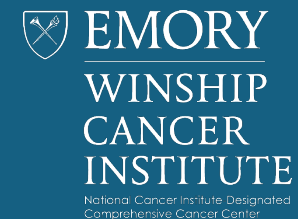




Patient-Based Panel Discussion Breast Malignancies

Case presented by Emory University Heme-Onc
fellow: Melisa Oye, DO

September 27th, 2025



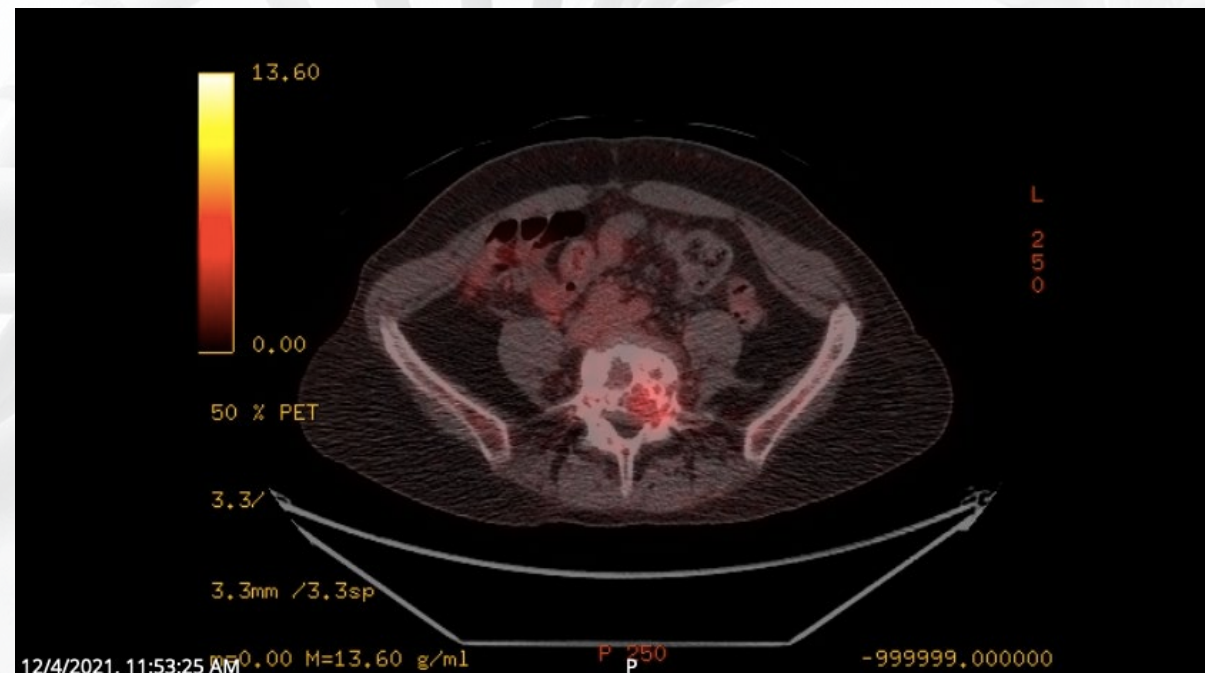
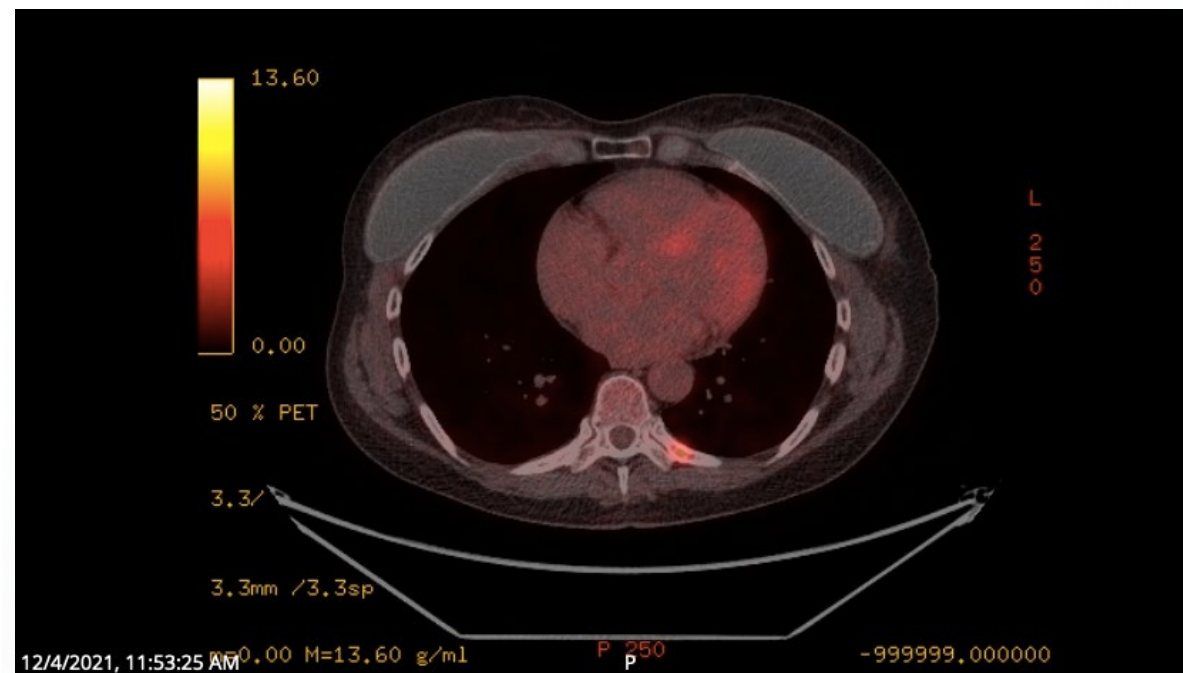
National Cancer Institute Designated
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Case Timeline

