UPDATE
San Antonio Breast Cancer Symposium 2022

Metastasierte Mammakarzinom

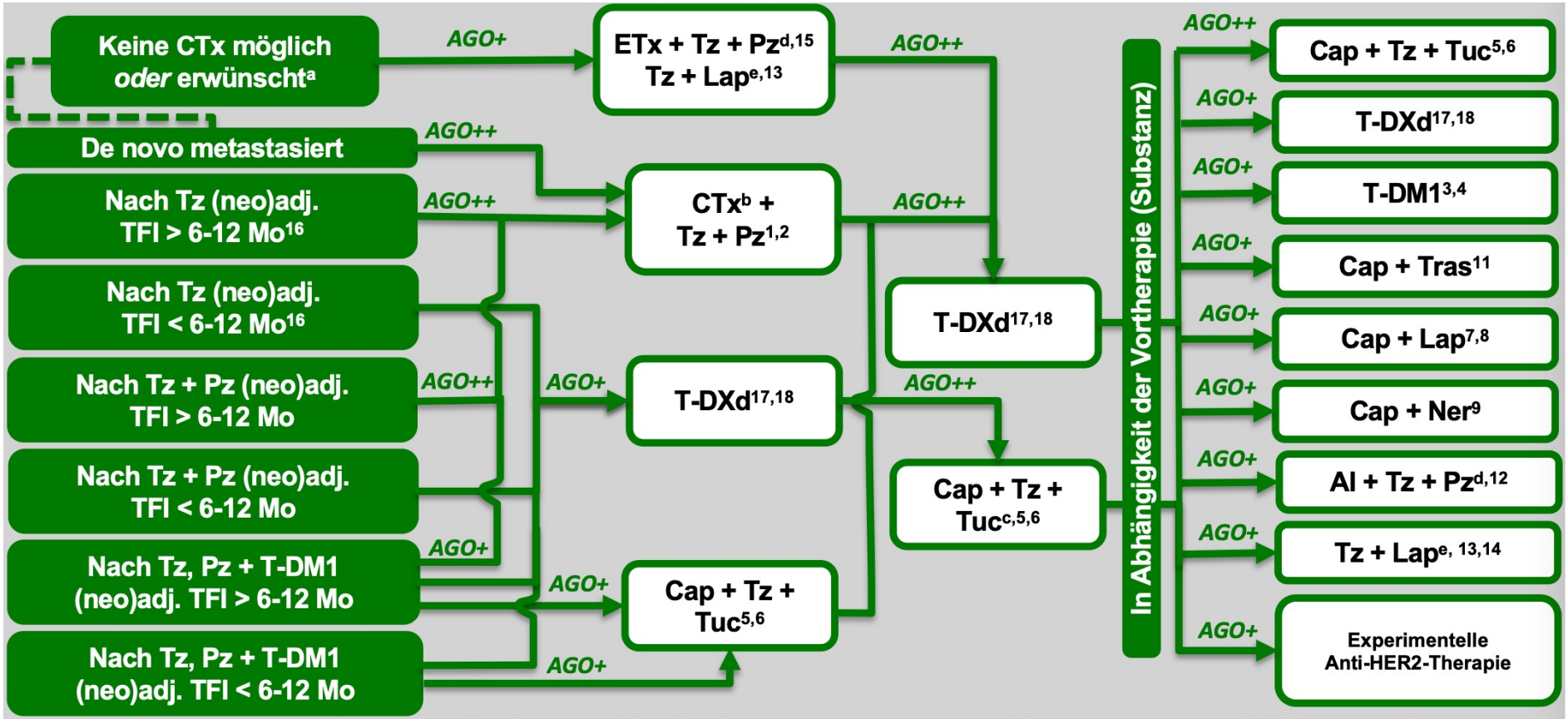
Dr. Dirk Forstmeyer

Medizinische Klinik II
Klinik und Poliklinik für Internistische Onkologie, Gastroenterologie, Hepatologie, Pneumologie und Infektiologie

MITTELDEUTSCHES KREBSZENTRUM
Gemeinsam Krebs besiegen

Metastasierte
Her2-positive Mammakarzinom

Behandlungsalgorithmus
Her2-positives metastasiertes Mammakarzinom



AI, Aromatasehemmer; Cap, Capecitabin; CTx, Chemotherapie; ETx, endokrine Therapie; HR, Hormonrezeptor; Lap, Lapatinib; Mo, Monate; Ner, Neratinib; Pz, Pertuzumab; T-DM1, Trastuzumab Emtansin; T-DXd, Trastuzumab Deruxtecan; TFI, treatment-free interval; Tuc, Tucatinib; Tz, Trastuzumab; [a] kein Überlebensvorteil, CTx in Erwägung ziehen; [b] Docetaxel (++), Paclitaxel (++), nab-Paclitaxel (+), Vinorelbin (+, nur sekundär metastasiert); [c] nur nach T-DM1; [d] nur HR pos; [e] nur HR neg

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Therapiesequenz Her2-positives metastasiertes Mammakarzinom

1. Linie

Trastuzumab + Pertuzumab + Docetaxel

Chemotherapiepartner:
Docetaxel, Paclitaxel, nabPaclitaxel, Vinorelbin

Trastuzumab (+Pertuzumab) mit endokriner Therapie für triple-positive für hochselektionierte Patienten

2. Linie

Trastuzumab-Deruxtecan — Destiny-Breast-03 Phase III

Trastuzumab + Pertuzumab + Docetaxel
(falls nicht in der ersten Linie gegeben)

3.Linie

Trastuzumab-Deruxtecan (falls nicht 2.Linie) — Destiny-Breast – 01 Phase II, Destiny-Breast-02 Phase III
Tucatinib/Trastuzumab/Capecitabin
Trastuzumab Emtansine (T-DM1)

≥ 4.Linie

Neratinib + Capecitabin
Lapatinib + Capecitabin
Trastuzumab + Lapatinib
Trastuzumab + Chemotherapie
Trastuzumab + Vinorelbin + Everolimus

Universitätsklinikum Leipzig AöR (2022): Dr. D. Forstmeyer

Destiny-Breast02

Trastuzumab deruxtecan vs physician's choice in patients with HER2+ unresectable and/or metastatic breast cancer previously treated with trastuzumab emtansine: Primary results of the randomized phase 3 study DESTINY-Breast02

Presentation ID: GS2-01

Ian Krop,[a] Yeon Hee Park, Sung-Bae Kim, Giuliano Borges, Sercan Aksoy, Joaquin Gavila Gregori, Rebecca Roylance, Elgene Lim, Rinat Yerushalmi, Flora Zagouri, Francois P. Duhoux, Tanja Fehm, Toshimi Takano, Anton Egorov, Iris Wu, Jillian Cathcart, Changan Chu, Fabrice André

Destiny-Breast02 Studiendesign

Key eligibility criteria[a]
- Centrally confirmed HER2-positive (IHC 3+ or IHC 2+/ISH+) unresectable or metastatic breast cancer
- Documented radiographic progression after most recent treatment
- Previously treated with T-DM1

Stratification factors
- Hormone receptor status
- Prior treatment with pertuzumab
- History of visceral disease

R 2:1

T-DXd
5.4 mg/kg Q3W
(n = 406)

TPC
Per label (n = 202)
- Trastuzumab / Capecitabine
or
- Lapatinib / Capecitabine

Primary endpoint
- PFS (BICR[b])

Key secondary endpoint
- OS

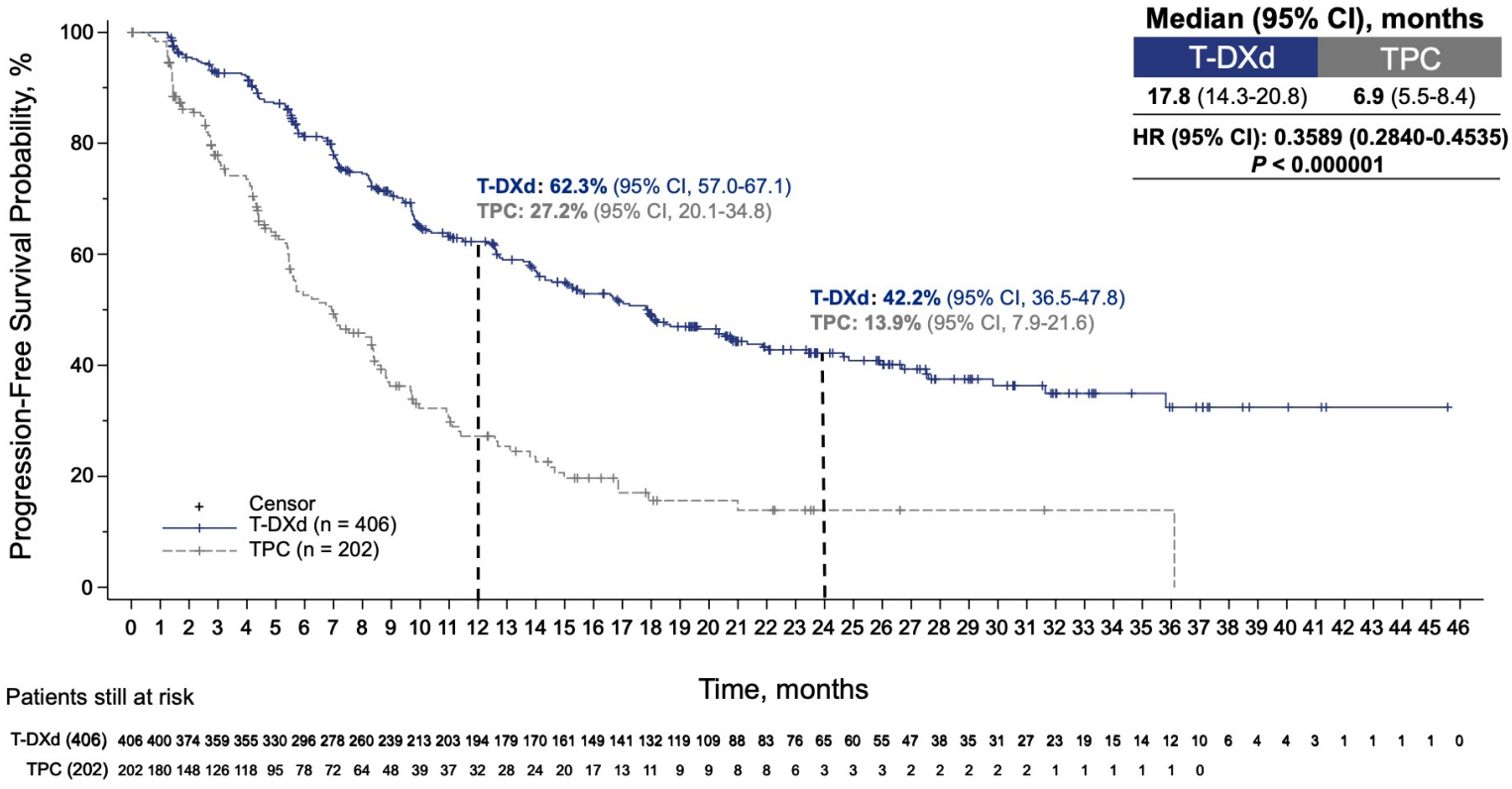
Secondary endpoints
- ORR (BICR[b])
- DoR (BICR[b])
- PFS (investigator)
- Safety

Exploratory endpoints
- CBR (BICR[b])
- PFS2[c] (investigator)

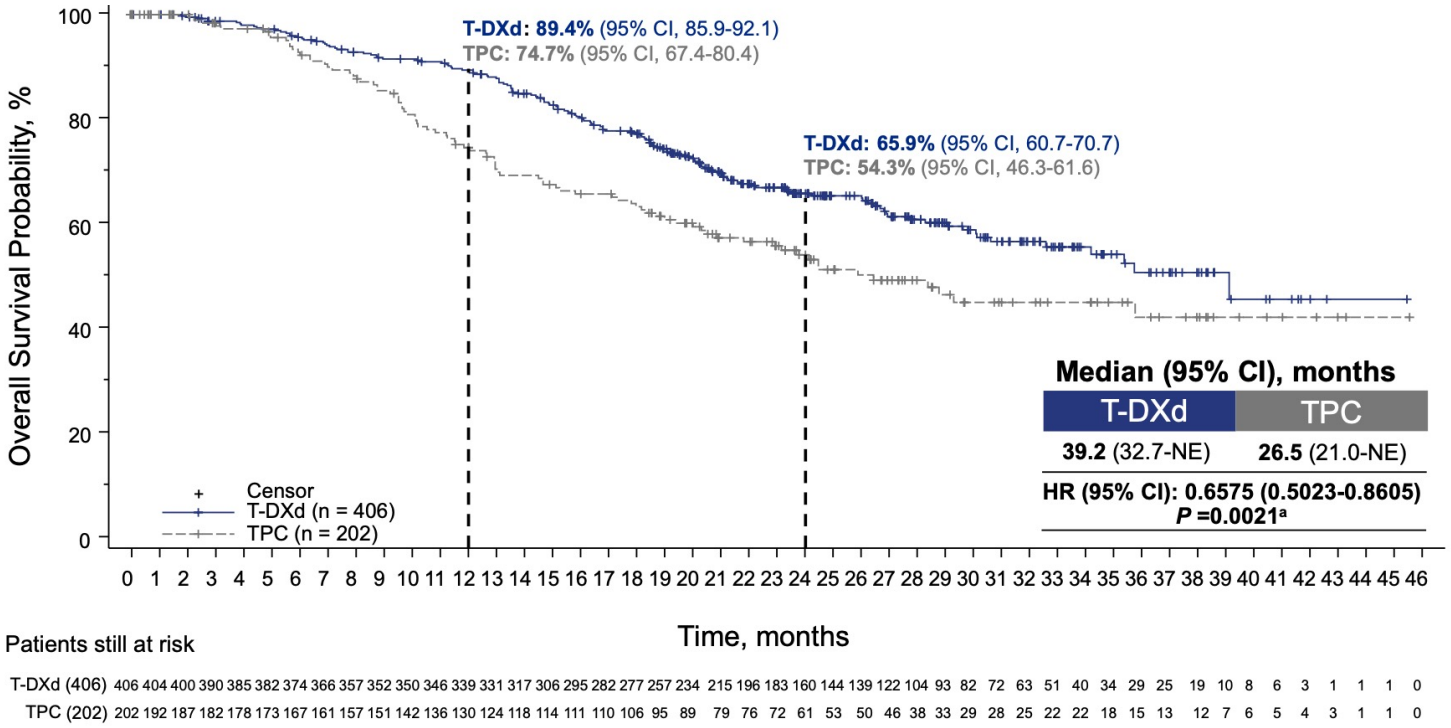
At data cutoff (June 30, 2022), the median duration of follow-up[d] was:
- **21.5 months** (range, 0.1-45.6 months) in the T-DXd arm
- **18.6 months** (range, 0-45.7 months) in the TPC arm

