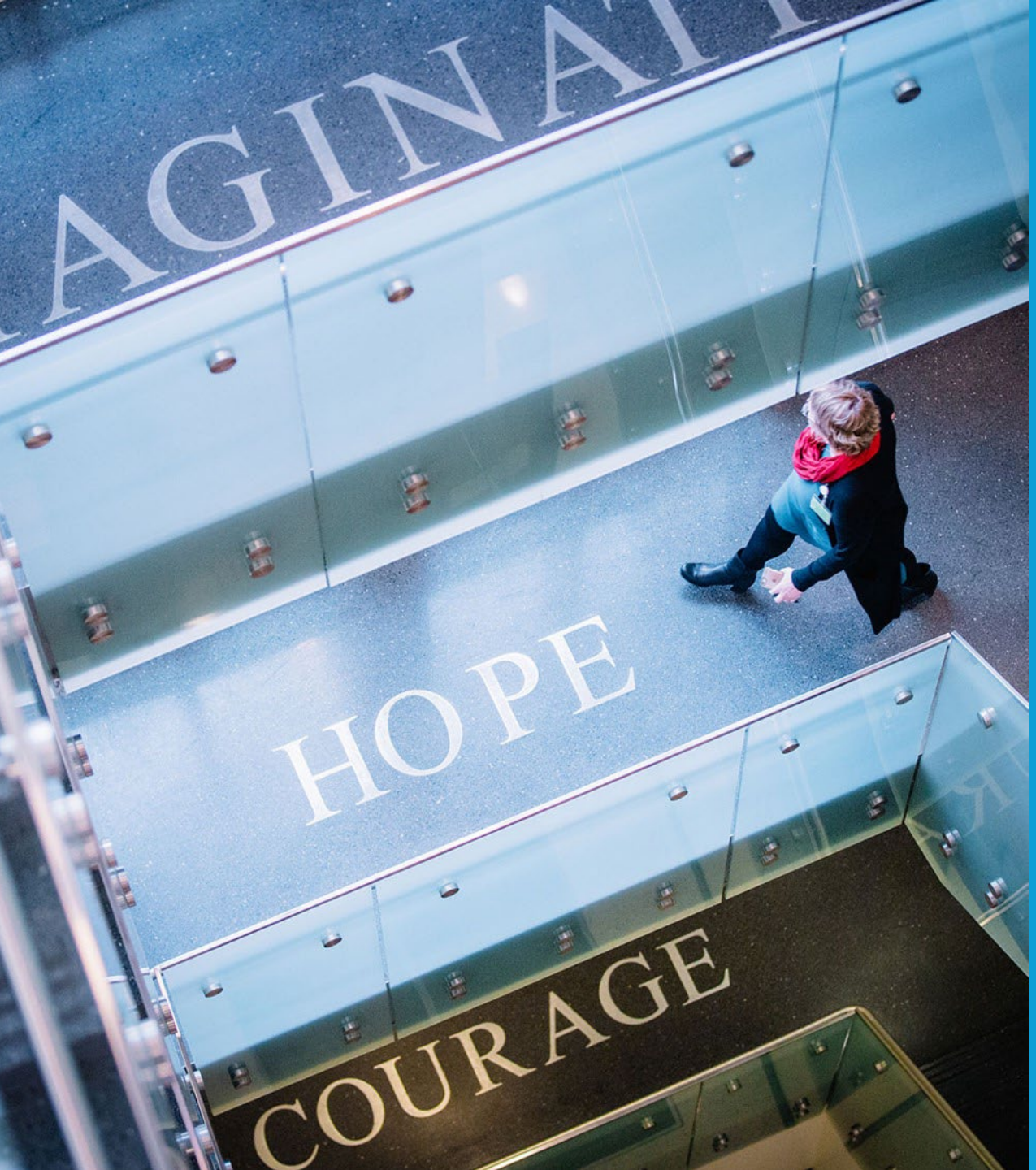


Where Science Becomes Hope

Patient-Based Panel Discussion
Breast Malignancies

Case presented by Emory University Hematology-Oncology fellow: Melissa Oye, DO

September 27, 2025

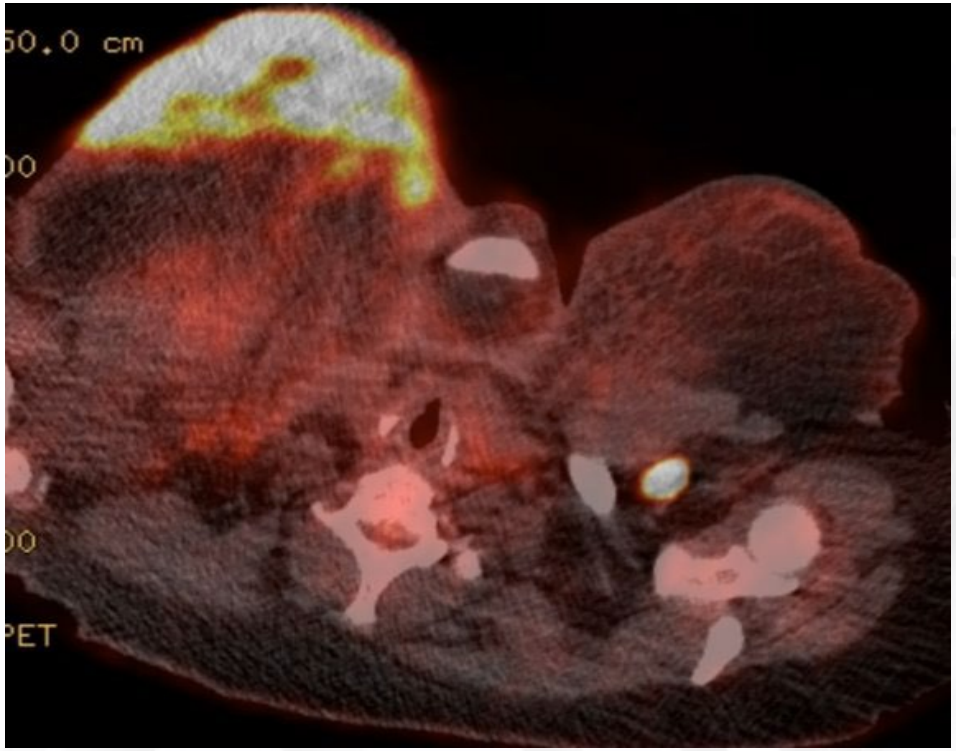
EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute-Designated Comprehensive Cancer Center

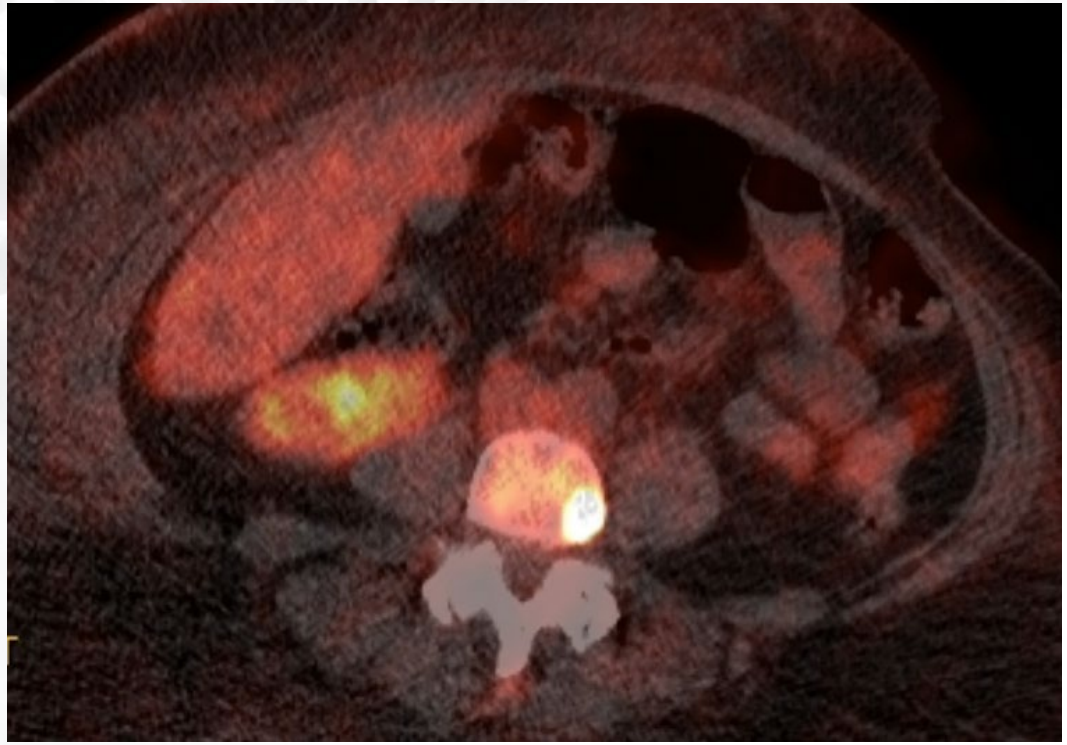
NCI Designated Comprehensive Cancer Center

Clinical Course

- 48F evaluated in the ED for worsening right breast pain and swelling. Also noted new right breast mass
- Diagnostic MMG with irregular mass involving entire right breast, diffuse skin thickening. Bilateral abnormal 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?
- If you give saci + pembro in the 1L and the pt progresses, would then give chemo + pembro in 2L ?

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

- If she was HER2+, will you give TDXd + Pertuzumab (per DESTINY- Breast 09 trial) together until disease progression or consider a maintenance phase with HP and/or HP + palbociclib in triple positive disease?

- In which patients will you consider TDXd + Pertuzumab 1L and which patients may you reserve for THP followed by HP?

- In metastatic HR+ endocrine resistant disease, how do you think about Dato- DXd with the recent FDA approval? Where are you introducing Dato in your treatment algorithm