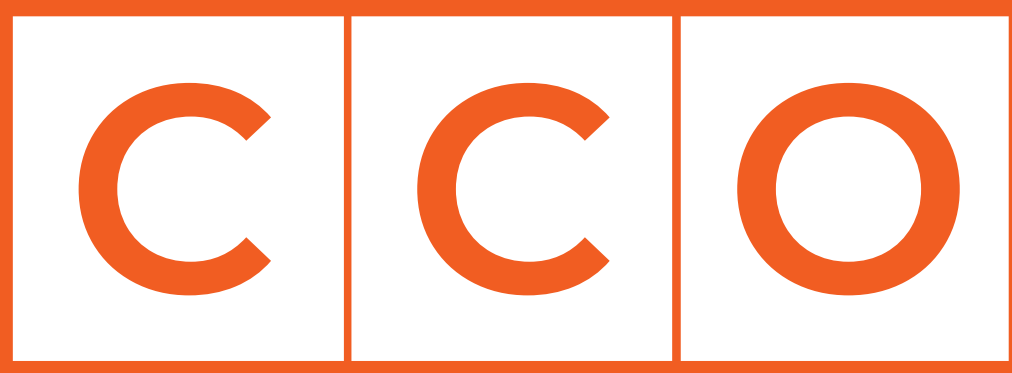




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Integration of Novel Antibody–Drug Conjugates in Advanced HER2-Low, Hormone Receptor–Positive, and Triple-Negative Breast Cancer

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Background

- SG and T-DXd have changed the treatment landscape for advanced HER2-low, HR+, and TNBC
- SG is approved for advanced TNBC after ≥2 prior tx (≥1 for MBC) or advanced HR+/HER2- BC after ET and ≥2 prior tx for MBC
- T-DXd is approved for advanced HER2+ BC after 1 prior anti-HER2 tx or advanced HER2-low BC after 1 prior chemo for MBC or patients with recurrence ≤6 mo of adj chemo
- We report results on current HCP knowledge, use, and challenges with SG and T-DXd from an educational program with expert-led small-group workshops