Protocol-prespecified statistical analysis plan
- Primary analysis planned for ~372 BICR PFS events observed or 18 months from the last patient randomized, whichever came first
- Group sequential testing was used to compare OS between treatment groups hierarchically, provided PFS was significant

Destiny-Breast02 Progressionsfreies Überleben



Destiny-Breast02 Gesamtüberleben



In the TPC arm

- **69.3% (140/202) of patients received a new systemic anticancer treatment**
- **25.7% (52/202) of patients received T-DXd in the post-trial setting**

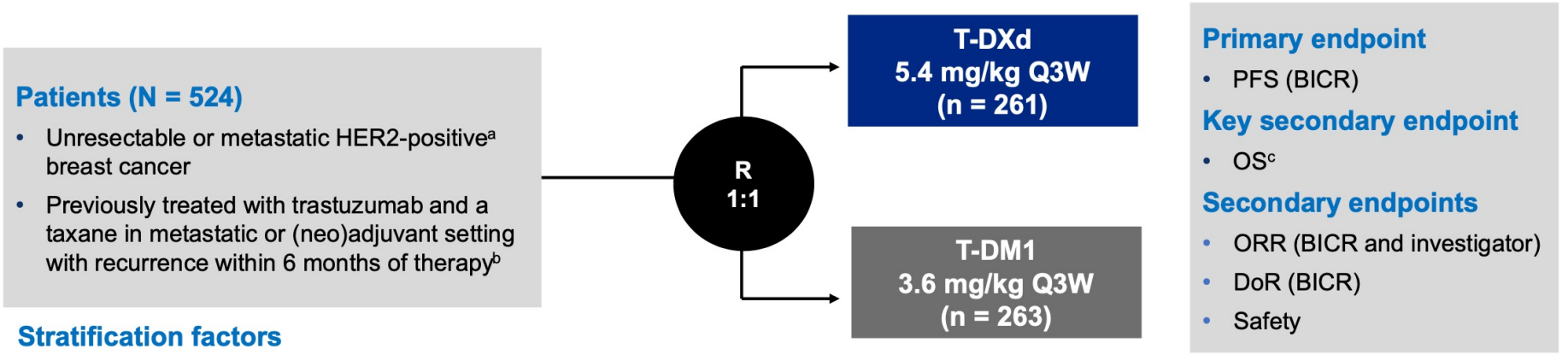
Destiny-Breast03

Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: Updated results of the randomized, phase 3 study DESTINY-Breast03

Presentation ID: GS2-02

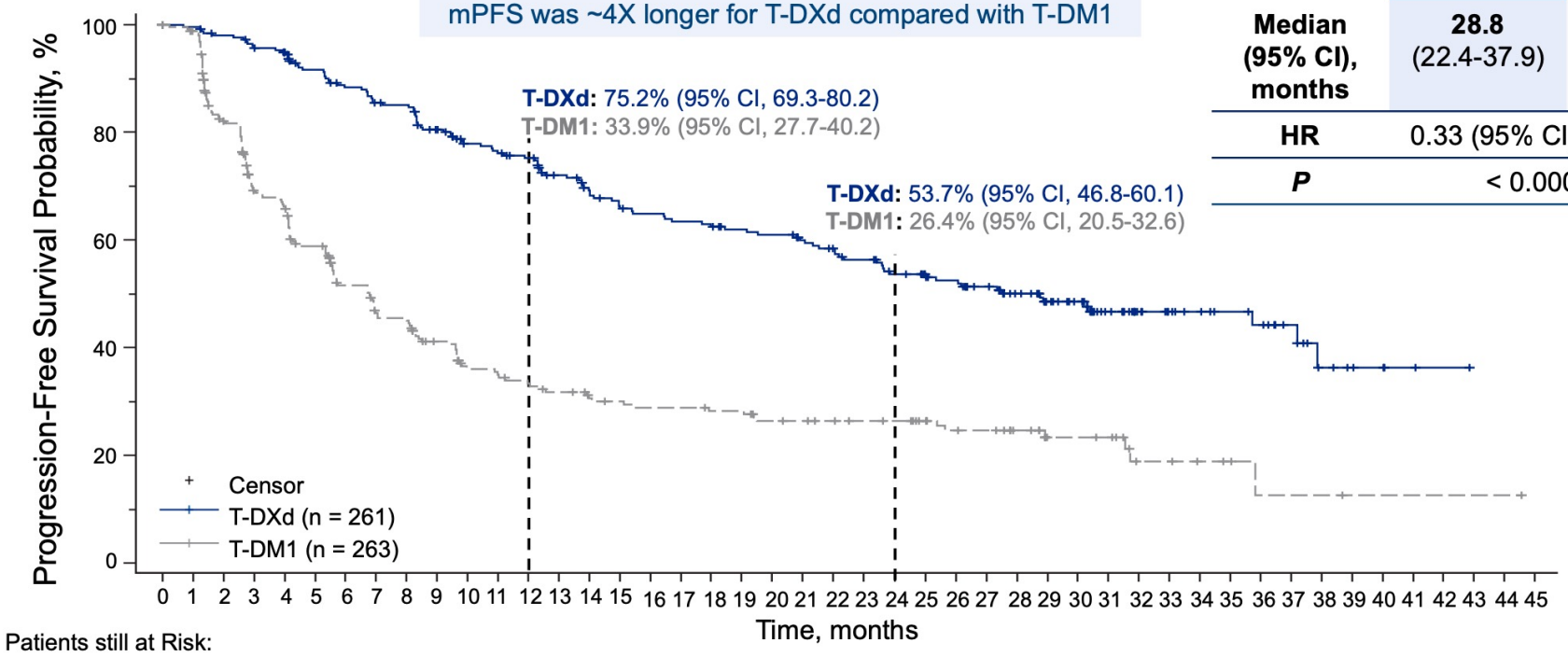
Sara A. Hurvitz,[a] Roberto Hegg, Wei-Pang Chung, Seock-Ah Im, William Jacot, Vinod Ganju, Joanne Wing Yan Chiu, Binghe Xu, Erika Hamilton, Srinivasan Madhusudan, Hiroji Iwata, Sevilay Altintas, Jan-Willem Henning, Giuseppe Curigliano, José Manuel Perez-Garcia, Anton Egorov, Yali Liu, Jillian Cathcart, Shahid Ashfaque, Javier Cortés

Destiny-Breast03 – Studiendesign



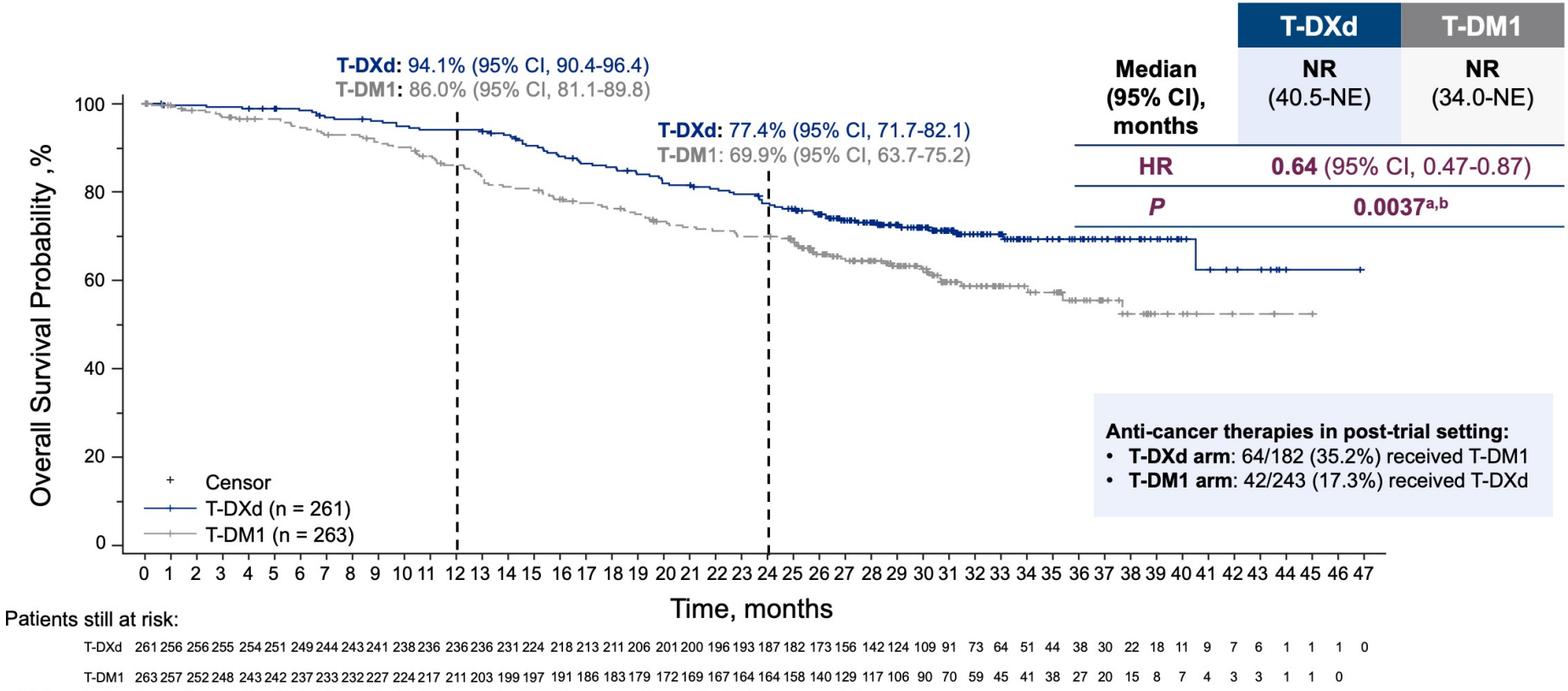
The prespecified OS interim analysis was planned with 153 events.[d] At the time of data cutoff (July 25, 2022), 169 OS events were observed and the *P* value to achieve statistical significance was 0.013

Destiny-Breast03 Progressionsfreie Überleben



	T-DXd	T-DM1
Median (95% CI), months	**28.8** (22.4-37.9)	**6.8** (5.6-8.2)
HR	0.33 (95% CI, 0.26-0.43)	
P	< 0.000001[a,b]	

Destiny-Breast03 Gesamtüberleben



	T-DXd	T-DM1
Median (95% CI), months	NR (40.5-NE)	NR (34.0-NE)
HR	0.64 (95% CI, 0.47-0.87)	
P	0.0037[a,b]	

Anti-cancer therapies in post-trial setting:
- **T-DXd arm**: 64/182 (35.2%) received T-DM1
- **T-DM1 arm**: 42/243 (17.3%) received T-DXd

Therapiesequenz Her2-positives metastasiertes Mammakarzinom

1. Linie

Trastuzumab + Pertuzumab + Docetaxel

Destiny-Breast-09 Phase III ???

Chemotherapiepartner:
Docetaxel, Paclitaxel, nabPaclitaxel, Vinorelbin

Trastuzumab (+Pertuzumab) mit endokriner Therapie für triple-positive für hochselektionierte Patienten

2. Linie

Trastuzumab-Deruxtecan

Destiny-Breast-03 Phase III

Trastuzumab + Pertuzumab + Docetaxel
(falls nicht in der ersten Linie gegeben)

3.Linie

Trastuzumab-Deruxtecan (falls nicht 2.Linie)
Tucatinib/Trastuzumab/Capecitabin
Trastuzumab Emtansine (T-DM1)

Destiny-Breast – 01 Phase II
Destiny-Breast-02 Phase III

≥ 4.Linie

Neratinib + Capecitabin
Lapatinib + Capecitabin
Trastuzumab + Lapatinib
Trastuzumab + Chemotherapie
Trastuzumab + Vinorelbin + Everolimus

Universitätsklinikum Leipzig AöR (2022): Dr. D. Forstmeyer

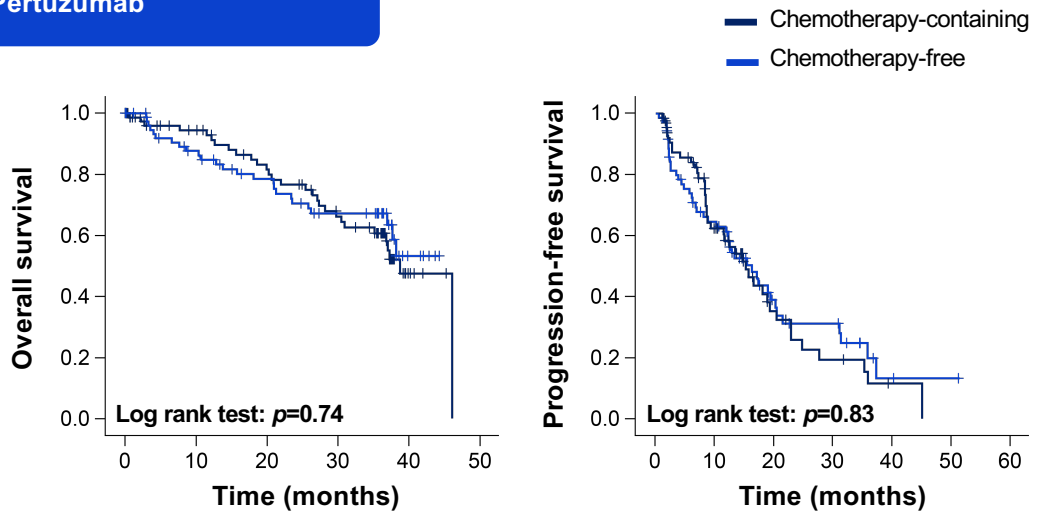
DETECT V-Trial – Interims Analyse: Studiendesign & Ergebnisse

N=270
Metastatic breast cancer
HR/HER2-positive
primary tumor
1st-3rd line

R

*Chemotherapy** Trastuzumab/ Pertuzumab → Maintenance therapy *Ribociclib + endocrine therapy*** Trastuzumab/Pertuzumab

*Ribociclib + endocrine therapy*** Trastuzumab / Pertuzumab



*Capecitabine, Docetaxel, Paclitaxel, Vinorelbine, Eribulin, nab-Pacliaxel
** Fulvestrant, Exmestane, Letrozole, Anastrozole, GnRH-analogue

Mod. Janni W et al. SABCS 2022, Spotlight Poster Discussion 18, Abstract No. PD18-07

