State-of-the-art management of HER2-negative early breast cancer: treatment patterns among healthcare professionals and concordance with expert recommendations

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Abstract 553

Background

- The management of high-risk HER2-negative EBC has evolved with the FDA approval of newer agents including abemaciclib, olaparib, and pembrolizumab as (neo)adjuvant therapy options for appropriate patients
- To aid HCPs in the recommended implementation of these agents, we developed an online treatment decision support tool providing case-specific treatment guidance from 5 breast cancer experts
- Here, we report an analysis of cases entered into the tool by HCPs, comparing their planned treatment with expert recommendations

Methods

- In March 2022, 5 breast cancer experts provided therapy recommendations for 10 patient case scenarios in high-risk HER2-negative EBC
- Recommendations were based on 3 pivotal clinical trials (KEYNOTE-522, OlympiA, and monarchE)[1-4]
- Patient and disease characteristics included HR status, *BRCA* mutational status, lymph node positivity, presence of residual disease after resection, and additional relevant criteria based on the 3 practice-changing trials
- HCPs entered specific patient and disease factors into the tool using selection menus, along with their intended treatment plan
- After case entry, HCPs were shown 5 individual expert treatment recommendations for the unique case scenario

References

1. Schmid. NEJM. 2020;382:810.
2. Tutt. NEJM. 2021; 2394.
3. Johnston. JCO. 2020. 38:3987.
4. Johnston. Lancet Oncol. 2023;24:77.

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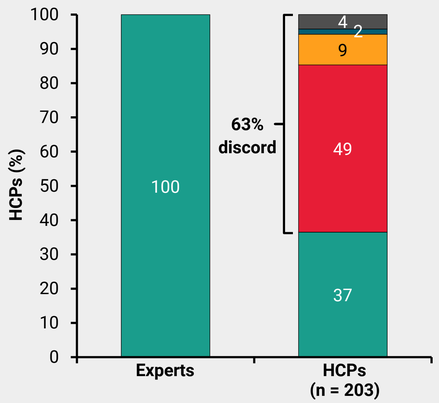
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Results

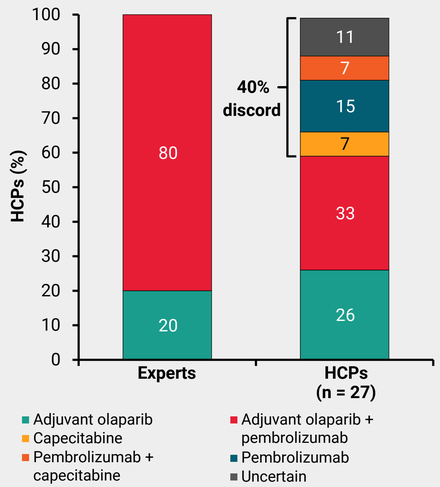
58.8% Discordance Between HCPs and Experts Among 10 Case Scenarios

Discordance Among HCPs for Therapy Selection in High-Risk EBC

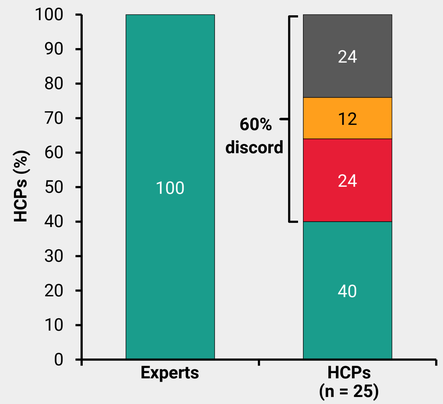
Patient Case 1: HR-Positive/HER2-Negative With No Deleterious *BRCA* Mutation (or Unknown Status), Fits monarchE High-Risk Criteria



Patient Case 2: *BRCA*-Mutant TNBC With Residual Disease After Neoadjuvant Pembrolizumab/Chemotherapy

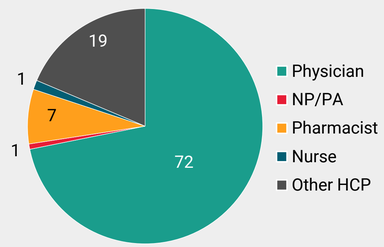


Patient Case 3: TNBC With No Residual Disease After Neoadjuvant Chemotherapy



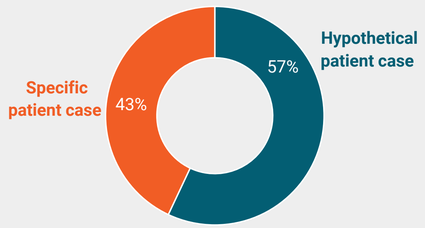
HCP Learner Demographics

HCPs by Role (%) (N = 547)



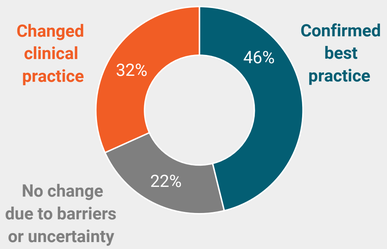
Use of Tool

43% of HCPs Used Decision Support Tool for Specific Patient Case in Their Clinical Practice



Clinical Impact

For HCPs Reporting on Tool's Impact, 32% Reported That Expert Recommendations Changed Their Treatment Choice



Conclusions

- Data from this tool demonstrate high levels of discord between the clinical practice of experts and HCPs in the management of high-risk HER2-negative EBC
- Overtreatment is a concern, as noted in case 3, where 60% of HCPs recommended therapy for a patient for whom all 5 experts recommended monitoring
- 32% of HCPs reported that expert recommendations changed their treatment choice, and 46% had their treatment choice confirmed as the optimal management strategy
- This online decision support tool may increase the number of HCPs making optimal management decisions for patients with high-risk HER2-negative EBC
- An update of this tool is currently in progress

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EBC, early breast cancer; ET, endocrine therapy; HCP, healthcare professional; HR, hormone receptor; NP, nurse practitioner; PA, physician associate/physician assistant; TNBC, triple-negative breast cancer.