GENERAL SESSION 3

WEBCAST **(registration required)**

View the 2020 SABCS Abstracts

GS3-00 SWOG S1007: adjuvant trial randomized ER+ patients who had a Recurrence Score

Kalinsky K, Barlow WE, Meric-Bernstam F, et al.

The authors conclude that:

[GS3-01] Additional efficacy endpoints from the phase 3 KEYNOTE-355 study of pembrolizumab plus chemotherapy vs placebo plus chemotherapy as first-line therapy for locally recurrent inoperable or metastatic triple-negative breast cancer

Rugo HS, Schmid P, Cescon DW, et al.

The authors conclude that: In subgroup analysis, PFS with pembro + chemo compared to pbo + chemo in pts with metastatic TNBC was improved regardless of chemo partner. A trend toward improved efficacy with PD-L1 enrichment with pembro + chemo was observed for ORR, DCR and DOR endpoints. These data further support the potential of pembro + chemo as a first-line treatment option for metastatic TNBC.

[GS3-02] Patient-reported outcomes (PROs) from the Ph 3 IMpassion031 trial of neoadjuvant (NA) atezolizumab + chemo in early triple-negative breast cancer (eTNBC)

Mittendorf EA, Harbeck N, Zhang H, et al.

The authors conclude that: Adding A to nP-AC improved pCR without added tx burden to pts. These results address the paucity of PRO data informing clinical benefit and decision-making in this potentially curable setting.

[GS3-03] Discussant

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[GS3-04] Double-blind placebo (PBO)-controlled randomized phase III trial evaluating first-line ipatasertib (IPAT) combined with paclitaxel (PAC) for PIK3CA/AKT1/PTEN-altered locally advanced unresectable or metastatic triple-negative breast cancer

(aTNBC): primary results from IPATunity130 Cohort A

Dent R, Kim S, Oliveira M, et al.

The authors conclude that:

In contrast to results from the phase II LOTUS trial, this trial showed no PFS improvement with the addition of IPAT to first-line PAC in patients with *PIK3CA/AKT1/PTEN*-altered aTNBC. Biomarker analyses are ongoing to evaluate potential markers of IPAT benefit. Safety was consistent with previously reported results for this combination.

[GS3-05]Classification of triple negative breast cancer (TNBC) by DNA Damage Immune Response (DDIR) signature and Homologous Recombination Deficiency (HRD) status: Analysis of SWOG S9313 adjuvant trial

Stecklein SR, Barlow W, Pusztai L, et al.

The authors conclude that: Forty percent of patients with early stage TNBC demonstrate immune-deplete (DDIR-) phenotype, and within this

phenotype, more than half demonstrate HRD+ status. HRD+ status within the immune-deplete phenotype predicts for better DFS and OS with adjuvant AC, probably due to underlying genomic instability and increased sensitivity to DNA damaging chemotherapy. Sixty percent of early stage TNBC patients demonstrate an immune-enriched (DDIR+) phenotype, and this phenotype is associated with improved survival with adjuvant AC chemotherapy regardless of HRD status. These findings provide important insights for patient selection and stratification in ongoing and future trials assessing DNA damaging therapy (e.g. PARPi, anthracyclines, platinum agents), immunotherapy, and their combinations in TNBC.

[GS3-06] **Biomarker evaluation in the phase 3 ASCENT study of s chemotherapy in patients with metastatic triple-negative breast ca**

Hurvitz SA, Tolaney SM, Punie K, et al.

The authors conclude that: Subgroup analyses by biomarker expression including Trop-2 and *BRCA1/2* were performed, and outcomes by PFS, OS, ORR, and safety results will be reported. Conclusions: These analyses will provide further insights into the relationship of Trop-2 expression and

the activity of SG in previously treated patients with mTNBC.

[GS3-07] Identifying patients whose symptoms are under-recognized during breast radiotherapy: comparison of patient and physician reports of toxicity in a multicenter cohort

Jagsi R, Griffith KA, Vicini F, et al.

The authors conclude that: PRO collection appears essential for trials because relying on the CTCAE to detect adverse events may miss important symptoms. Moreover, since MDs systematically miss substantial symptoms in certain patients, including pts who are younger or of black or other race, improving symptom detection may be a targetable mechanism to reduce disparities in RT experiences and outcomes.

[GS3-08] Persistent controlled substance use following mastectomy with reconstruction surgery

Cogan JC, Raghunathan RR, Beauchemin MP, et al.

[GS3-09] Chances of pregnancy after breast cancer, reproductive and disease outcomes: a systematic review and meta-analysis

Blondeaux E, Perachino M, Bruzzone M, et al.

The authors conclude that: This large meta-analysis provides solid evidence on the safety of pregnancy after prior BC diagnosis. The increased risk of fetal and obstetrical complications (but not of congenital abnormalities) calls for ensuring a closer monitoring of these pregnancies. The significantly reduced chances of conceiving as compared to the general population and other cancer patients should raise further awareness on the need to improve the oncofertility counseling of young BC patients wishing to complete their family planning following anticancer treatment completion.

[GS3-10] Partitioning of cancer therapeutics in nuclear condensates

Klein I, Boija A, Afeyan L, et al.

The authors conclude that:

Our results show that antineoplastic drugs partition selectively into condensates, that this can occur through physicochemical properties independent of their molecular targets, and that resistance to drugs may occur through condensate altering mechanisms. These results have implications for development of efficacious cancer therapeutics; effective target engagement will depend on factors such as drug partitioning in condensates. Assays of the type described here may thus help optimize condensate partitioning, target engagement, and the therapeutic index of drugs for cancer treatment.

San Antonio - Mosaic on a pillar of streetcar station

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