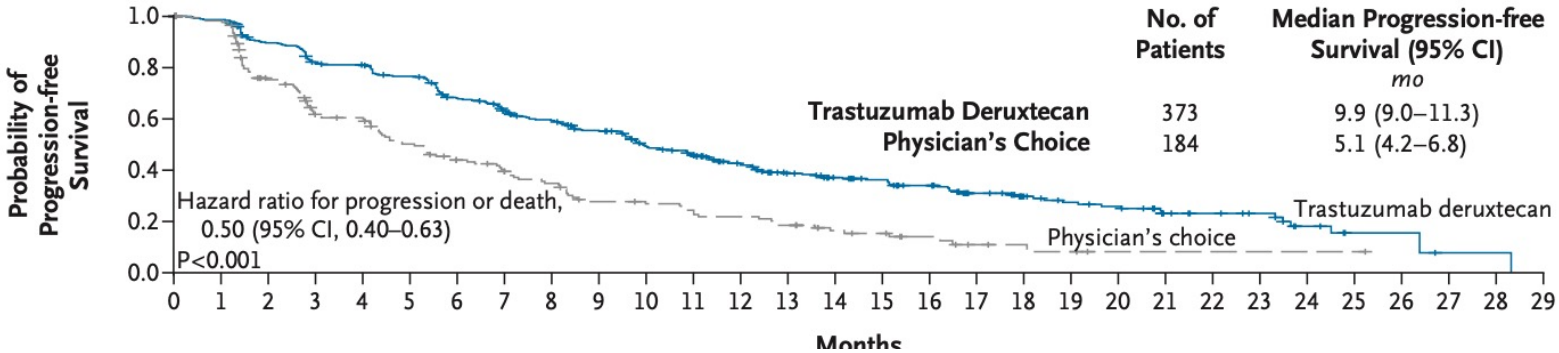
Metastasiertes

Her2-low Mammakarzinom

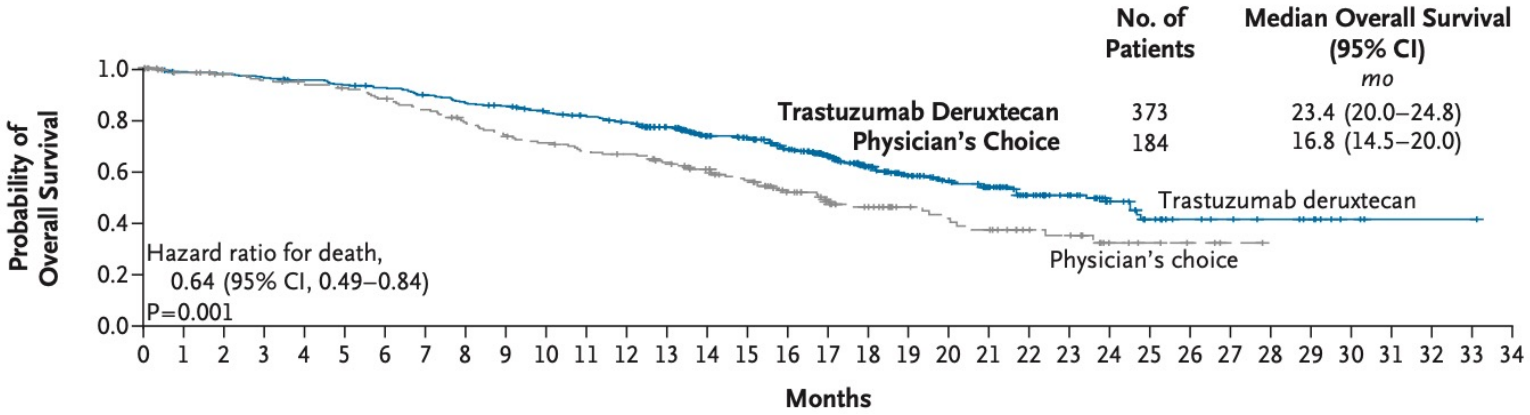
Destiny-Breast-04 (s.Modi, NEJM 2022)

Trastuzumab Deruxtecan in Previously Treated HER2-Low Advanced Breast Cancer

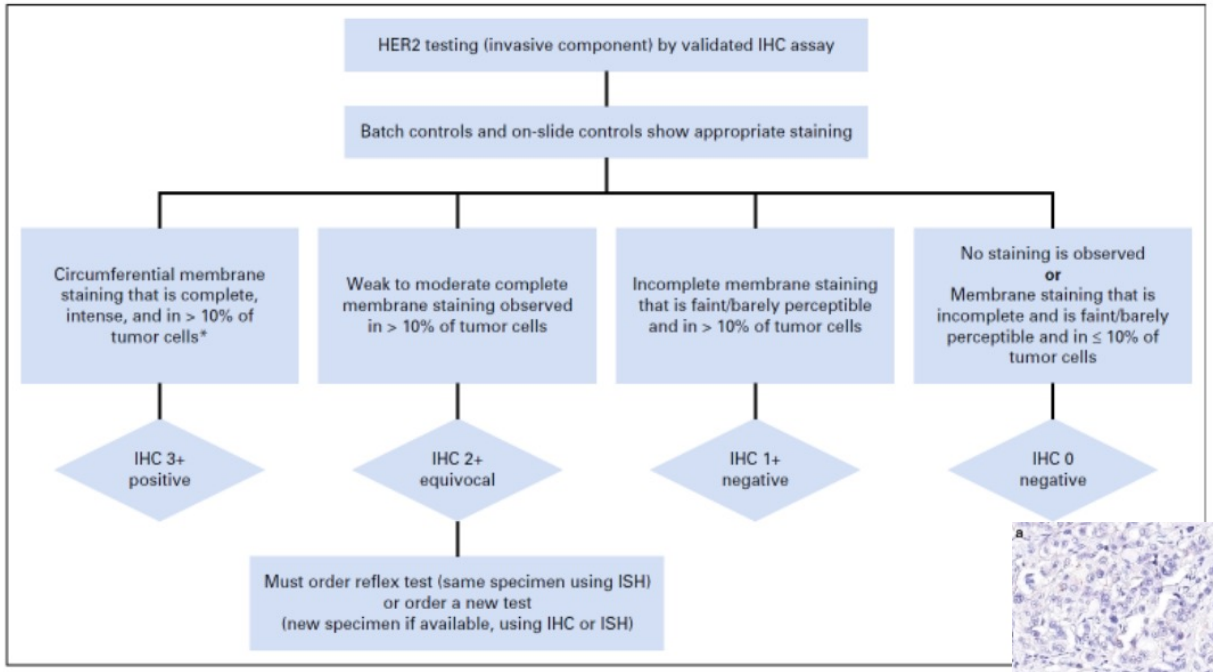
B **Progression-free Survival among All Patients**



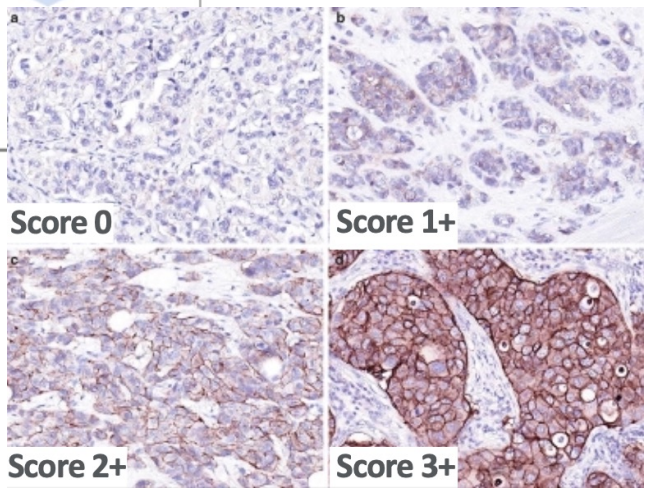
D **Overall Survival among All Patients**



Nachweis der Her-2-Amplifikation



K.P. Siziopikou SABCS 2022



Übereinstimmung der Her2-Testung

- Fernandez et al (JAMA Oncol 2022)
  - Data from 1400 laboratories around the world; CAP HER2 survey, 80 HER2 cases
  - >90% agreement for Score 3+ and score 0
  - Lowest agreement between score 0 vs score 1+ (<70%)

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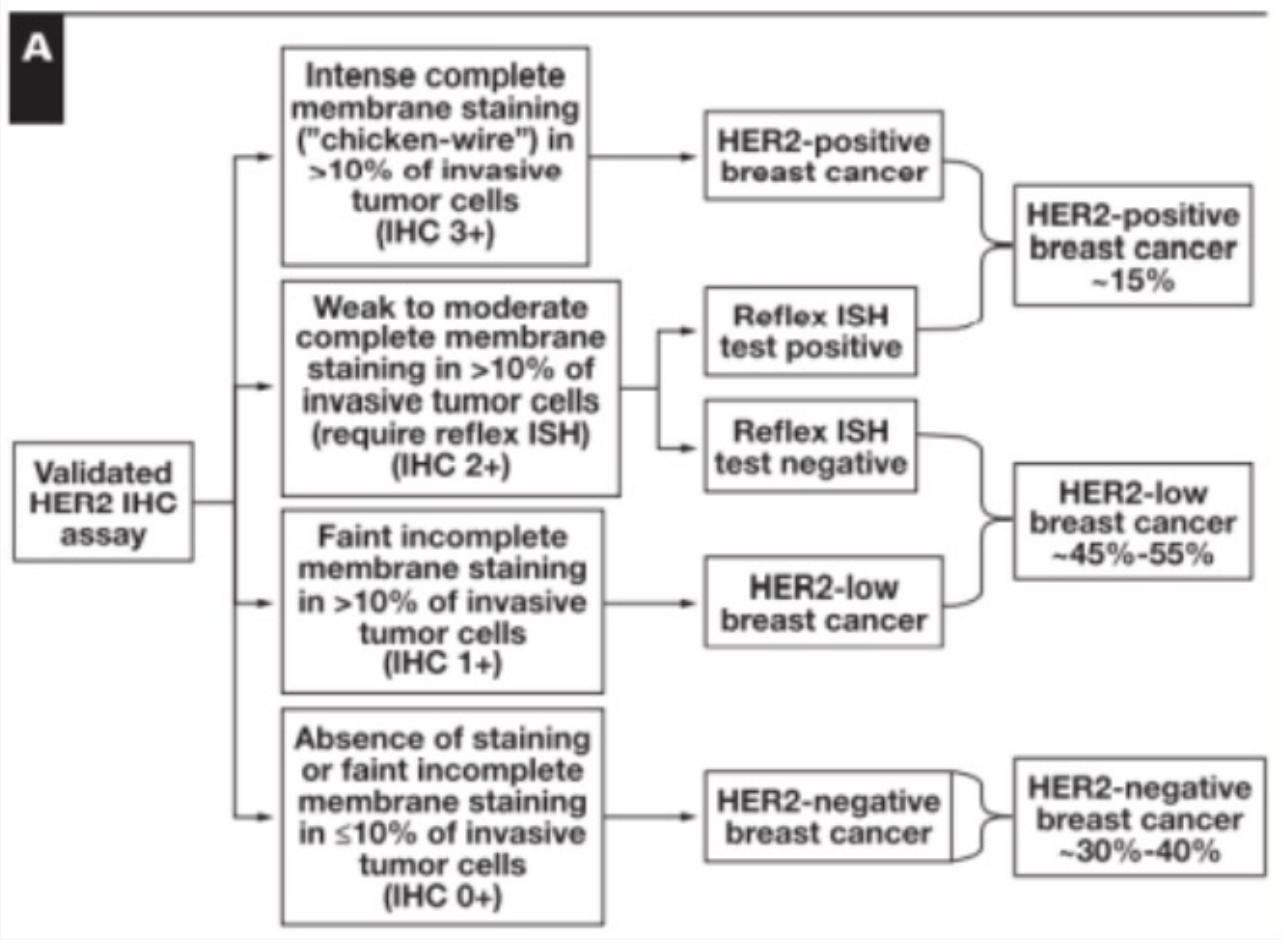
Vorschlag einer neuen Klassifikation



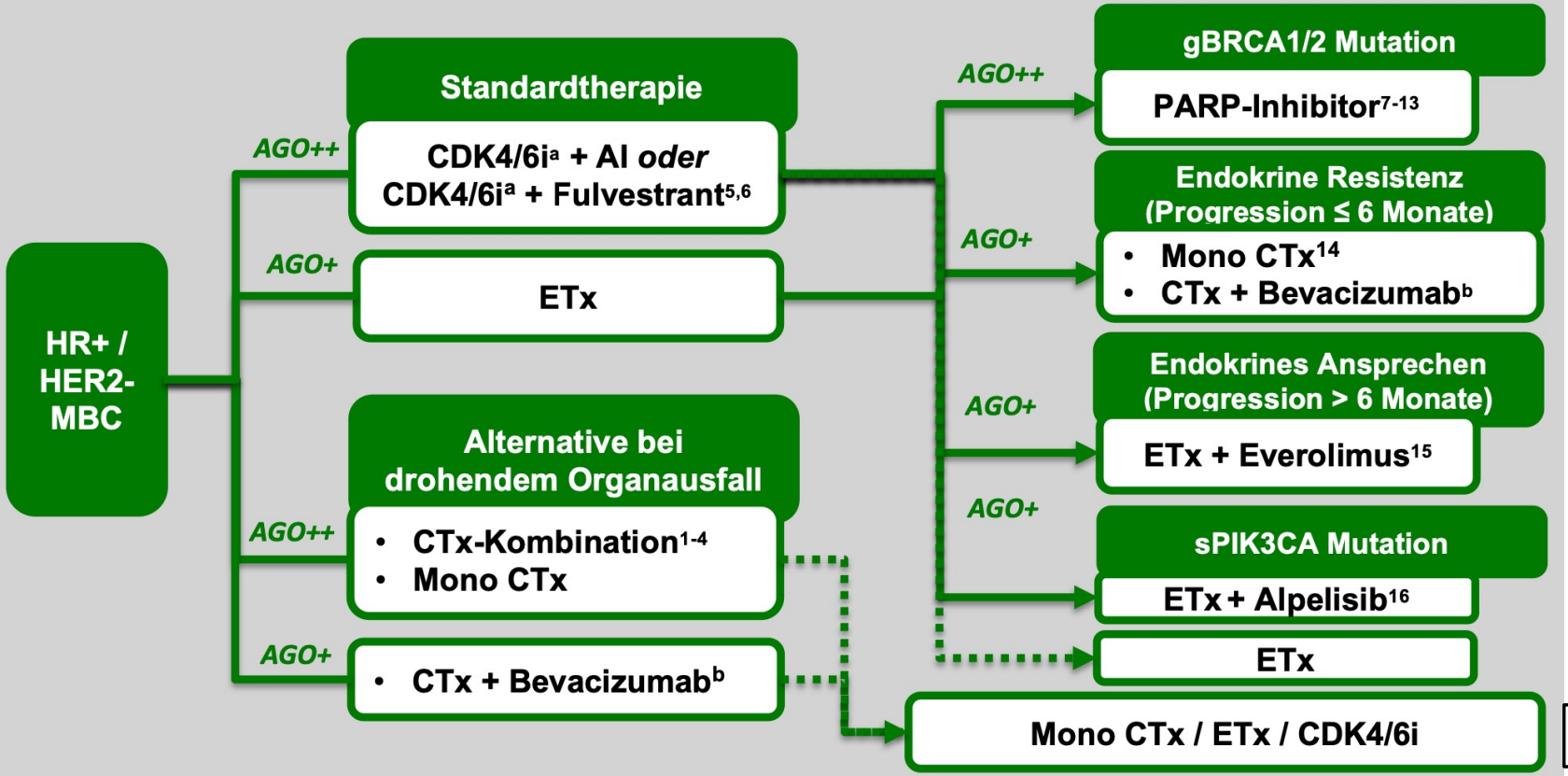
HER2 score	# cell surface receptors
0	20,000
1+	100,000
2+	500,000
3+	>2,000,000

