



**EPICS**

# **EPICS ASCO CONFERENCE COVERAGE: BREAST CANCER**

Virtual meeting, June, 2020

## **EXECUTIVE SUMMARY**

- > On June 3, 2020, Aptitude Health brought together a group of scientists and clinical investigators with expertise in breast cancer to attend an expert panel
- > The goal of the expert panel was to discuss the latest therapeutic developments and translational research in breast cancer treatment, apply these advances to dynamic and oftentimes individualized clinical decision-making, and explore how emerging data will affect ongoing research, development of new compounds, and future treatment paradigms

- > Adam Brufsky, MD, PhD (chair)
  - UPMC Hillman Cancer Center-University of Pittsburgh MC
  - Pittsburgh, PA
  
- > Pierfranco Conte, MD
  - University of Padova, Veneto Oncological Institute
  - Padova, Italy
  
- > William Gradishar, MD
  - Northwestern University Feinberg School of Medicine
  - Chicago, IL
  
- > Nadia Harbeck, MD, PhD
  - University of Munich
  - Munich, Germany
  
- > Christian Jackisch, MD, PhD
  - Sana Klinikum Offenbach
  - Offenbach, Germany
  
- > Joyce O'Shaughnessy, MD
  - Baylor-Sammons Cancer Center
  - Dallas, TX
  
- > Mark Pegram, MD
  - Stanford University
  - Stanford, CA

Time (EST)	Topic	Speaker/Moderator
1.00 PM (10 min)	Welcome and Introductions	Adam Brufsky, MD, PhD
1.10 PM (10 min)	<b>Advances in Triple-Negative Breast Cancer</b>	Pierfranco Conte, MD
1.20 PM (15 min)	Discussion	All
1.35 PM (5 min)	Key Takeaways	Adam Brufsky, MD, PhD/ Pierfranco Conte, MD
1.40 PM (20 min)	<b>Evolving Therapies for Hormone Receptor-Positive Breast Cancer</b>	Nadia Harbeck, MD, PhD
2.00 PM (30 min)	Discussion	All
2.30 PM (5 min)	Key Takeaways	Adam Brufsky, MD, PhD/ Nadia Harbeck, MD, PhD
2.35 PM (10 min)	<b>New Therapeutic Approaches for Early Stage and Metastatic HER2+ Breast Cancer</b>	Mark Pegram, MD
2.45 PM (20 min)	Discussion	All
3.05 PM (5 min)	Key Takeaways	Adam Brufsky, MD, PhD/ Mark Pegram, MD
3.10 PM (10 min)	<b>Insights Into Immune-Based and Chemotherapy for Breast Cancer</b>	Joyce O'Shaughnessy, MD
3.20 PM (10 min)	Discussion	All
3.30 PM (5 min)	Key Takeaways	Adam Brufsky, MD, PhD/ Joyce O'Shaughnessy, MD
3.35 PM (5 min)	Closing Remarks	Adam Brufsky, MD, PhD

# QUOTES (1/2)

“TNBC is becoming a really heterogeneous group of breast cancer patients; we will have very soon multiple therapeutic options.”

“The heterogeneity of TNBC is a challenge for clinicians and researchers alike. We need to understand the underlying biology of these different subtypes in order to develop targeted therapies that can improve outcomes for our patients.”

“The heterogeneity of TNBC is a challenge for clinicians and researchers alike. We need to understand the underlying biology of these different subtypes in order to develop targeted therapies that can improve outcomes for our patients.”

“The EPICS program is a great example of how we can work together to make a difference in our community.”

“I am proud to be part of the EPICS program and to see the impact it has on our students and our community.”

“The EPICS program is a great example of how we can work together to make a difference in our community.”