Methods

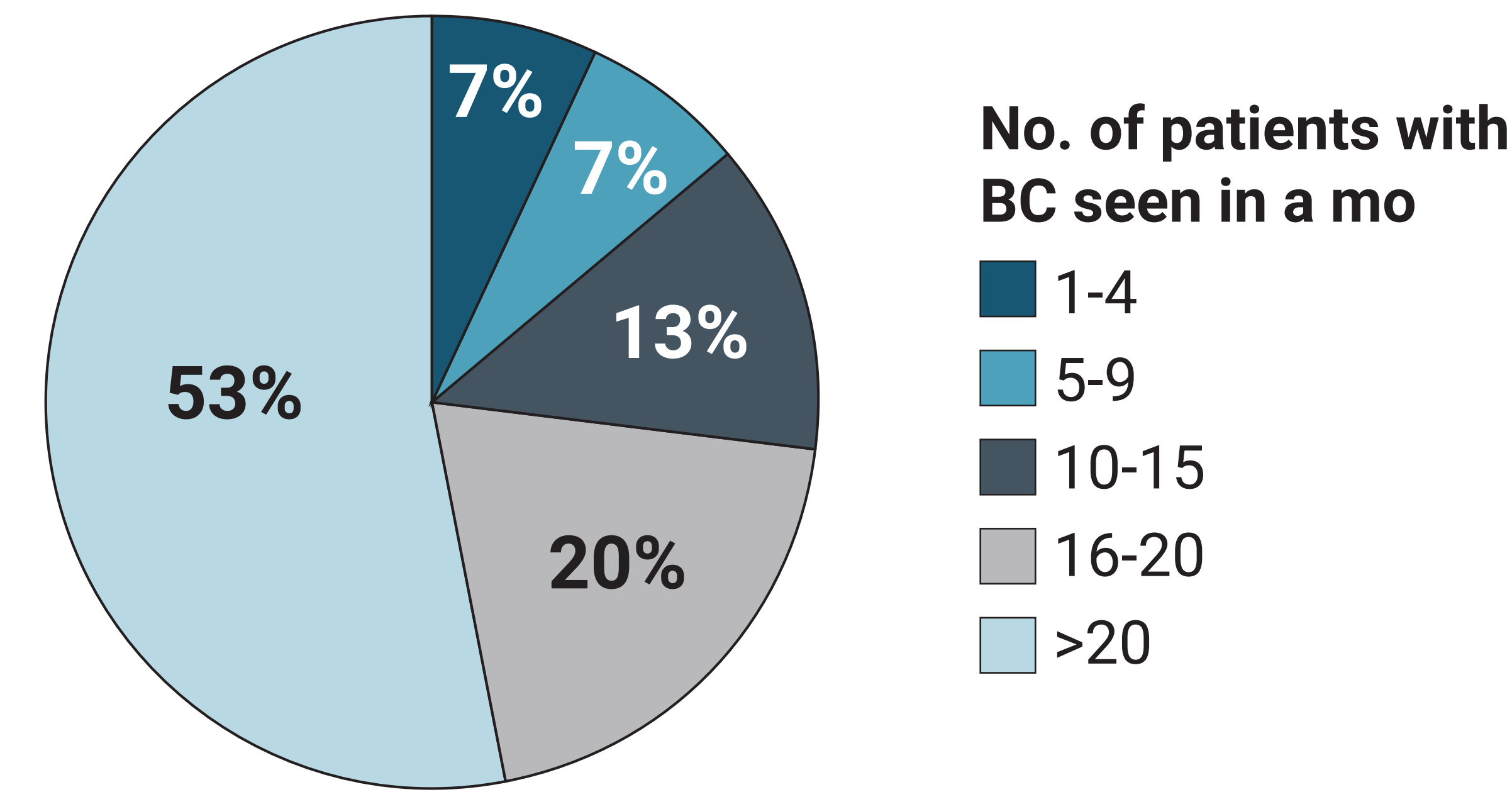
- Educational program on newer ADCs for ABC for US HCPs developed between 11/1/2023 and 1/3/2024
- A preactivity, case-based online survey was deployed to HCPs to assess current clinical challenges and inform the development of specific topics for the educational workshop
- Among 69 respondents, a subset of 30 HCPs was randomly selected and invited to participate in one of three 30-minute, expert-led small-group workshops discussing specific challenges with SG and T-DXd clinical use in the treatment of patients with advanced HR+/HER2- BC or TNBC
- After the workshop, the 30 HCPs were asked to retake the survey, and their responses were used to assess the efficacy of the educational intervention

