Changes in the Treatment Landscape of HER2 Positive Breast Cancer

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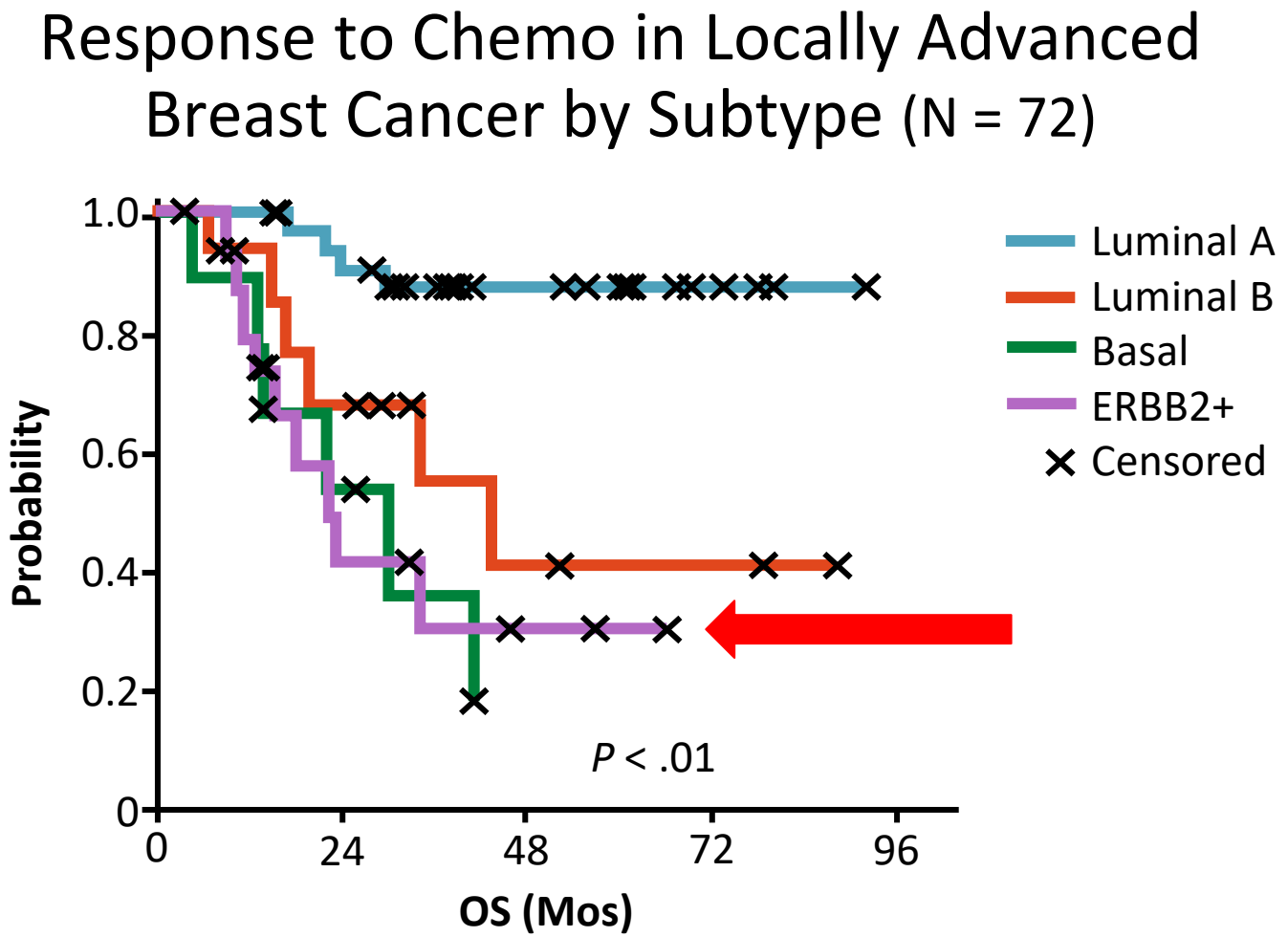
Disclosures

- **Honoraria from:** Daichi, Astrazeneka, Genentech, Gilead, Novartis, Pfizer, Seagen, Lilly, Genomic Health
- **Grant/Research funding from:** EISAI

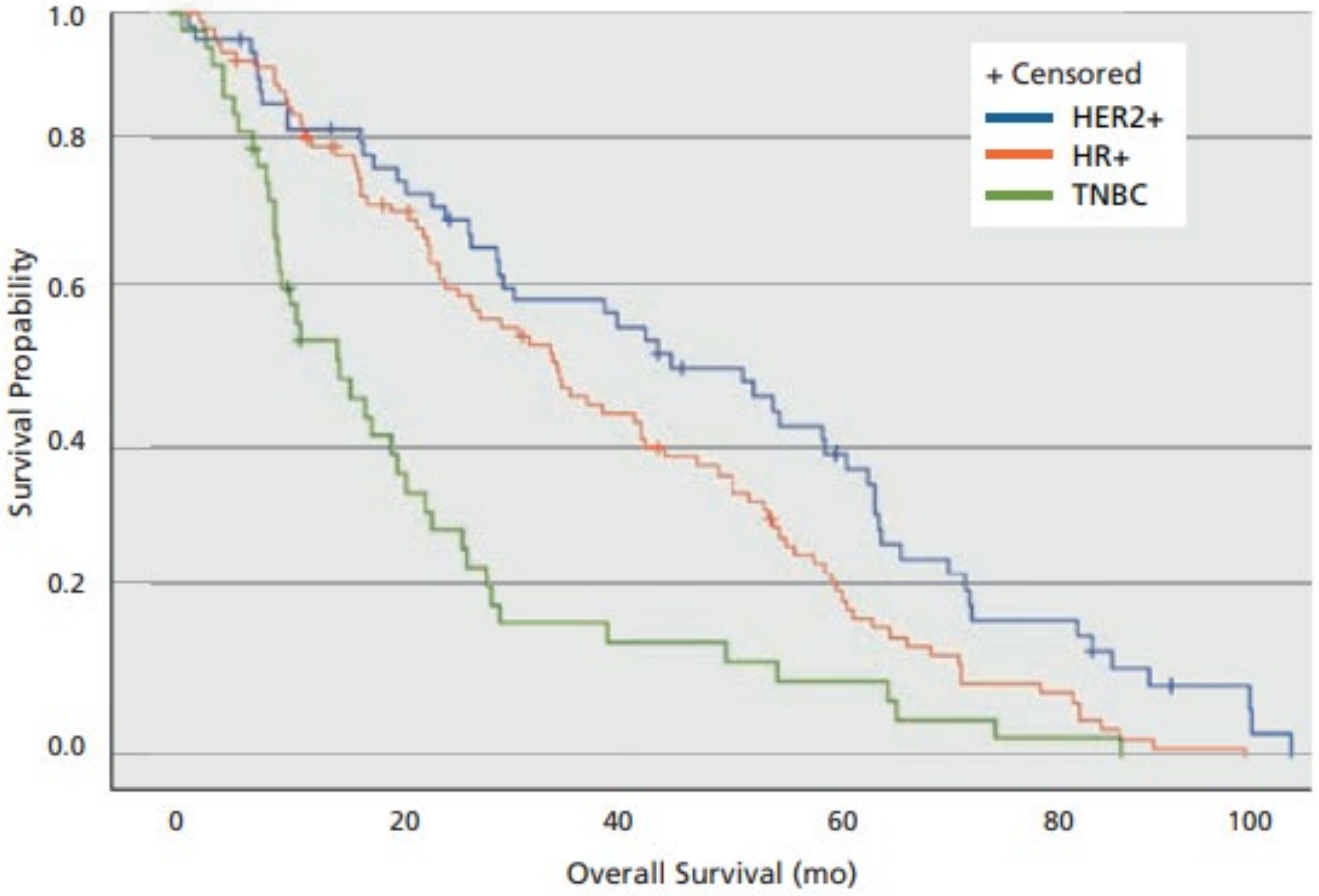
The Prognosis of HER2+ Disease Is Poor Without Trastuzumab