2007	47YO lady who is pre-menopausal w/ diagnosis of cT2N1M0 HR+ HER2- (ER50% PR 50% HER2 1+) • Invasive lobular carcinoma • Undergoes NA chemo as part of clinical trial (capecitabine and docetaxel) • Surgical staging: ypT2N3
2008	Begins tamoxifen
2018	Finished Tamoxifen therapy, switched to letrozole for additional five years of extended therapy
2021	Found to have bone only metastatic disease • ER20% PR 0% HER2 2+ (FISH negative) • Guardant shows ESR1+ and PIK3CA mutations

Case Imaging



Panel Discussion

- What would be your adjuvant endocrine strategy for this patient (prior to patient becoming metastatic)?
- How does the panel feel about surveillance using the FDA-approved Natera assay (i.e monitoring ctDNA in patients who are at high risk of relapse)?
- Armed with the data we have today, when this patient became metastatic in late 2021 while on letrozole, what regimen would be optimal for her knowing that she had PIK3CA and ESR1 mutations?
- How reliable are bone biopsies at determining receptor status? (went from ER 50% and PR 50% to ER 20% and PR 0%)

Case Timeline

2022

Letrozole stopped, patient placed on palbociclib and fulvestrant

10 months into treatment had PD in liver

Early 2023

Switched to alpelisib, kept on fulvestrant

5 months into alpelisib had significant DKA, GI toxicities and also had PD

Mid 2023

Switched to fam-trastuzumab deruxtecan-->resolution of liver disease

2024

Roughly 1 year into fam-trastuzumab deruxtecan, osseous disease has worsened on scans, liver remains without disease

Panel Discussion

- At the time of PD on fam-trastuzumab deruxtecan, what would be your 4th line option assuming she remained HR+ and HER2 low?
 - What if she became triple negative on repeat biopsy?