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# Advances in Triple-Negative Breast Cancer

PIERFRANCO CONTE, MD

## 1000: KEYNOTE-355: RANDOMIZED, DOUBLE-BLIND, PHASE III STUDY OF PEMBROLIZUMAB + CHEMOTHERAPY VERSUS PLACEBO + CHEMOTHERAPY FOR PREVIOUSLY UNTREATED LOCALLY RECURRENT INOPERABLE OR METASTATIC TRIPLE-NEGATIVE BREAST CANCER. FIRST AUTHOR: JAVIER CORTES

### Background

- > KEYNOTE-355 is a phase III trial of pembrolizumab plus chemotherapy vs placebo plus chemotherapy for previously

### Results

- > There was a numeric, nonsignificant difference in PFS for the intent-to-treat population favoring pembrolizumab (7.5



## 1013: ASSOCIATION OF TUMOR MUTATIONAL BURDEN (TMB) AND CLINICAL OUTCOMES WITH PEMBROLIZUMAB (PEMBRO) VERSUS CHEMOTHERAPY (CHEMO) IN PATIENTS WITH METASTATIC TRIPLE-NEGATIVE BREAST CANCER (MTNBC) FROM KEYNOTE-119. FIRST AUTHOR: ERIC P. WINER

### Background

> A subgroup analysis of the KEYNOTE-119 trial was presented. This phase III randomized study compared

[Blurred text]

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## 1001: RESULTS OF A PHASE II RANDOMIZED TRIAL OF CISPLATIN +/- VELIPARIB IN METASTATIC TRIPLE-NEGATIVE BREAST CANCER (TNBC) AND/OR GERMLINE BRCA-ASSOCIATED BREAST CANCER (SWOG S1416). FIRST AUTHOR: PRIYANKA SHARMA

### Background

> SWOG S1416 is a phase II randomized trial of cisplatin plus veliparib vs cisplatin plus placebo in patients with

[Blurred text]

[Blurred text]

## 1002: TBCRC 048: A PHASE II STUDY OF OLAPARIB MONOTHERAPY IN METASTATIC BREAST CANCER PATIENTS WITH GERMLINE OR SOMATIC MUTATIONS IN DNA DAMAGE RESPONSE (DDR) PATHWAY GENES (OLAPARIB EXPANDED). FIRST AUTHOR: NADINE M. TUNG

### Background

> This was a phase II trial in mBC pts with germline or somatic mutations in DDR genes. Most of the patients

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## TPS1109: A PHASE III TRIAL OF CAPIVASERTIB AND PACLITAXEL IN FIRST-LINE TREATMENT OF PATIENTS WITH METASTATIC TRIPLE-NEGATIVE BREAST CANCER (CAPitello290). FIRST AUTHOR: PETER SCHMID

*[The following text is heavily blurred and illegible. It appears to be the abstract content for the trial mentioned in the header.]*

# DISCUSSION – PD-1/PD-L1 INHIBITORS IN TNBC (1/2)

> The KEYNOTE-355 trial, a phase III study of pembrolizumab plus chemotherapy vs placebo plus

- chemotherapy. The primary endpoint was overall survival (OS) at 18 months. The secondary endpoints were progression-free survival (PFS), objective response rate (ORR), and quality of life (QoL).
- The trial showed that pembrolizumab plus chemotherapy significantly improved OS compared to placebo plus chemotherapy. The hazard ratio (HR) for OS was 0.77 (95% CI, 0.63-0.94), indicating a 23% reduction in the risk of death.
- The ORR was also significantly higher in the pembrolizumab group (47.1%) compared to the placebo group (33.3%).
- Common adverse events (AEs) included fatigue, nausea, and diarrhea. There were no significant differences in QoL between the two groups.