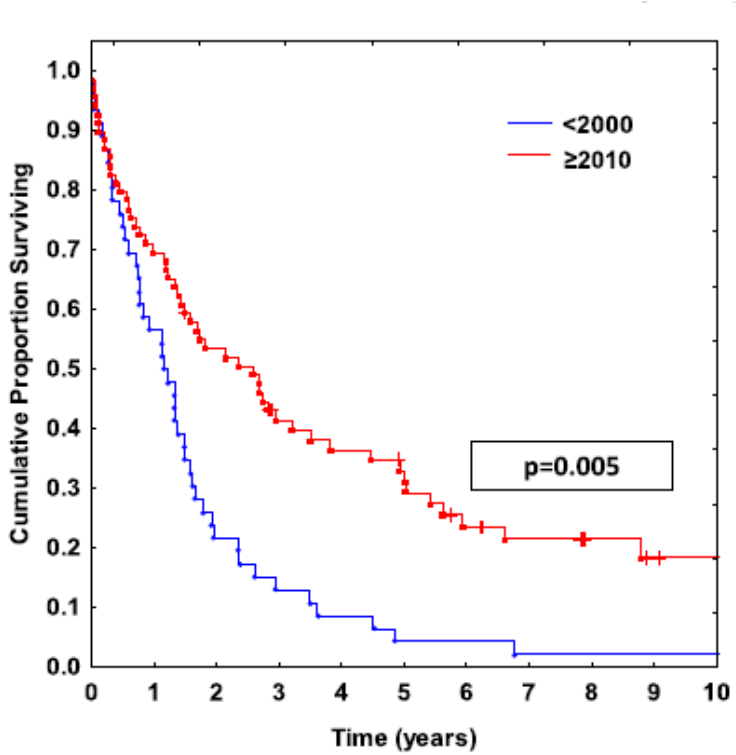
Sørlie. PNAS. 2003;100:8418.

Slide credit: clinicaloptions.com

Survival Improvement in Metastatic Breast Cancer



HER2 positive



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Sundquist M et al. The Breast 2017;31:46;

- HER2 positive Early Stage Breast Cancer
- HER2 positive Metastatic Breast Cancer

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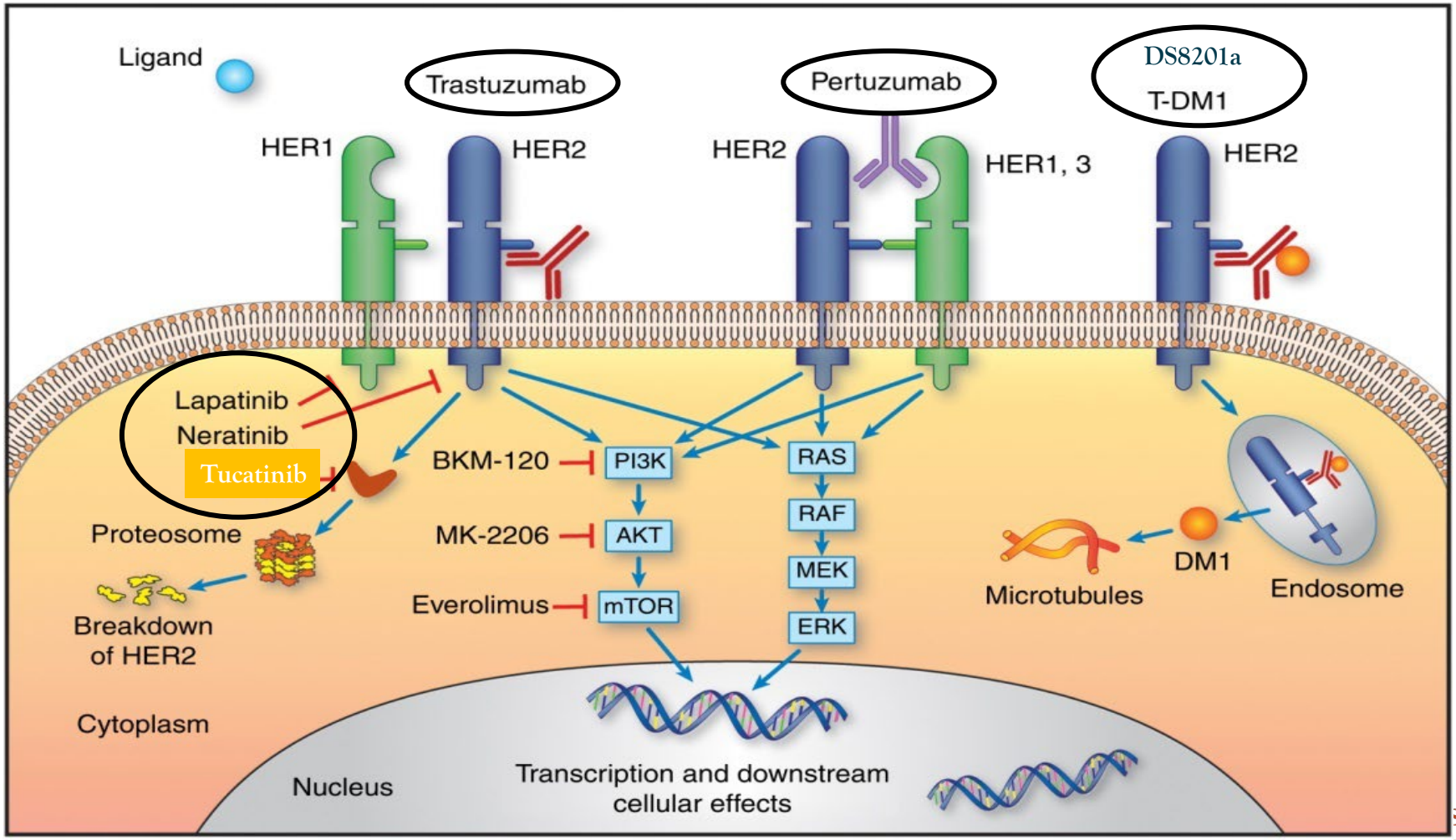
HER2 Targeted Therapies

