



EPICS

Breast Cancer in 2023 and Beyond

Friday, May 19, 2023

Saturday, May 20, 2023

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EPICS

VIRTUAL CLOSED-DOOR ROUNDTABLE



DATE:
May 19 and 20, 2023



**DISEASE-STATE AND
DATA PRESENTATIONS**
by key experts



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations

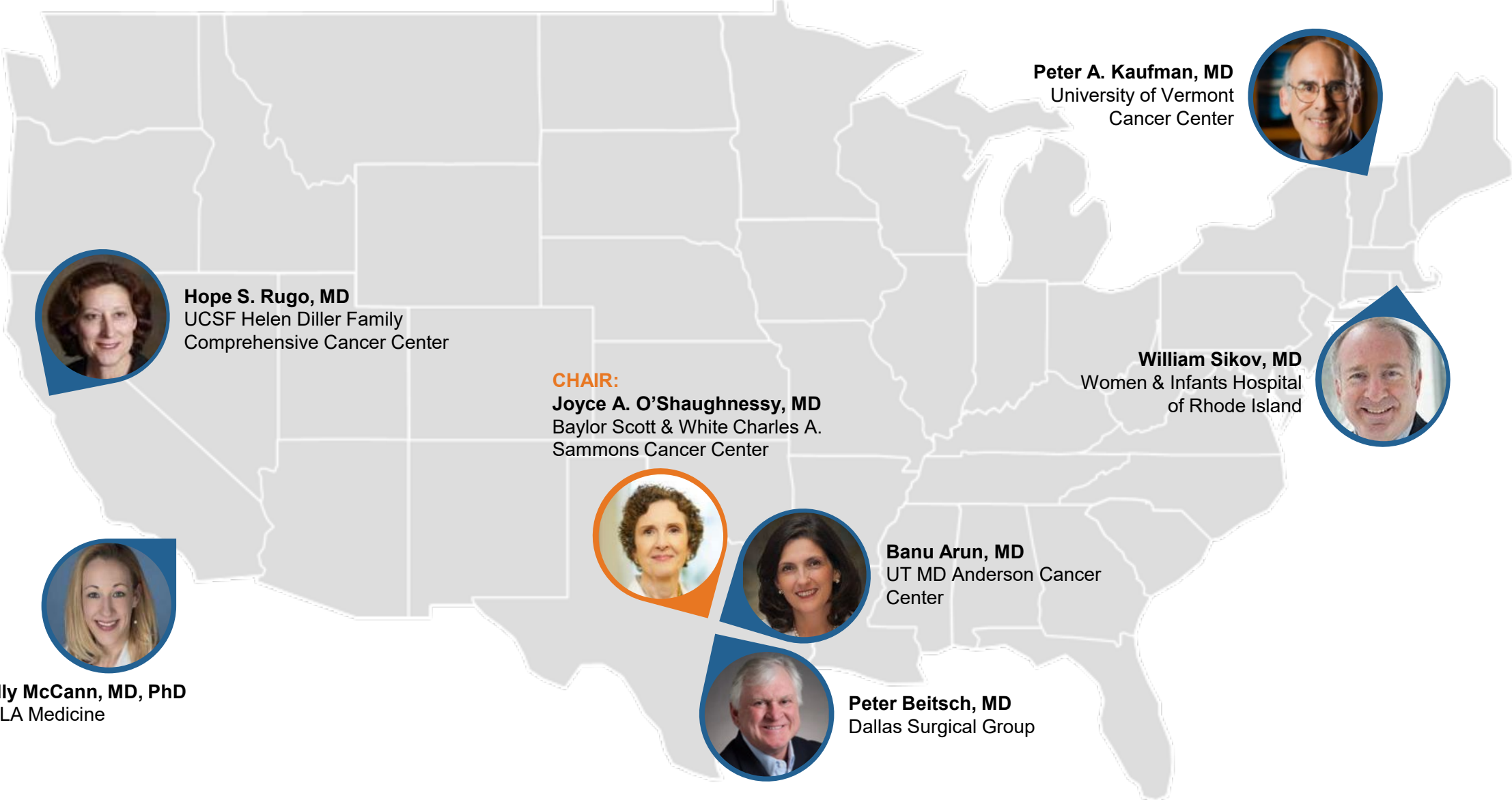


PANEL: Key experts in
breast cancer
> 7 from US



**BREAST CANCER-
SPECIFIC DISCUSSIONS** on
therapeutic advances and
their application in clinical
decision-making

Panel Consisting of 7 US Breast Cancer Experts



Meeting Agenda: Day 1 (1/2)

Time (CST)	Topic	Speaker/Moderator
2.00 PM – 2.10 PM (10 min)	Welcome and Introductions	Joyce O'Shaughnessy, MD
2.10 PM – 2.25 PM (15 min)	Current and Emerging Biomarkers and Testing Methodologies in Breast Cancer	William Sikov, MD
2.25 PM – 2.50 PM (25 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
2.50 PM – 2.55 PM (5 min)	Summary and 3 Key Takeaways	
2.55 PM – 3.10 PM (15 min)	The Changing Landscape of HER2+ Early Breast Cancer	Joyce O'Shaughnessy, MD
3.10 PM – 3.35 PM (25 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
3.35 PM – 3.40 PM (5 min)	Summary and 3 Key Takeaways	
3.40 PM – 3.55 PM (15 min)	BREAK	
3.55 PM – 4.10 PM (15 min)	Maximizing Potential Targeting of HER2 in HER2+ mBC	Kelly McCann, MD, PhD

Meeting Agenda: Day 1 (2/2)

Time (CST)	Topic	Speaker/Moderator
4.10 PM – 4.35 PM (25 min)	Key Questions and Topics for Discussion	Joyce O’Shaughnessy, MD
4.35 PM – 4.40 PM (5 min)	Summary and 3 Key Takeaways	
4.40 PM – 4.55 PM (15 min)	Clinical Implications of HER2-Low Breast Cancer	Banu Arun, MD
4.55 PM – 5.15 PM (20 min)	Key Questions and Topics for Discussion	Joyce O’Shaughnessy, MD
5.15 PM – 5.20 PM (5 min)	Summary and 3 Key Takeaways	
5.20 PM – 5.35 PM (15 min)	Standard and Emerging Strategies for High-Risk, Early-Stage, Triple-Negative Breast Cancer	Joyce O’Shaughnessy, MD
5.35 PM – 5.55 PM (20 min)	Key Questions and Topics for Discussion	Joyce O’Shaughnessy, MD
5.55 PM – 6.00 PM (5 min)	Summary and 3 Key Takeaways	
6.00 PM	Wrap-up and Overview of Day 2 Activities	Joyce O’Shaughnessy, MD

Meeting Agenda: Day 2 (1/2)

EPICS

Time (CST)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM (5 min)	Introduction and Review Agenda for Day 2	Joyce O'Shaughnessy, MD
8.05 AM – 8.20 AM (15 min)	Current and Investigational Approaches in Metastatic Triple-Negative Breast Cancer	William Sikov, MD
8.20 AM – 8.50 AM (30 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
8.50 AM – 8.55 AM (5 min)	Summary and 3 Key Takeaways	
8.55 AM – 9.05 AM (10 min)	Therapeutic Horizons in HR+ Early Breast Cancer	Peter A. Kaufman, MD
9.05 AM – 9.25 AM (20 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
9.25 AM – 9.30 AM (5 min)	Summary and 3 Key Takeaways	
9.30 AM – 9.45 AM (15 min)	Break	



Meeting Agenda: Day 2 (2/2)

EPICS

Time (CST)	Topic	Speaker/Moderator
9.45 AM – 10.00 AM (15 min)	Therapeutic Horizons in HR+ Advanced Breast Cancer	Hope S. Rugo, MD
10.00 AM – 10.40 AM (40 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
10.40 AM – 10.45 AM (5 min)	Summary and 3 Key Takeaways	
10.45 AM – 10.55 AM (10 min)	Old and New Targets in Breast Cancer	Peter A. Kaufman, MD
10.55 AM – 11.20 AM (25 min)	Key Questions and Topics for Discussion	Joyce O'Shaughnessy, MD
11.20 AM – 11.25 AM (5 min)	Summary and 3 Key Takeaways	
11.25 AM – 11.55 AM (30 min)	General Discussion: Future Directions in Breast Cancer Treatment	Joyce O'Shaughnessy, MD
11.55 AM – 12.00 PM (5 min)	Conclusions and Wrap-up	Joyce O'Shaughnessy, MD



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Current and Emerging Biomarkers and Testing Methodologies in Breast Cancer



Current and Emerging Biomarkers and Testing Methodologies in Breast Cancer (1/2)

Presented by William Sikov, MD



CURRENT STANDARD BIOMARKERS

> ER and PgR (IHC)

PROGNOSTIC AND PREDICTIVE GENOMIC ASSAYS

> Oncotype DX





Current and Emerging Biomarkers and Testing Methodologies in Breast Cancer (2/2)

Presented by William Sikov, MD



GENETIC AND GENOMIC PROFILING

> Germline genetic testing

INVESTIGATIONAL ASSAYS

> ctDNA

[Faded content area containing text and bullet points related to genetic testing and ctDNA assays]



EPICS

Key Insights

Current and Emerging Biomarkers and Testing Methodologies in Breast Cancer

Experts Discussed Current Standard Biomarkers in Breast Cancer

MOLECULAR BIOMARKERS

Many molecular biomarkers for breast cancer are useful but need further optimization

