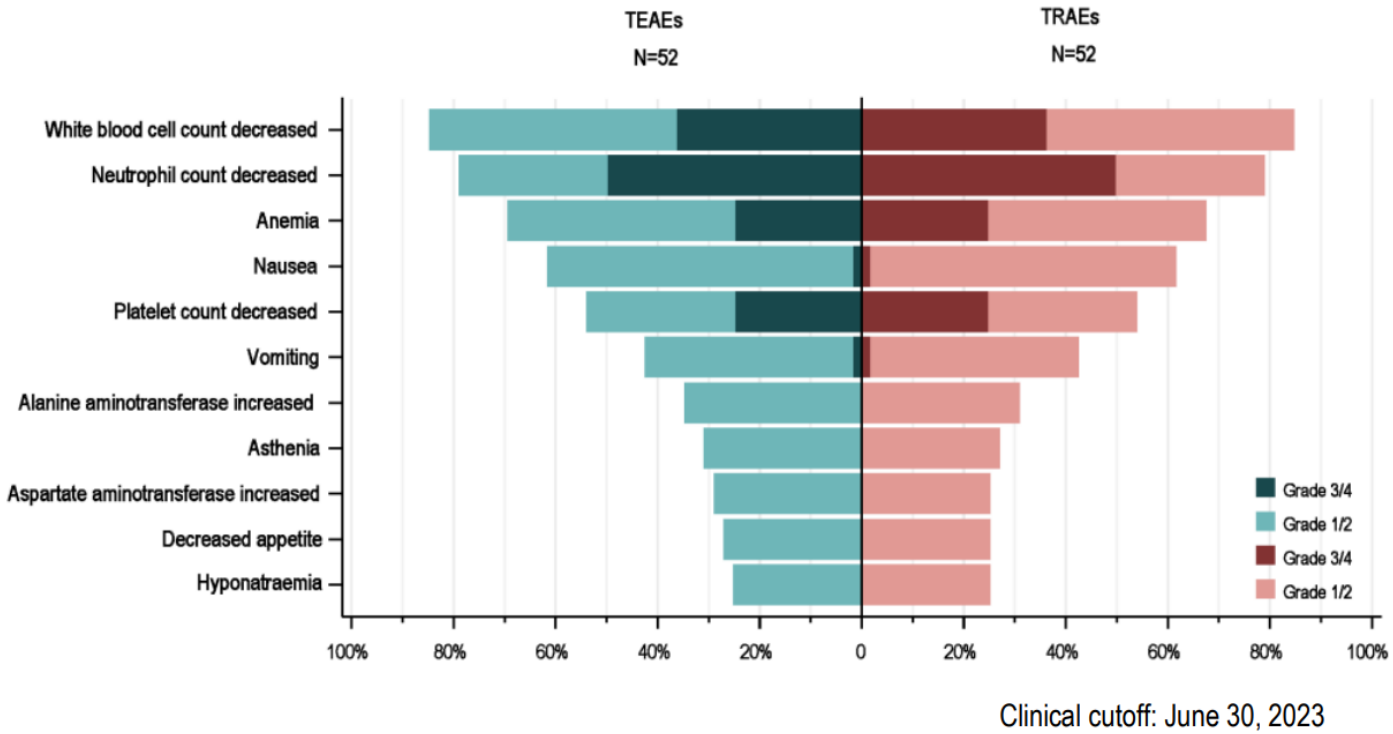
DAR: Drug to antibody ratio.



Résultat phase escalade de dose :
52 patients dont 48 ayant un cancer du sein :