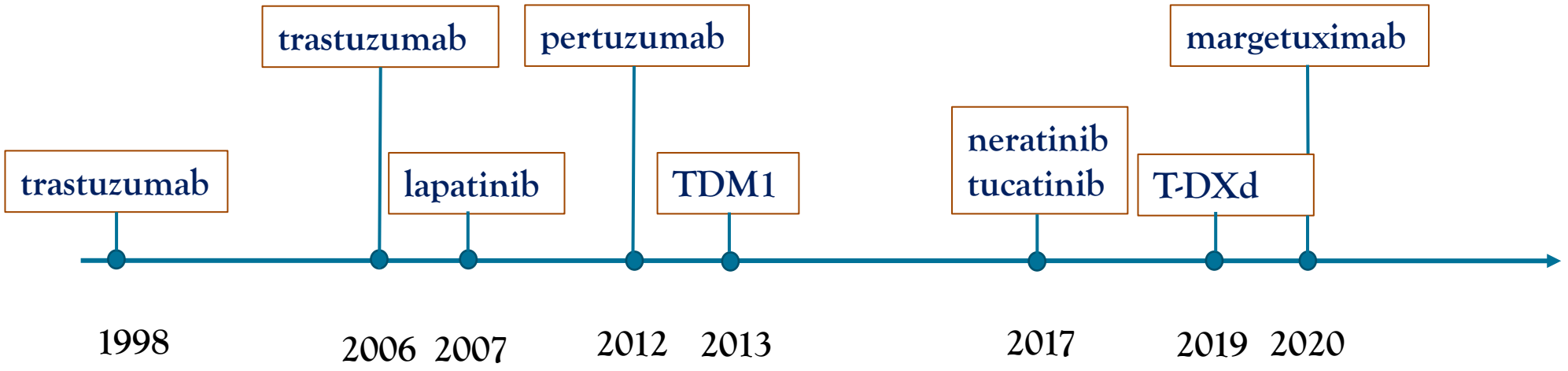


s Cancer Center

ealth MD Anderson
San Antonio Cancer Center

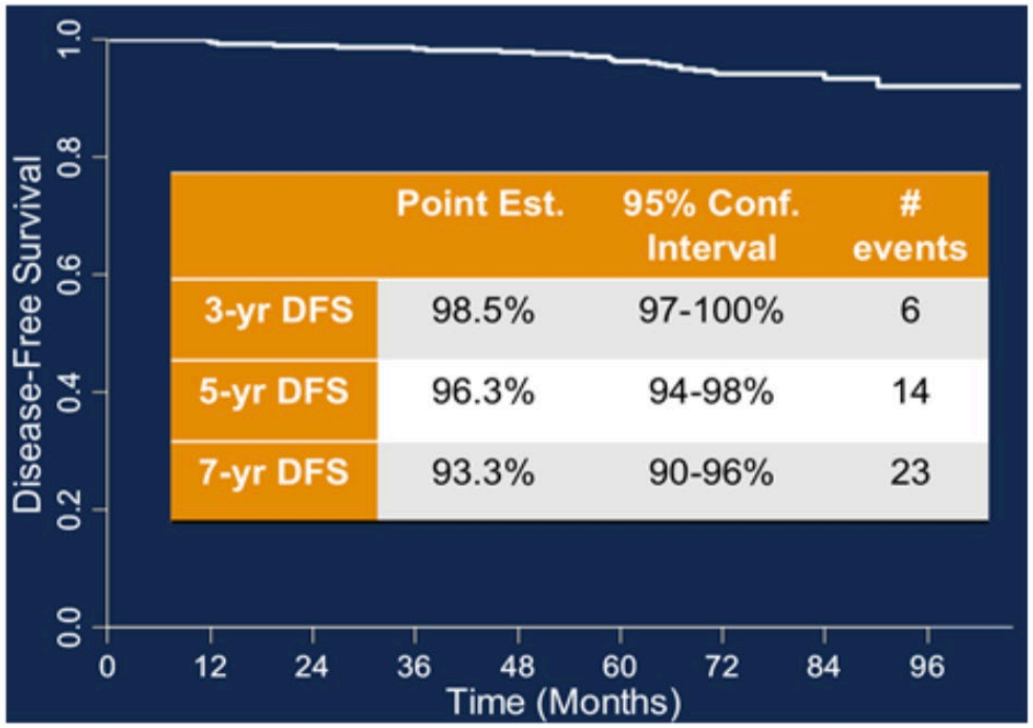
Singh et al. British J of Cancer 2014;111:1888

Landscape of HER2 Targeted Agents



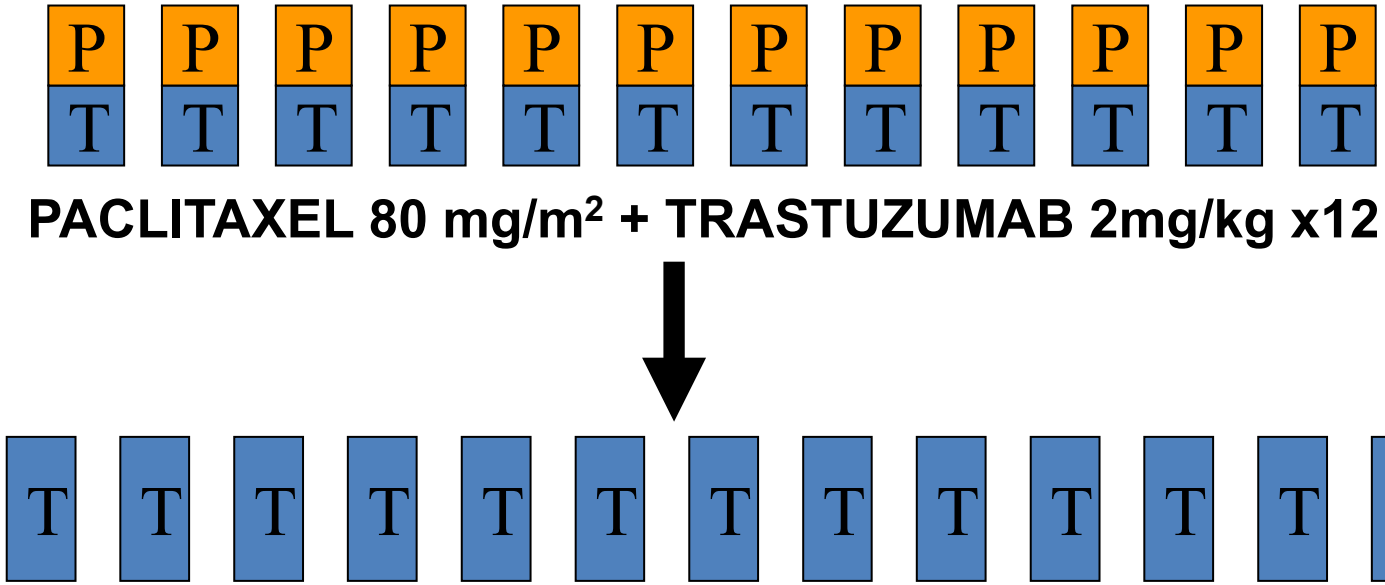
Clinical Stage: APT Trial

HER2+
Node Negative
≤ 3 cm
N=406



	Point Est.	95% Conf. Interval	# events
3-yr DFS	98.5%	97-100%	6
5-yr DFS	96.3%	94-98%	14
7-yr DFS	93.3%	90-96%	23

Tolaney S, et al. *J Clin Oncol*. 2019;37:1868-1875.

