



Where Science Becomes Hope

Patient-Based Panel Discussion Breast Malignancies

- All Speakers: Drs. Kalinsky, Arciero, Torres, Gandhi, Iyengar, Bhave, Sakach, Meisel
- Case presented by Emory University Hematology-Oncology fellow: Mosun Oyenuga MD MPH

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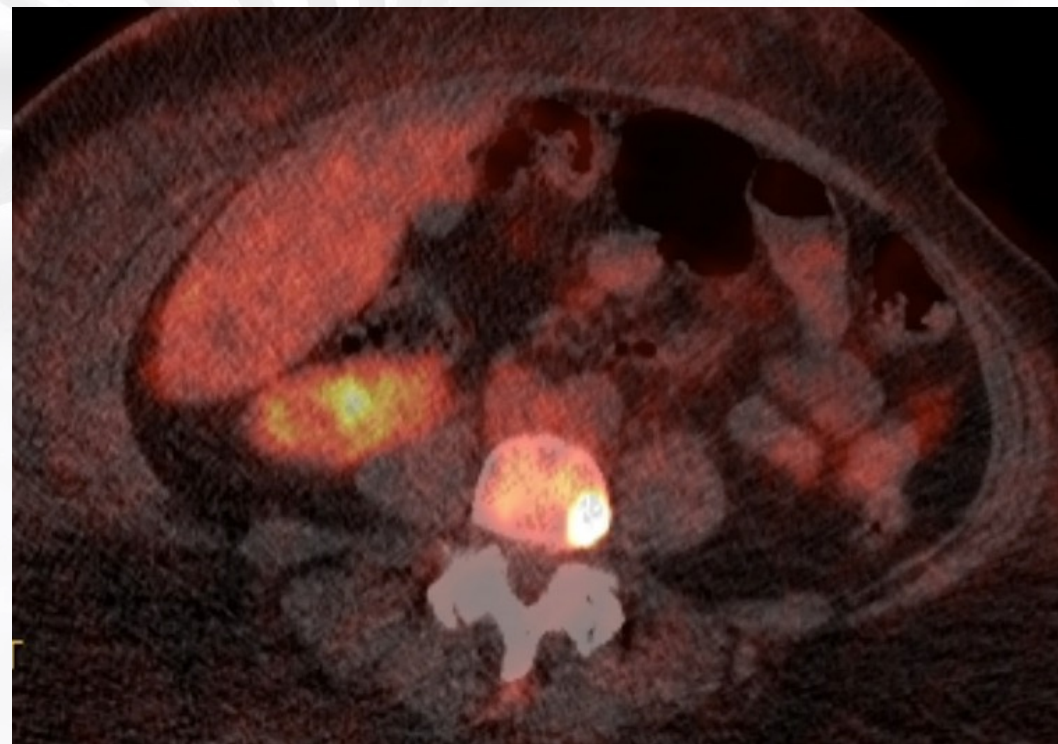
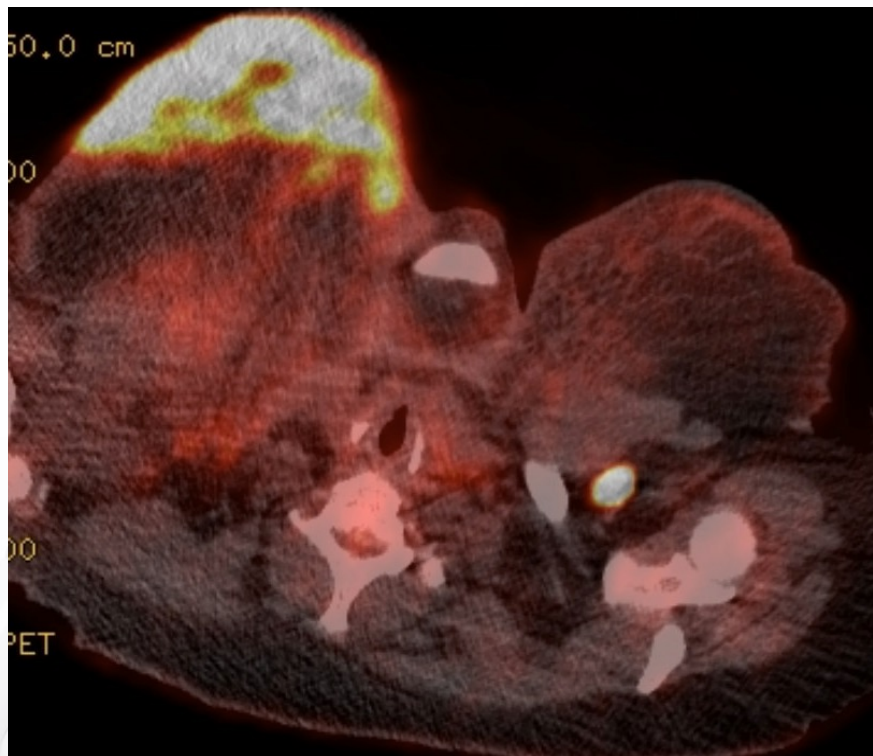
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Clinical Course

- 48F evaluated in the ED for worsening right breast pain and swelling. Also noted new right breast mass
- dMMG with irregular mass involving entire rt breast, diffuse skin thickening. Bilateral abn axillary LN
- Punch biopsy with invasive poorly diff carcinoma involving the deep dermis, breast origin; ER 0%, PR 0%, HER 2+, FISH negative, Ki 67 25%. Genetic testing negative
- PET/CT with FDG avid masses in the right breast and skin thickening. Multiple FDG avid LNs and bone lesions. MRI brain NED
- While on admission, treated for TLS, started on paclitaxel, PDL1 test pending

Imaging



Panel discussion

- How do you decide on first line treatment options with paclitaxel/pembro vs gem/carbo/pembro in patients with MTNBC?
- What are your thought on the ASCENT04/KEYNOTE-D19 trial > first line sacituzumab with pembro for first line therapy? Do you think this is the new standard of care?

Clinical course

- Pembro was added based on CPS score of 20
- Admitted a month after for worsening breast swelling and concerns for SVC syndrome from extrinsic compression. Imaging with progressive disease
- Started palliative RT but had continued clinical decline while admitted. Transitioned to hospice

Panel discussion

- With progression on paclitaxel/pembro, how would you sequence her next line of treatment?
- What other investigational agents are in the pipeline for mTNBC?
- If she was HER 2+, what are your thoughts on the DESTINY-Breast 09 trial with use of Trastuzumab-deruxtecan and Pertuzumab as upfront therapy?