32 TN
12 RH +
4 HER2 +

Safety



Clinical cutoff: June 30, 2023

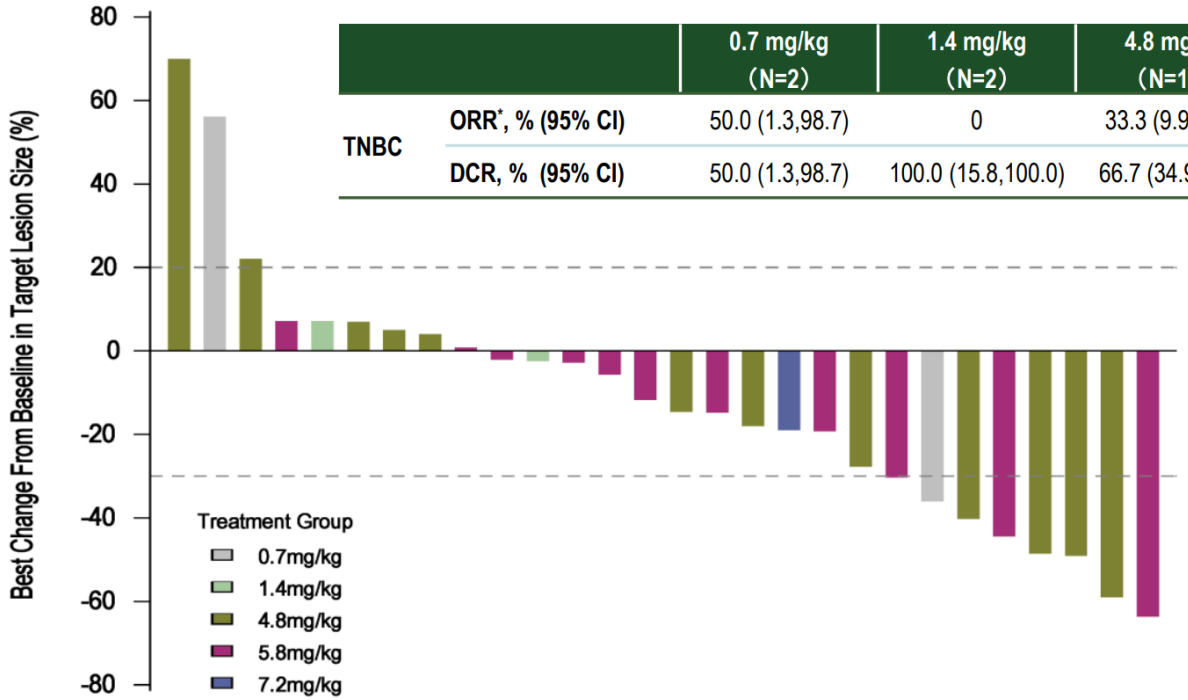
➔suivi median : 5,7 mois

Majorité des effets indésirables de grade 3 et plus : hématologiques

Efficacy - TNBC

- HS-20089 showed promising anti-tumor activity in triple-negative breast cancer (TNBC).
- At potential target therapeutic doses of 4.8 and 5.8 mg/kg, the ORR were 33.3% and 27.3%, respectively.

Figure 5. Best Percent Change of Target Lesions in TNBC



		0.7 mg/kg (N=2)	1.4 mg/kg (N=2)	4.8 mg/kg (N=12)	5.8 mg/kg (N=11)	7.2 mg/kg (N=1)	Total (N=28)
TNBC	ORR*, % (95% CI)	50.0 (1.3,98.7)	0	33.3 (9.9,65.1)	27.3# (6.0,61.0)	0	28.6 (13.2,48.7)
	DCR, % (95% CI)	50.0 (1.3,98.7)	100.0 (15.8,100.0)	66.7 (34.9,90.1)	81.8 (48.2,97.7)	100.0 (2.5,100.0)	75.0 (55.1,89.3)

*Assessed according to RECIST 1.1 by investigators.
#Including 1 confirmed PR and 2 PRs awaiting confirmation. Others were confirmed PRs.
ORR: Objective response rate.
DCR: Disease control rate.
PR: Partial response.

Clinical cutoff: August 17, 2023

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Cancer du sein métastatique

HER2 + - Métastases cérébrales

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A Pooled Analysis of Trastuzumab Deruxtecan in Patients With HER2-Positive Metastatic Breast Cancer With Brain Metastases (BMs) from DESTINY-Breast01, -02, and -03

Presentation 3770

Sara A. Hurvitz[1], Shanu Modi, Wei Li, Yeon Hee Park, Wei-Pang Chung, Sung-Bae Kim, Javier Cortes, Toshinari Yamashita, Jose Luiz Pedrini, Seock-Ah Im, Ling-Ming Tseng, Nadia Harbeck, Ian Krop, Giuseppe Curigliano, Elton Mathias, Jillian Cathcart, Antonio Cagnazzo, Shahid Ashfaque, Anton Egorov, Fabrice André

On behalf of the DESTINY-Breast01, -02, and -03 pooled investigators

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Madrid, Spain, October 20-24, 2023

Objectif

Analyse exploratoire pour évaluer l'efficacité au niveau cérébral du T-DXD, versus bras comparateur (traitement standard)

2 populations

o Treated/stable BMs (traitement local réalisé, maladie cérébrale stable au baseline)

o Untreated/active BMs (progression cérébrale non traitée localement, asymptomatique)