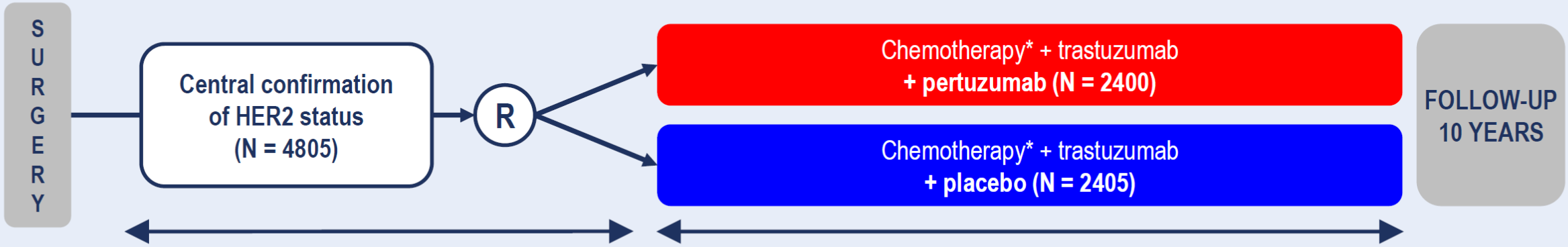


PACLITAXEL 80 mg/m² + TRASTUZUMAB 2mg/kg x12

FOLLOWED BY 13 EVERY 3 WEEK DOSES OF TRASTUZUMAB (6 mg/kg)

Tolaney et al, NEJM 2015

APHINITY: A Phase III Adjuvant Study Investigating the Benefit of Pertuzumab when Added to Trastuzumab + Chemotherapy

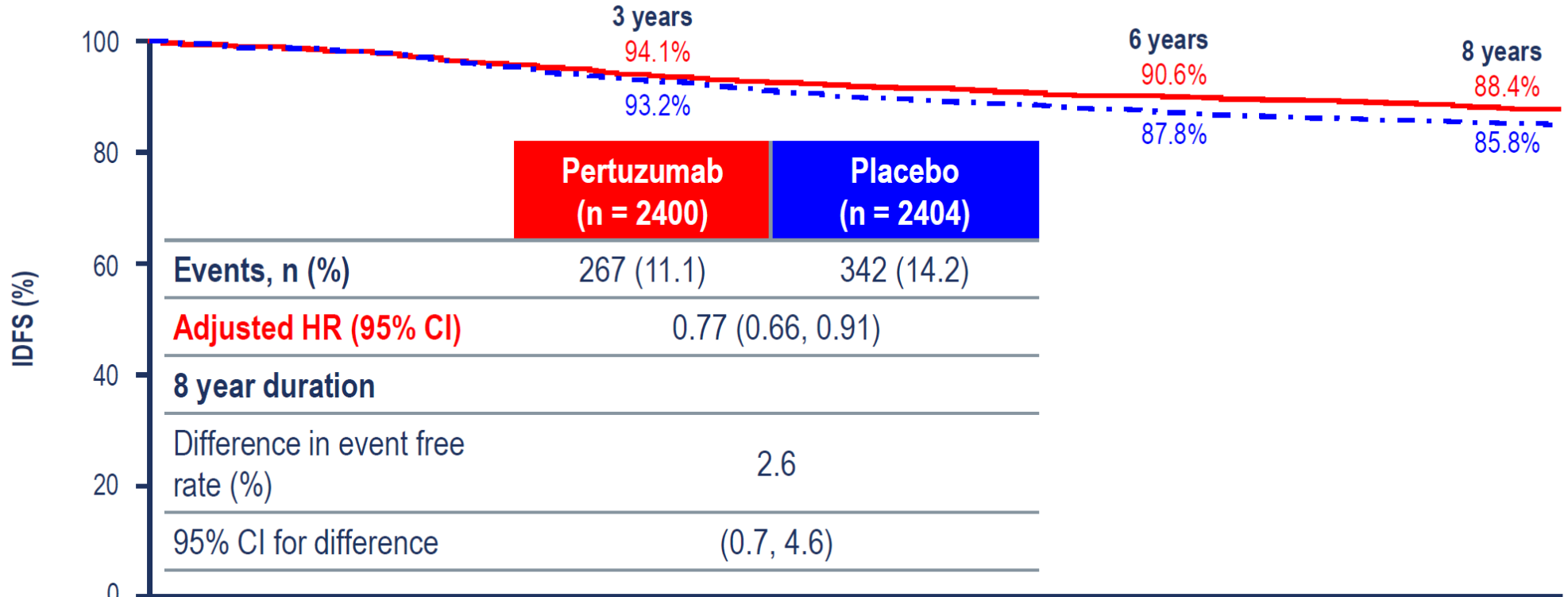


- **Primary endpoint:** IDFS (APHINITY definition differs from STEEP definition)
- **Secondary endpoint:** IDFS with 2nd primary non-breast primary cancers included, DFS, OS, RFI, DRFI, safety, and HRQoL
- **Stratification factors:** nodal status, HR status, chemotherapy regimen, geographic region, protocol version (A vs. B)
- **Clinical cut off date (CCOD)** at the time of primary analysis was 19 Dec 2016, median follow up of 45.4 months

* Standard anthracycline or non-anthracycline (TCH) regimens were allowed: 3–4 x FEC (or FAC) → 3–4 x TH; 4 x AC (or EC) → 4 x TH; 6 x TCH.
DFS, disease-free survival; DRFI, distant relapse-free interval; HR, hormone receptor; HRQoL, health-related quality of life; IDFS, invasive disease-free survival; OS, overall survival; RFI, relapse-free interval.

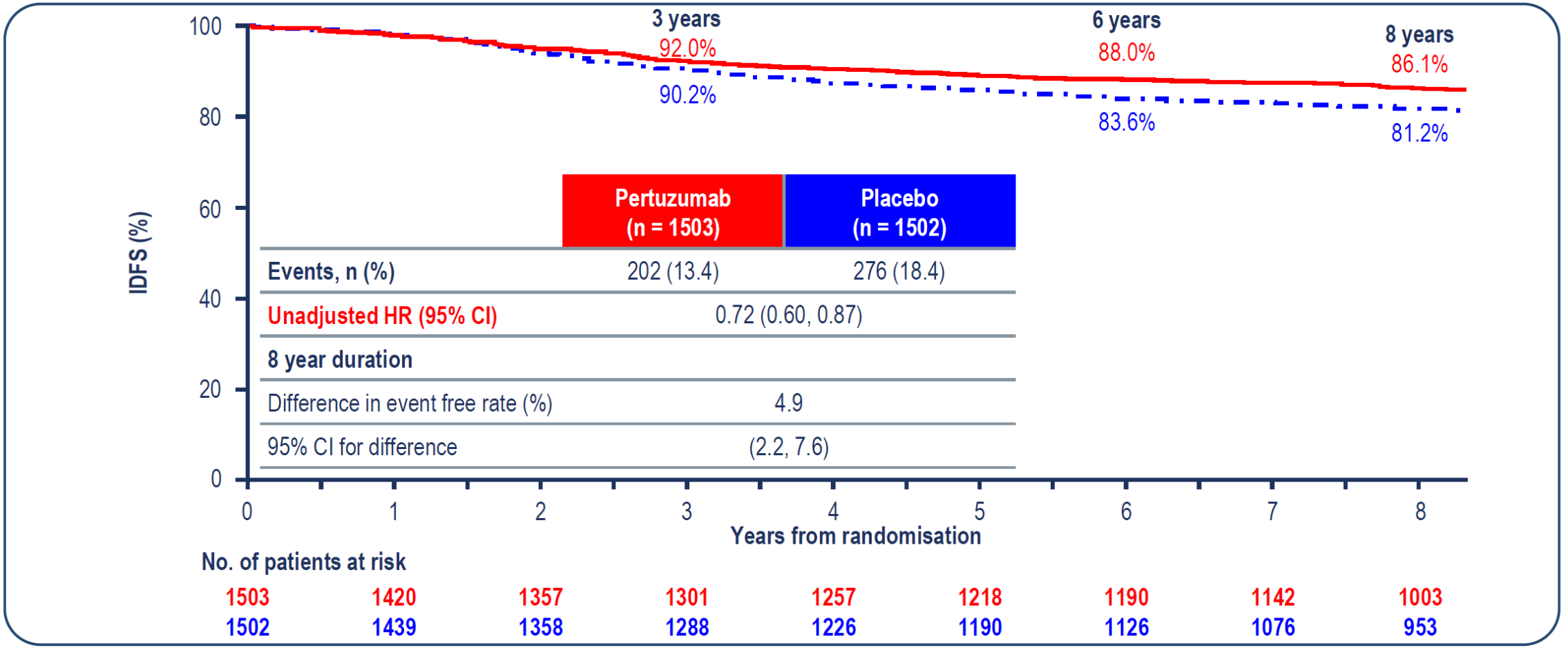
adapted from von Minckwitz et al. N Engl J Med 2017; www.clinicaltrials.gov/ct2/show/NCT01358877.