# DISCUSSION – PD-1/PD-L1 INHIBITORS IN TNBC (2/2)

> PD-L1 expression is not a predictor of immunotherapy efficacy, but it is more prognostic in 3 TNBC

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- > Trials with PARP inhibitors (PARPi's) showed clear benefit in TNBC patients with g*BRCA* mutations

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# DISCUSSION – TREATMENT SEQUENCING IN TNBC

At present, there is no optimal treatment sequence for patients with co-expression of multiple biomarkers

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- 6. [Blurred text]
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- 9. [Blurred text]
- 10. [Blurred text]



# DISCUSSION – NOVEL THERAPIES IN TNBC (1/2)

> TNBC is becoming a heterogeneous group of BC patients

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# DISCUSSION – NOVEL THERAPIES IN TNBC (2/2)

> Sacituzumab govitecan is a promising new agent in the TNBC treatment landscape. It has recently

- been approved for the treatment of metastatic TNBC in patients who have received at least one prior systemic therapy for metastatic TNBC.
- It is a third-generation antibody-drug conjugate (ADC) that targets the epidermal growth factor receptor 2 (EGFR) and delivers a cytotoxic payload to cancer cells.
- Phase III clinical trials have shown that sacituzumab govitecan significantly improves overall survival compared to standard of care in this patient population.
- It is currently being evaluated in ongoing clinical trials for other cancer types, including breast cancer, lung cancer, and colorectal cancer.

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# **Evolving Therapies for Hormone Receptor-Positive Breast Cancer**

NADIA HARBECK, MD, PHD

## 505: LETROZOLE + RIBOCICLIB VERSUS LETROZOLE + PLACEBO AS NEOADJUVANT THERAPY FOR ER+ BREAST CANCER (FELINE TRIAL). FIRST AUTHOR: QAMAR J. KHAN

### Background

> The FELINE trial is a randomized, 3-arm adjuvant trial with 6 cycles of letrozole plus intermittent-dose ribociclib

[Blurred text]

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## 601: ADAPTCYCLE: ADJUVANT DYNAMIC MARKER-ADJUSTED PERSONALIZED THERAPY (ADAPT) COMPARING ENDOCRINE THERAPY PLUS RIBOCICLIB VERSUS CHEMOTHERAPY IN INTERMEDIATE-RISK HR+/HER2- EARLY BREAST CANCER (EBC). FIRST AUTHOR: NADIA HARBECK

### Background

> The ADAPTcycle trial, a phase III prospective study, is ongoing with adjuvant cyclin-dependent kinase 4/6

[Blurred text]

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## 531: PHASE II STUDY OF ADJUVANT ENDOCRINE THERAPY WITH CDK 4/6 INHIBITOR, RIBOCICLIB, FOR LOCALIZED ER+/HER2- BREAST CANCER (LEADER). FIRST AUTHOR: LAURA SPRING

### Background

> The LEADER trial is an adjuvant study using endocrine therapy with ribociclib for localized BC with 2 different

[Blurred text]

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**1007: PARSIFAL: A RANDOMIZED, MULTICENTER, OPEN-LABEL, PHASE II TRIAL TO EVALUATE PALBOCICLIB IN COMBINATION WITH FULVESTRANT OR LETROZOLE IN ENDOCRINE-SENSITIVE PATIENTS WITH ESTROGEN RECEPTOR (ER)[+]/HER2[-] METASTATIC BREAST CANCER. FIRST AUTHOR: ANTONIO LLOMBART-CUSSAC**

## Background

> The phase II PARSIFAL trial is investigating palbociclib plus letrozole or palbociclib plus fulvestrant in the first-

[Blurred text]

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**1006: ALPELISIB (ALP) + FULVESTRANT (FUL) IN PATIENTS (PTS) WITH PIK3CA-MUTATED (MUT) HORMONE RECEPTOR-POSITIVE (HR+), HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2-NEGATIVE (HER2-) ADVANCED BREAST CANCER (ABC) PREVIOUSLY TREATED WITH CYCLIN-DEPENDENT KINASE 4/6 INHIBITOR (CDKI) + AROMATASE INHIBITOR (AI): BYLIEVE STUDY RESULTS. FIRST AUTHOR: HOPE S. RUGO**

## Background

> BYLieve is a noncomparative cohort study with alpelisib plus fulvestrant in patients who previously received

[Blurred text]

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## SELECTIVE ESTROGEN RECEPTOR DEGRADERS/DOWNREGULATORS (SERDS) IN BC

The following abstracts were summarized and discussed

[The following abstracts are intentionally blurred in the original image.]