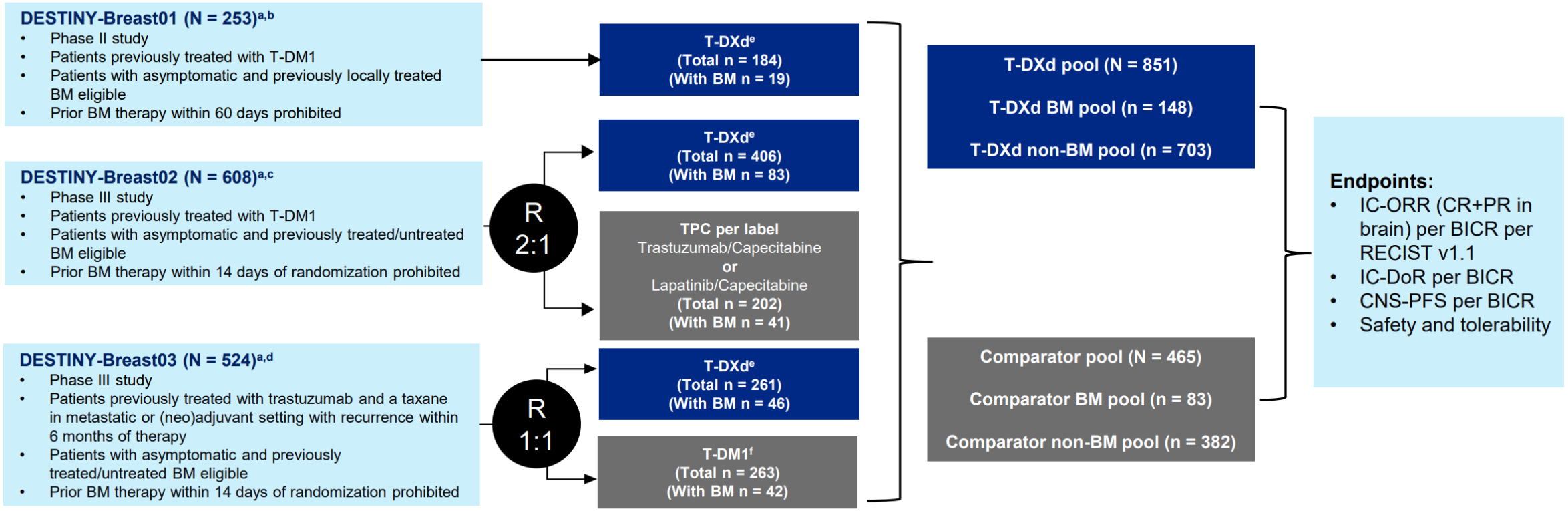
DESTINY-Breast01[1]

- Patients with asymptomatic, previously locally treated, and stable BMs

DESTINY-Breast02 and DESTINY-Breast03[2-4]

- Initially, patients with previously untreated and asymptomatic BM were eligible
- After protocol amendments, only patients with treated, asymptomatic BMs were allowed

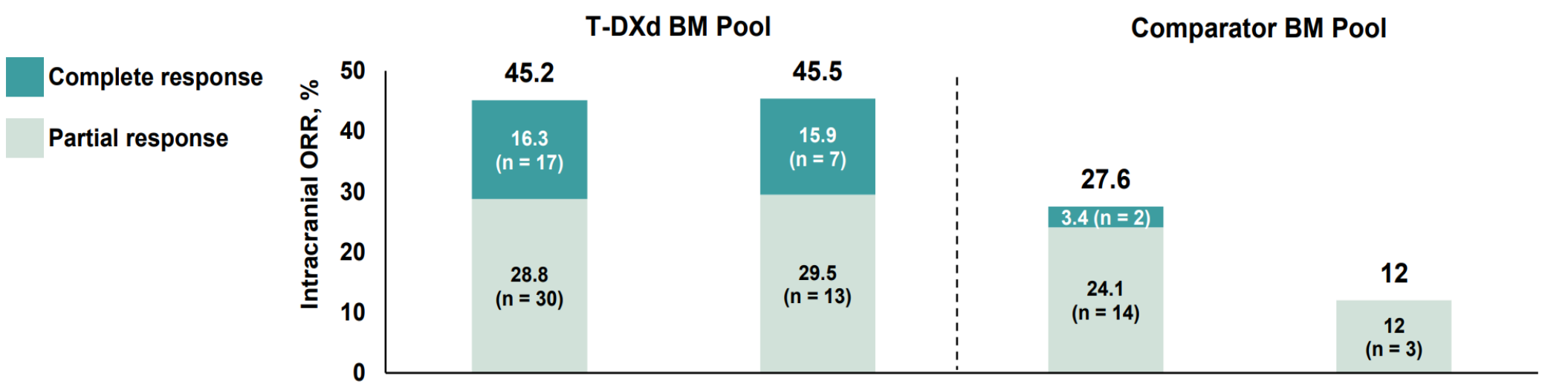
Retrospective Exploratory Pooled Analysis Plan[1-3]