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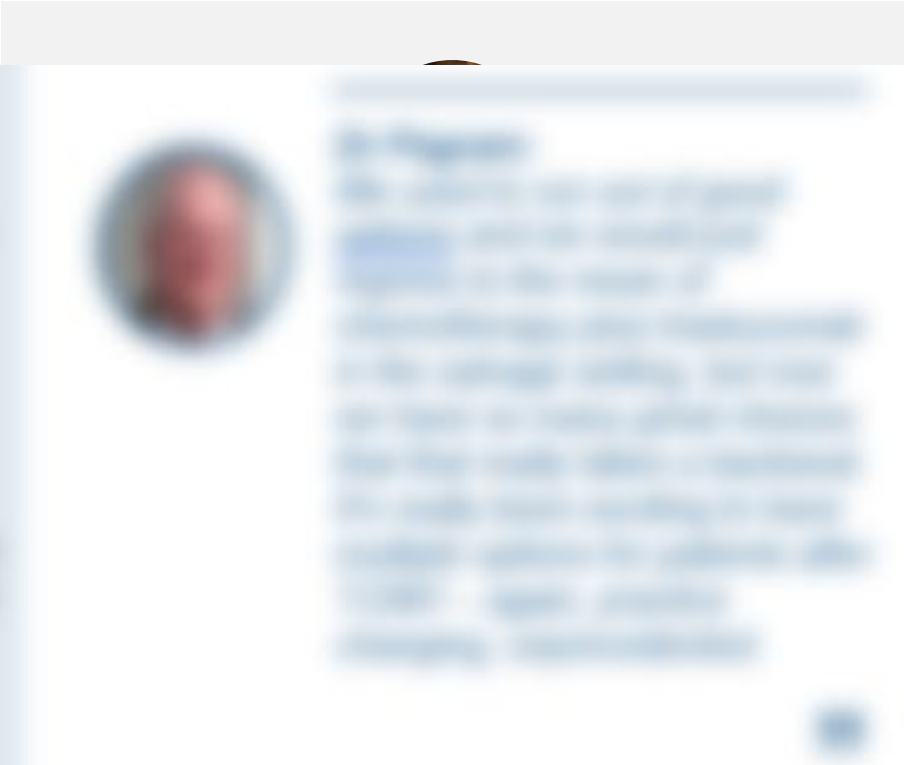
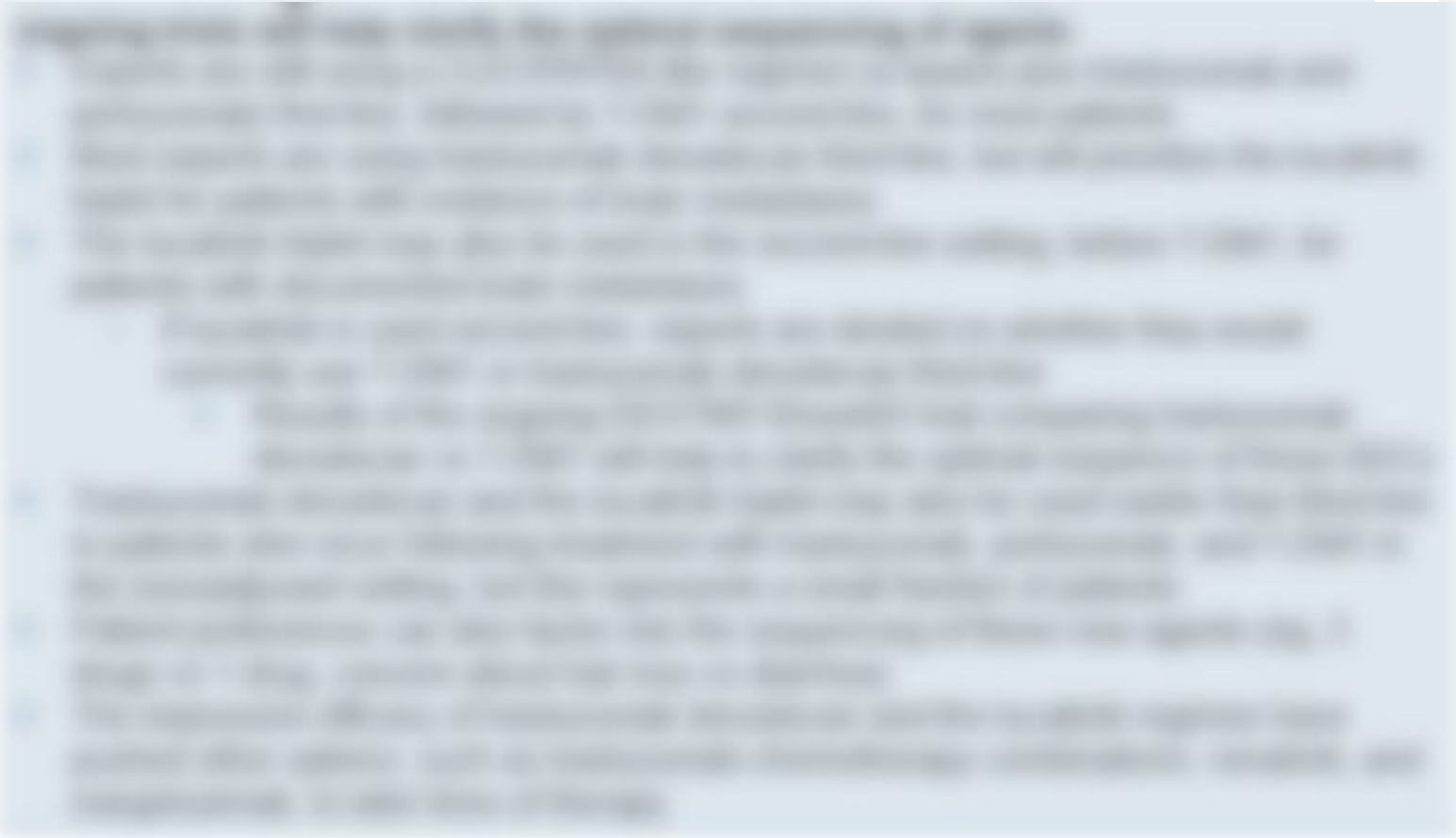


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Experts Debated the Role of Ki67 Testing in Breast Cancer

Ki67 AND ADJUVANT THERAPY DECISIONS

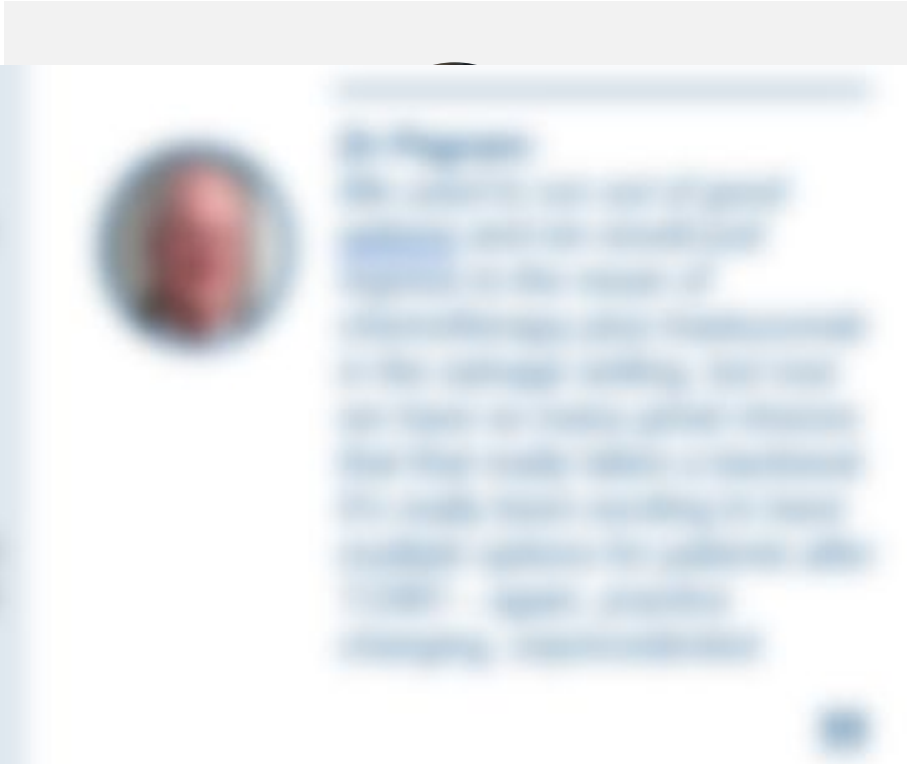
Most of the experts still consider Ki67 testing valuable, despite the change in



Experts Discussed Testing for Germline and Somatic Mutations

GERMLINE MUTATION TESTING AND NEXT-GEN SEQUENCING

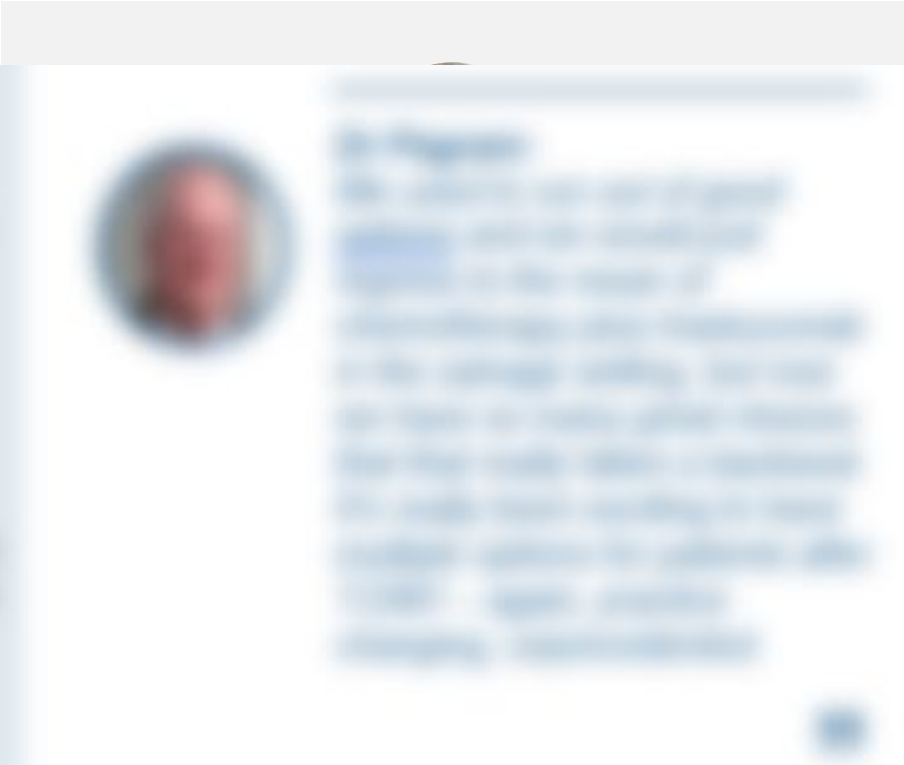
Experts agreed that most patients with high-risk early-stage or metastatic



Experts Considered the Potential Value of MRD Assessment in Breast Cancer

ctDNA TESTING FOR MINIMAL RESIDUAL DISEASE

ctDNA assessment is very promising for identifying patients who will likely



EPICS

The Changing Landscape of HER2+ Early Breast Cancer



The Changing Landscape of HER2+ Early Breast Cancer (1/3)

Presented by Joyce O'Shaughnessy, MD

ADJUVANT THERAPY FOR HER2+ BREAST CANCERS

> 10-year data from BCIRG 006, as well as from the TRAIN

ExteNET: Exploratory Analysis in HR+, HER2+

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
2007							
2008							
2009							
2010							
2011							
2012							
2013							





The Changing Landscape of HER2+ Early Breast Cancer (2/3)

Presented by Joyce O'Shaughnessy, MD



DE-ESCALATED ADJUVANT APPROACHES FOR LOW-RISK HER2+ BREAST CANCERS

> De-escalated HER2-targeted adjuvant regimens have

APT: 10-Year iDFS Results

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							





The Changing Landscape of HER2+ Early Breast Cancer (3/3)

Presented by Joyce O'Shaughnessy, MD



INDIVIDUALIZING ADJUVANT THERAPY FOLLOWING PREOPERATIVE HER2-TARGETED THERAPY

> For patients with residual disease following preoperative

Current Approach for (Neo)Adjuvant Treatment of

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
2007							
2008		2008					
2009			2009				
2010				2010			
2011					2011		
2012						2012	
2013							2013



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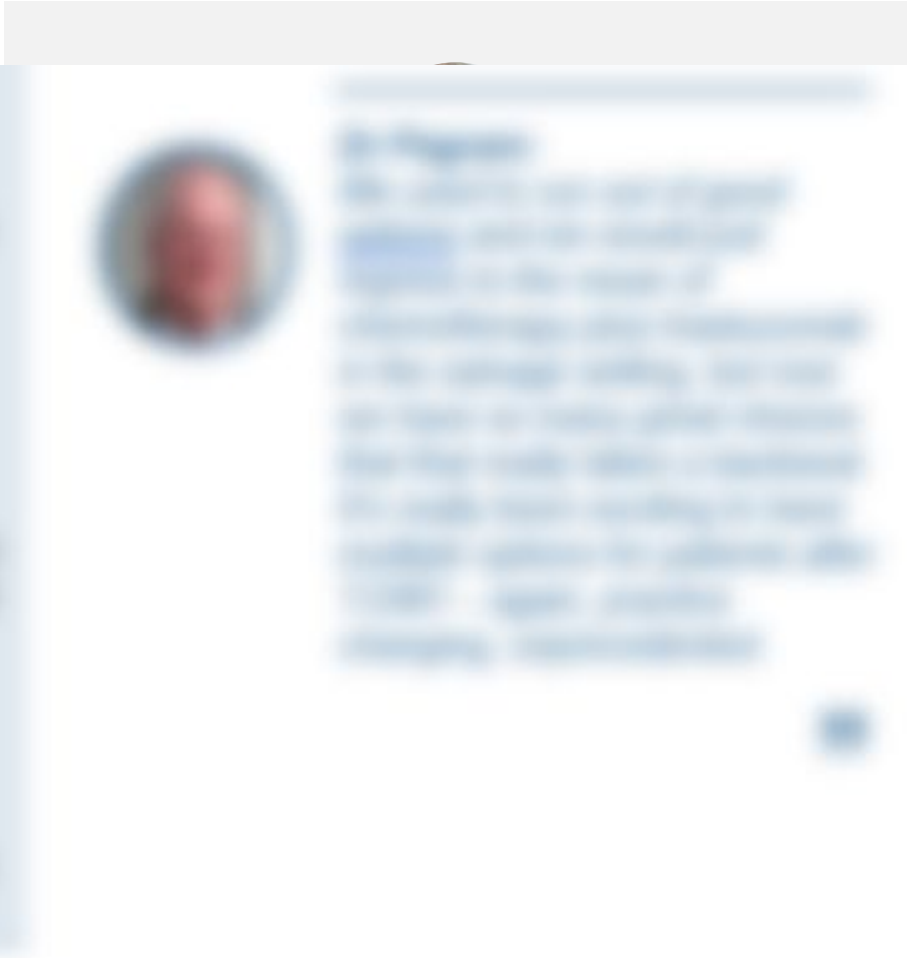
Key Insights