Results

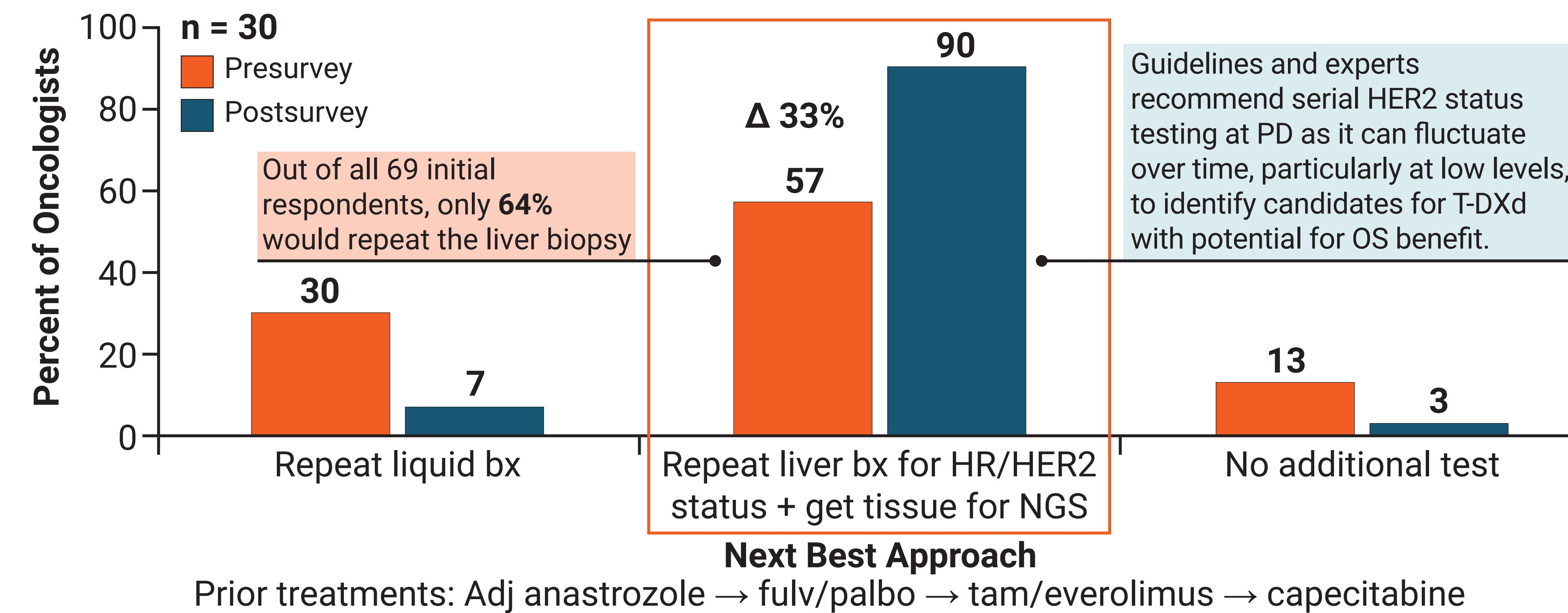
Demographics (n = 30)

Among the 30 learners:

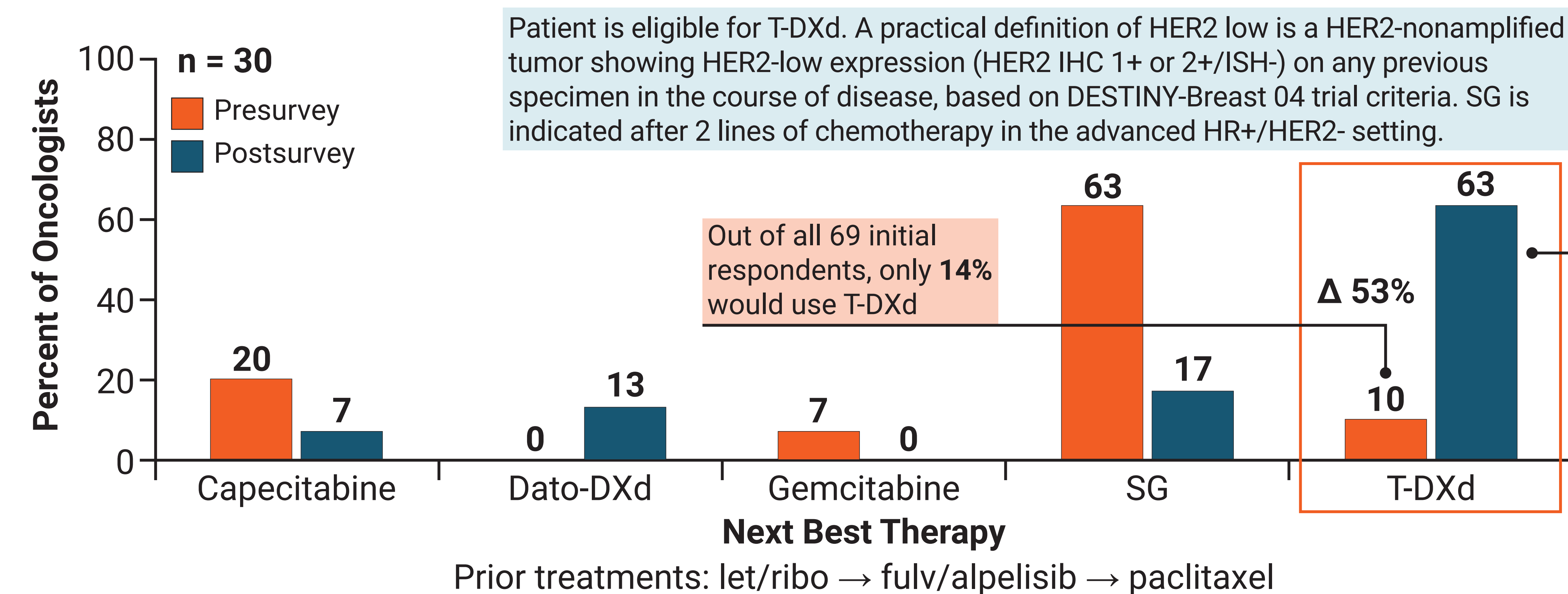
- Academic: 20%
- Community: 80%



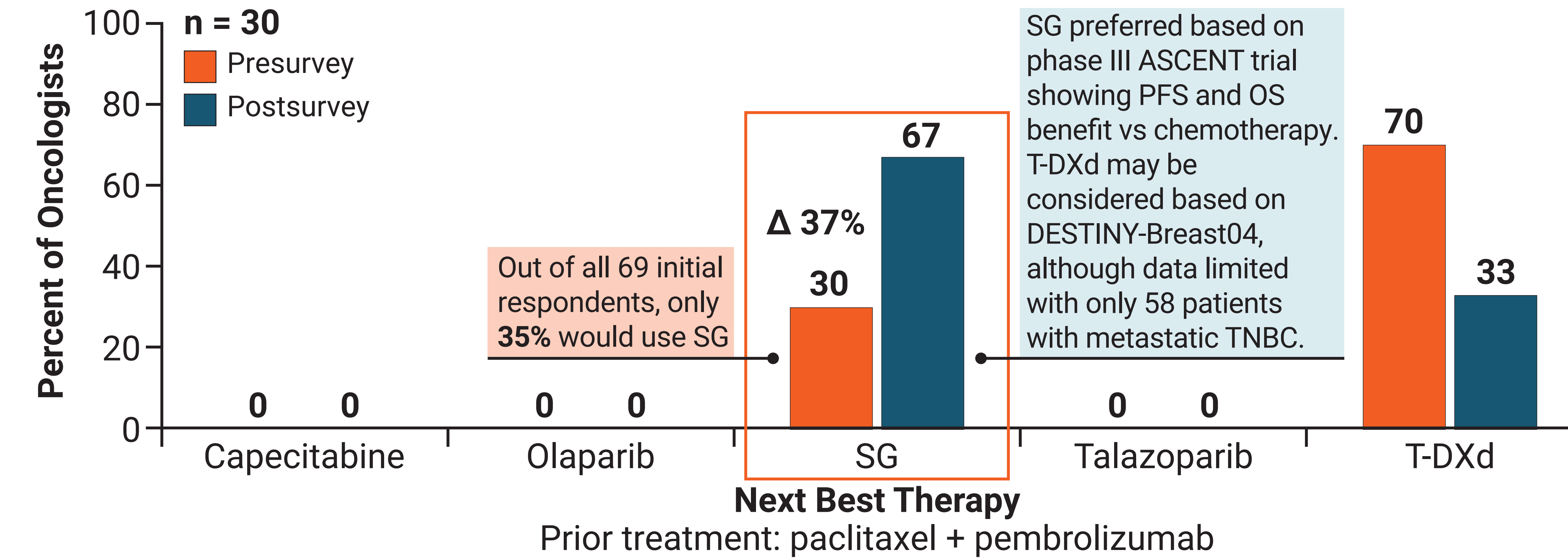
Case 1: HR+/HER2- IHC 0 MBC, 3 prior LoT for MBC, no *PIK3CA* or *ESR1* mut, PD in bone/liver