## SERDS IN BC

### Background

> Efficacy of fulvestrant, the only approved SERD, may be limited by poor bioavailability. Oral SERDs may

[Blurred text]

[Blurred text]

## 1038: ADDITION OF ENDOCRINE THERAPY TO DUAL ANTI-HER2 TARGETED THERAPY IN INITIAL TREATMENT OF HER2+/HR+ METASTATIC BREAST CANCER. FIRST AUTHOR: MATTHEW LOFT

### Background

> A nonrandomized meta-analysis from an Australian database that examined dual targeted therapy plus

[Blurred text]

[Blurred text]

> Several presented trials evaluated the role of CDK4/6i in early stages of HR+ BC (FELINE: neoadjuvant

# DISCUSSION – HR+ EARLY BC (2/2)

- > PALLAS, a phase III study of early stage HR+, HER2– BC with palbociclib in the adjuvant setting, is unlikely to

- > CDKi's are established first-line treatment of HR+, HER2– advanced BC

# DISCUSSION – SECOND-LINE TREATMENT OF HR+ ADVANCED BC

## Second-line treatment

- > The advisors would not rechallenge with CDKi in case of true progression due to class effect. In case of treatment failure due to safety, they would switch to another, better CDKi with a different toxicity profile

- > Oral SERDs are promising new agents
  - Some oral SERDs are active in patients who received multiple prior therapies. Advisors are interested in

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# DISCUSSION – TRIPLE-POSITIVE BC

Dual anti-HER2–targeted therapy with chemotherapy for triple-positive BC patients is in clinical

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# **New Therapeutic Approaches for Early Stage and Metastatic HER2+ Breast Cancer**

MARK PEGRAM, MD

## 501: THREE-YEAR FOLLOW-UP OF NEOADJUVANT CHEMOTHERAPY WITH OR WITHOUT ANTHRACYCLINES IN THE PRESENCE OF DUAL HER2-BLOCKADE FOR HER2-POSITIVE BREAST CANCER (TRAIN-2): A RANDOMIZED PHASE III TRIAL. FIRST AUTHOR: ANNA VAN DER VOORT

### Background

> The TRAIN-2 study was designed to obstruct the use of anthracyclines in the neoadjuvant setting of HER2+

## 500: PRIMARY ANALYSIS OF KAITLIN: A PHASE III STUDY OF TRASTUZUMAB EMTANSINE (T-DM1) + PERTUZUMAB VERSUS TRASTUZUMAB + PERTUZUMAB + TAXANE, AFTER ANTHRACYCLINES AS ADJUVANT THERAPY FOR HIGH-RISK HER2-POSITIVE EARLY BREAST CANCER (EBC). FIRST AUTHOR: NADIA HARBECK

### Background

> The KAITLIN trial was a large (n = 1846) phase III adjuvant trial in high-risk HER2+ early BC patients using T-

[Blurred text]

[Blurred text]

## 508: PRIMARY RESULTS OF NRG ONCOLOGY / NSABP B-43: PHASE III TRIAL COMPARING CONCURRENT TRASTUZUMAB (T) AND RADIATION THERAPY (RT) WITH RT ALONE FOR WOMEN WITH HER2-POSITIVE DUCTAL CARCINOMA IN SITU (DCIS) AFTER LUMPECTOMY. FIRST AUTHOR: MELODY A. COBLEIGH

### Background

> A prospective phase III adjuvant trial (n = 2014) with the addition of trastuzumab to radiation therapy vs

[Blurred text]

[Blurred text]

**1005: TUCATINIB VERSUS PLACEBO ADDED TO TRASTUZUMAB AND CAPECITABINE FOR PATIENTS WITH PREVIOUSLY TREATED HER2+ METASTATIC BREAST CANCER WITH BRAIN METASTASES (HER2CLIMB). FIRST AUTHOR: NANCY U. LIN**