The Changing Landscape of HER2+
Early Breast Cancer

Experts Debated Adjuvant and Neoadjuvant Therapy for Early-Stage HER2+ Breast Cancer

DIMINISHING ROLE FOR ANTHRACYCLINES

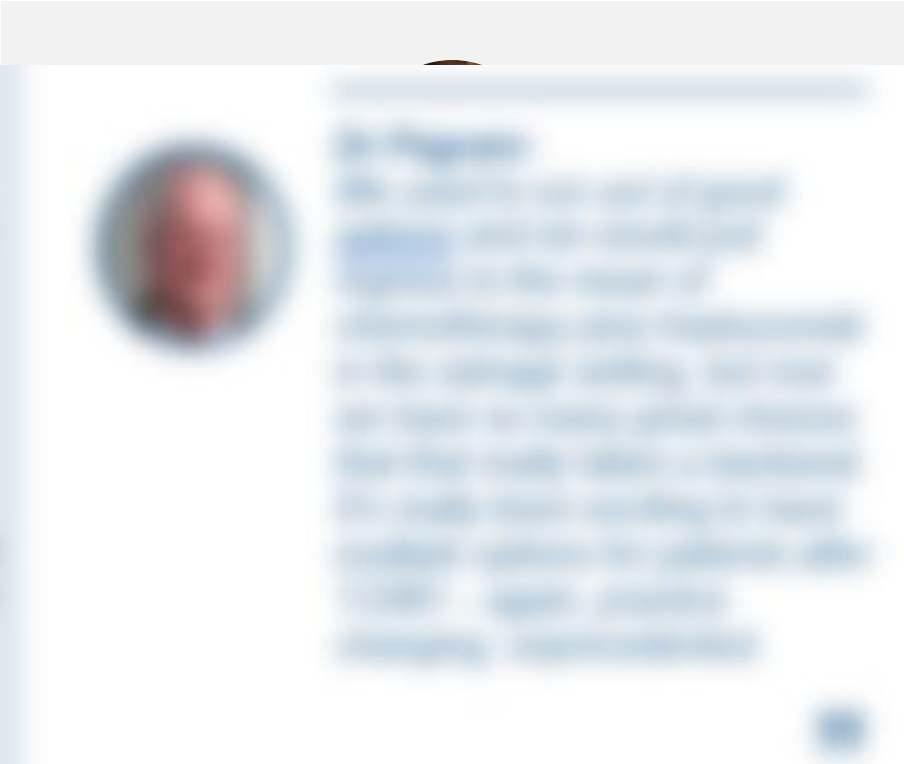
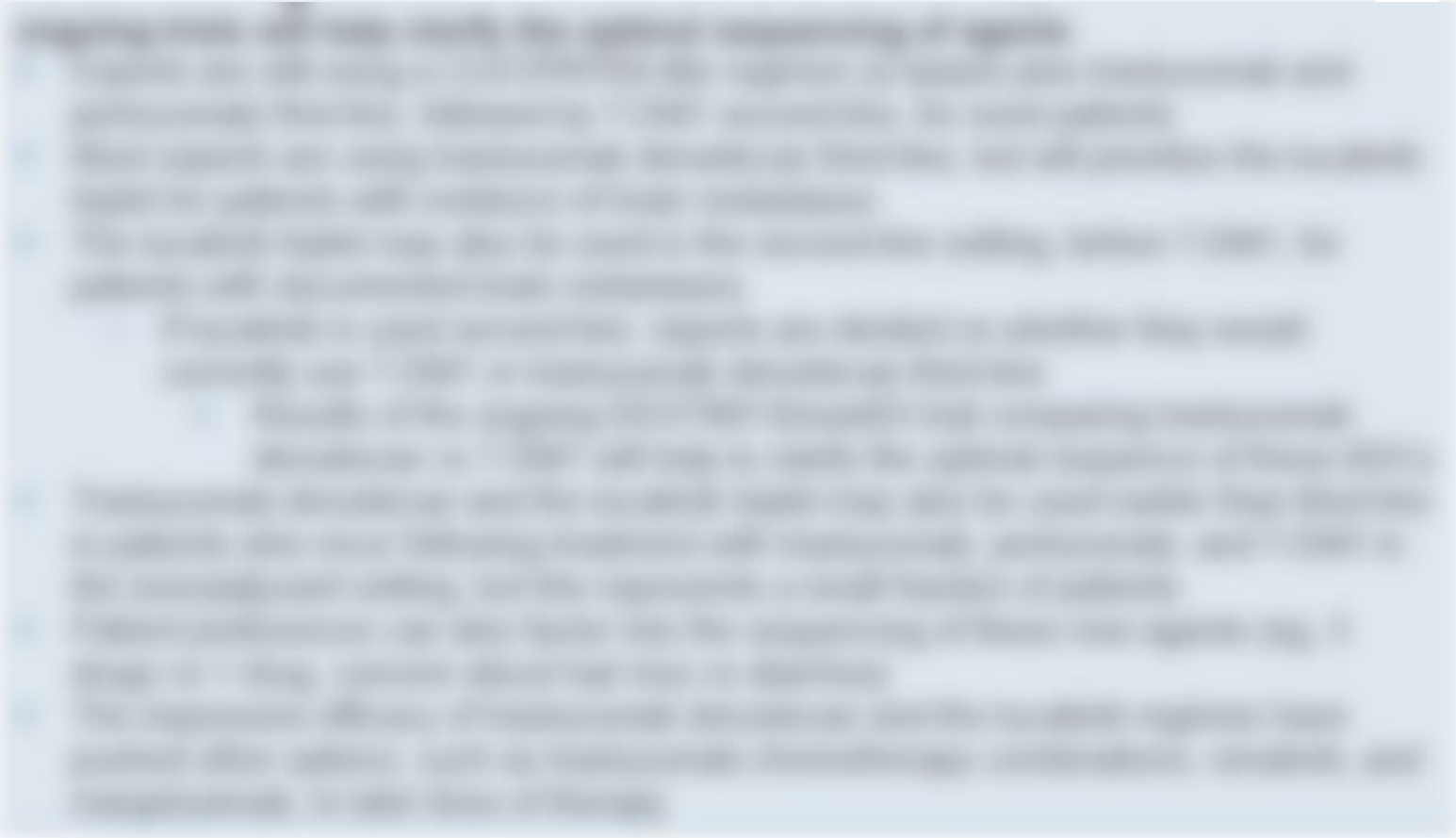
Most oncologists in the US have switched to a docetaxel-carboplatin backbone



Experts Discussed Individualizing Therapy for Early-Stage HER2+ Breast Cancer

HER2DX GENE EXPRESSION ASSAY

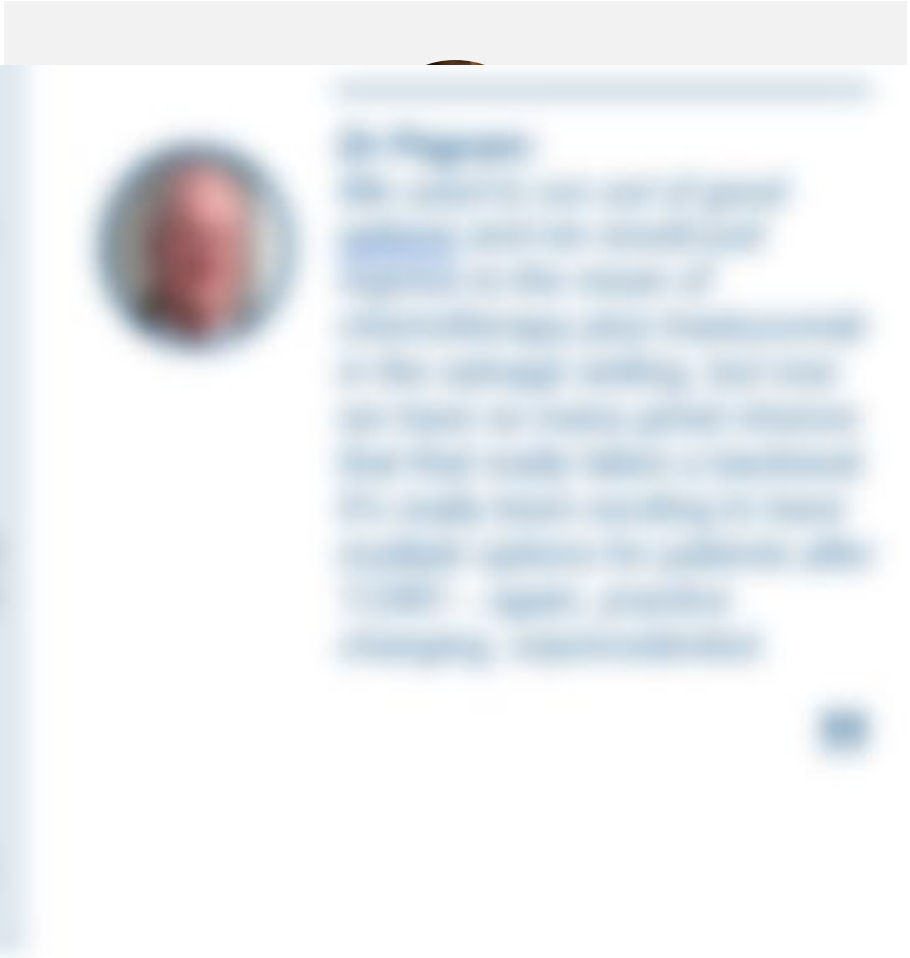
Experts do not currently use the HER2DX assay in their clinics



Experts Speculated on the Future of Treatment for Early-Stage HER2+ Breast Cancer (1/2)