- **The BM and non-BM pools were determined by BICR at baseline among all patients based on mandatory brain CT/MRI screening**

Exploratory Best IC Response, ORR, and DoR per BICR

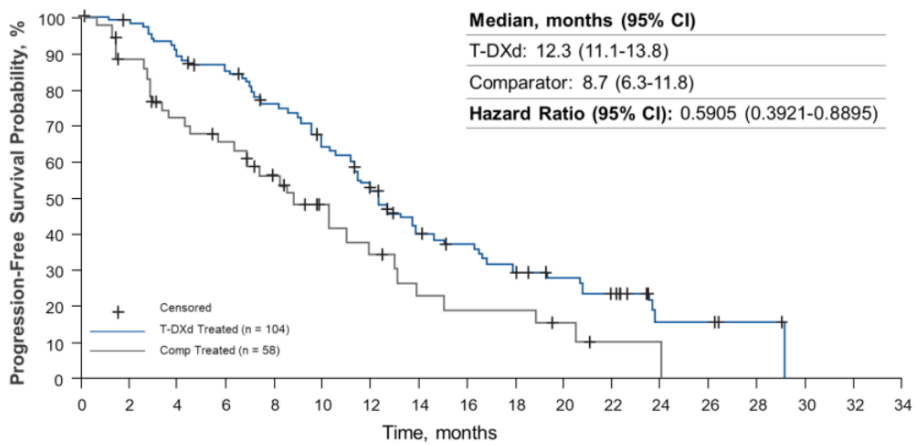
Intracranial ORR[a]



	Treated/stable BMs (n = 104)	Untreated/active BMs (n = 44)	Treated/stable BMs (n = 58)	Untreated/active BMs (n = 25)
IC-DoR, median, months (95% CI)	12.3 (9.1-17.9)	17.5 (13.6-31.6)	11.0 (5.6-16.0)	NA[b]

Exploratory CNS-PFS per BICR

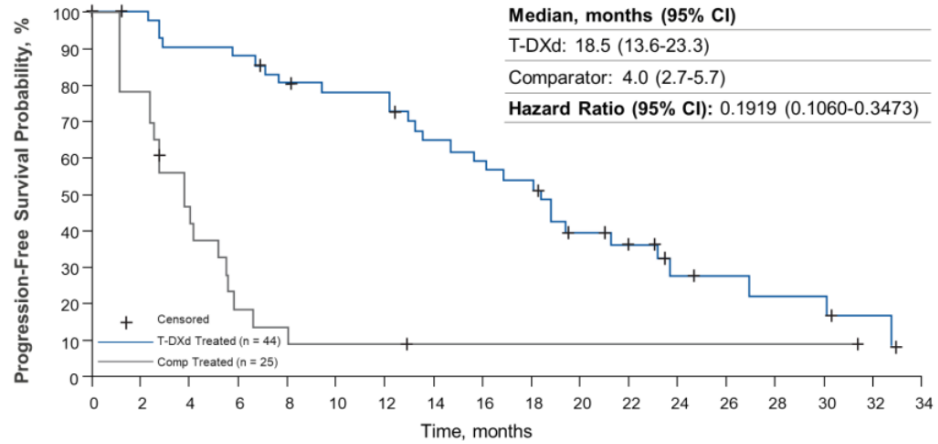
Treated/Stable BMs



Patients still at risk

T-DXd Treated (n = 104)	104	100	89	83	72	58	46	32	28	21	18	12	4	4	2	0	0	0
Comparator Treated (n = 58)	58	44	33	29	22	14	10	6	5	5	3	1	0	0	0	0	0	0

Untreated/Active BMs



Patients still at risk

T-DXd Treated (n = 44)	44	41	37	36	32	30	30	24	22	20	13	11	6	5	4	4	2	0
Comparator Treated (n = 25)	25	18	11	5	3	2	2	1	1	1	1	1	1	1	1	1	0	0

- **T-DXd demonstrated a trend towards prolonged CNS-PFS over comparator, with a noticeably greater advantage for patients with untreated/active BMs**

Cancer du sein localisé

EN BREF, dans les RH +

A randomized, double-blind trial of nivolumab vs placebo with neoadjuvant chemotherapy followed by adjuvant endocrine therapy in patients with high-risk, ER+ HER2− primary breast cancer