APHINITY Updated Descriptive IDFS Analysis at 8.4 Years Median FU by Treatment Regimen - ITT population



APHINITY Updated Descriptive IDFS Analysis at 8.4 Years Median FU by treatment regimen

Node-positive Cohort



The node positive cohort continues to derive clear benefit from addition of pertuzumab.

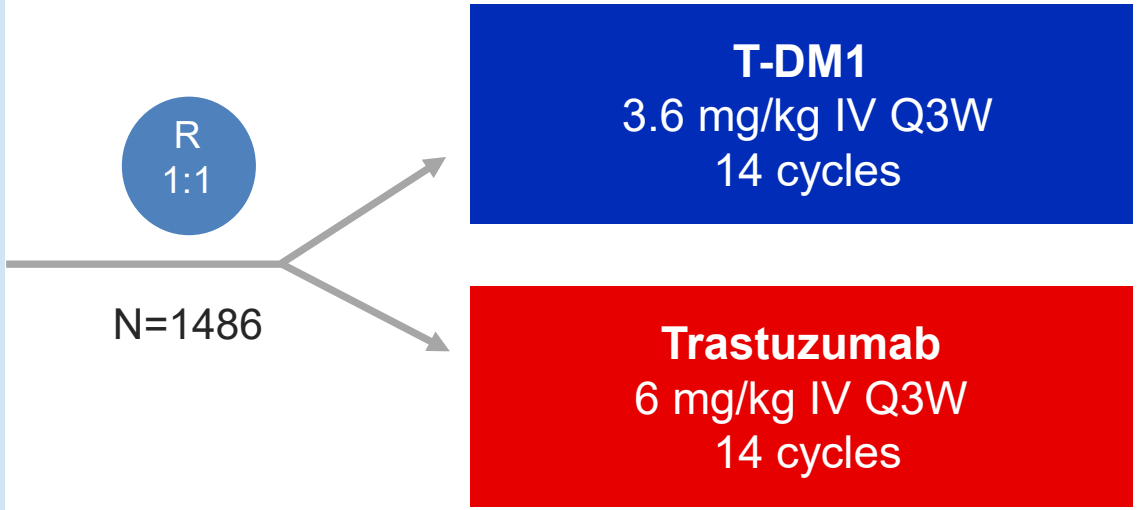
APHINITY Updated Descriptive Analysis 8.4 year median FU, Site of First Occurrence of an IDFS Event by Nodal Status

	Node-positive Cohort		Node-negative Cohort	
	Pertuzumab N=1503	Placebo N=1502	Pertuzumab N=897	Placebo N=902
Total patients with IDFS event: n (%)	202 (13.4%)	276 (18.4%)	65 (7.2%)	66 (7.3%)
Category of IDFS event: n (%)				
• Distant recurrence	131 (8.7%)	184 (12.3%)	18 (2.0%)	20 (2.2%)
• CNS metastases	43 (2.9%)	48 (2.9%)	8 (0.9%)	5 (0.6%)
• Locoregional BC recurrence	23 (1.5%)	39 (2.6%)	9 (1.0%)	18 (2.0%)
• Contralateral invasive BC recurrence	13 (0.9%)	16 (1.1%)	15 (1.7%)	6 (0.7%)
• Death without prior event	35 (2.3%)	37 (2.5%)	23 (2.6%)	22 (2.4%)

Hierarchy applied if a patient experiences additional IDFS event(s) within 61 days of their 1st IDFS event

KATHERINE Trial

- cT1-4/N0-3/M0 at presentation (cT1a-b/N0 excluded)
- Centrally confirmed HER2-positive breast cancer
- Neoadjuvant therapy must have consisted of
  - Minimum of 6 cycles of chemotherapy
    - Minimum of 9 weeks of taxane
    - Anthracyclines and alkylating agents allowed
    - All chemotherapy prior to surgery
  - Minimum of 9 weeks of trastuzumab
    - Second HER2-targeted agent allowed
- Residual invasive tumor in breast or axillary nodes
- Randomization within 12 weeks of surgery