POST-OP TREATMENT FOR RESIDUAL DISEASE

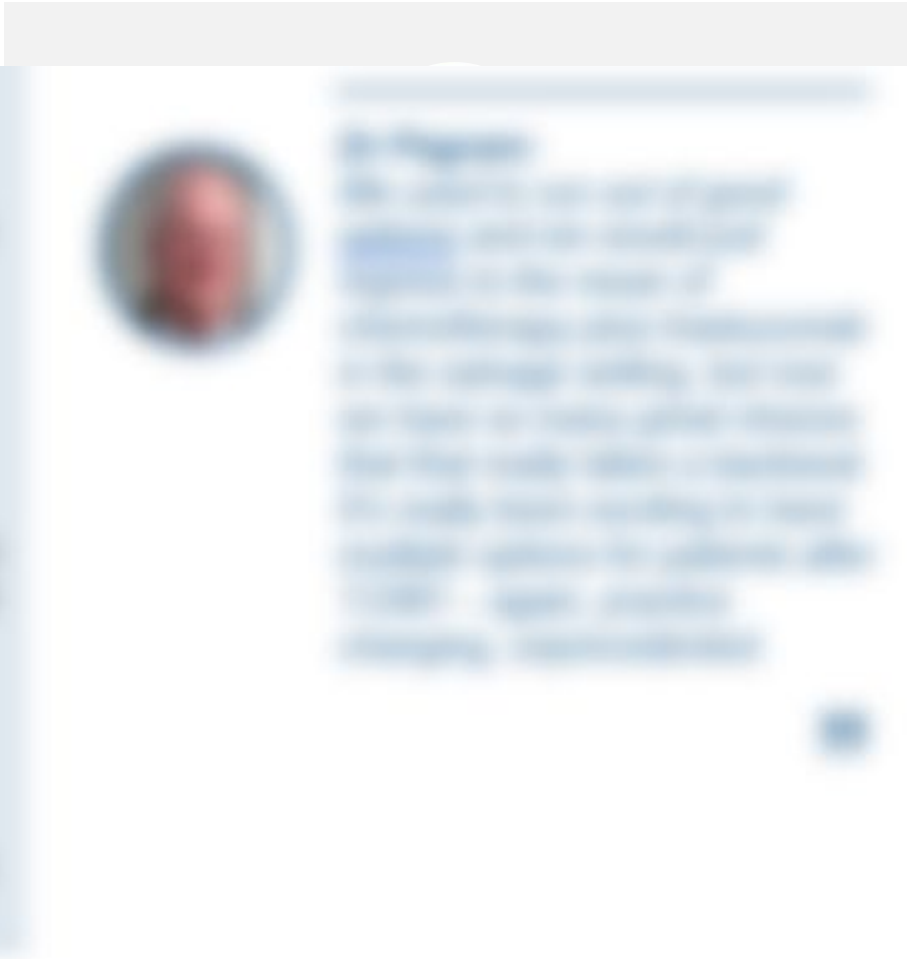
Experts predict that T-DXd will eventually replace T-DM1 as the treatment for



Experts Speculated on the Future of Treatment for Early-Stage HER2+ Breast Cancer (2/2)

MRD TESTING

Experts also envision a future in which some patients who achieve a pCR may



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Maximizing Potential Targeting of HER2 in HER2+ mBC



Maximizing Potential Targeting of HER2 in HER2+ mBC (1/3)

Presented by Kelly McCann, MD, PhD

CURRENT TREATMENT ALGORITHM FOR HER2+ mBC

> A taxane plus trastuzumab plus pertuzumab remains the

DESTINY-Breast03: PFS

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
2007							
2008							
2009							
2010							
2011							
2012							
2013							





Maximizing Potential Targeting of HER2 in HER2+ mBC (2/3)

Presented by Kelly McCann, MD, PhD



ADVANCES FOR HER2+ BRAIN METASTASES

> Results from the HER2CLIMB trial showing a significant

HER2CLIMB: PFS in Brain Mets Subpopulation

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
2007							
2008		2008					
2009			2009				
2010				2010			
2011					2011		
2012						2012	
2013							2013





Maximizing Potential Targeting of HER2 in HER2+ mBC (3/3)

Presented by Kelly McCann, MD, PhD

INVESTIGATIONAL AGENTS IN CLINICAL TRIALS FOR HER2+ mBC

> Investigational approaches being evaluated for HER2+

monarchHER:

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013		2013					
2014			2014				
2015				2015			
2016					2016		
2017						2017	
2018							2018



EPICS

Key Insights

Maximizing Potential Targeting of HER2 in
HER2+ mBC

Experts Discussed Sequencing Strategies for HER2+ mBC

2L THERAPY

Most of the experts' choice of 2L therapy depends on the balance between

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Experts Discussed Special Management Scenarios

CNS METASTASES

Most experts do not routinely screen asymptomatic patients with HER2+ mBC

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Experts Considered Areas of Need for Additional Investigation

ER+, HER2+ mBC

Experts see ER+, HER2+ mBC as a “mixed bag of cancers” and a different

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EPICS

Clinical Implications of HER2-Low Breast Cancer



Clinical Implications of HER2-Low Breast Cancer (1/2)

Presented by Banu Arun, MD

NEW TREATMENT PARADIGMS

> The phase III DESTINY-Breast04 trial established a

DESTINY-Breast04

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	Year	Year	Year	Year	Year	Year
2000	2005	2008	2011	2013	2015	2017
	2009		2012	2014	2016	
						2018





Clinical Implications of HER2-Low Breast Cancer (2/2)

Presented by Banu Arun, MD

UNANSWERED QUESTIONS AND AVENUES FOR FURTHER INVESTIGATION

> One key answer that needs to be determined is the

BEGONIA: T-DXd + Durvalumab

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013		2013					
2014			2014				
2015				2015			
2016					2016		
2017						2017	
2018							2018



EPICS

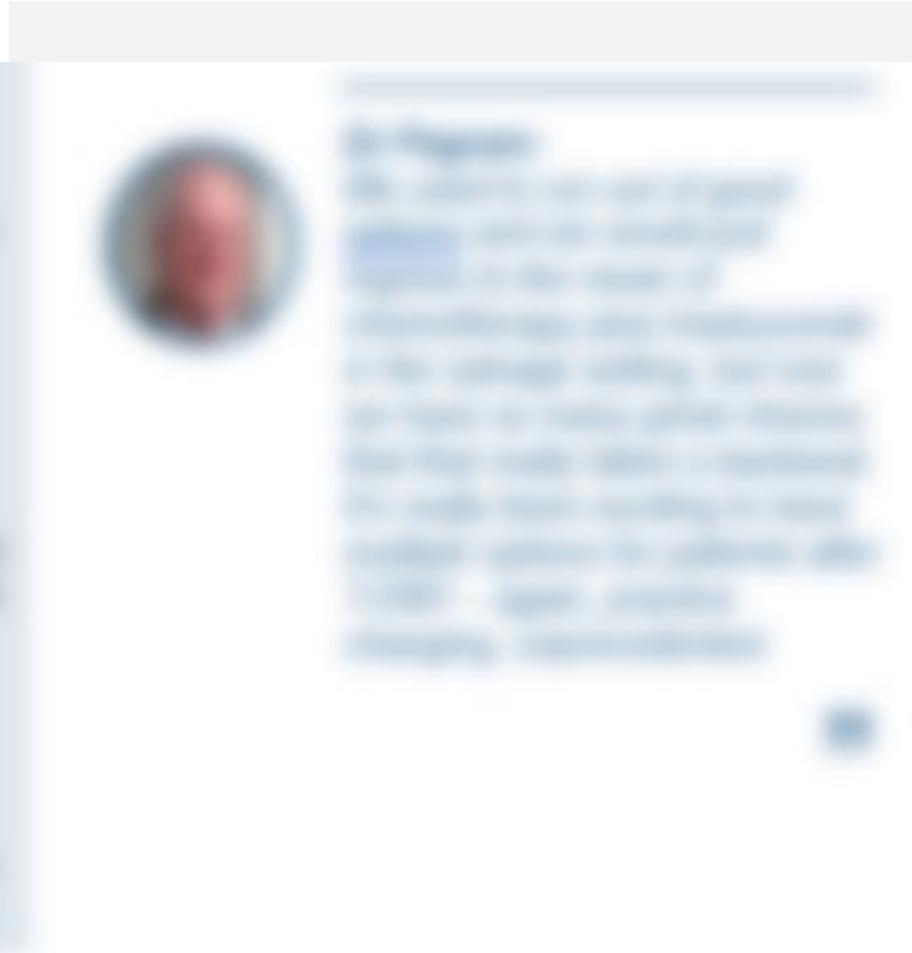
Key Insights

Clinical Implications of HER2-Low
Breast Cancer

Experts Discussed the Use of T-DXd in HER2-Low and -Ultra-Low mBC

HER2-LOW mBC (IHC 1+ or 2+)

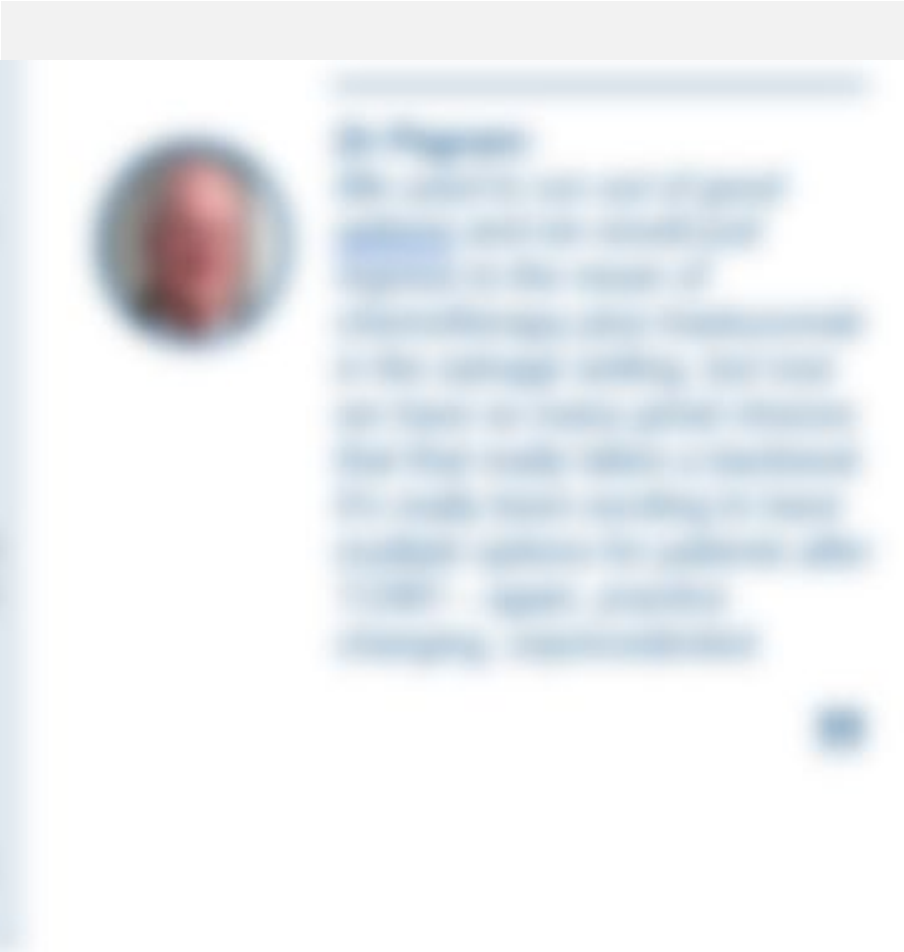
HER2 low (by IHC) is now a recognized subset of HR+, HER2- BC and TNBC,



Experts Discussed the Need for More Quantitative Assays to Assess HER2 Protein Expression

SHORTCOMINGS OF IHC ASSAYS

One of the biggest needs in the field currently is an accurate quantitative assay




Experts Debated Unanswered Questions and Areas for Future Investigation

DURATION OF THERAPY

One question that needs to be addressed in both the HER2+ and HER2-low

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Standard and Emerging Strategies for High-Risk, Early-Stage, Triple- Negative Breast Cancer



Standard and Emerging Strategies for High-Risk, Early-Stage, Triple-Negative Breast Cancer (1/3)

Presented by Joyce O'Shaughnessy, MD

KEYNOTE-522

> KEYNOTE-522 established preoperative therapy with

KEYNOTE-522: EFS by pCR

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							





Standard and Emerging Strategies for High-Risk, Early-Stage, Triple-Negative Breast Cancer (2/3)

Presented by Joyce O'Shaughnessy, MD

OTHER REPORTED (NEO)ADJUVANT TRIALS FOR TNBC

> The phase II neoadjuvant GeparNuevo trial evaluating

GeparNuevo: OS

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2009	2010	2011	2012	2013	2014	2015
2009							
2010		2010					
2011			2011				
2012				2012			
2013					2013		
2014						2014	
2015							2015





Standard and Emerging Strategies for High-Risk, Early-Stage, Triple-Negative Breast Cancer (3/3)

Presented by Joyce O'Shaughnessy, MD

ONGOING AND PLANNED (NEO)ADJUVANT TRIALS FOR TNBC

> NSABP B-59 is randomizing patients with TNBC to

Current Algorithm for Early-Stage TNBC

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2009	2010	2011	2012	2013	2014	2015
2009							
2010		2010					
2011			2011				
2012				2012			
2013					2013		
2014						2014	
2015							2015