K.P. Siziopikou SABCS 2022

Metastasierte

Hormonrezeptor-positive Mammakarzinom

Behandlungsalgorithmus
Hormonrezeptor-positives, Her2-negatives metastasiertes Mammakarzinom



AI, Aromataseinhibitor; CDK4/6i, CDK4/6 Inhibitoren; CTx, Chemotherapie; ETx, endokrine Therapie; gBRCA1/2, Keimbahnmutation von BRCA1/2; HR, Hormonrezeptoren; MBC, metastasiertes Mammakarzinom; sPIK3CA, somatische PIK3CA Mutation; [a] in Prämenopause zusätzlich ovarielle Suppression; [b] Bevacizumab + Paclitaxel oder + Capecitabin

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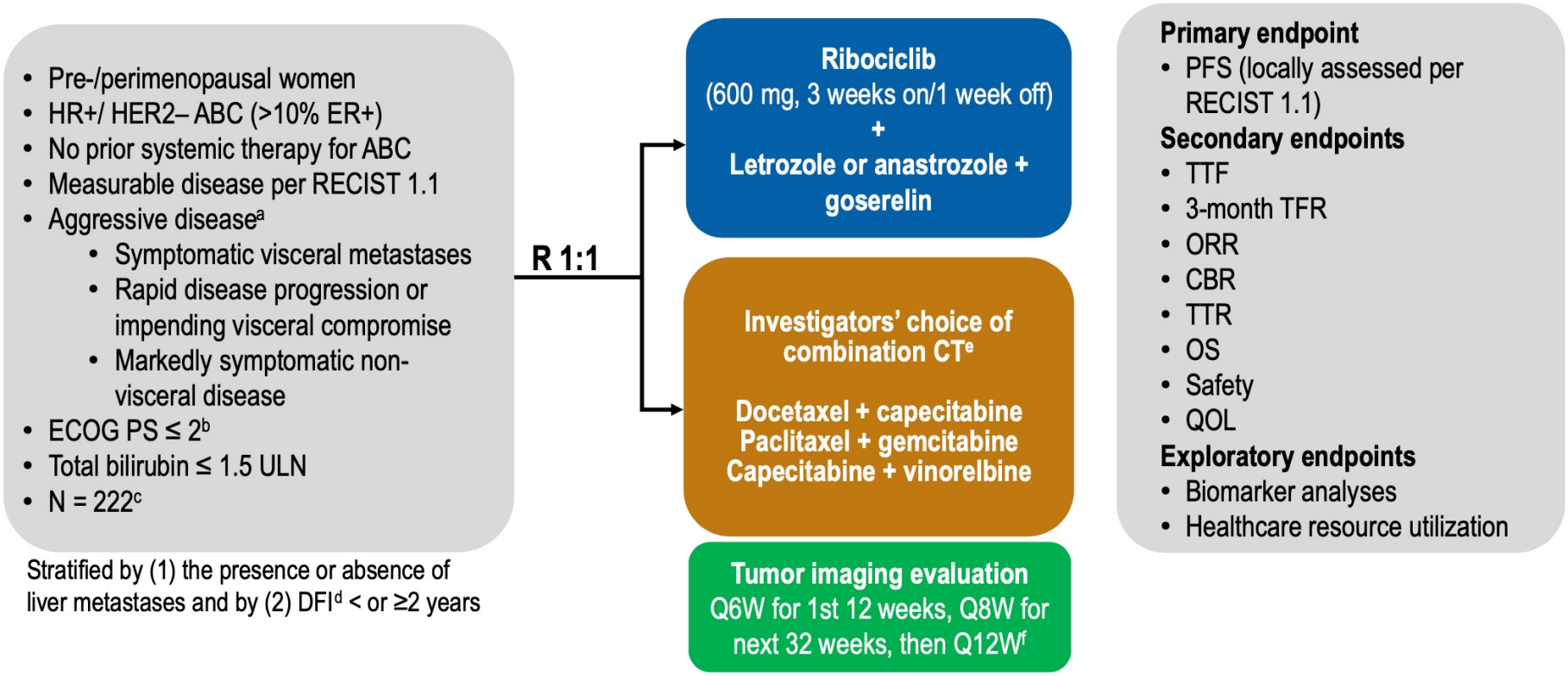
Right Choice Trial

Primary Results From the Randomized Phase II RIGHT Choice Trial of Premenopausal Patients With Aggressive HR+/HER2− Advanced Breast Cancer Treated With Ribociclib + Endocrine Therapy vs Physician's Choice Combination Chemotherapy

Yen-Shen Lu,[1] Eznal Izwadi Bin Mohd Mahidin,[2] Hamdy Azim,[3] Yesim Eralp,[4] Yoon-Sim Yap,[5] Seock-Ah Im,[6] Julie Rihani,[7] James Bowles,[8] Teresa Delgar Alfaro,[8] Jiwen Wu,[9] Melissa Gao,[8] Khemaies Slimane,[8] Nagi El Saghir[10]

Right Choice Trial Studiendesign

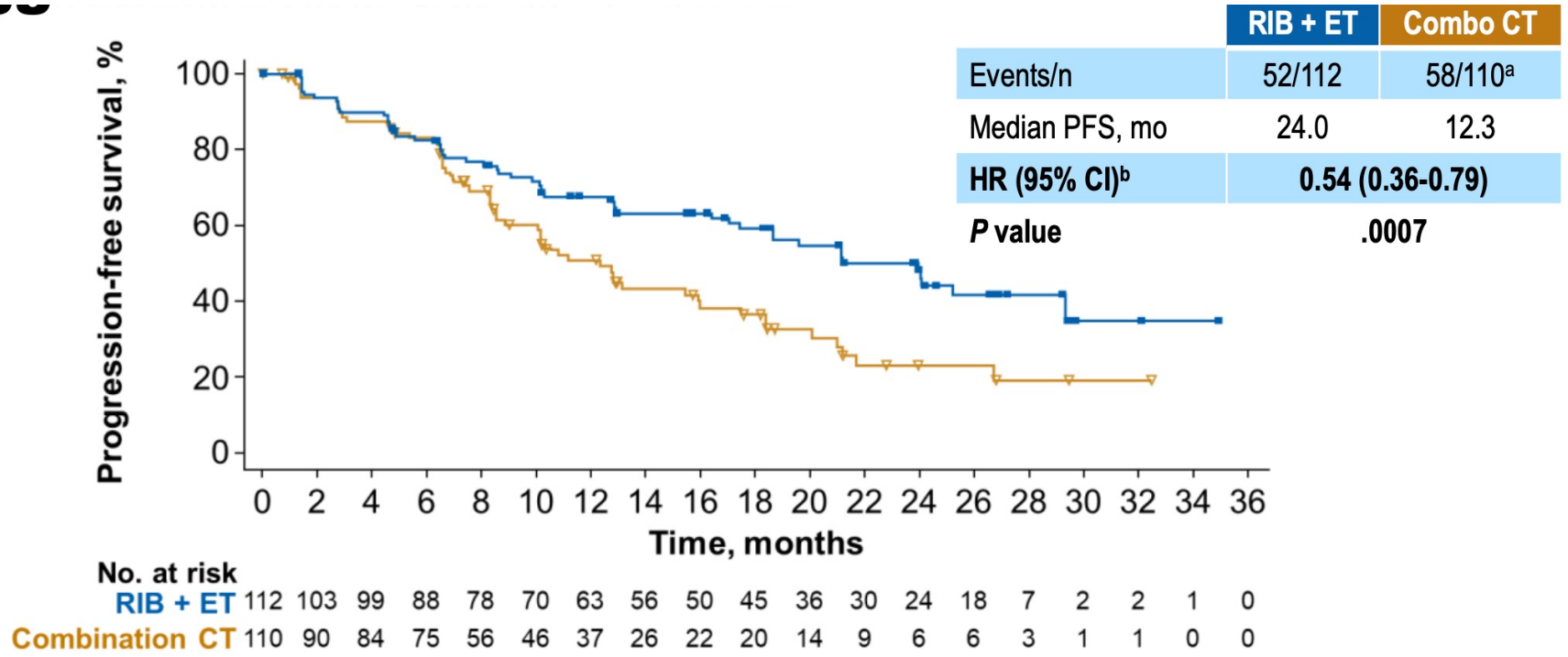


Right Choice Trial Patientencharakteristika

Parameter, n (%)	RIB + ET n = 112	Combo CT n = 110
Median age, years	44.0	43.0
≥40 years	80 (71.4)	72 (65.5)
Race[a]		
Asian	60 (53.6)	58 (52.7)
White	51 (45.5)	52 (47.3)
Histological grade		
Grade 1	10 (8.9)	16 (14.5)
Grade 2	66 (58.9)	61 (55.5)
Grade 3	35 (31.3)	29 (26.4)
≥50% ER+	95 (84.8)	95 (86.4)
PR+	99 (88.4)	102 (92.7)

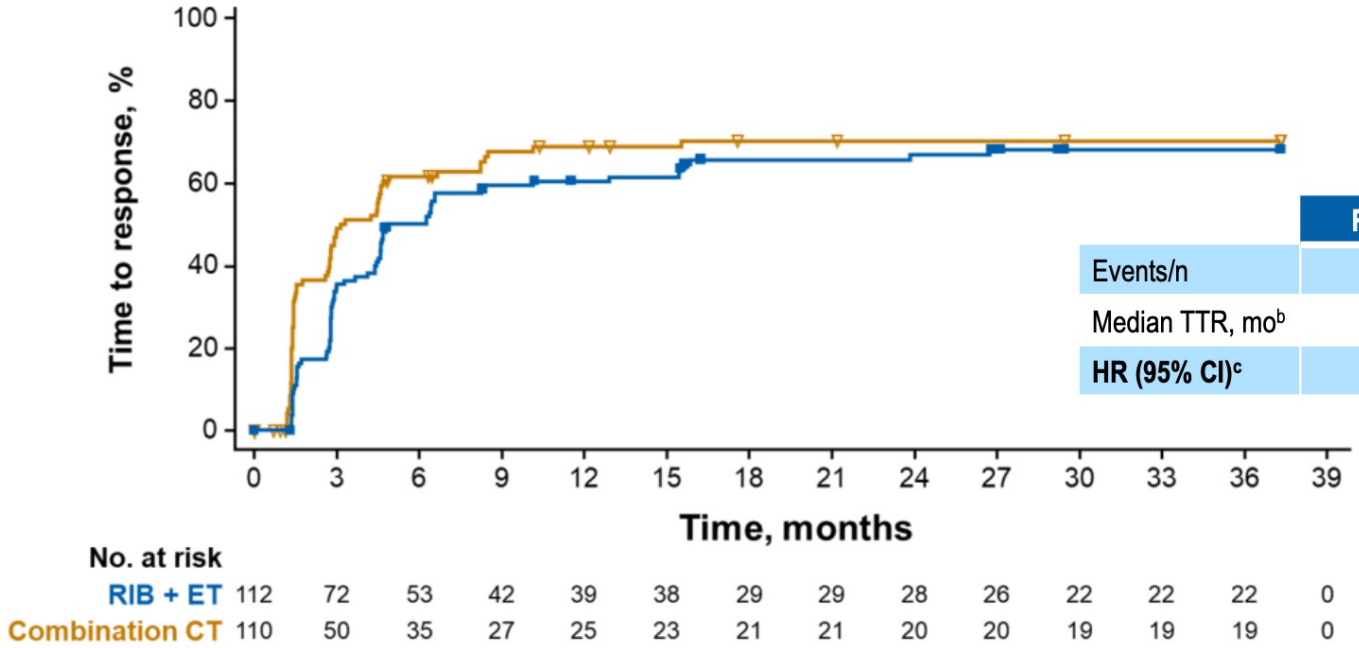
Parameter, n (%)	RIB + ET n = 112	Combo CT n = 110
Disease status		
De novo	71 (63.4)	73 (66.4)
Visceral metastatic sites[b]		
Liver	56 (50.0)	57 (51.8)
Lung	63 (56.3)	58 (52.7)
Liver or lung	89 (79.5)	85 (77.3)
Aggressive disease characteristic		
Rapid progression	23 (20.5)	18 (16.4)
Symptomatic non-visceral disease	15 (13.4)	16 (14.5)
Symptomatic visceral metastases	74 (66.1)	76 (69.1)
Visceral crisis[c]	61 (54.5)	55 (50.0)

Right Choice Trial Progressionsfreies Überleben



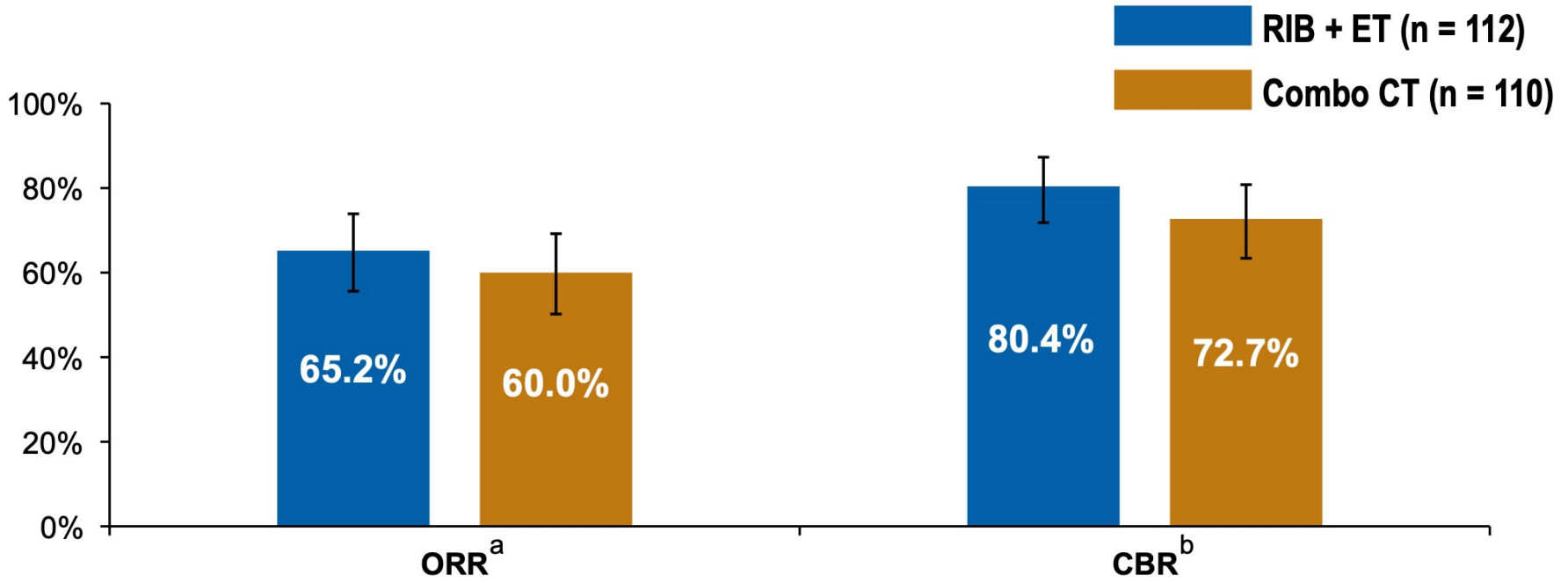
	RIB + ET	Combo CT
Events/n	52/112	58/110[a]
Median PFS, mo	24.0	12.3
HR (95% CI)[b]	**0.54 (0.36-0.79)**	
***P* value**	**.0007**	