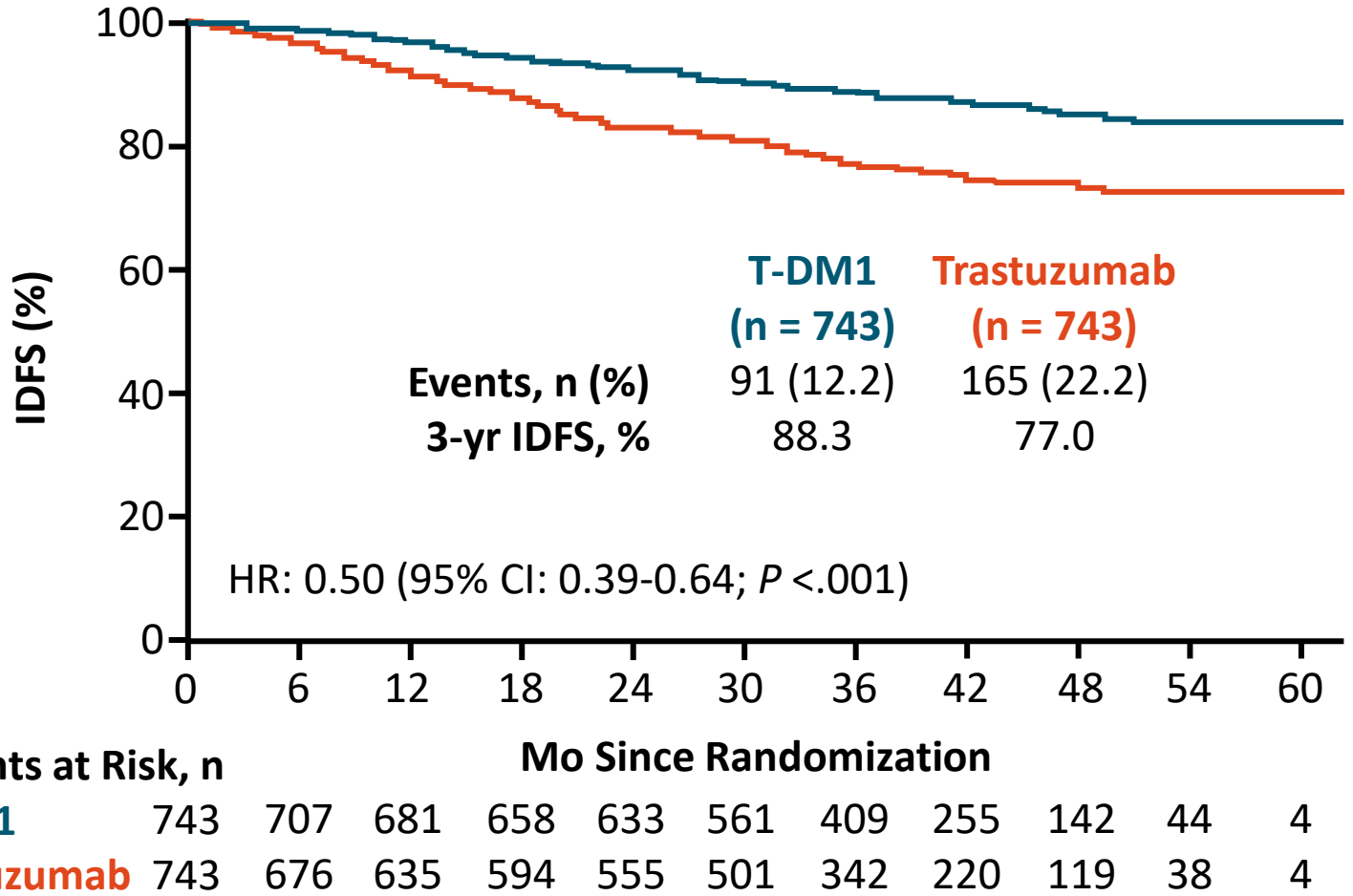


Radiation and endocrine therapy per protocol and local guidelines

Stratification factors:

- Clinical presentation: Inoperable (stage cT4 or cN2–3) vs operable (stages cT1-3N0-1)
- Hormone receptor: ER or PR positive vs ER negative and PR negative/unknown
- Preoperative therapy: Trastuzumab vs trastuzumab plus other HER2-targeted therapy
- Pathological nodal status after neoadjuvant therapy: Positive vs negative/not done

KATHERINE: IDFS

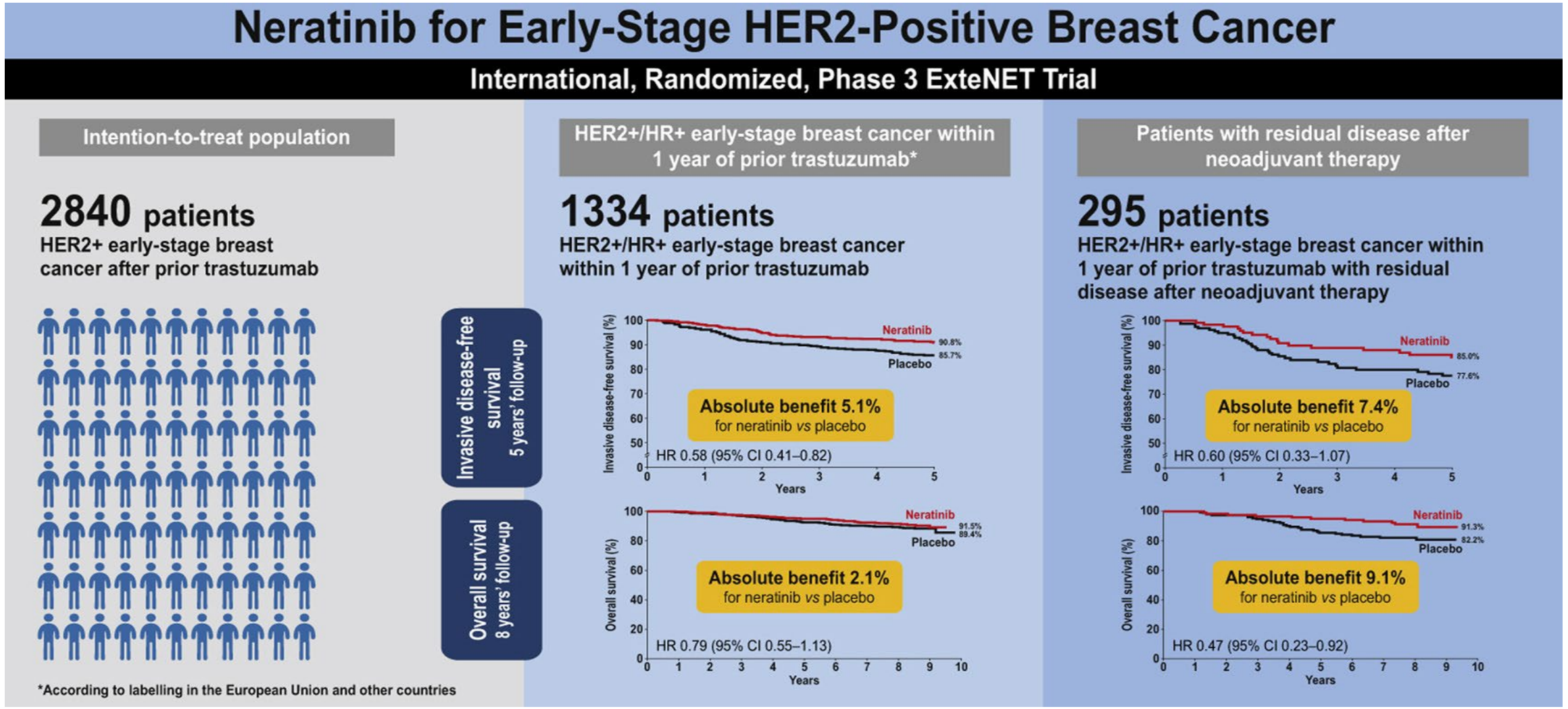


First IDFS Event, %	T-DM1	T
Any	12.2	22.2
Distant recurrence	10.5*	15.9†
Locoregional recurrence	1.1	4.6
Contralateral breast cancer	0.4	1.3
Death without prior event	0.3	0.4

CNS events: *5.9% vs †4.3%.

von Minckwitz. NEJM. 2019;380:617.

ExteNET Trial



ExteNET: Cumulative Incidence of CNS Recurrences as First Site of Metastases at 5 Yr

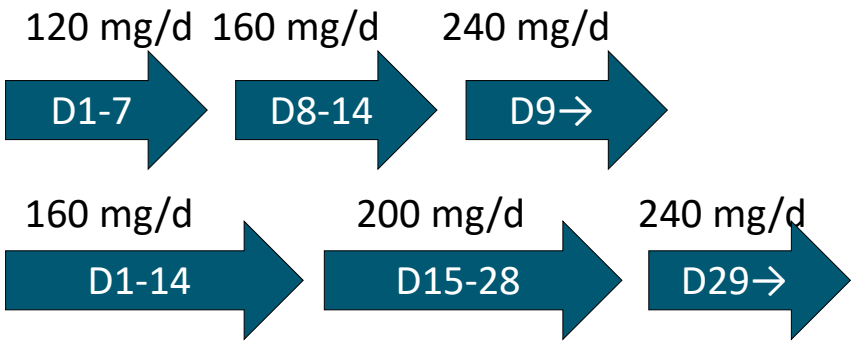
Population or Subgroup	CNS Events (n)		Incidence of CNS Recurrences at 5 Yr (95% CI)	
	Neratinib	Placebo	Neratinib	Placebo
HR+/≤1 yr	4 (670)	12 (664)	0.7 (0.2-1.7)	2.1 (1.1-3.5)
Nodal status				
▪ Positive	4 (540)	10 (539)	0.8 (0.3-2.0)	2.2 (1.1-3.8)
▪ Negative	0 (130)	2 (125)	0 (NE)	1.9 (0.4-6.0)
Prior trastuzumab regimen				
▪ Concurrent	2 (411)	8 (415)	0.6 (0.1-1.9)	2.3 (1.1-4.3)
▪ Sequential	2 (259)	4 (249)	0.9 (0.2-3.0)	1.8 (0.6-4.3)
Adjuvant or neoadjuvant therapy				
▪ Adjuvant	3 (508)	6 (472)	0.7 (0.2-2.0)	1.5 (0.6-3.0)
▪ Neoadjuvant	1 (162)	6 (192)	0.7 (0.1-3.3)	3.7 (1.5-7.4)
pCR status*				
▪ No	1 (131)	5 (164)	0.8 (0.1-4.0)	3.6 (1.3-7.8)
▪ Yes	0 (17)	1 (21)	0 (NE)	5.0 (0.3-21.2)