EPICS

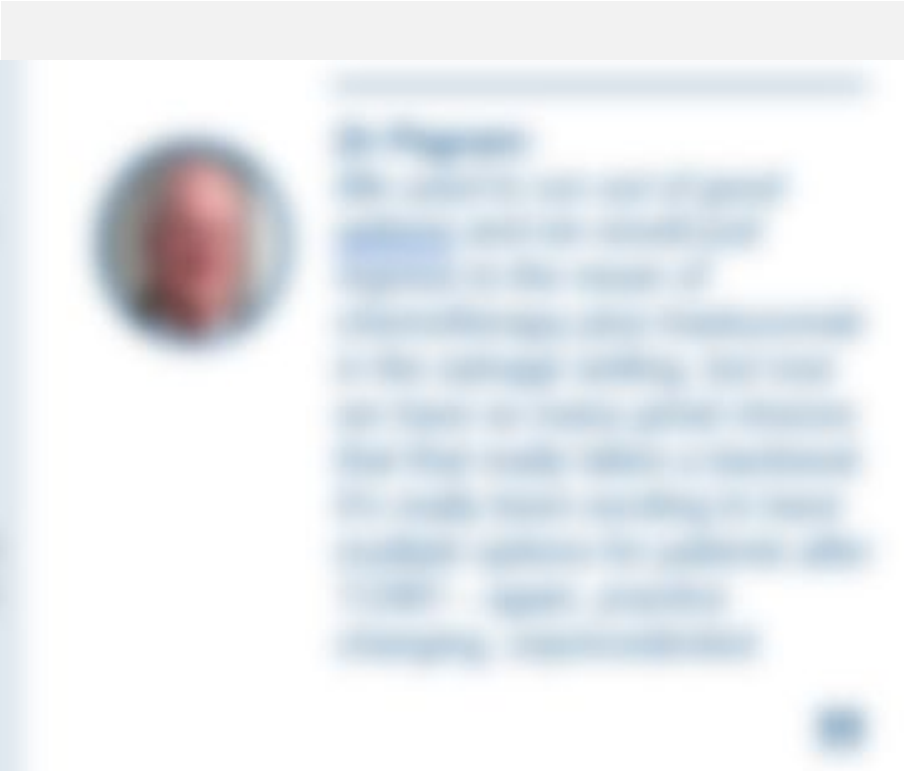
Key Insights

Standard and Emerging Strategies for High-Risk, Early-Stage, Triple-Negative Breast Cancer

Experts Debated Current Standards and Practice Patterns for Early-Stage TNBC

KEYNOTE-522 IMPLICATIONS

KEYNOTE-522 is considered SOC for stage 2/3 TNBC, but the optimal treatment



Experts Discussed Practical Considerations in Patient Treatment

ALTERNATIVE ADJUVANT APPROACHES

For patients with *BRCA*-mutated TNBC who start with the KN-522 regimen,

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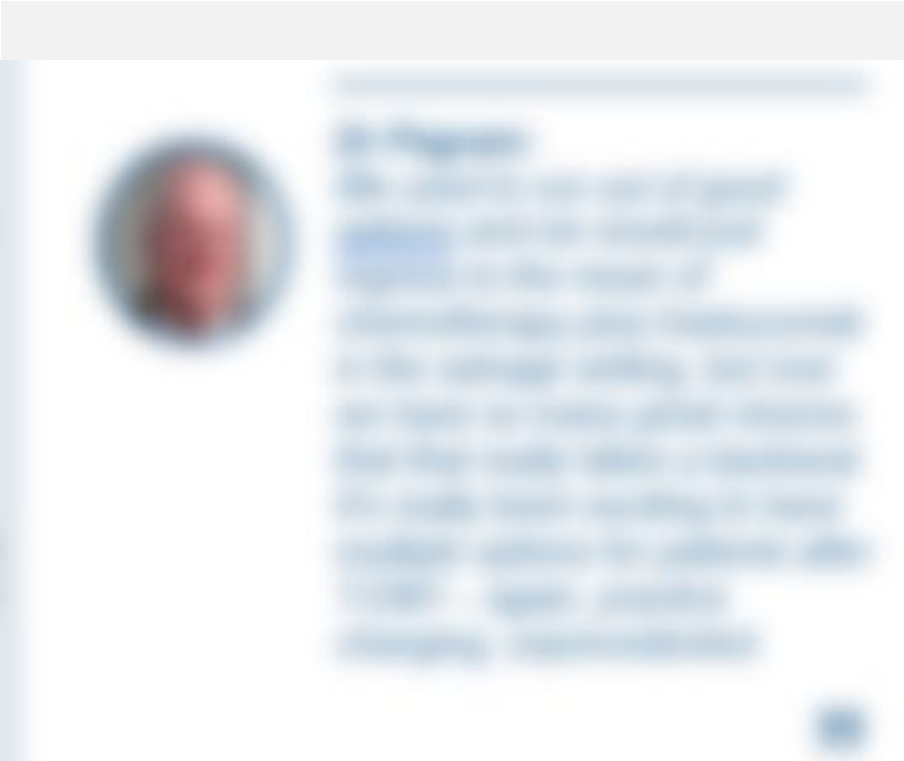


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Experts Discussed Immune-Related Adverse Events

TOXICITY MANAGEMENT

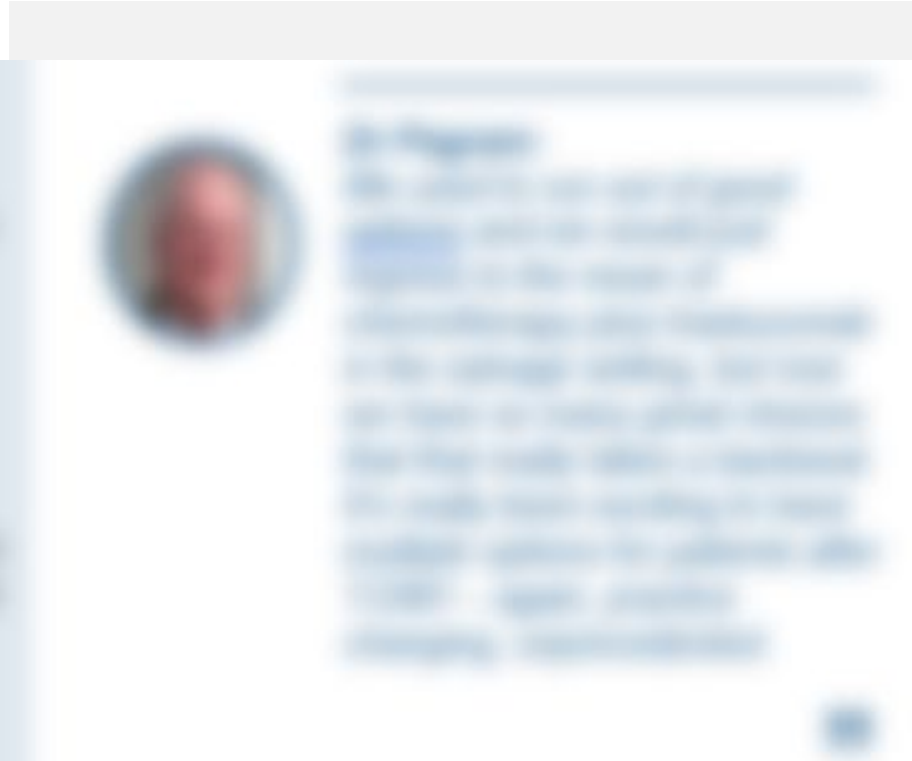
Experts perceive that patients experience more immune-related toxicities with



Experts Considered Unmet Needs and Areas for Future Investigation in Early-Stage TNBC

UNANSWERED RESEARCH QUESTIONS

There are many open questions that need to be addressed in future clinical



EPICS

Current and Investigational Approaches in Metastatic Triple-Negative Breast Cancer



Current and Investigational Approaches in Metastatic Triple-Negative Breast Cancer (1/3)

Presented by William Sikov, MD

PARP INHIBITION

> Olaparib and talazoparib have both been shown to

OlympiAD

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							





Current and Investigational Approaches in Metastatic Triple-Negative Breast Cancer (2/3)

Presented by William Sikov, MD

IMMUNE CHECKPOINT INHIBITION

> KEYNOTE-355 demonstrated a significant PFS and OS

KEYNOTE-355

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							





Current and Investigational Approaches in Metastatic Triple-Negative Breast Cancer (3/3)

Presented by William Sikov, MD

ADCs FOR mTNBC

> The TROP-2–targeted ADC sacituzumab govitecan (SG)

ASCENT

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							



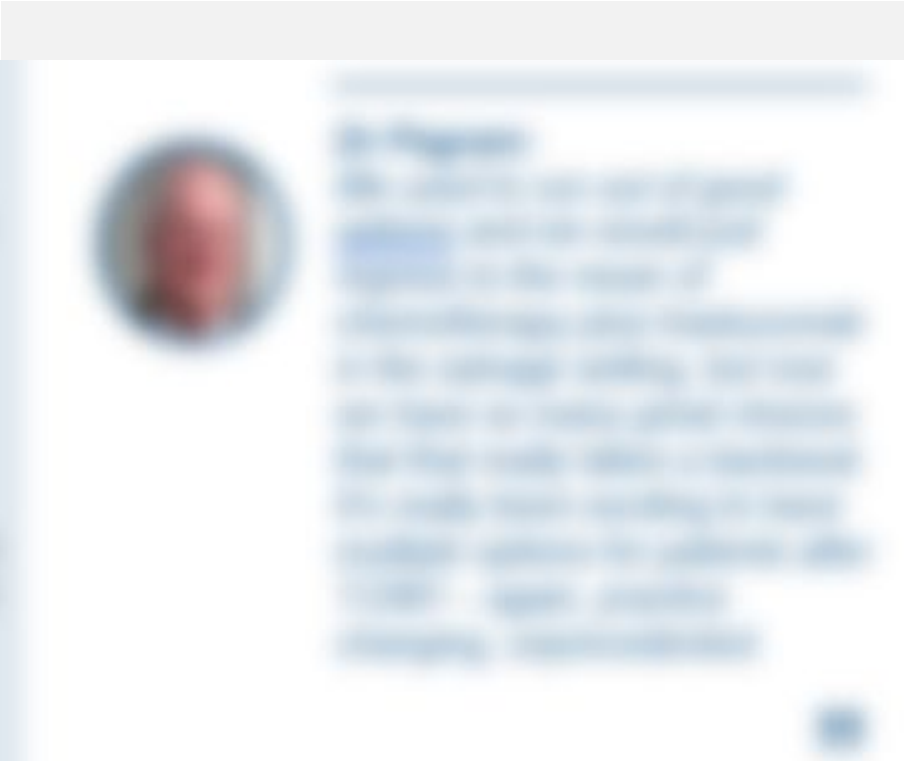
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Key Insights

Current and Investigational Approaches in
Metastatic Triple-Negative Breast Cancer