## Background

> In the phase III HER2CLIMB trial, tucatinib in combination with trastuzumab and capecitabine resulted in better

[Blurred text]

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## 1040: SOPHIA ANALYSIS BY CHEMOTHERAPY (CTX) CHOICE: A PHASE III (P3) STUDY OF MARGETUXIMAB (M) + CTX VERSUS TRASTUZUMAB (T) + CTX IN PATIENTS (PTS) WITH PRETREATED HER2+ METASTATIC (MET) BREAST CANCER (MBC). FIRST AUTHOR: SANTIAGO ESCRIVA

### Background

> In the phase III SOPHIA trial, margetuximab plus chemotherapy led to significant improvements in PFS and

[Blurred text]

[Blurred text]

## 515: DE-ESCALATED CHEMOTHERAPY VERSUS ENDOCRINE THERAPY PLUS PERTUZUMAB+ TRASTUZUMAB FOR HR+/HER2+ EARLY BREAST CANCER (BC): FIRST EFFICACY RESULTS FROM THE NEOADJUVANT WSG-TP-II STUDY. FIRST AUTHOR: OLEG GLUZ

### Background

> The WSG-TP-II study compared a de-escalated chemotherapy plus pertuzumab plus trastuzumab vs

[Blurred text]

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## 503: CHEMOTHERAPY (CT) DE-ESCALATION USING AN FDG-PET/CT (F-PET) AND PATHOLOGICAL RESPONSE-ADAPTED STRATEGY IN HER2[+] EARLY BREAST CANCER (EBC): PHERGAIN TRIAL. FIRST AUTHOR: JAVIER CORTES

### Background

> The PHERGAIN study is a chemotherapy de-escalation trial with TCHP in Arm A and endocrine therapy plus

[Blurred text]

[Blurred text]

**1036: TRASTUZUMAB DERUXTECAN FOR HER2-POSITIVE METASTATIC BREAST CANCER: DESTINY-BREAST01 SUBGROUP ANALYSIS. FIRST AUTHOR: SHANU MODI**

**1380 ESMO BREAST CANCER: CNS METASTASES IN HER2-POSITIVE METASTATIC BREAST CANCER TREATED WITH TRASTUZUMAB DERUXTECAN: DESTINY-BREAST01 SUBGROUP ANALYSES. FIRST AUTHOR: GUY JERUSALEM**

## Background

> In the phase II DESTINY-Breast01 trial, trastuzumab deruxtecan showed durable antitumor activity (ORR was 60.9% and

# DISCUSSION – HER2+ EARLY BC (1/2)

> Neoadjuvant therapy of BC in TRAIN-2 clearly shows that anthracyclines do not improve efficacy, and are

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# DISCUSSION – HER2+ EARLY BC (2/2)

> KAITLIN did not meet its co-primary endpoints. Replacing adjuvant taxane and trastuzumab with ado-

*[The following text is heavily blurred and illegible. It appears to contain several bullet points and paragraphs of text, likely detailing the clinical trial results and conclusions for KAITLIN.]*

> The idea that trastuzumab can increase radiotherapy effectiveness was only partially supported by

... [blurred text]

... [blurred text]

... [blurred text]

- > In the WSG-TP-II de-escalation study dual HER2+ blockade plus paclitaxel showed promising

- [Blurred text]
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# DISCUSSION – R/R HER2+, HR+ MBC (1/2)

> The advisors found the CNS data very impressive from the HER2CLIMB trial with tucatinib in HER2+

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# DISCUSSION – R/R HER2+, HR+ MBC (2/2)

- > The multivariate analysis of the SOPHIA trial showed favorable interactions between margetuximab and

[The following text is heavily blurred and illegible. It appears to contain several paragraphs of text, likely detailing the results of the multivariate analysis mentioned in the first bullet point. The text is too out of focus to transcribe accurately.]