*Among the 354 patients who received neoadjuvant therapy, 295 achieved a pCR, and 21 had no outcome reported.

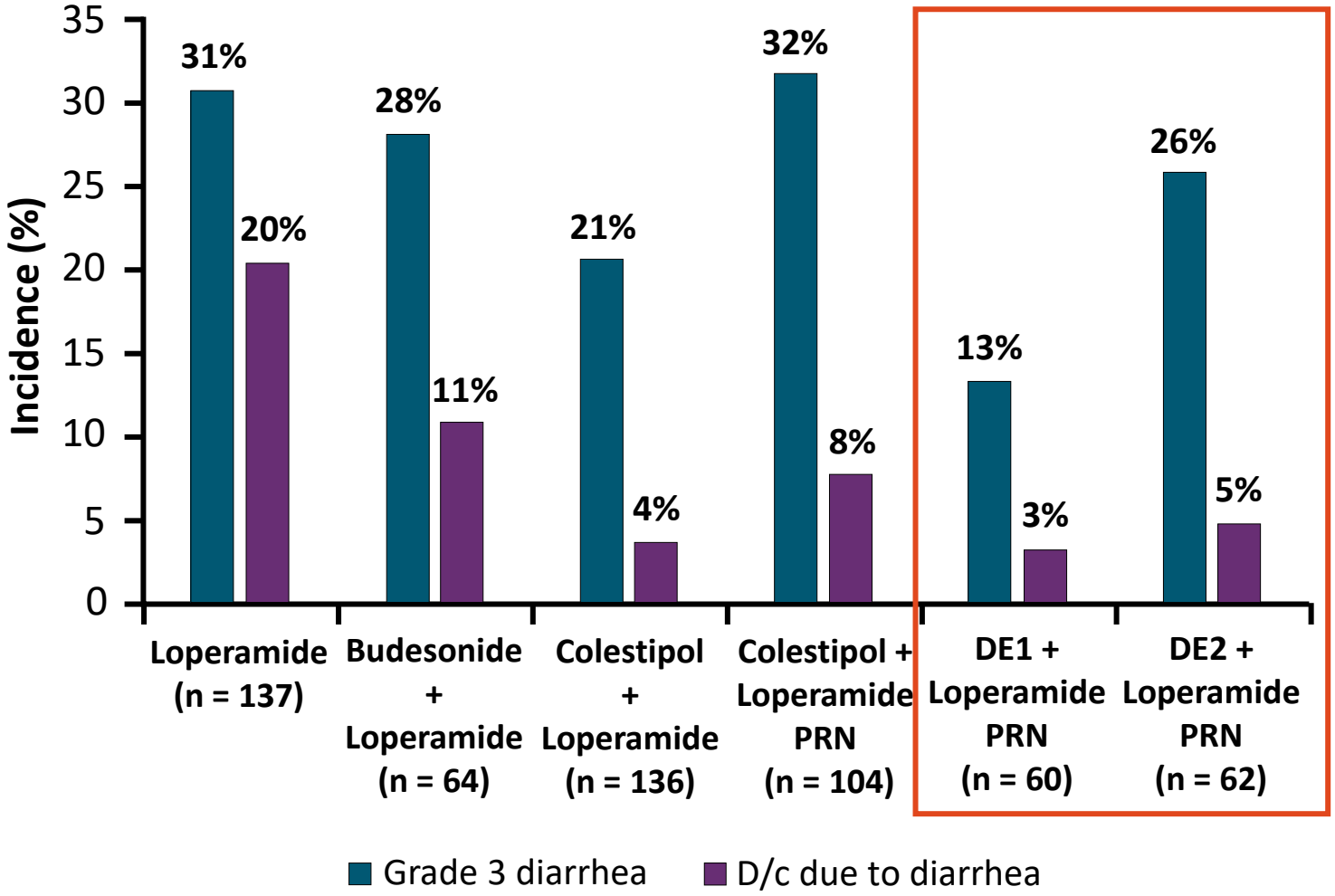
Chan. Clin Breast Cancer. 2021;21:80.

CONTROL: Key Diarrhea Outcomes (All Cohorts)