PARPi TIMING AND SEQUENCING

Monotherapy with a PARPi is considered a reasonable 1L treatment for an



BIOMARKER TESTING

Experts support early testing for genetic and surface biomarkers so that a

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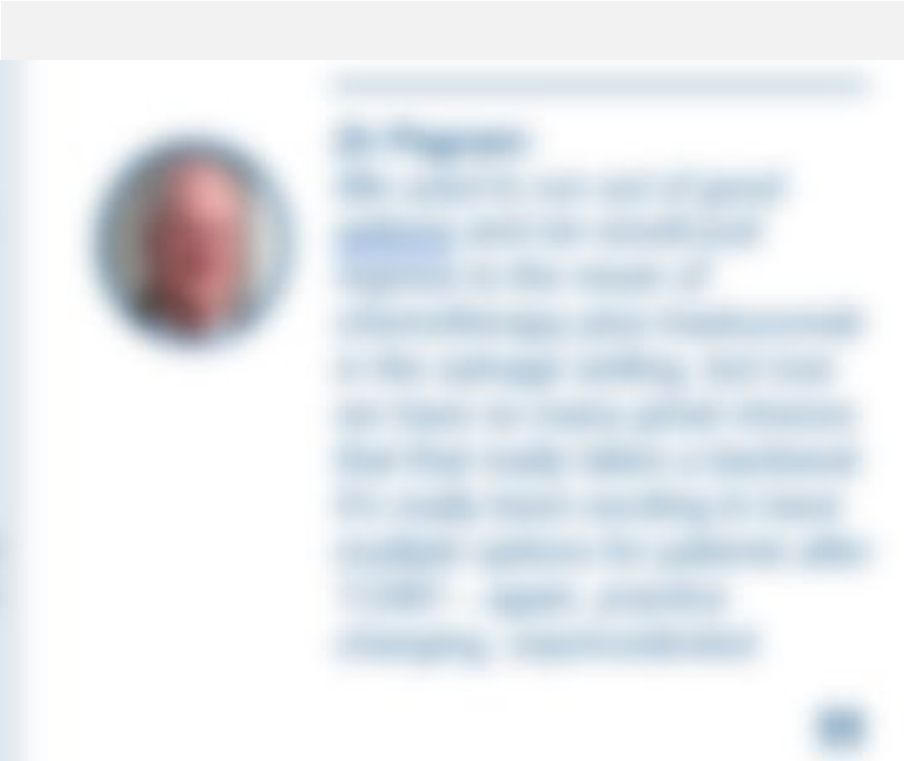


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Experts Debated the Sequence of ADCs in mTNBC

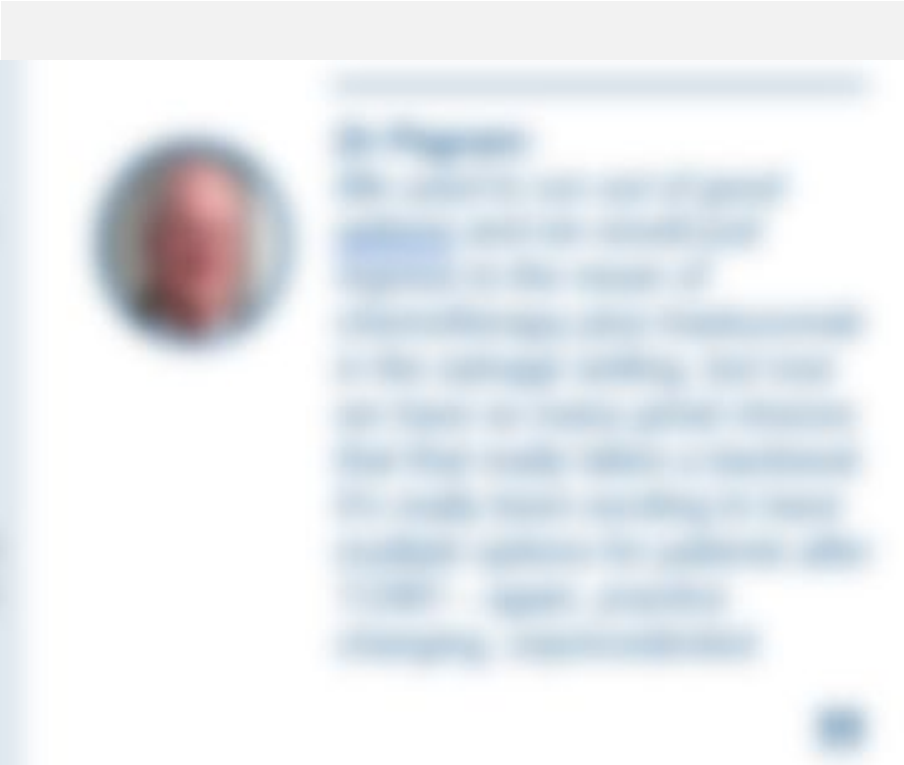
ADC SELECTION

Most experts currently prefer using SG first in their patients with mTNBC, and T-



INVESTIGATIONAL STRATEGIES

Experts believe there is promise for targeted therapies for AR+ TNBC, and they



EPICS

Therapeutic Horizons in HR+ Early Breast Cancer



Therapeutic Horizons in HR+ Early Breast Cancer (1/2)

Presented by Peter A. Kaufman, MD

ADJUVANT CDK4/6 INHIBITORS

> The monarchE trial established a new paradigm, showing

monarchE

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013							
2014							
2015							
2016							
2017							
2018							





Therapeutic Horizons in HR+ Early Breast Cancer (2/2)

Presented by Peter A. Kaufman, MD

PARP INHIBITORS AND OTHER ADJUVANT STRATEGIES

> Adjuvant olaparib for 1 year is now standard of care for

OlympiA Overall Survival

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2017	2018	2019	2020	2021	2022
2017						
2018						
2019						
2020						
2021						
2022						



EPICS

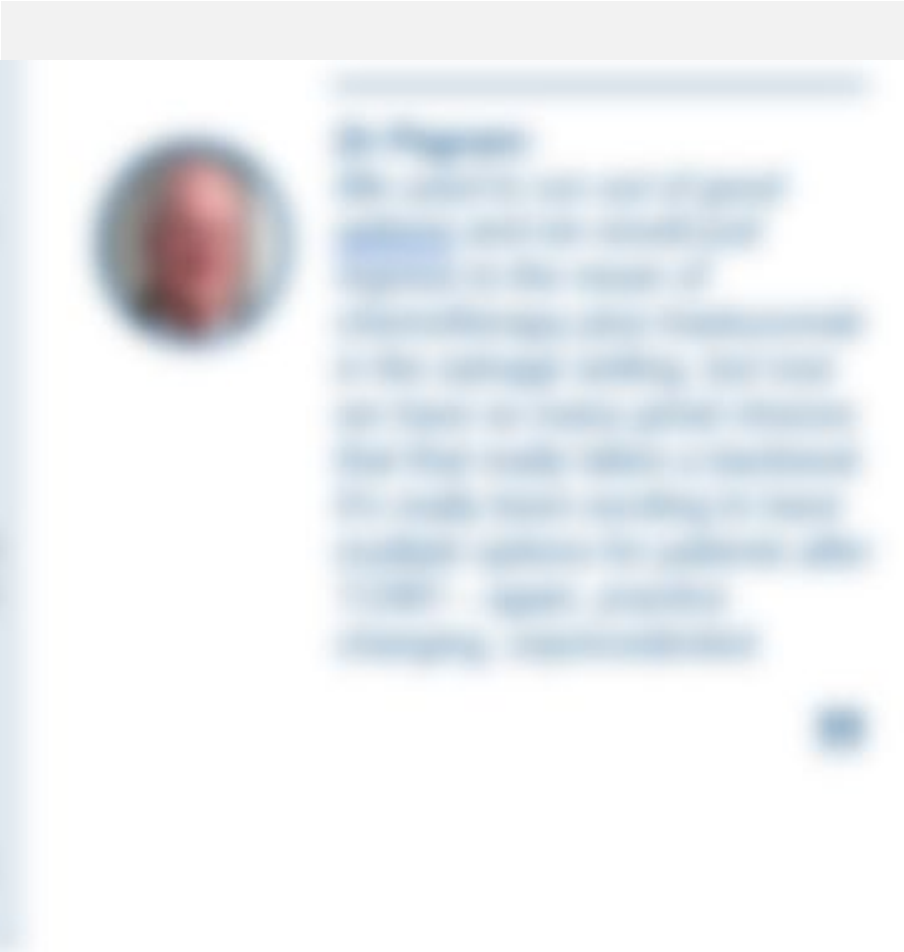
Key Insights

Therapeutic Horizons in HR+ Early Breast Cancer

Experts Discussed the Use of Abemaciclib in the Adjuvant Setting

ADJUVANT ABEMACICLIB

Abemaciclib is considered “standard of care” in the adjuvant setting, in



Experts Speculated on the Implications of the NATALEE Results

ADJUVANT CDK4/6i SELECTION

Experts are enthusiastic about the prospect of having 2 CDK4/6 inhibitor

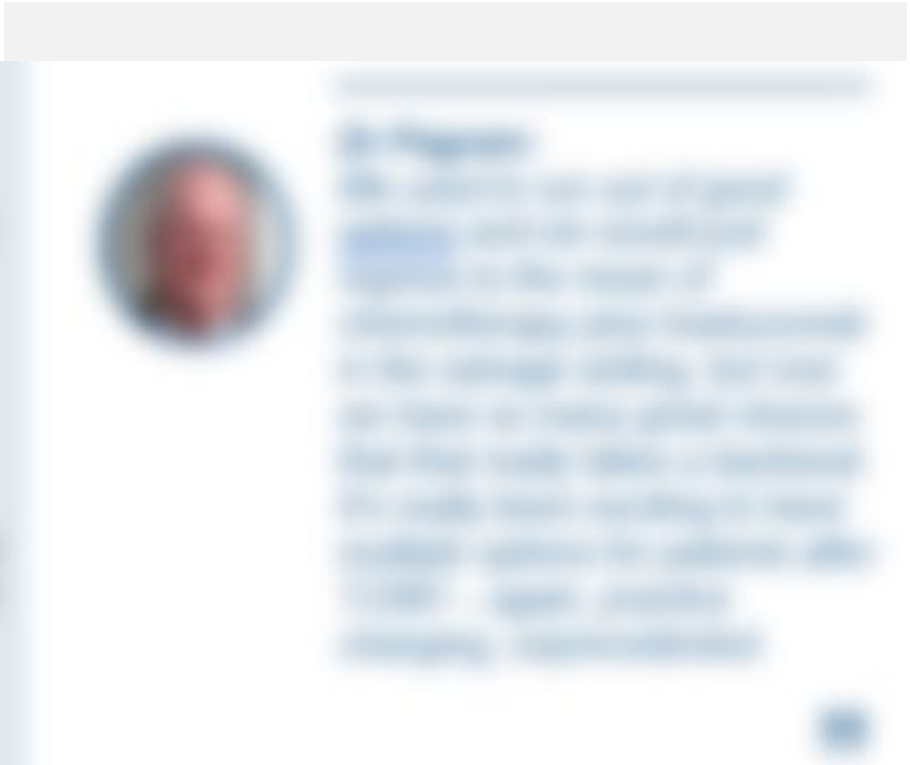
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Experts Debated Treatment Strategies for HR+, HER2– gBRCA-Mutated Breast Cancer

PARPi, CDK4/6i, OR BOTH?

For patients with very-high-risk node-positive, gBRCA-mutated HR+, HER2–



Experts Speculated on the Potential Role for Oral SERDs in Early-Stage HR+ Breast Cancer

ONGOING ADJUVANT SERD TRIALS

Experts are enthusiastic about ongoing trials

Study name	SERD	Study design	Status	NCT number
------------	------	--------------	--------	------------

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EPICS

Therapeutic Horizons in HR+ Advanced Breast Cancer



Therapeutic Horizons in HR+ Advanced Breast Cancer (1/3)

Presented by Hope S. Rugo, MD

CDK4/6 INHIBITORS

> All the CDK4/6i trials have demonstrated an improvement in

Overall Survival

The addition of the cyclin-dependent kinase 4/6 (CDK4/6) inhibitors to the endocrine therapy has shown that combination is a promising for the additive effect of endocrine therapy and CDK4/6i in high-negative breast cancer (HR+).
- Patients who showed overall benefits with endocrine therapy and CDK4/6i combination in the progression-free survival, overall survival, time to progression, time to distant recurrence, time to local recurrence, and time to death.
- The CDK4/6i negative CDK4/6i combination did not result from the addition of endocrine therapy to high condition in any individual setting.