Right Choice Zeit bis zum Ansprechen



	RIB + ET	Combo CT
Events/n	73/112	66/110[a]
Median TTR, mo[b]	4.9	3.2
HR (95% CI)[c]	**0.78 (0.56-1.09)**	

Right Choice Trial: Overall response rate Clinical Benefit Rate

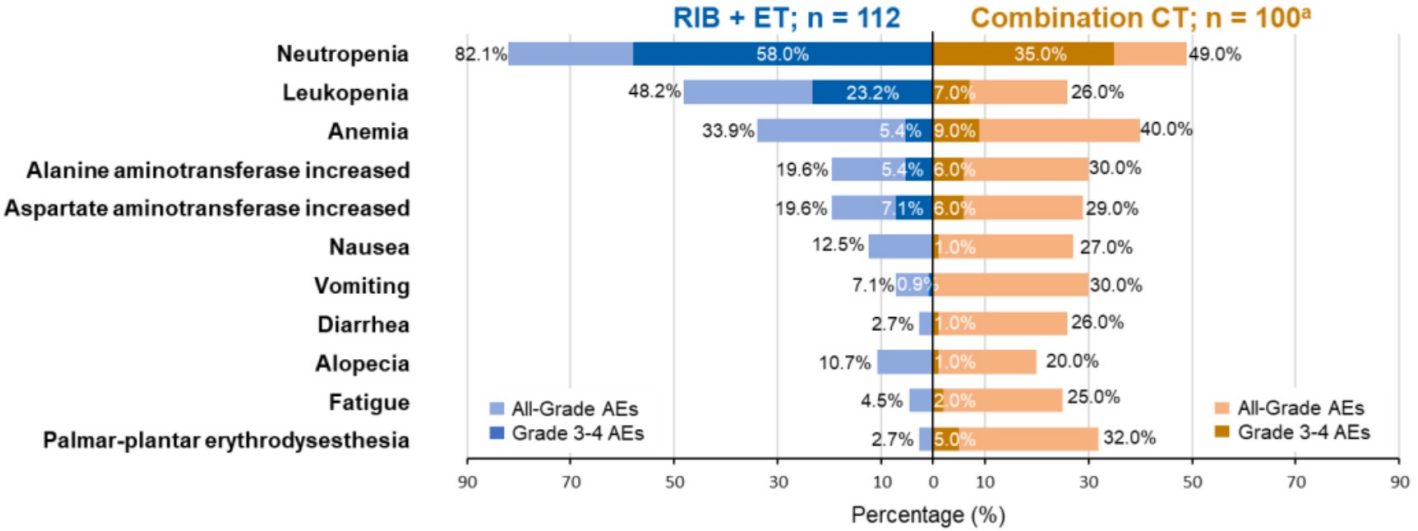


- A sensitivity analysis[c] confirmed the ORR and CBR findings in the safety set

Fewer TRAEs with RIB + ET vs combination CT

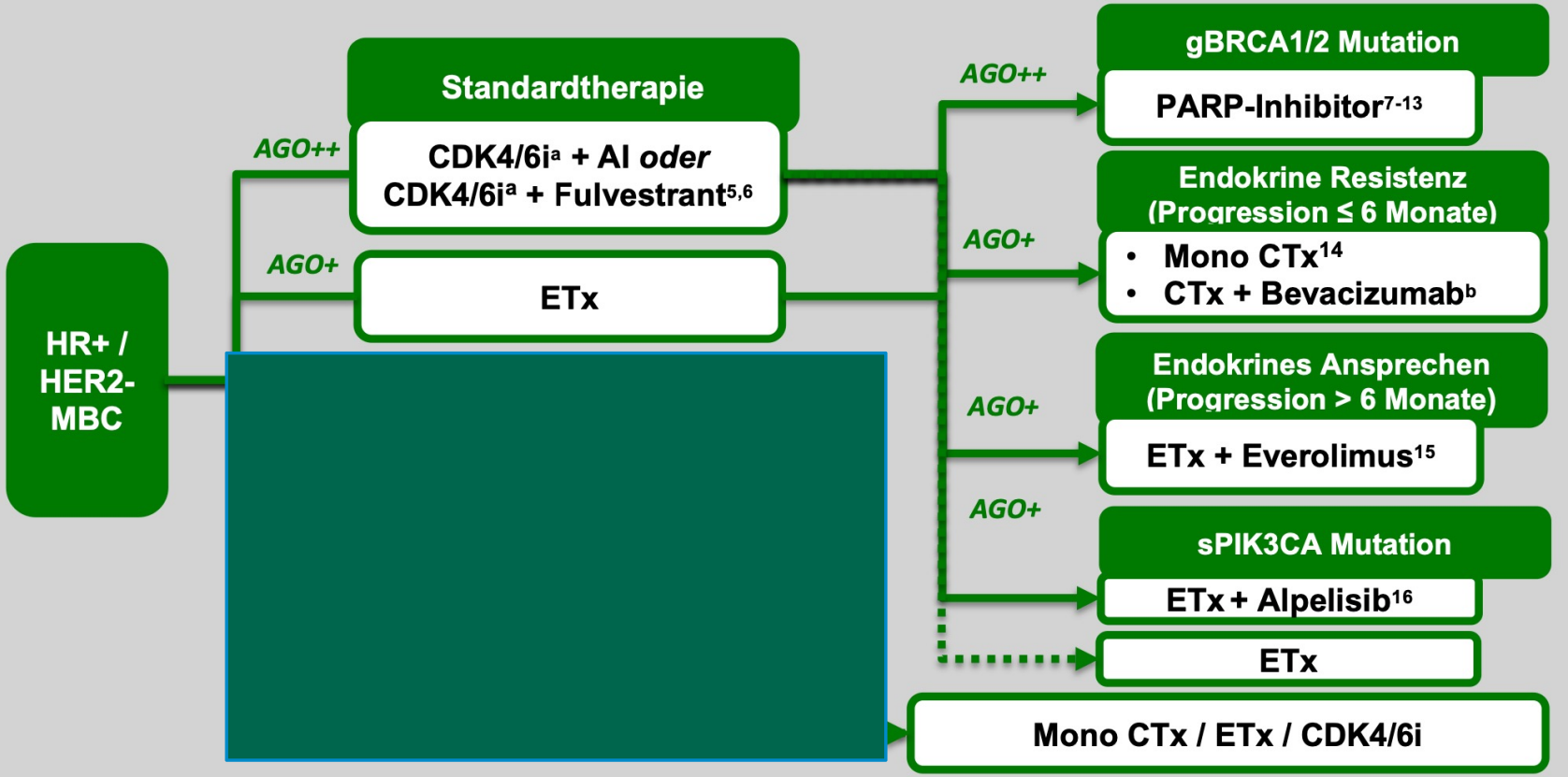
n (%)	RIB + ET; n = 112		Combination CT; n = 100[a]	
	All Grade	Grade 3/4	All Grade	Grade 3/4
Total AEs	112 (100.0)	84 (75.0)	100 (100.0)	71 (71.0)
Treatment-related serious AEs	2 (1.8)	1 (0.9)	8 (8.0)	7 (7.0)
Treatment-related AEs leading to discontinuation[b]	8 (7.1)	7 (6.3)	23 (23.0)	7 (7.0)

AEs irrespective of causality (≥20% incidence in either RIB or combination CT arms)



- Two patients (1.8%) in RIB arm[c] and none in CT arm showed grade ≥3 QT prolongation

Behandlungsalgorithmus
Hormonrezeptor-positives, Her2-negatives metastasiertes Mammakarzinom



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Pooled analysis of post-progression treatments after first-line ribociclib + endocrine therapy in patients with HR+/HER2− advanced breast cancer in the MONALEESA-2, -3, and -7 studies

Erika Hamilton,[1] Laura Spring,[2] Peter A. Fasching,[3] Sandra Franco,[4] Richard De Boer,[5] Javier Cortes,[6] Kevin Kalinsky,[7] Dejan Juric,[2] Aditya Bardia,[2] Sina Haftchenary,[8] Agnes Lteif,[9] Juan Pablo Zarate,[9] Liyi Cen,[9] Patrick Neven[10]

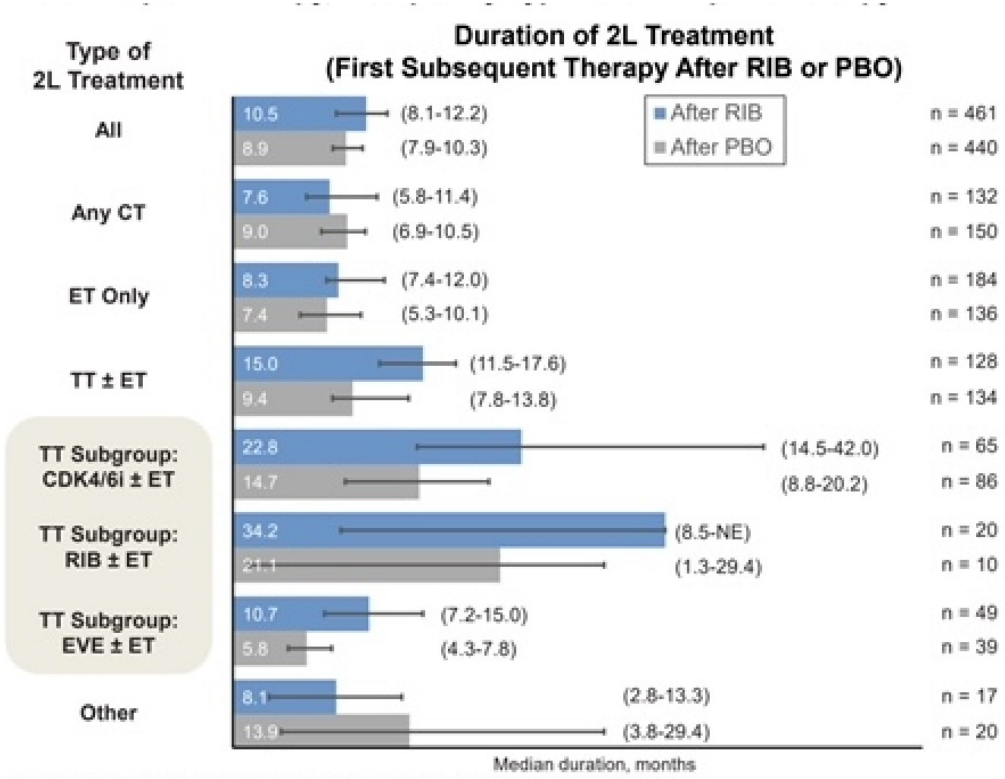
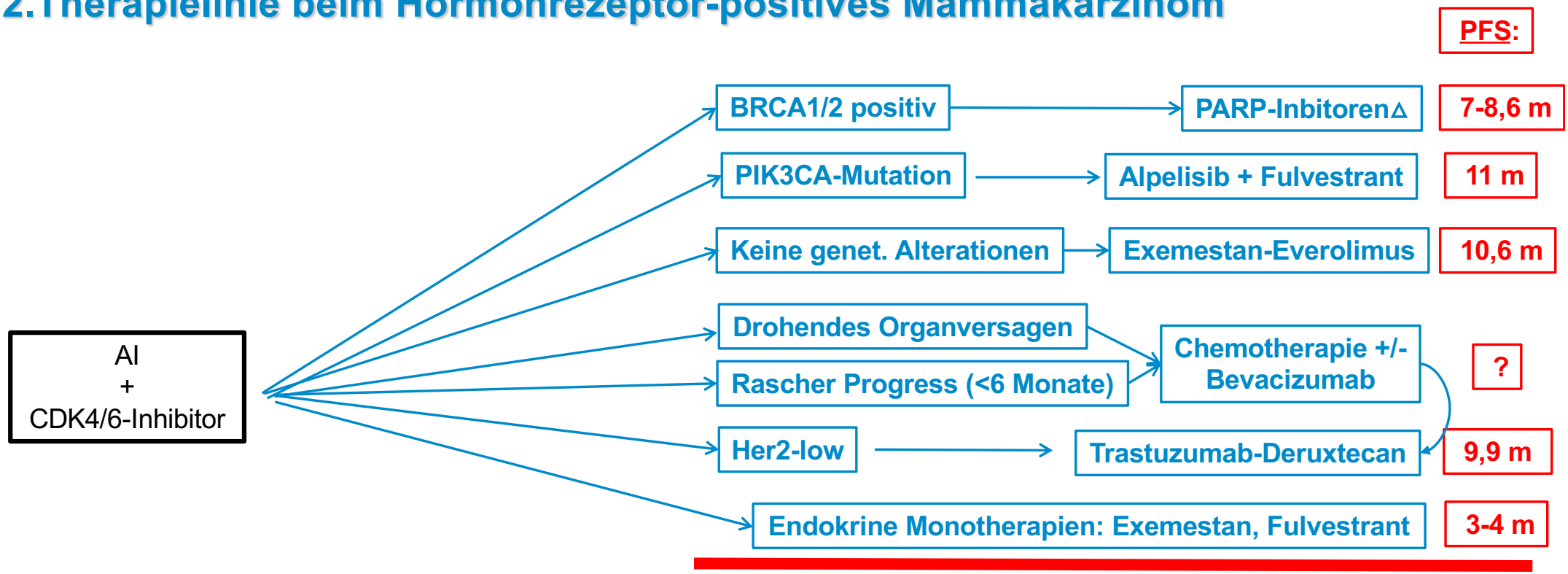


Table 3. Median OS After 1L RIB + ET, Grouped by Type of First Subsequent Therapy

	1L RIB + ET Followed by:			
	Any CT	ET Only	CDK4/6i	Targeted Therapy (Non-CDK4/6i)
Events/n	99/132	96/183	20/65	39/63
mOS, months	37.4	59.9	84.0	52.2
Hazard ratio vs CT (95% CI)		0.51 (0.38-0.69)	0.17 (0.10-0.30)	0.59 (0.40-0.89)