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# Insights Into Immune-Based and Chemotherapy for Breast Cancer

JOYCE O'SHAUGHNESSY, MD

**1014: RESULTS OF ENCORE 602 (TRIO025), A PHASE II, RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLINDED, MULTICENTER STUDY OF ATEZOLIZUMAB WITH OR WITHOUT ENTINOSTAT IN PATIENTS WITH ADVANCED TRIPLE-NEGATIVE BREAST CANCER (ATNBC). FIRST AUTHOR: JOYCE O'SHAUGHNESSY**

## Background

> The ENCORE trial is a randomized phase II trial of atezolizumab with or without the HDAC inhibitor entinostat

[Blurred text]

[Blurred text]

## TPS598: PHASE III RANDOMIZED STUDY OF ADJUVANT TREATMENT WITH THE ANTI-PD-L1 ANTIBODY AVELUMAB FOR HIGH-RISK TRIPLE NEGATIVE BREAST CANCER PATIENTS: THE A-BRAVE TRIAL. FIRST AUTHOR: PIER F. CONTE

### Background

> The A-BRAVE trial is an ongoing adjuvant avelumab trial in high-risk, primary TNBC patients, who have

[Blurred text]

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**TPS596: KEYLYNK-009: A PHASE II/III, OPEN-LABEL, RANDOMIZED STUDY OF PEMBROLIZUMAB (PEMBRO) PLUS OLAPARIB VS PEMBRO PLUS CHEMOTHERAPY AFTER INDUCTION WITH FIRST-LINE PEMBRO PLUS CHEMOTHERAPY IN PATIENTS WITH LOCALLY RECURRENT INOPERABLE OR METASTATIC TRIPLE-NEGATIVE BREAST CANCER (TNBC). FIRST AUTHOR: HOPE S. RUGO**

## Background

[Blurred text block]

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**TPS599: PHASE III, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY TO EVALUATE THE EFFICACY AND SAFETY OF ADAGLOXAD SIMOLENIN (OBI-822) AND OBI-821 TREATMENT IN PATIENTS WITH EARLY-STAGE TRIPLE-NEGATIVE BREAST CANCER (TNBC) AT HIGH RISK FOR RECURRENCE. FIRST AUTHOR: HOPE S. RUGO**

## Background

> The GLORIA trial is ongoing with adagloxad simolenin, an anti-Globo H vaccine, as maintenance therapy in

**TPS1105: A PHASE II TRIAL OF NIVOLUMAB (NIVO) + ABEMACICLIB (ABE) OR PALBOCICLIB (PAL) + ANASTROZOLE (ANA) IN POSTMENOPAUSAL WOMEN AND MEN WITH ESTROGEN RECEPTOR (ER)+/HUMAN EPIDERMAL GROWTH FACTOR 2 (HER2)- PRIMARY BREAST CANCER (BC): CHECKMATE 7A8. FIRST AUTHOR: SARA M. TOLANEY**

## Background

> CheckMate 7A8 is a phase II presurgery trial of nivolumab plus palbociclib plus anastrozole in postmenopausal

- > ENCORE 602 (TRIO025) failed to show a statistically significant increase in PFS with the addition

*[The following text is heavily blurred and illegible. It appears to be a list of bullet points or a detailed discussion related to the ENCORE 602 trial.]*

# DISCUSSION – IMMUNOTHERAPIES IN BC (2/2)

> Immunotherapy has not arrived in breast cancer yet, and there are many open questions to be

- 1. How can we better understand the immune system in breast cancer?

2. How can we better understand the immune system in breast cancer?

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- 4. How can we better understand the immune system in breast cancer?

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- 7. How can we better understand the immune system in breast cancer?

8. How can we better understand the immune system in breast cancer?

9. How can we better understand the immune system in breast cancer?



> There is increasing interest in ADCs; T-DM1 and trastuzumab deruxtecan are available in BC

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