CHECKMATE 7FL

Abstract LBA20

Sherene Loi,[1] Giuseppe Curigliano,[2,3] Roberto Salgado,[1,4] Roberto Iván Romero Díaz,[5] Suzette Delaloge,[6] Carlos Ignacio Rojas García,[7] Marleen Kok,[8] Cristina Saura,[9] Nadia Harbeck,[10] Elizabeth A. Mittendorf,[11] Denise A. Yardley,[12] Lajos Pusztai,[13] Alberto Suárez Zaizar,[14] Andrei Ungureanu,[15] Felipe Ades,[16] Rajalakshmi Chandra,[16] Raheel Nathani,[16] Misena Pacius,[16] Jenny Qun Wu,[16] Heather McArthur[17]

KEYNOTE-756: Phase 3 Study of Neoadjuvant Pembrolizumab or Placebo + Chemotherapy Followed by Adjuvant Pembrolizumab or Placebo + Endocrine Therapy for Early-Stage High-Risk ER+/HER2– Breast Cancer

Abstract LBA21

Fatima Cardoso[1], Heather McArthur[2], Peter Schmid[3], Javier Cortes[4], Nadia Harbeck[5], Melinda L Telli[6], David W. Cescon[7], Joyce O' Shaughnessy[8], Peter A. Fasching[9], Zhimin Shao[10], Delphine Loirat[11], Yeon Hee Park[12], Manuel Gonzalez Fernandez[13], Zhenzhen Liu[14], Hiroyuki Yasojima[15], Yu Ding[16], Liyi Jia[16], Vassiliki Karantza[16], Konstantinos Tryfonidis[16], Aditya Bardia[17]

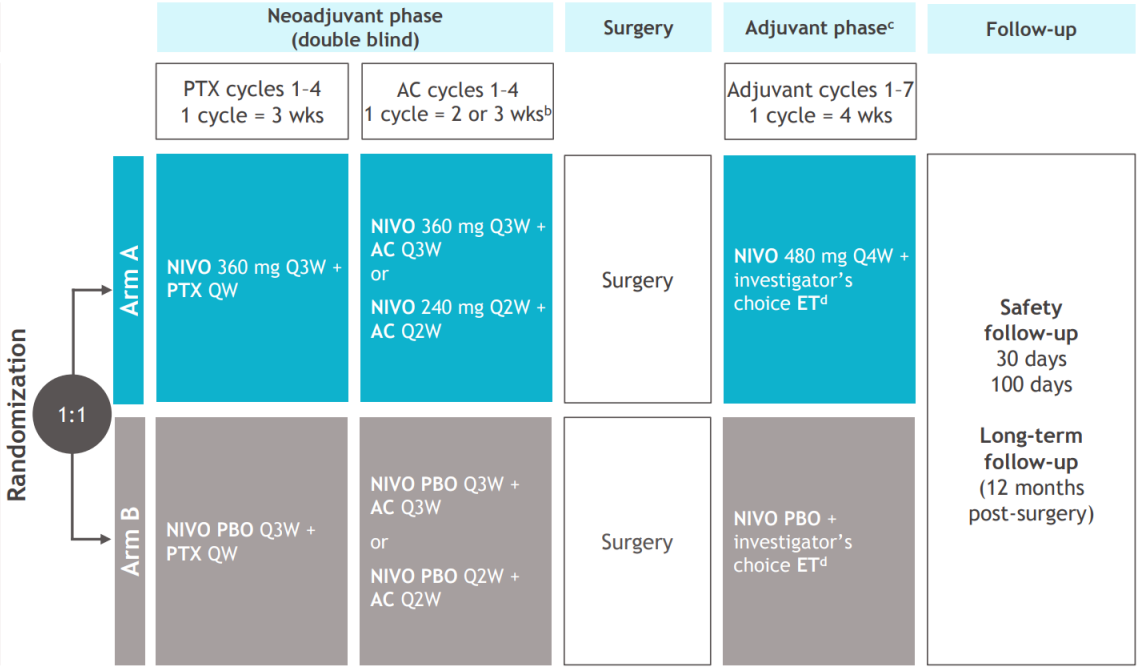
Screening

Key inclusion criteria

- Newly diagnosed ER+ HER2− breast cancer
- Confirmed ER+ breast cancer
- T1c-T2, cN1-cN2 or T3-T4, cN0-cN2
- Grade 3 with ER ≥ 1% or grade 2 with ER 1-10%[a]
- Adequate organ function
- Tissue available for biomarker assessment
- ECOG PS 0-1

Stratification factors

- PD-L1 IC (≥ 1% or < 1%)
- Tumor grade (3 or 2)
- Axillary nodal status (positive or negative)
- AC frequency (Q3W or Q2W)