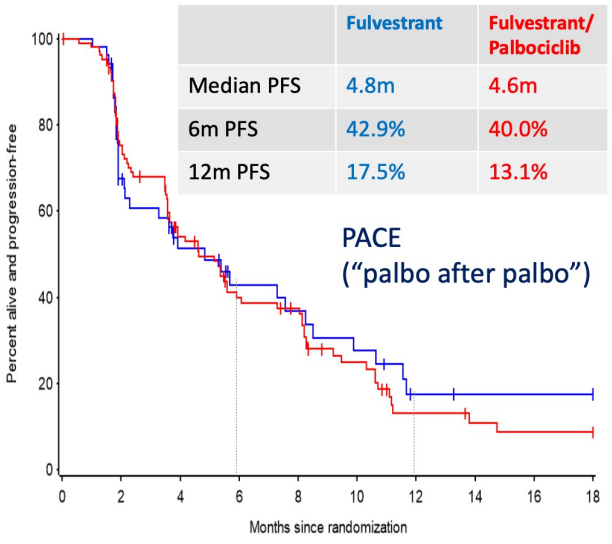
2.Therapielinie beim Hormonrezeptor-positives Mammakarzinom



- Endokrine Vortherapie
- ESR1, PIK3CA, AKT/PTEN-Alterationen im Tumor
- BRCA1/2 Keimbahnmutation
- Ansprechens auf einen CDK 4/6-Inh. (<> 12 Monate)

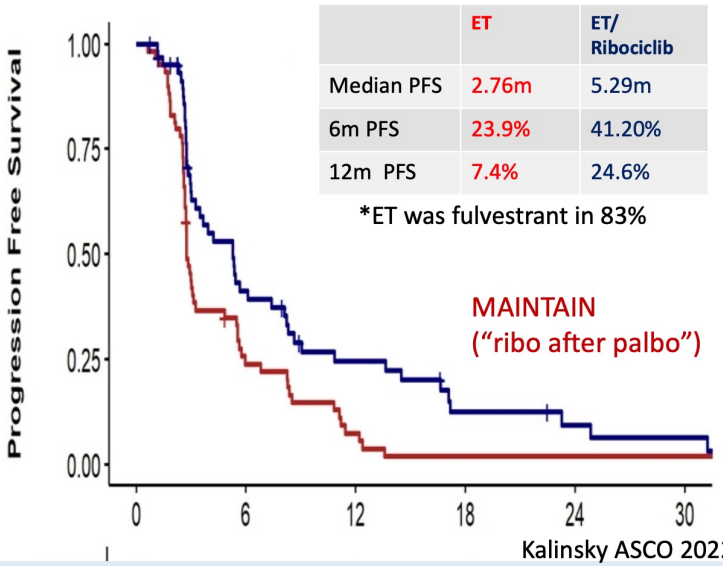
CDK4/6 Beyond Progression

Does continuing CDK4/6i beyond progression improve PFS?



	Fulvestrant	Fulvestrant/ Palbociclib
Median PFS	4.8m	4.6m
6m PFS	42.9%	40.0%
12m PFS	17.5%	13.1%

PACE
("palbo after palbo")



	ET	ET/ Ribociclib
Median PFS	2.76m	5.29m
6m PFS	23.9%	41.20%
12m PFS	7.4%	24.6%

*ET was fulvestrant in 83%

MAINTAIN
("ribo after palbo")

Kalinsky ASCO 2022

Study	Treatment	N
PALMIRA	ET +/- Palbociclib (after palbociclib)	198
EMBER-3	ET vs Imlunestrant vs Imlunestrant/Abemaciclib (after any CDK4/6i)	800
PostMONARCH	Fulvestrant +/- Abemaciclib (after any CDK4/6i)	350

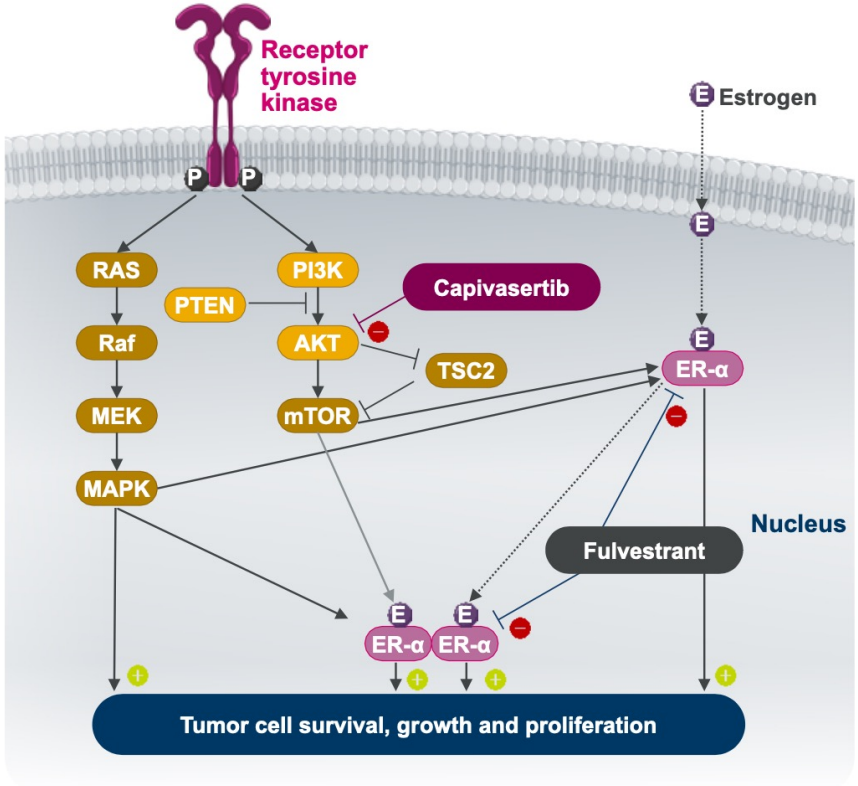
CAPItello-291

Capivasertib and fulvestrant for patients with aromatase inhibitor-resistant hormone receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer: Results from the Phase III CAPItello-291 trial

Nicholas C Turner,[1] Mafalda Oliveira,[2] Sacha Howell,[3] Florence Dalenc,[4] Javier Cortes,[5] Henry Gomez,[6] Xichun Hu,[7] Komal Jhaveri,[8] Sibylle Loibl,[9] Serafin Morales Murillo,[10] Zbigniew Nowecki,[11] Meena Okera,[12] Yeon Hee Park,[13] Masakazu Toi,[14] Lyudmila Zhukova,[15] Chris Yan,[16] Gaia Schiavon,[16] Andrew Foxley,[16] and Hope S Rugo[17]

CAPItello-291: Hintergrund

- AKT pathway activation occurs in many HR+/HER2– ABC through alterations in *PIK3CA, AKT1 and PTEN*, but may also occur in cancers without those genetic alterations.[1,2] AKT signalling is also implicated in the development of resistance to endocrine therapy[2]
- Capivasertib is a potent, selective inhibitor of all three AKT isoforms (AKT1/2/3)
- In the Phase II, placebo-controlled FAKTION trial[3]:
  - The addition of capivasertib to fulvestrant significantly improved PFS and OS in postmenopausal women with AI-resistant HR+/HER2– ABC in the overall population, with a more pronounced benefit in pathway altered tumours
  - No patients had received prior CDK4/6 inhibitors



CAPItello-291 Studiendesign

Phase III, randomized, double-blind, placebo-controlled study (NCT04305496)

Patients with HR+/HER2– ABC

- Men and pre-/post-menopausal women
- Recurrence while on or <12 months from end of adjuvant AI, or progression while on prior AI for ABC
- ≤2 lines of prior endocrine therapy for ABC
- ≤1 line of chemotherapy for ABC
- Prior CDK4/6 inhibitors allowed (at least 51% required)
- No prior SERD, mTOR inhibitor, PI3K inhibitor, or AKT inhibitor
- HbA1c <8.0% (63.9 mmol/mol) and diabetes not requiring insulin allowed
- FFPE tumor sample from the primary/recurrent cancer available for retrospective central molecular testing

R1:1 (N=708)

Capivasertib	400 mg twice daily, 4 days on, 3 days off
Fulvestrant	500 mg: cycle 1, days 1 & 15; then every 4 weeks
Placebo	Twice daily, 4 days on, 3 days off
Fulvestrant	500 mg: cycle 1, days 1 & 15; then every 4 weeks

Stratification factors:
- Liver metastases (yes/no)
- Prior CDK4/6 inhibitor (yes/no)
- Region*

Dual primary endpoints

PFS by investigator assessment
- Overall
- AKT pathway-altered tumors (≥1 qualifying *PIK3CA*, *AKT1*, or *PTEN* alteration)

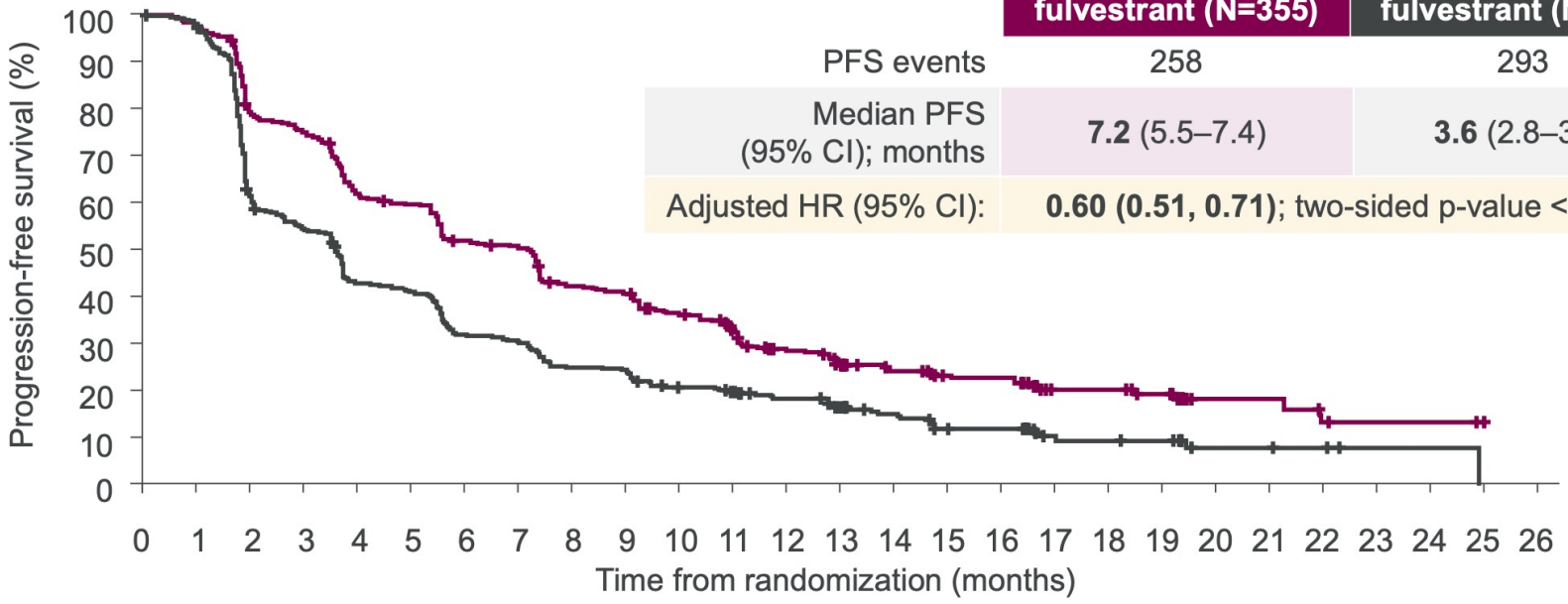
Key secondary endpoints

Overall survival
- Overall
- AKT pathway-altered tumors

Objective response rate
- Overall
- AKT pathway-altered tumors

ca. 50 %mit PTEN/AKT-Alterationen und 50% ohne genetische Alterationen

CAPItello-291 Progressionsfreies Überleben Gesamtpopulation

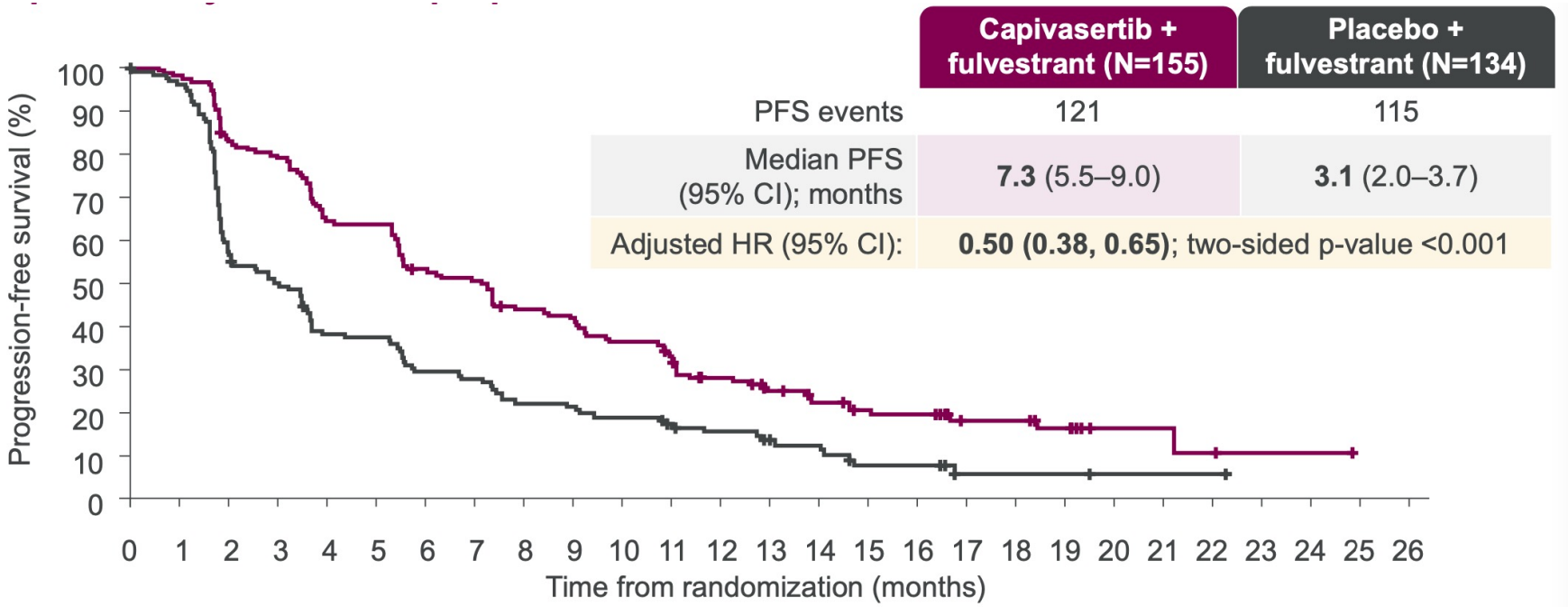


	Capivasertib + fulvestrant (N=355)	Placebo + fulvestrant (N=353)
PFS events	258	293
Median PFS (95% CI); months	**7.2** (5.5–7.4)	**3.6** (2.8–3.7)
Adjusted HR (95% CI):	**0.60 (0.51, 0.71)**; two-sided p-value <0.001	