OPTIONS FOLLOWING PROGRESSION ON CDK4/6i

> Endocrine combinations after progression on a CDK4/6i-

Endocrine combinations after progression on CDK4/6i

There are several ways with the aim to "keep up" the endocrine therapy to increase endocrine therapy to address progression results from endocrine therapy.
- The addition of an endocrine drug (aromatase inhibitor) may provide the necessary endocrine therapy and death resulted by the activity of CDK4/6i. In addition, an aromatase inhibitor is preferred over the addition of endocrine therapy. It is preferred over endocrine therapy with CDK4/6i and CDK4/6i.
- The use of endocrine therapy (aromatase inhibitor) may increase endocrine therapy, endocrine therapy, endocrine therapy, and increase CDK4/6i endocrine therapy. Combination of endocrine therapy with endocrine and endocrine endocrine therapy endocrine therapy, suggesting that CDK4/6i can be effective in setting up a home.





Therapeutic Horizons in HR+ Advanced Breast Cancer (3/3)

Presented by Hope S. Rugo, MD

INVESTIGATIONAL STRATEGIES FOR HR+ mBC

- > The AKT inhibitor capivasertib significantly improved PFS when added to fulvestrant in both the ITT and the AKT

CAPItello-291

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2010	2011	2012	2013	2014	2015	2016
2010							
2011							
2012							
2013							
2014							
2015							
2016							



EPICS

Key Insights

Therapeutic Horizons in HR+ Advanced Breast Cancer

Experts Debated 1L Therapy Selection for HR+, HER2- mBC

1L ENDOCRINE THERAPY PLUS CDKi

The 1L therapy SOC is ET plus a CDK4/6i

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Experts Debated Sequencing Endocrine Therapies After Progression on ET Plus CDKi

TARGETING THE PI3K/AKT/mTOR PATHWAY

Upon progression on a 1L CDKi plus ET, most experts change to an alternate ET

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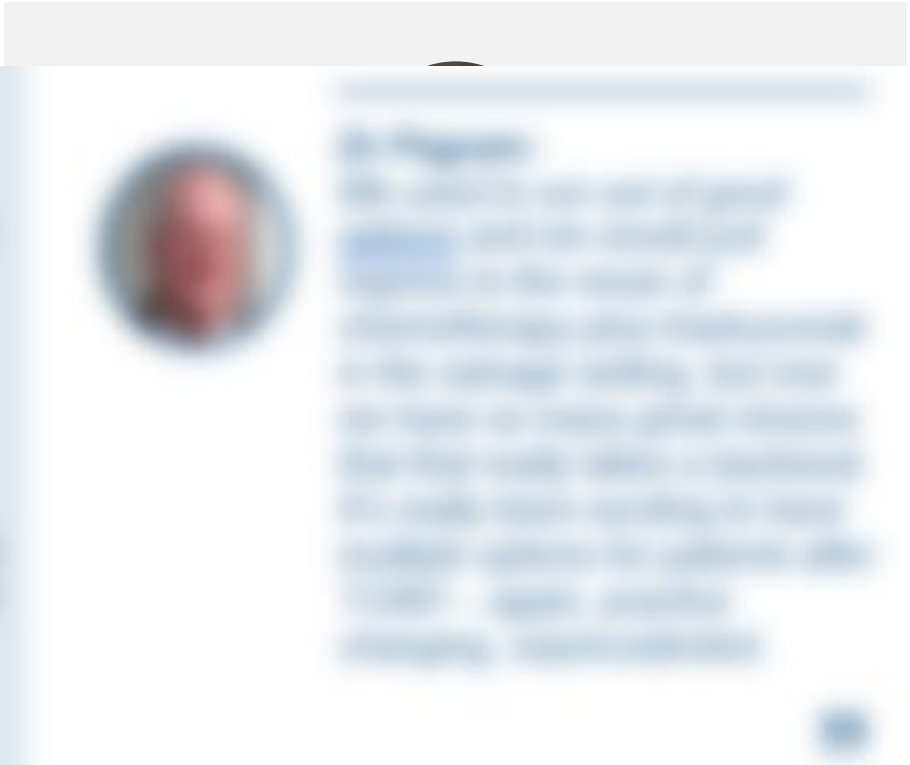


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Experts Discussed Sequencing Considerations in HR+, HER2- mBC

MONITORING AND EVALUATING PATIENTS

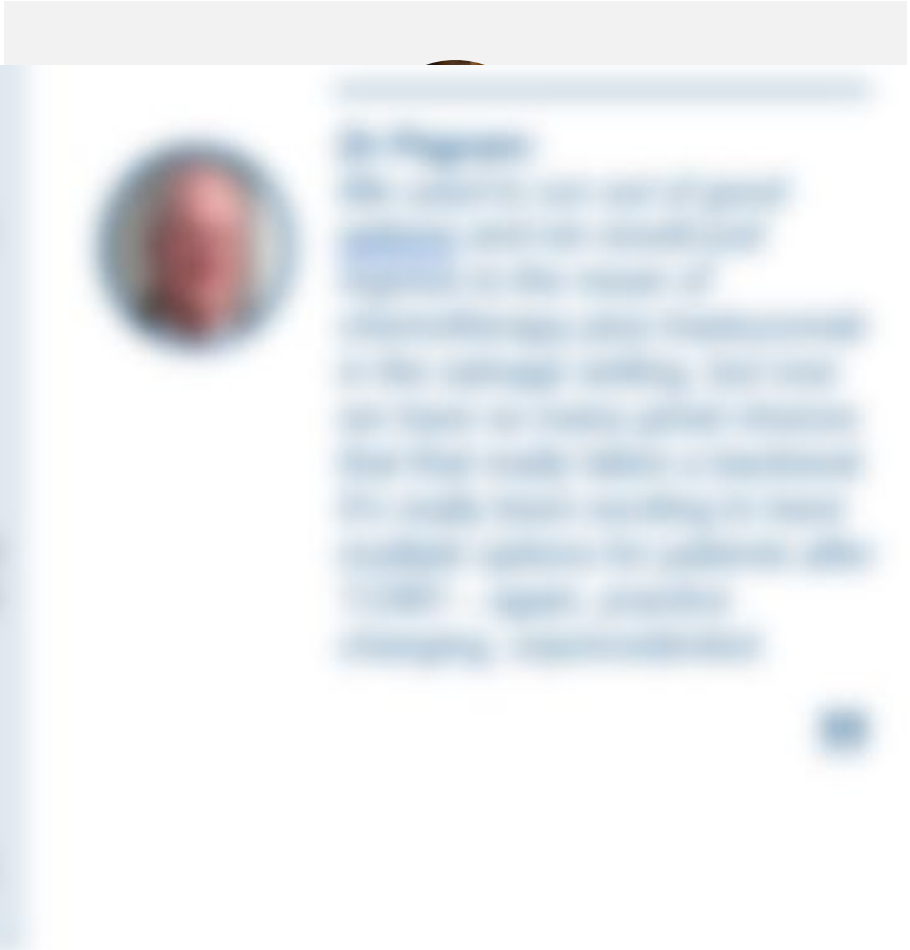
More data are needed regarding how to best sequence available agents, and it



Experts Debated Sequencing ADCs and Cytotoxic Agents in HR+, HER2- mBC

SELECTING BETWEEN ADCs

T-DXd is preferred first over SG for patients with HER2-low HR+ mBC, while SG

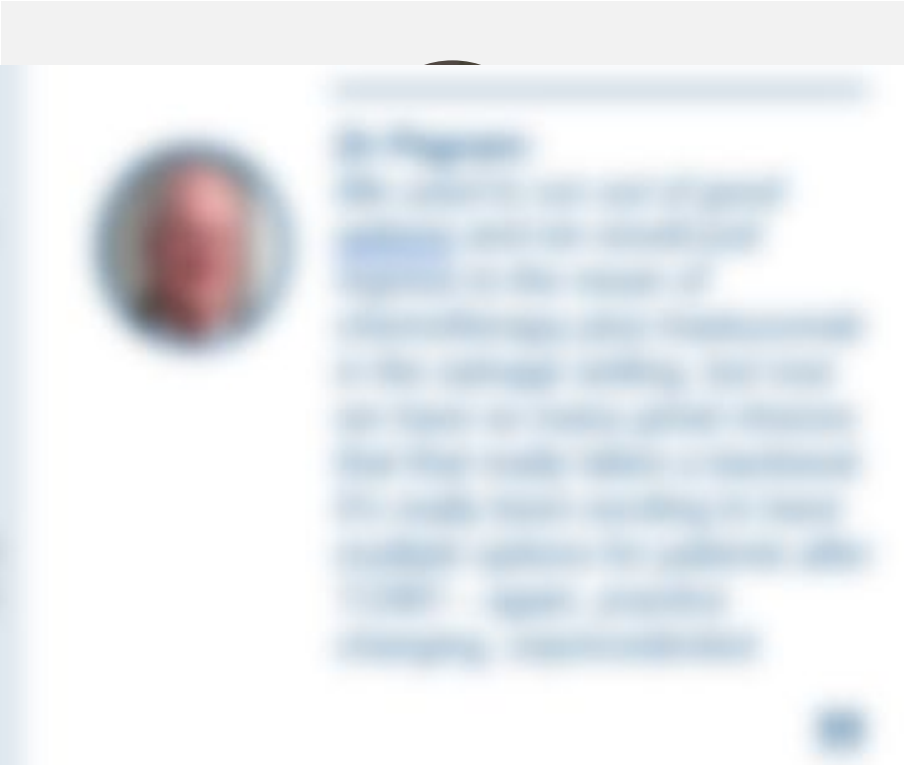


Experts Considered Opportunities and Challenges in HR+, HER2- mBC

FUTURE DIRECTIONS WITH NEW ENDOCRINE AGENTS

Novel endocrine and biologics combinations are moving forward to maximize

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EPICS

Old and New Targets in Breast Cancer



Old and New Targets in Breast Cancer (2/2)

Presented by Peter A. Kaufman, MD

NOVEL TARGETED AGENTS AND STRATEGIES

- > A number of novel ADCs and bispecific Abs are in various phases of development

Patritumab-DXd

Phase I/II Study in HER3+ (IHC 2+/3+) BC

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
Trastuzumab							
Trastuzumab emtansin							
Ado-trastuzumab emtansin							
Trastuzumab deruxtecan							
Patritumab-DXd							



EPICS

Key Insights

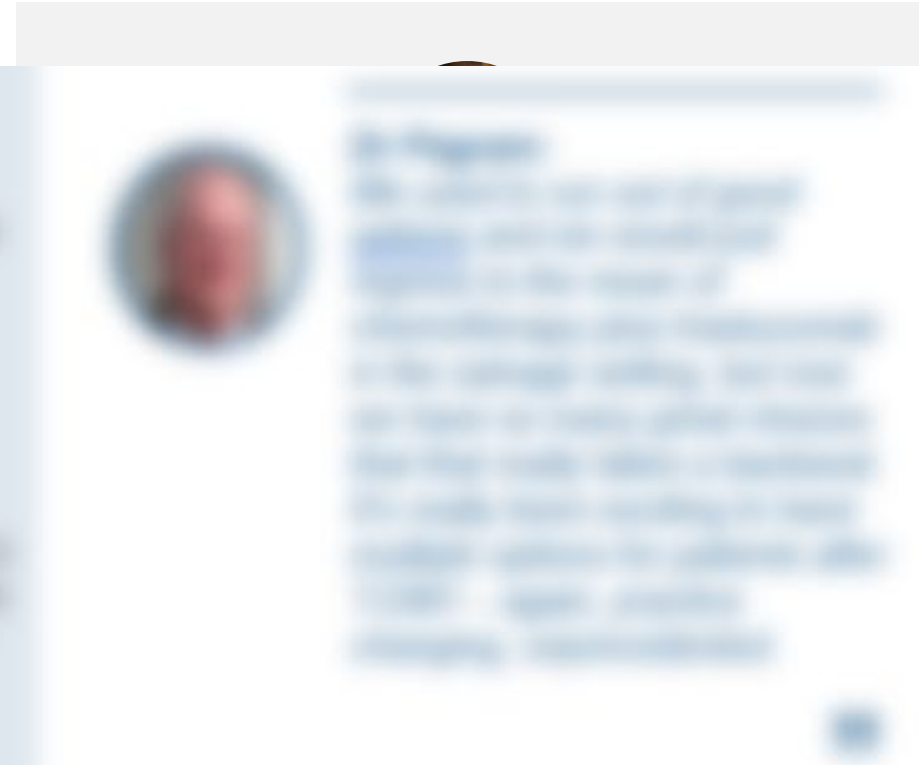
Old and New Targets in Breast Cancer

Experts Discussed Investigational Agents for mBC

ORAL TAXANES

Experts are very interested in oral taxanes and would rapidly adopt one if it became available