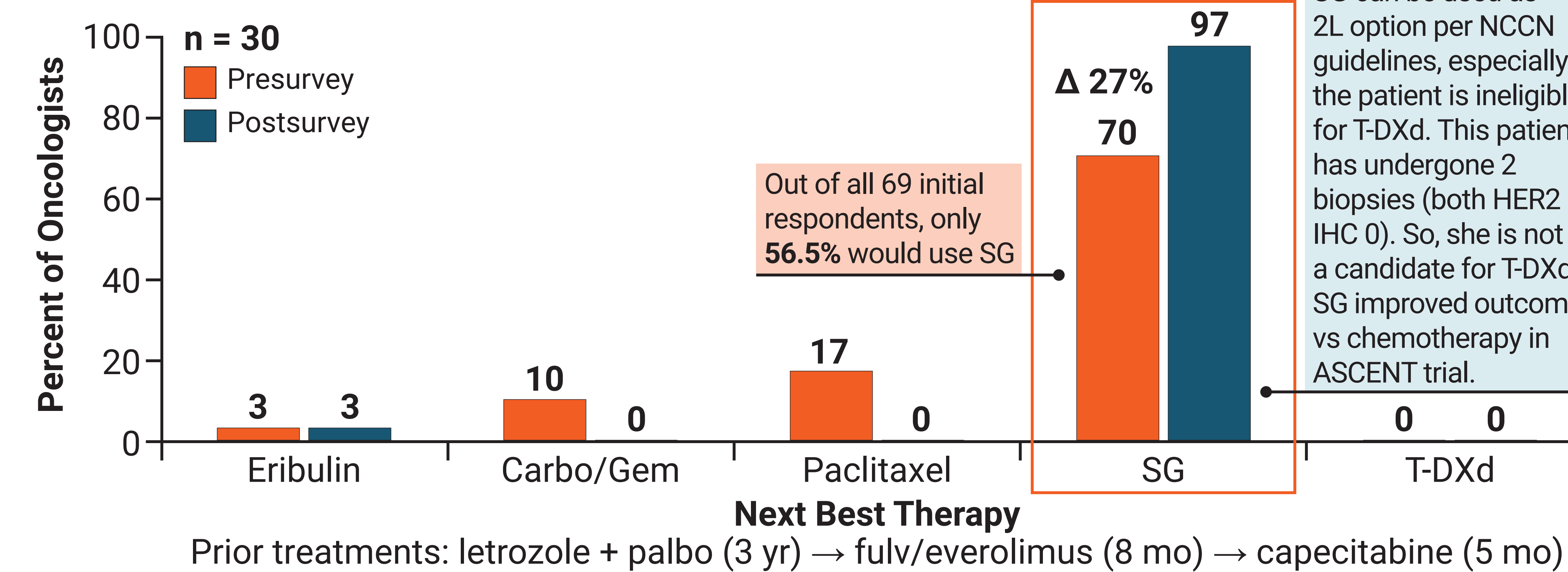
Case 2: HR+/HER2- IHC 0 MBC, 3 prior LoT for MBC, *PIK3CA/CDH1* mut (no pathogenic germline variants), hx of fluctuating HER2 level (IHC 0 → 1+ → 0), PD