Number of patients at risk

Capivasertib + fulvestrant	355	330	266	252	207	199	172	166	138	133	115	98	78	64	55	44	43	25	25	21	8	8	5	2	2	1	0
Placebo + fulvestrant	353	329	207	182	142	136	106	100	83	81	66	59	51	41	33	24	23	12	11	10	4	4	3	1	1	0	0

CAPItello-291: AKT-Signalweg- alteriert

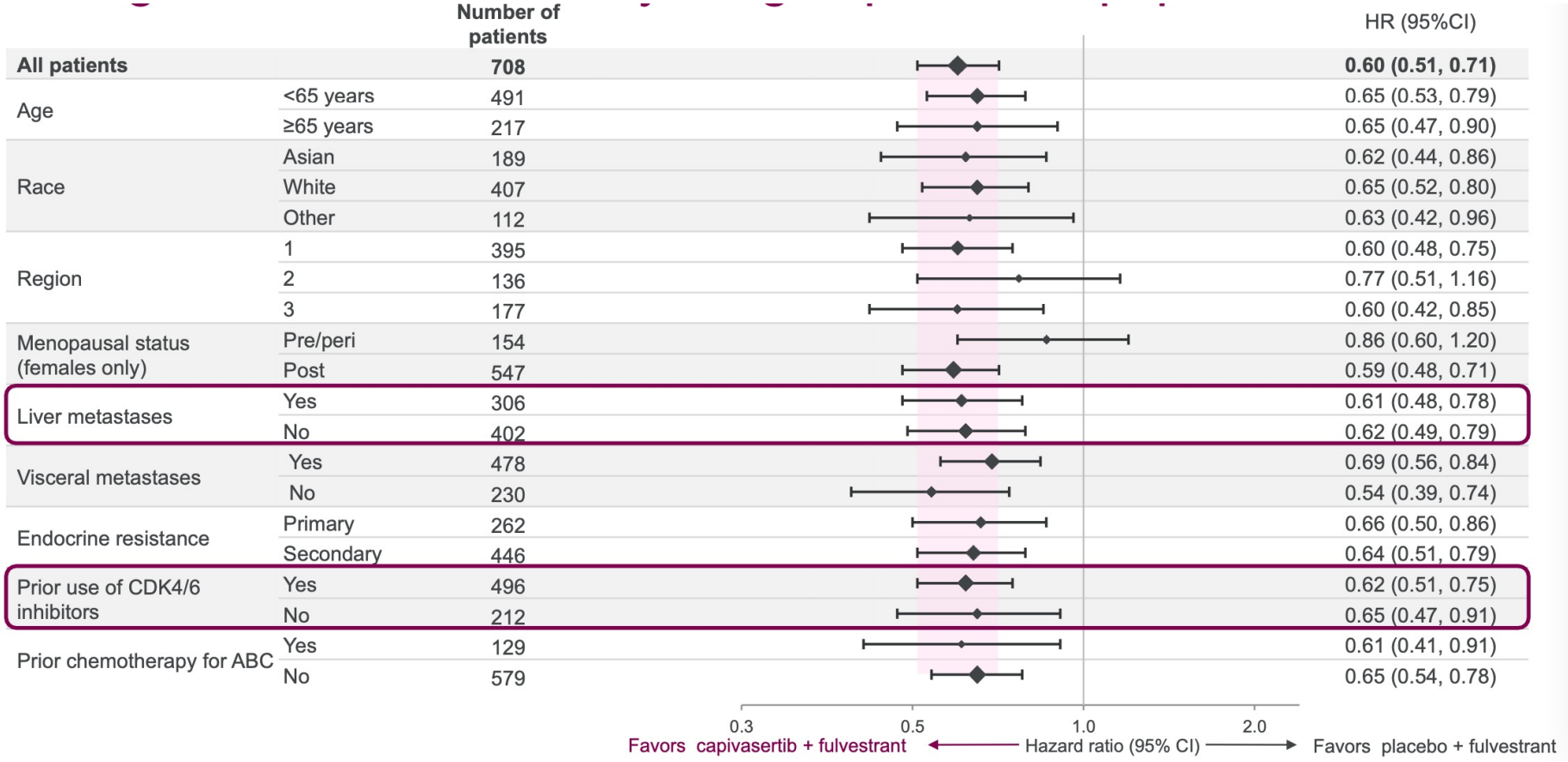


	Capivasertib + fulvestrant (N=155)	Placebo + fulvestrant (N=134)
PFS events	121	115
Median PFS (95% CI); months	**7.3** (5.5–9.0)	**3.1** (2.0–3.7)
Adjusted HR (95% CI):	**0.50 (0.38, 0.65)**; two-sided p-value <0.001	

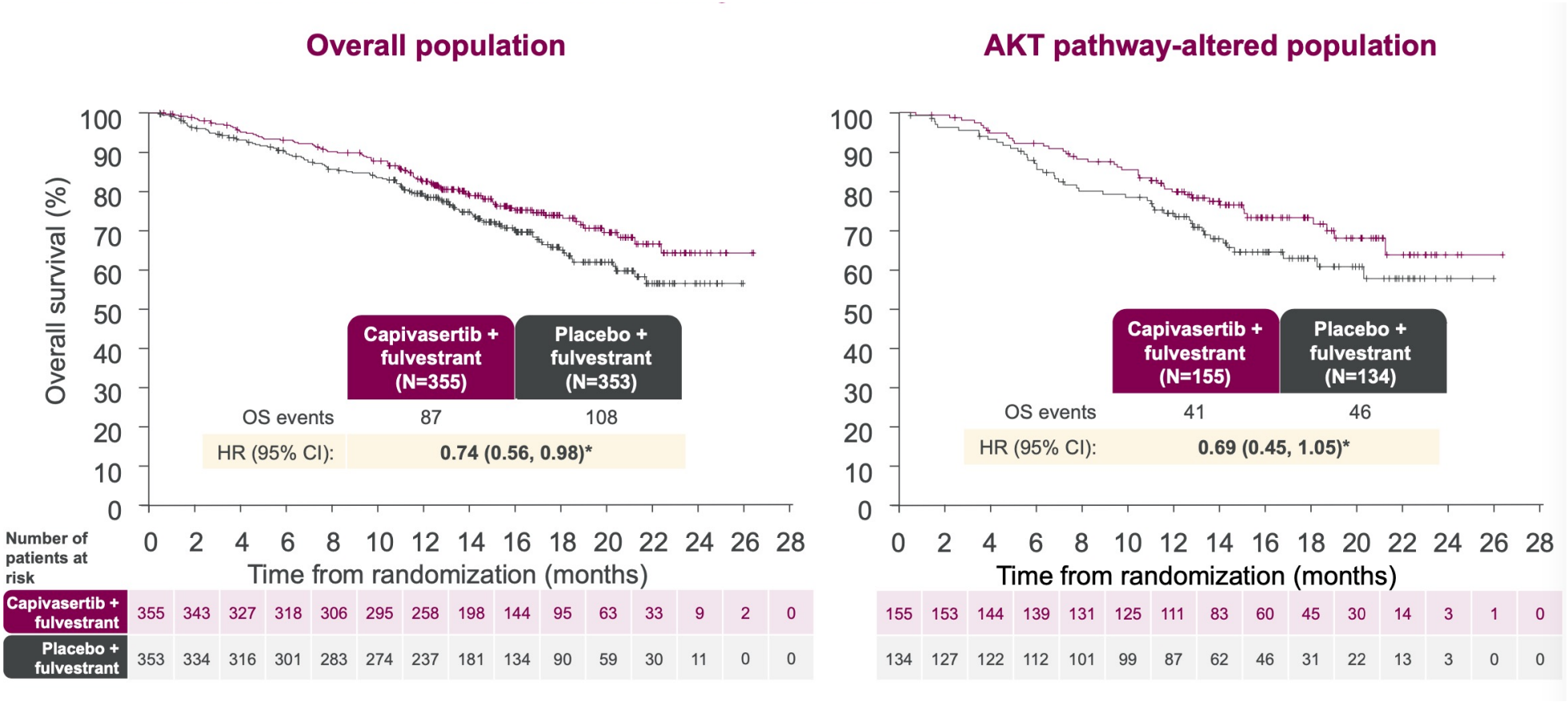
Number of patients at risk

Capivasertib + fulvestrant	155	150	127	121	99	97	80	76	65	62	54	49	38	31	26	22	21	12	12	9	3	3	2	1	1	0	0
Placebo + fulvestrant	134	124	77	64	48	47	37	35	28	27	24	20	17	14	11	6	6	2	2	2	1	1	1	0	0	0	0

CAPItello-291 Subguppenanalyse

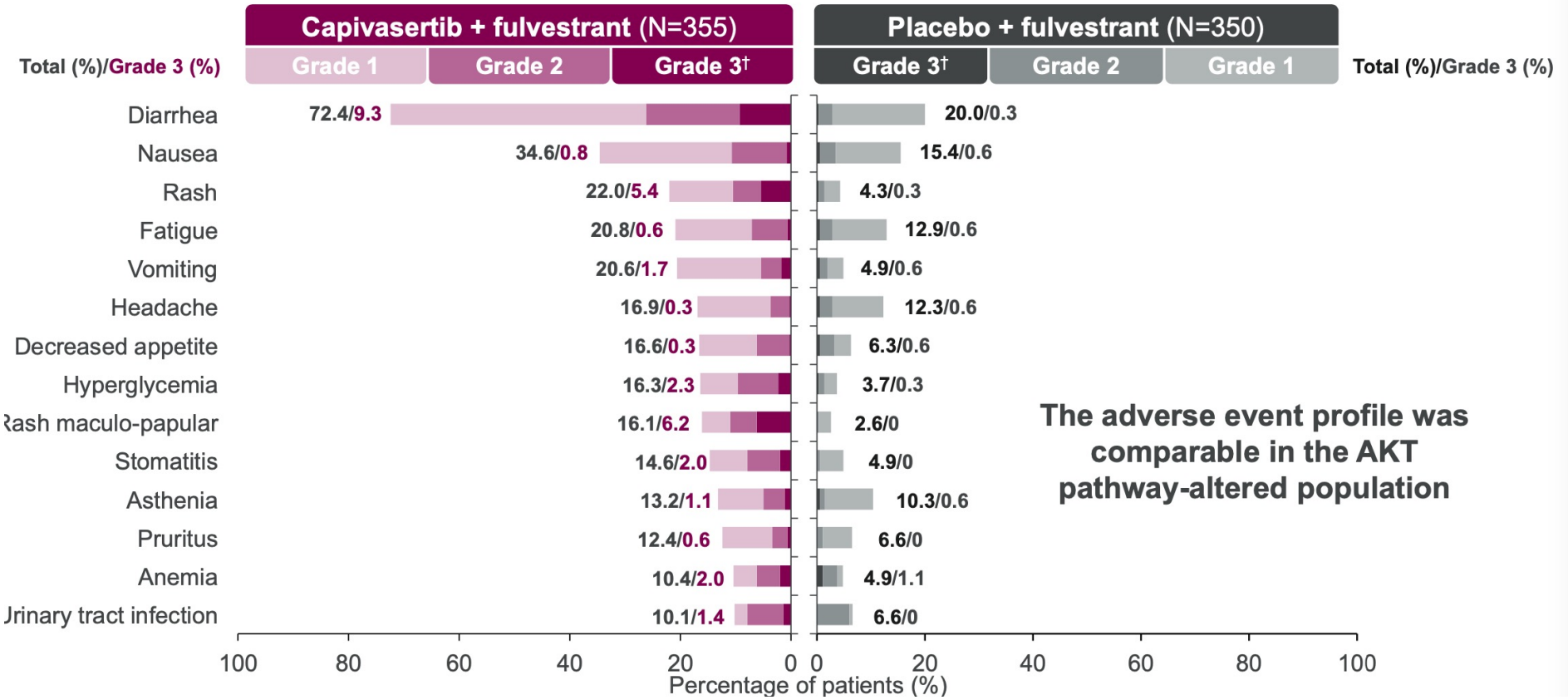


CAPItello-291 Gesamtüberleben



CAPItello-291 Toxizitäten

Adverse events (>10% of patients) – overall population

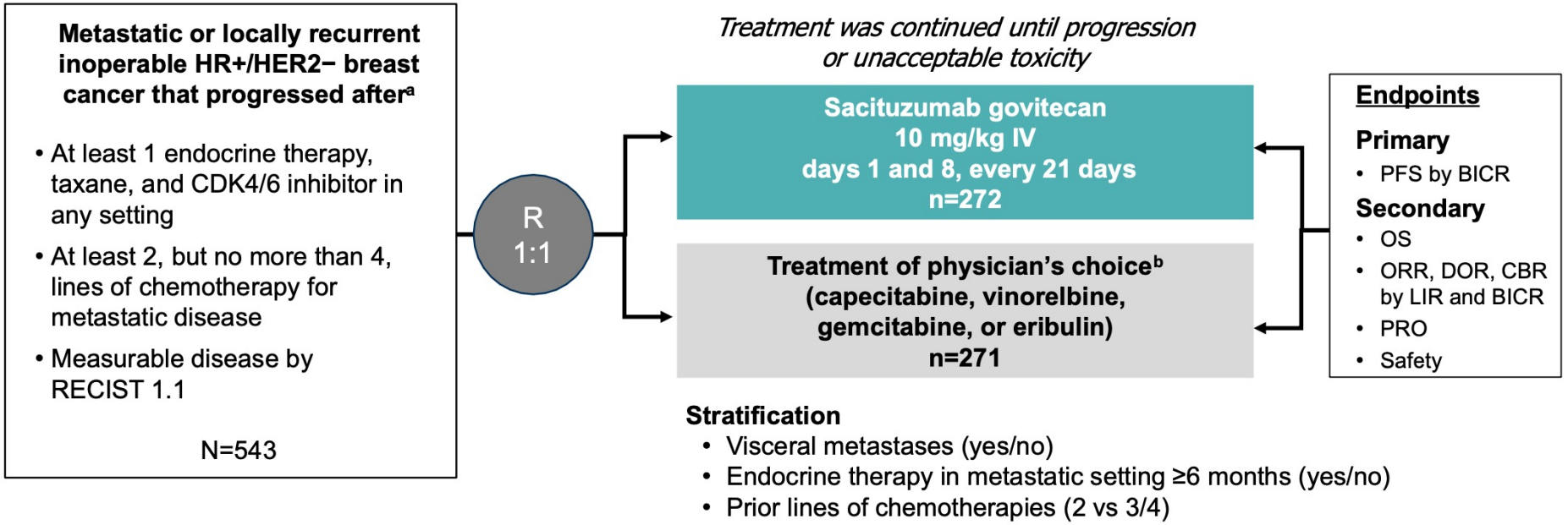


TROPiCS-02

Sacituzumab Govitecan vs Treatment of Physician's Choice: Efficacy by Trop-2 Expression in the TROPiCS-02 Study of Patients With HR+/HER2– Metastatic Breast Cancer