- > Multiple companies have performed trials on such agents, which demonstrated



EPICS

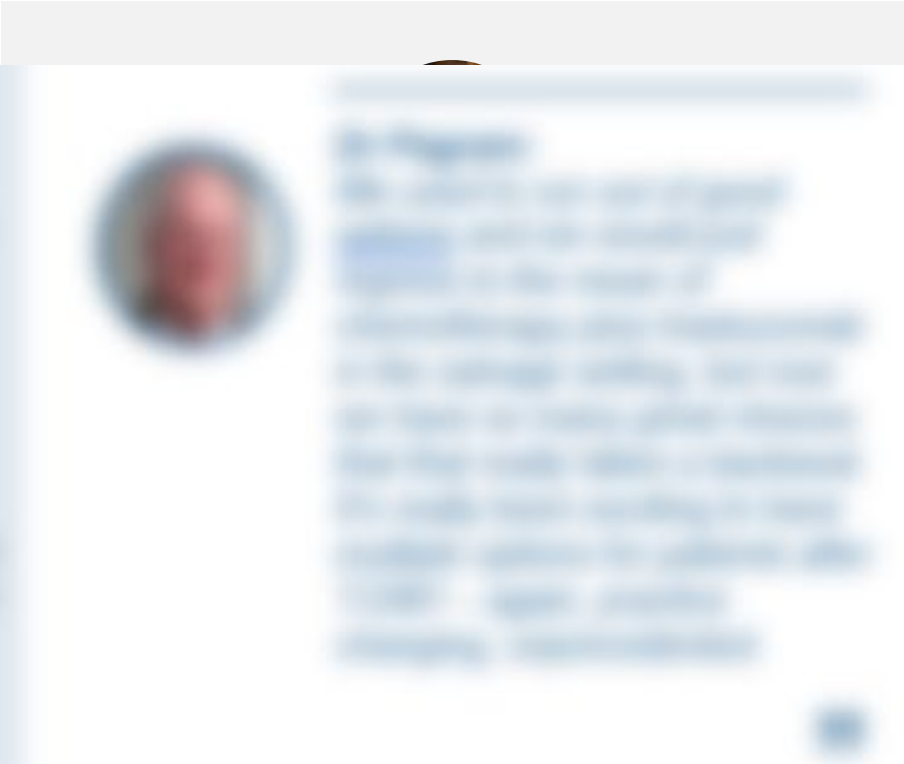
Key Insights

General Discussion: Future Directions in Breast Cancer Treatment

Experts Discussed the Biggest Challenges in Breast Cancer Treatment Today (1/2)

TUMOR BIOLOGY

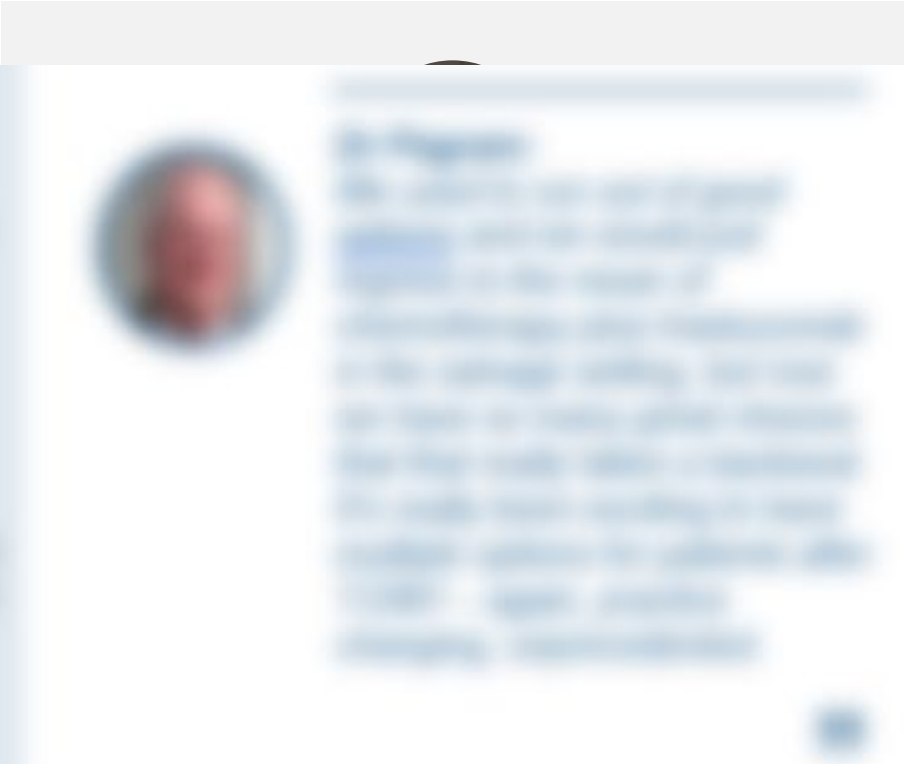
There is a need to better understand



Experts Discussed the Biggest Challenges in Breast Cancer Treatment Today (2/2)

ADHERENCE TO ORAL THERAPIES

Adherence historically has been low with endocrine therapy in the curative



EDUCATIONAL NEEDS FOR COMMUNITY PRACTICES

Further education of community physicians is needed with regard to

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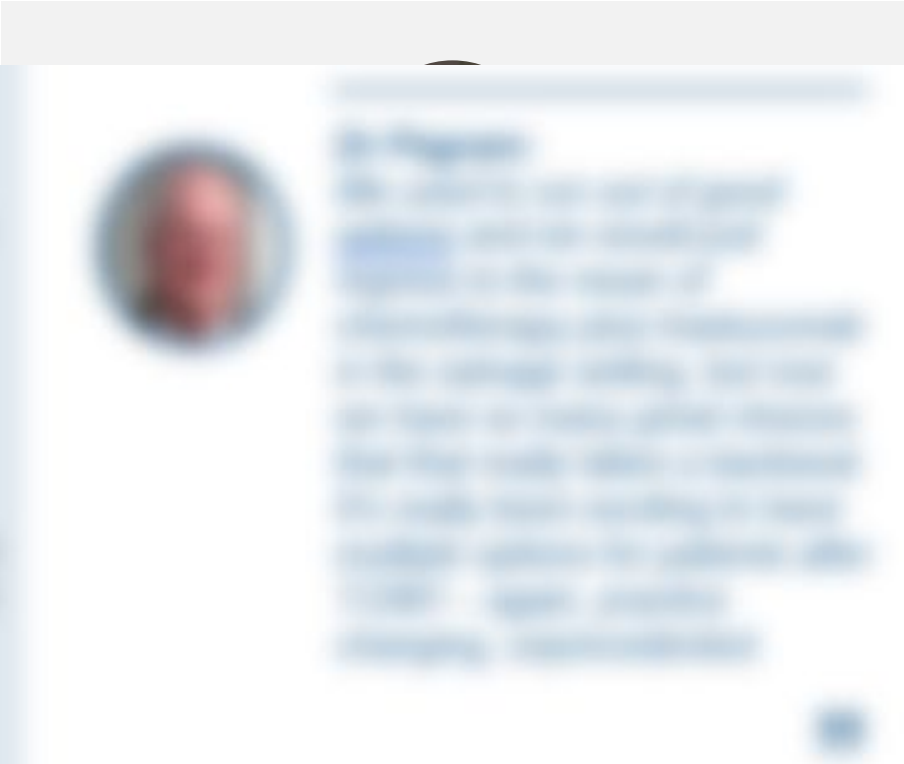
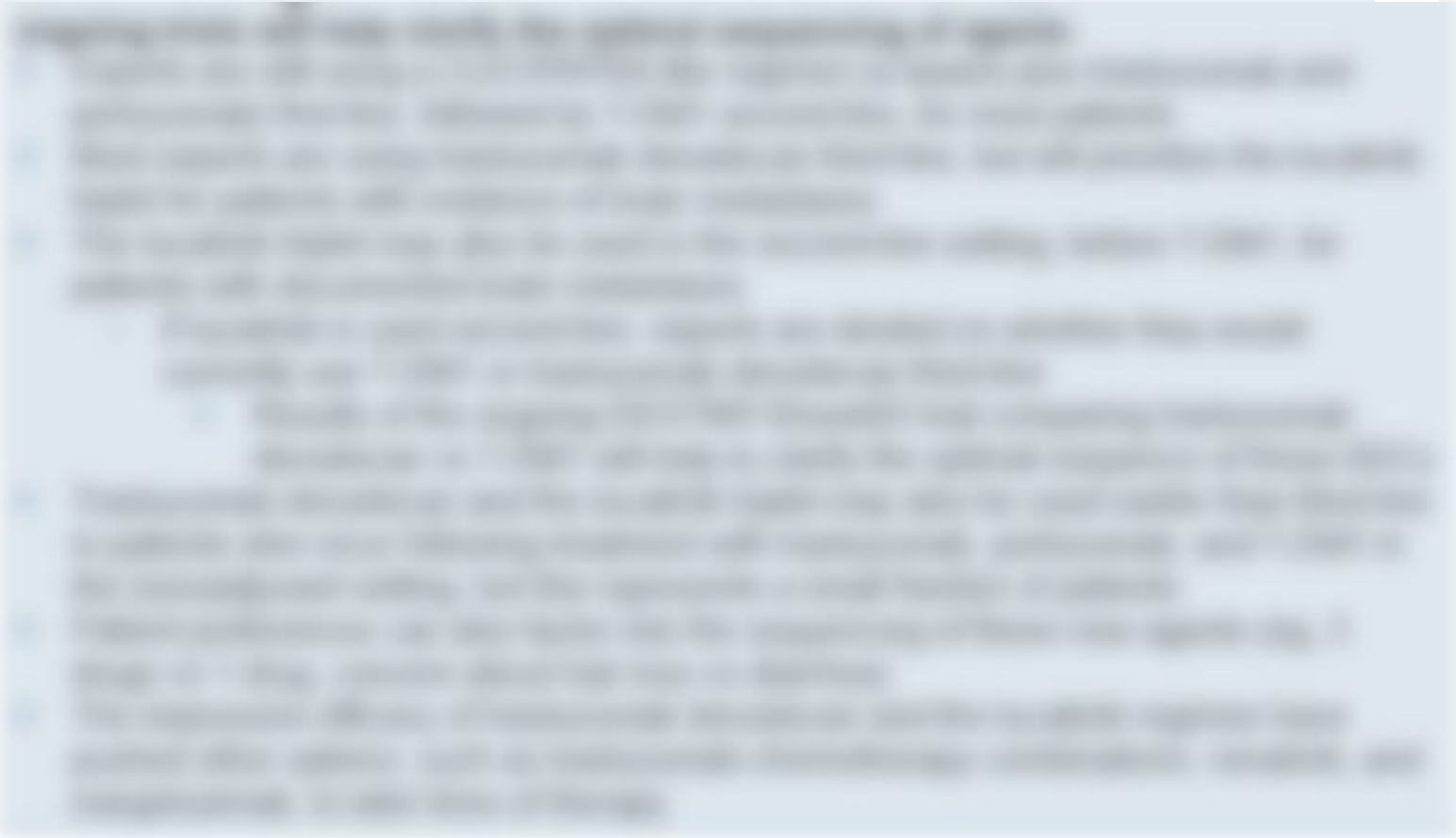



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Experts Speculated on the Future of Breast Cancer Management

PREDICTIONS FOR THE FUTURE

> The role of surgery will decrease as systemic treatments improve in the curative





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