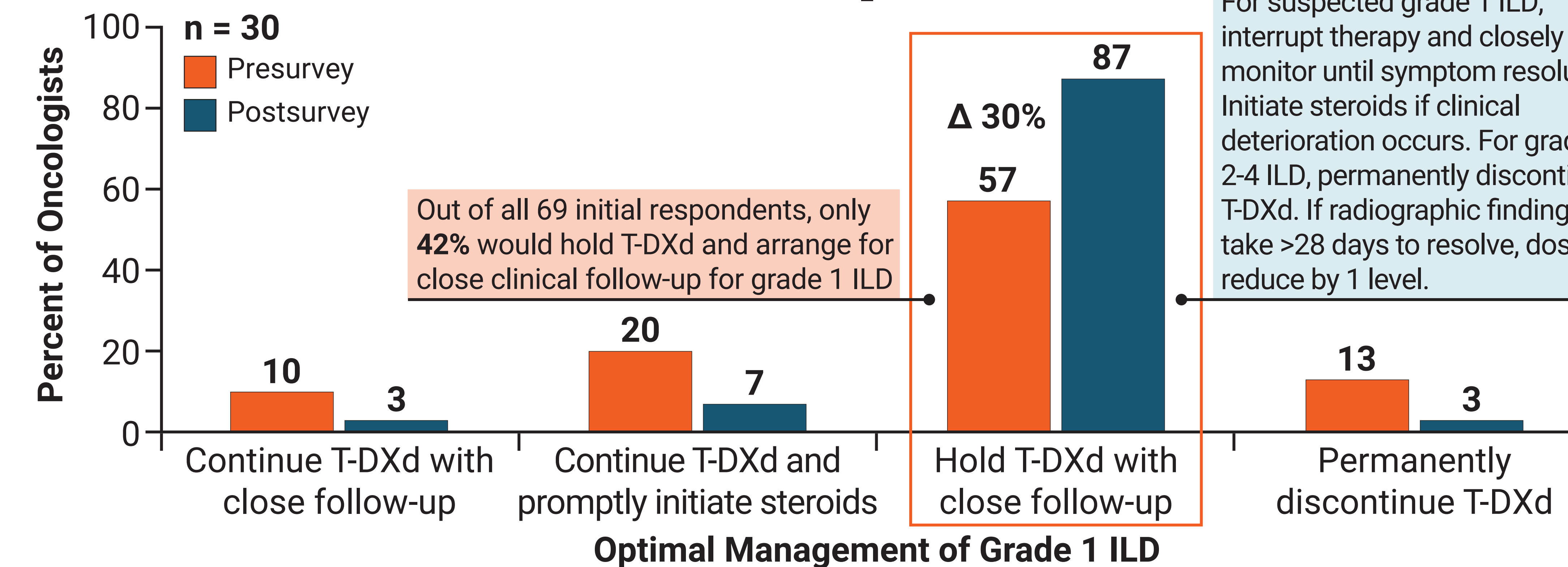
Case 3: HR-/HER2- IHC 1+ MBC (mTNBC), no g*BRCA/PALB2* mut, PD-L1 CPS 12, 1 prior LoT for MBC, PD (after ~10 mo)



Case 4: HR+/HER2- IHC 0 MBC, 3 prior LoT for MBC, no actionable alteration, PD in bone/liver, repeat bx confirms HR+ HER2- IHC 0 MBC



Case 5: HR-/HER2- IHC 1+ MBC on 2L T-DXd, restaging CT shows asymptomatic ground glass opacities in both lungs (98% O₂ saturation)



Conclusions

- Many HCPs are not confident in their ability to optimally use SG and T-DXd in clinical practice
- The simulation of real-life clinical situations and participation in workshops with BC experts helped to inform treatment decision-making and improved HCPs' application of evidence-based medicine
- Comprehensive educational models—developed from insights from pre-education learner surveys and expert perspectives on key data—help HCPs to align their practice with current recommendations and increase confidence in making evidence-based treatment decisions

References

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Abbreviations

2L, second line; ABC, advanced breast cancer; ADC, antibody-drug conjugate; Adj, adjuvant; BC, breast cancer; Bx, biopsy; Carbo, carboplatin; chemo, chemotherapy; CPS, combined positive score; Dato-DXd, datopotamab deruxtecan; ET, endocrine therapy; Fulv, fulvestrant; Gem, gemcitabine; HCP, healthcare professional; HR, hormone receptor; Hx, history; IHC, immunohistochemistry; ILD, interstitial lung disease; Let, letrozole; LoT, line of therapy; MBC, metastatic breast cancer; mTNBC, metastatic triple-negative breast cancer; mut, mutation; NGS, next-generation sequencing; OS, overall survival; Palbo, palbociclib; PD, progression of disease; PFS, progression-free survival; Ribo, ribociclib; SG, sacituzumab govitecan; T-DXd, trastuzumab deruxtecan; TNBC, triple-negative breast cancer; tx, therapy.



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