Hope S. Rugo,[1] Aditya Bardia,[2] Frederik Marmé,[3] Javier Cortes,[4] Peter Schmid,[5] Delphine Loirat,[6] Olivier Trédan,[7] Eva Ciruelos,[8] Florence Dalenc,[9] Patricia Gómez Pardo,[10] Komal L. Jhaveri,[11] Monica Motwani,[12] Oh Kyu Yoon,[12] Hao Wang,[12] Wendy Verret,[12] Sara M. Tolaney[13]

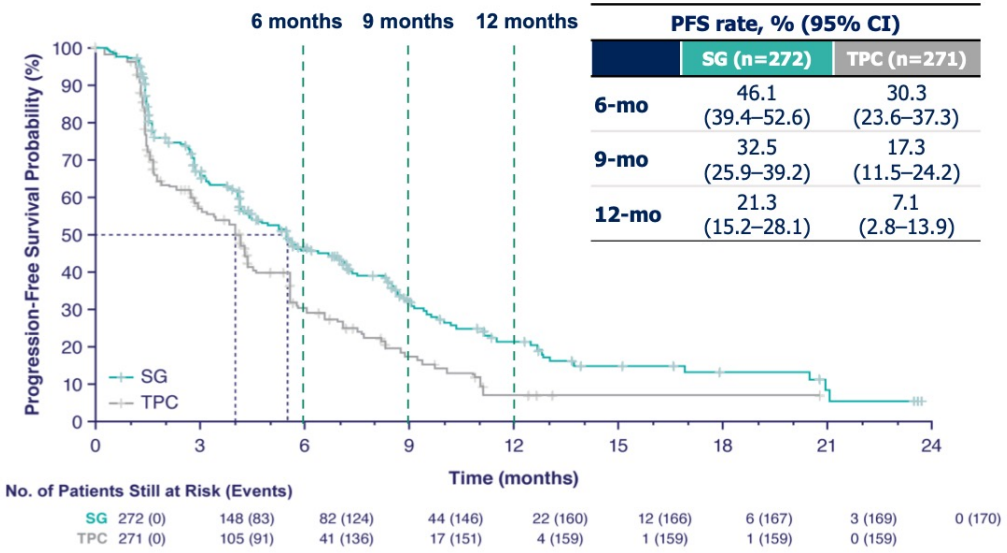
TROPiCS-02 Studiendesign



TROPiCS-02 Progressionsfreies Überleben und Gesamtüberleben

PFS[1]

BICR analysis	SG (n=272)	TPC (n=271)
Median PFS, mo (95% CI)	5.5 (4.2–7.0)	4.0 (3.1–4.4)
Stratified HR (95% CI)	**0.66** (0.53–0.83)	
Stratified Log Rank *P* value	*P*=0.0003	



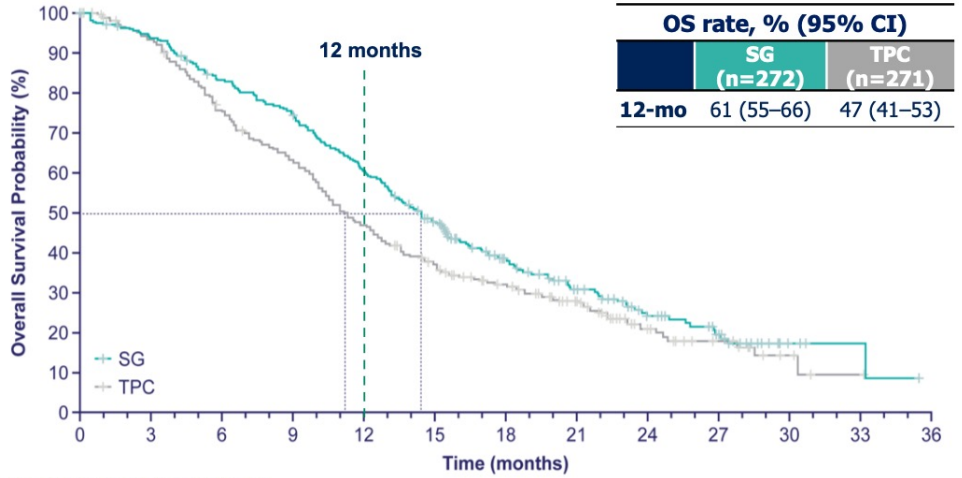
PFS rate, % (95% CI)	SG (n=272)	TPC (n=271)
6-mo	46.1 (39.4–52.6)	30.3 (23.6–37.3)
9-mo	32.5 (25.9–39.2)	17.3 (11.5–24.2)
12-mo	21.3 (15.2–28.1)	7.1 (2.8–13.9)

No. of Patients Still at Risk (Events)

SG	272 (0)	148 (83)	82 (124)	44 (146)	22 (160)	12 (166)	6 (167)	3 (169)	0 (170)
TPC	271 (0)	105 (91)	41 (136)	17 (151)	4 (159)	1 (159)	1 (159)	0 (159)	

OS[2]

	SG (n=272)	TPC (n=271)
Median OS, mo (95% CI)	14.4 (13.0–15.7)	11.2 (10.1–12.7)
Stratified HR (95% CI)	**0.79** (0.65–0.96)	
Stratified Log Rank *P* value	*P*=0.020	



OS rate, % (95% CI)	SG (n=272)	TPC (n=271)
12-mo	61 (55–66)	47 (41–53)

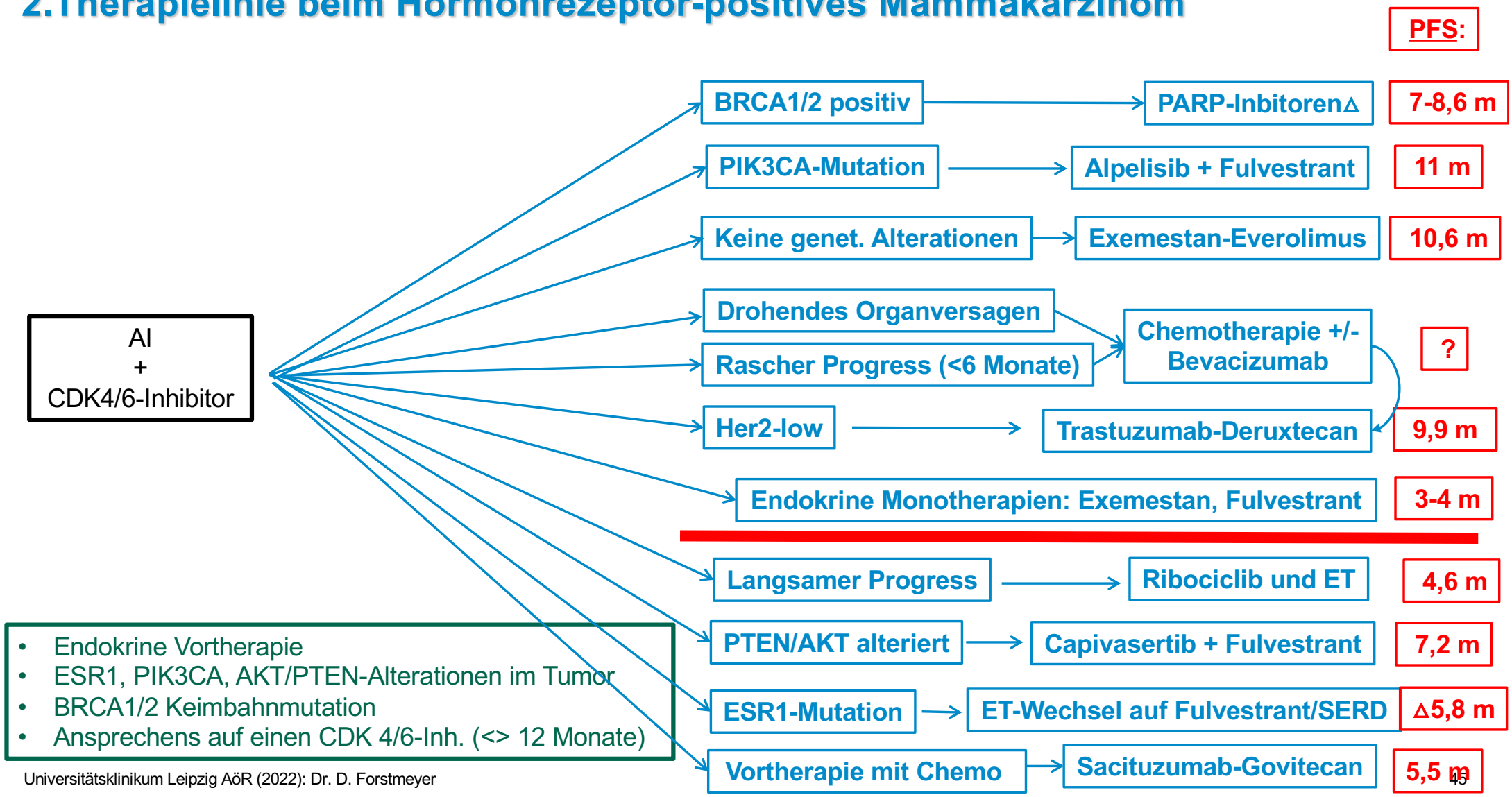
No. of Patients Still at Risk (Events)

SG	272 (0)	252 (16)	221 (44)	197 (67)	160 (104)	120 (137)	80 (158)	53 (173)	31 (183)	20 (188)	4 (190)	2 (190)	0 (191)
TPC	271 (0)	246 (16)	196 (64)	164 (95)	122 (137)	92 (163)	70 (174)	49 (183)	23 (193)	13 (196)	5 (198)	1 (199)	0 (199)

Orale SERD-Studienlandschaft

	EMERALD[1]	SERENA-2[2]	EMBER-3[3]	AMEERA-3[4-6]	acelERA[6-9]
Treatment	**Elacestrant**	**Camizestrant**	**Imlunestrant** +/- abemaciclib	**Amcenestrant**	**Giredestrant**
Control Arm	fulvestrant / AIs	fulvestrant	fulvestrant / exemestane	fulvestrant / AIs / tamoxifen	fulvestrant / AIs
Phase (n)	Phase 3 (478)	Phase 2 (240)	Phase 3 (800)	Phase 2 (367)	Phase 2 (303)
Patients	Men or postmenopausal women	Postmenopausal women	Men or postmenopausal women	Men or women (any menopausal status)	Men or women (any menopausal status)
Prior CDK4/6i	**Required (100%)**	Permitted	Permitted	Permitted (79.7%)	Permitted (42%)
Allowed Prior Fulvestrant	**YES**	NO	NO	YES	YES
Allowed Prior Chemotherapy in mBC	**YES**	YES	NO	YES	YES
Data readout	**Positive (Registrational)**	Positive (Non-Registrational)	Ongoing	Negative	Negative

2.Therapielinie beim Hormonrezeptor-positives Mammakarzinom



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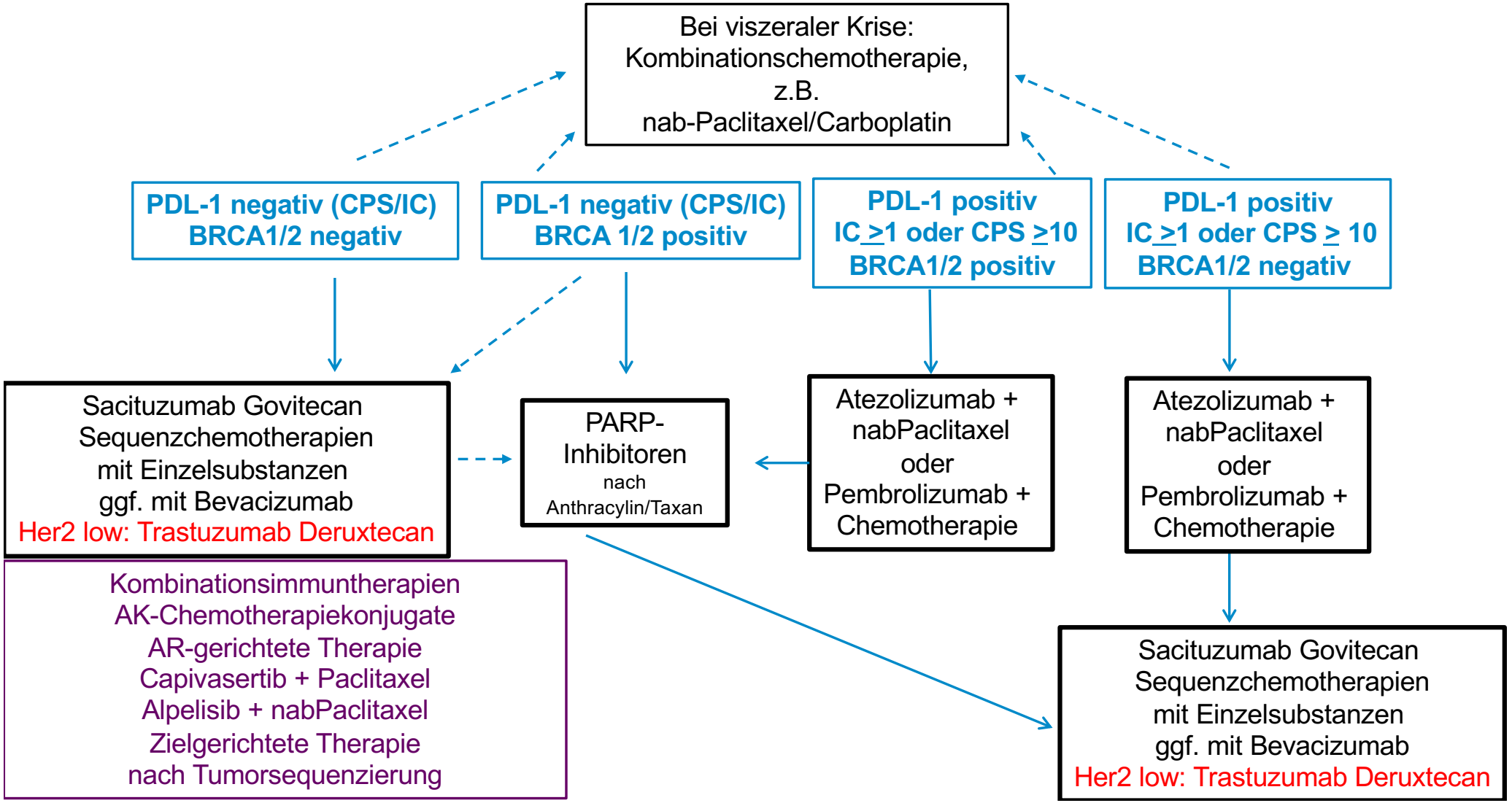
Metastasierte

Triple-negative Mammakarzinom

Therapiesequenz Triple-negatives metastasiertes Mammakarzinom



Vielen Dank für Ihre Aufmerksamkeit

MITTELDEUTSCHES KREBSZENTRUM
Gemeinsam Krebs besiegen

Deutsche Krebshilfe
HELFEN. FORSCHEN. INFORMIEREN.

NETZWERK ONKOLOGISCHE SPITZENZENTREN

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