Primary endpoint

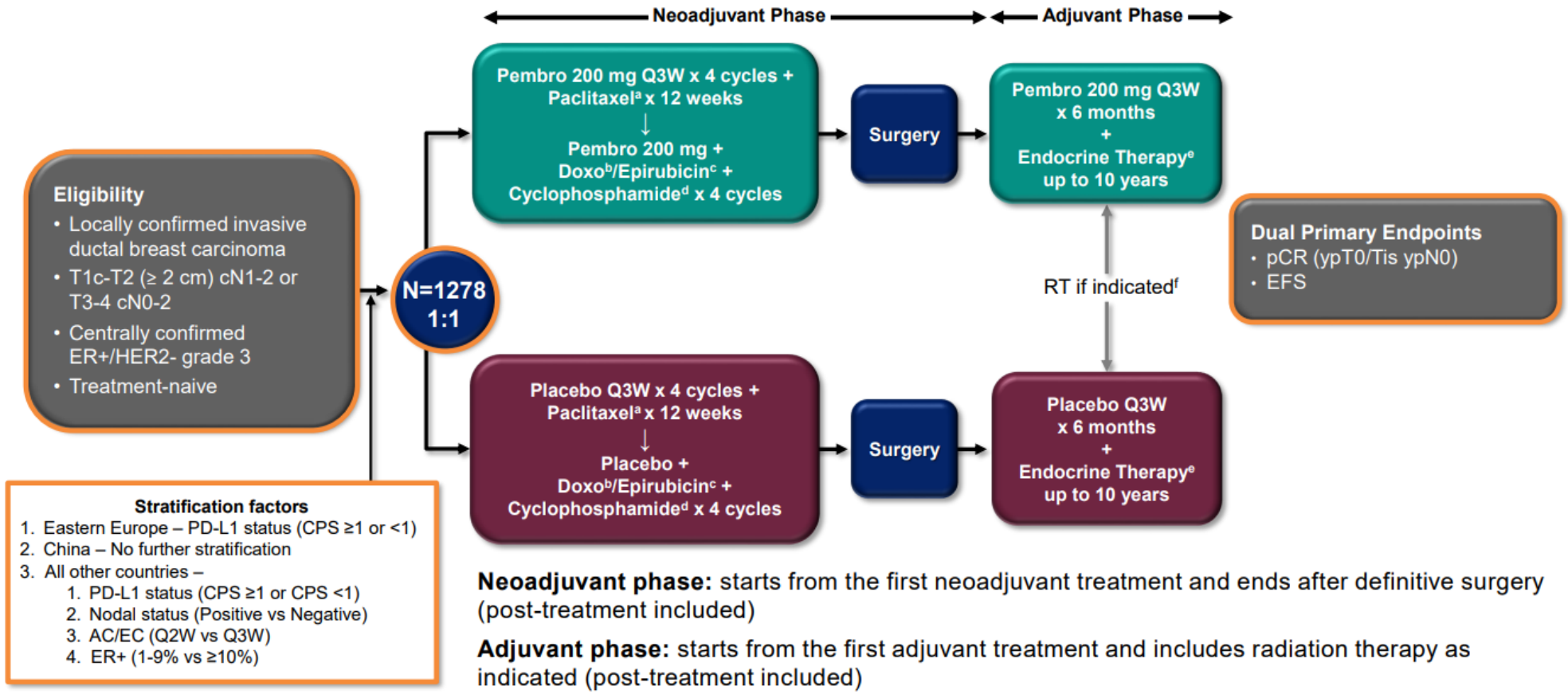
- pCR in the mITT population[a]

Secondary endpoints

- pCR[a] in the PD-L1+ population[b]
- RCB class (0/1/2/3) frequency and RCB 0-1 rate
- RCB class frequency and RCB 0-1 rate in the PD-L1+ population
- Safety and tolerability

