

GENERAL SESSION 4

[WEBCAST](#) (registration required)

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[GS4-01] [Results from CONTESSA: A phase 3 study of tesetaxel plus a reduced dose of capecitabine versus capecitabine alone in patients with HER2-, hormone receptor + \(HR+\) metastatic breast cancer \(MBC\) who have previously received a taxane](#)

O'Shaughnessy J, Schwartzberg L, Piccart M, et al.

The authors conclude that: An all-oral regimen of tesetaxel plus a reduced dose of capecitabine significantly improved PFS versus capecitabine alone. Neutropenia was the most frequent Grade ≥ 3 TEAE. Rates of clinically significant alopecia and neuropathy were low.

[GS4-02] [E2112: randomized phase 3 trial of endocrine therapy plus entinostat/placebo in patients with hormone receptor-positive advanced breast cancer. a trial of the ecog-acrin cancer research group](#)

Connolly RM, Zhao F, Miller KD, et al.

The authors conclude that: The

combination of exemestane and entinostat did not improve survival in AI resistant advanced HR-positive, HER2-negative breast cancer. Pharmacodynamic analysis confirmed target inhibition in entinostat-treated patients.

[GS4-03] [Neoadjuvant nab-paclitaxel weekly versus dose-dense paclitaxel followed by dose-dense EC in high risk HR+/HER2- early BC by: results from the neoadjuvant part of ADAPT HR+/HER2-trial](#)

Kuemmel S, Gluz O, Nitz U, et al.

The authors conclude that: Use of neoadjuvant nab-paclitaxel instead of solvent-based paclitaxel appears promising within a short (16-weeks) dose-dense chemotherapy schedule in high-risk HR+/HER2- BC. For the first time, data from a large neoadjuvant randomized trial confirm RS could help to select patients for neoadjuvant chemotherapy in high-risk HR+/HER2- breast cancer (BC).