Exploratory endpoint

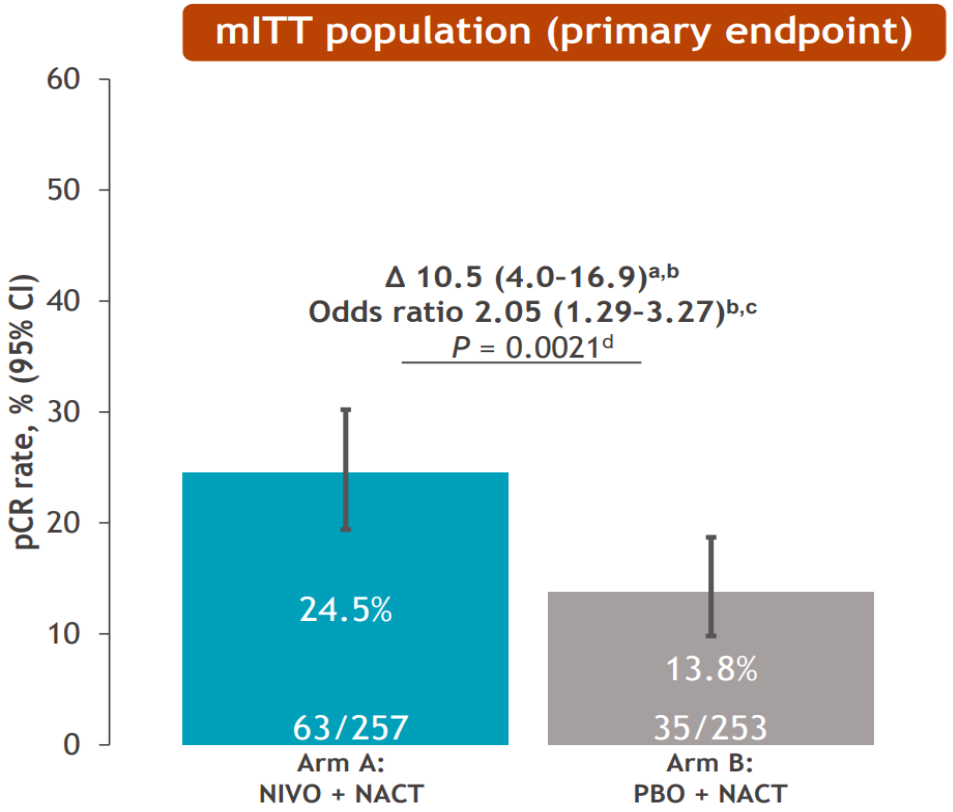
- EFS (unavailable for this presentation)



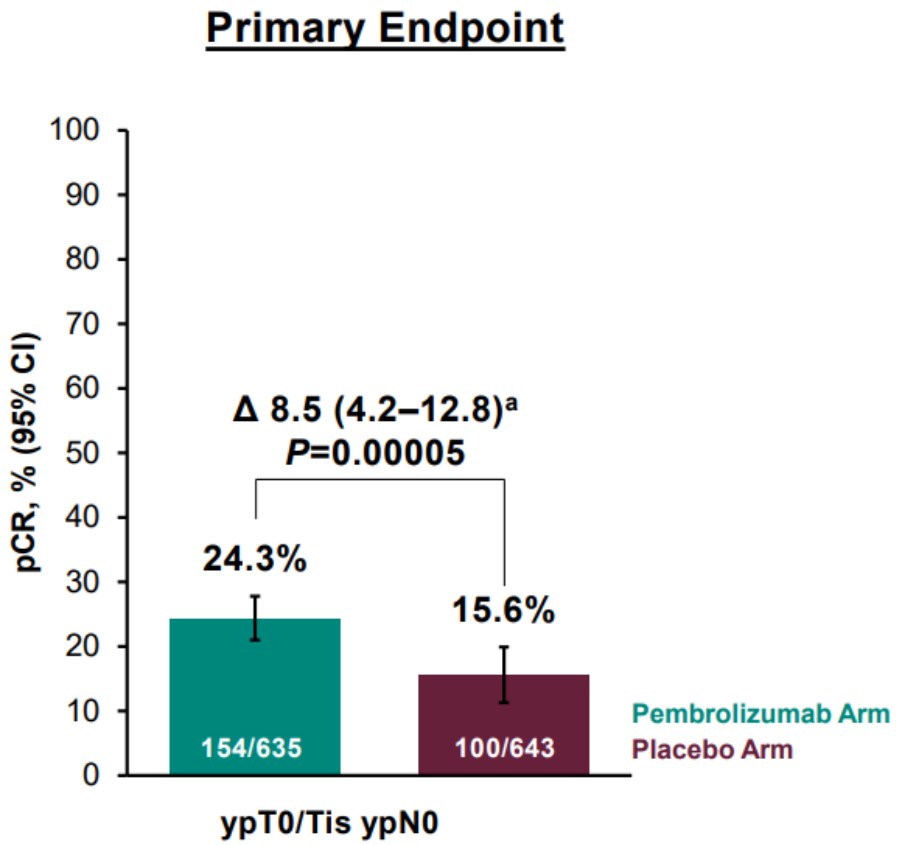
Neoadjuvant phase: starts from the first neoadjuvant treatment and ends after definitive surgery (post-treatment included)

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

CHECKMATE-7FL



KEYNOTE-756



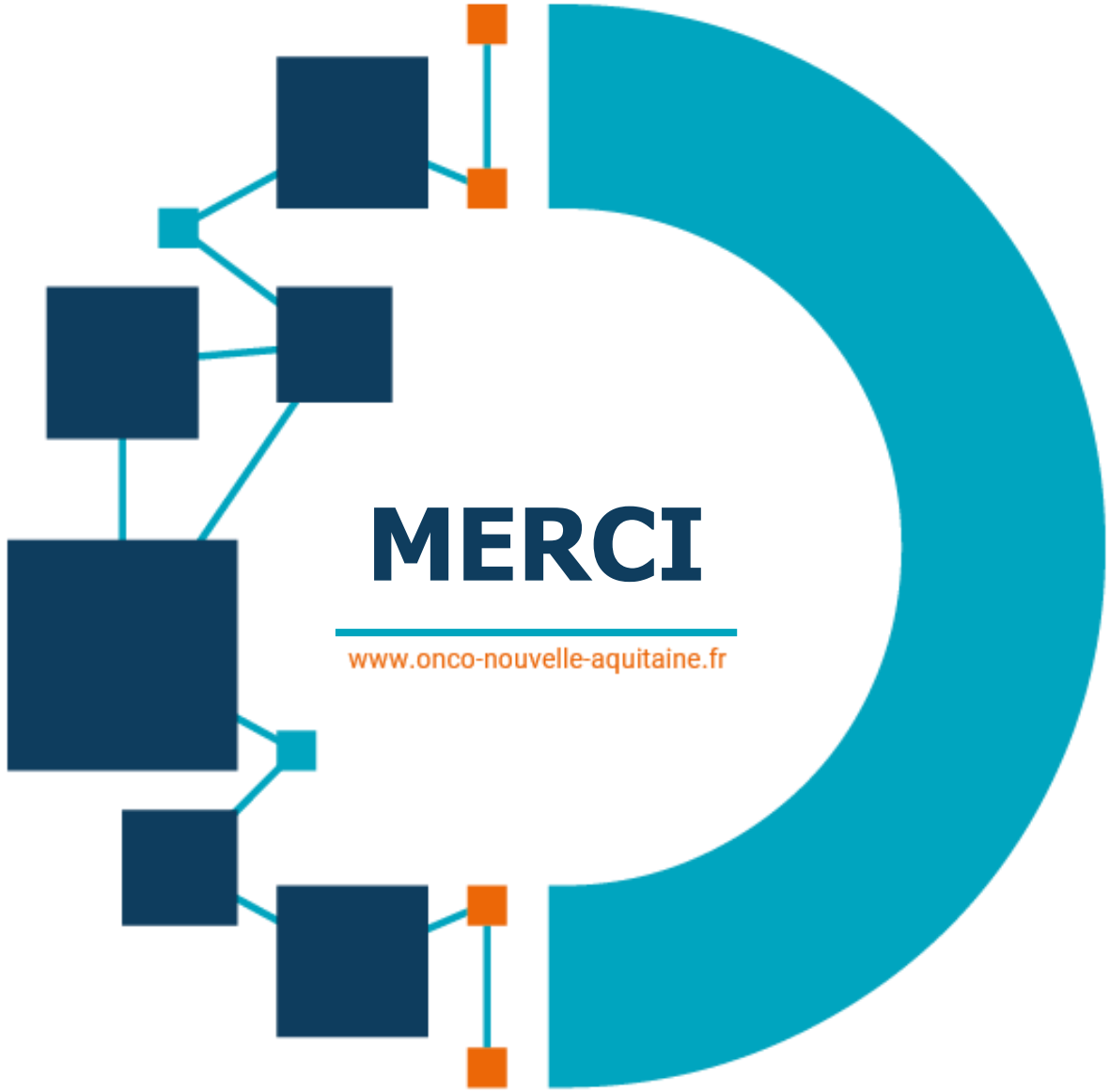
CONCLUSION

Cancer du sein métastatique :

- Avènement des ADCs
- RH+ HER2 0 ou low et triple négatifs : problématique dans le futur de l'agencement des ADC à disposition (selon profil de tolerance et biomarqueurs ?)
- Triple négatif : BEGONIA prometteur concernant association ADC + immunothérapie
- HER2 + : résultats encourageants sur le contrôle par T-DXD des métastases cérébrales

Cancer du sein localisé :

- Immunothérapie en NA dans les RH+ HER2 nég : à suivre…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