Neratinib Dose-escalation Cohorts

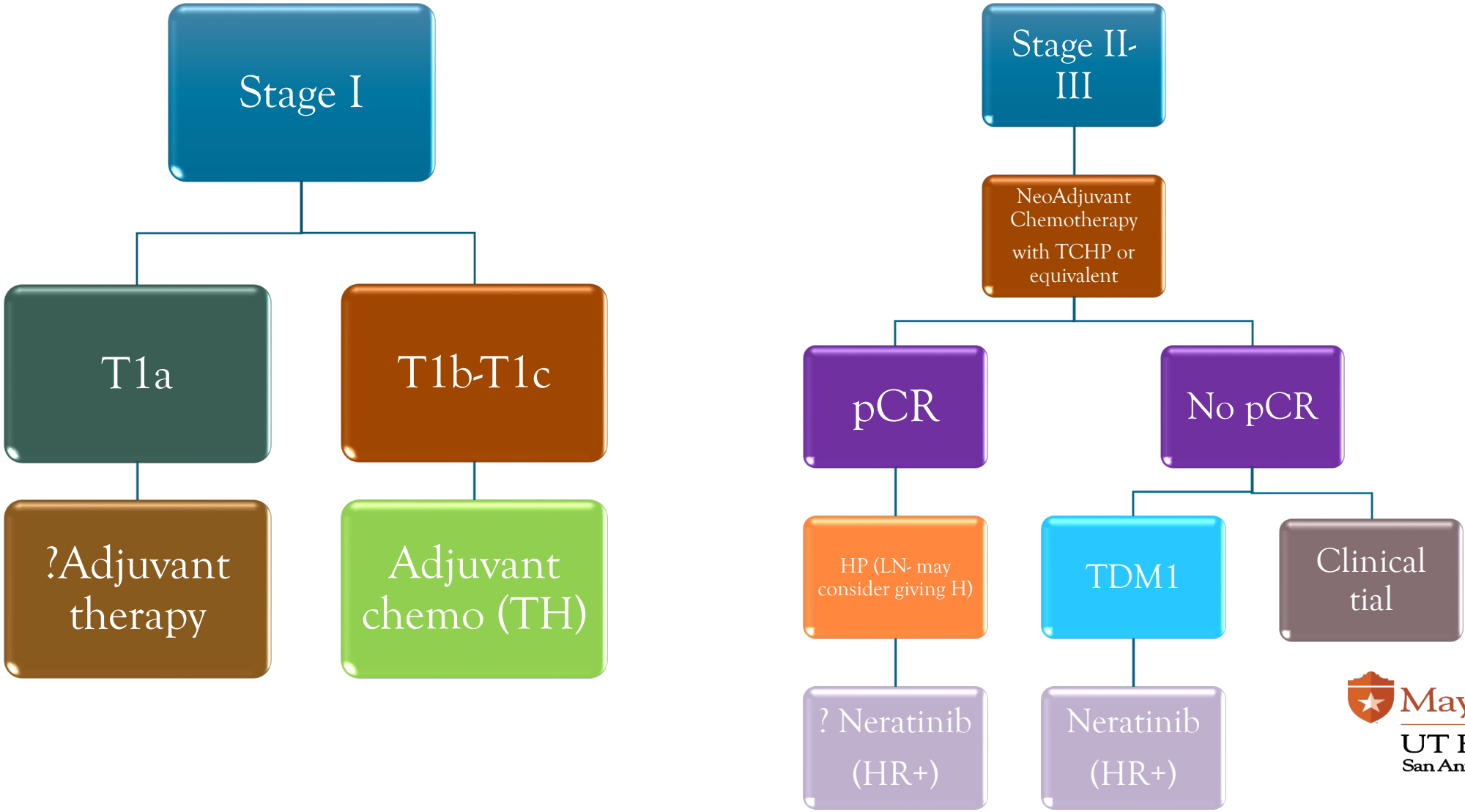


Outcome, n (%)	Neratinib DE Cohort 1 (n = 60)	Neratinib DE Cohort 2 (n = 62)
Grade 1, 2 Grade 3	51 (85.0) 8 (13.3)	45 (72.6) 16 (25.8)
Median time to first onset of grade 3 diarrhea, days	45	20



Ruiz-Borrego. SABCS 2020. Abstr PS13-20.

Treatment of HER2+ EBC



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- HER2 positive Early Stage Breast Cancer
- HER2 positive Metastatic Breast Cancer

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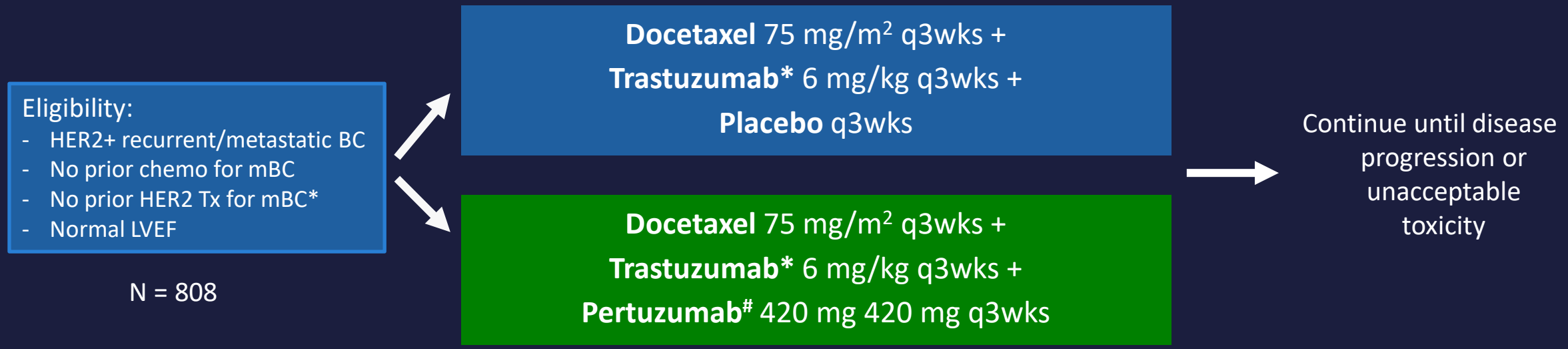
CLEOPATRA - Dual HER2 Targeting 1L



Continue chemo x 6-8 cycles then targeted therapy alone (add endo therapy if HR+)

* Only ~10% prior (neo)adj trastuzumab

Primary Endpoint:
- Independently assessed PFS

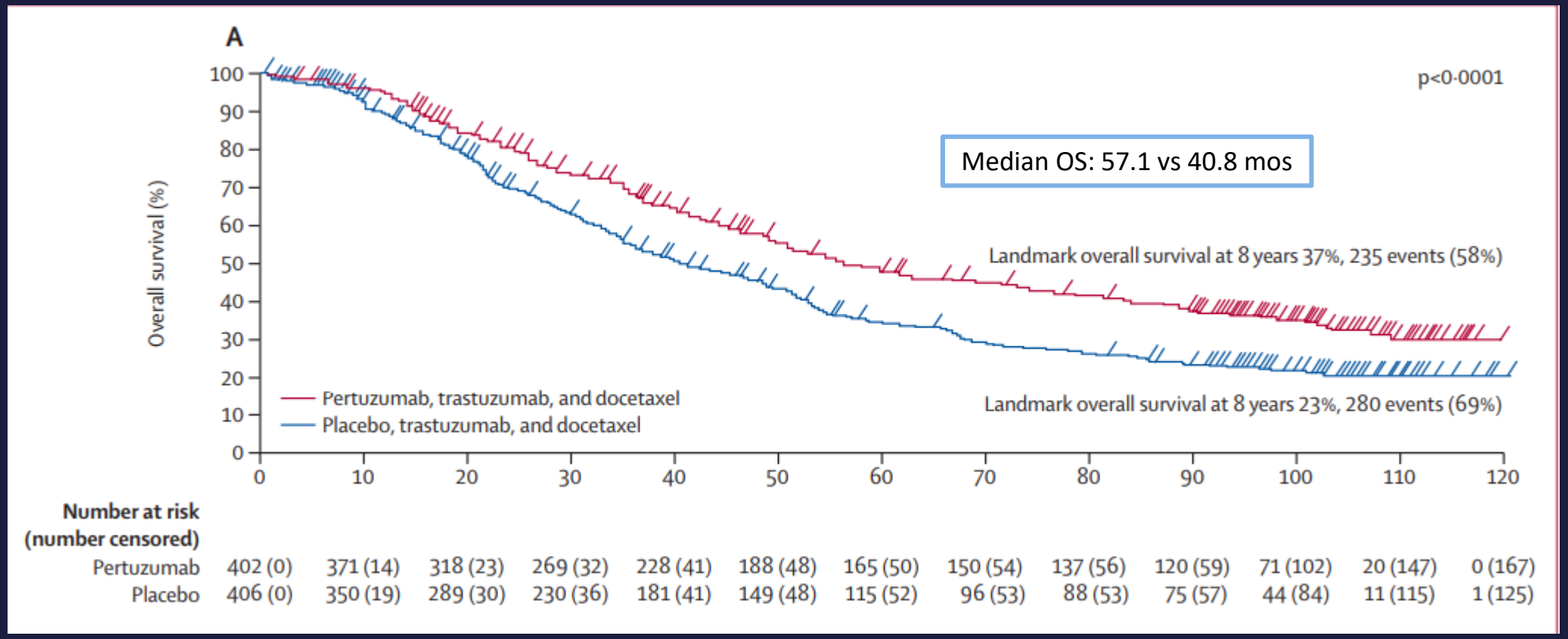
Secondary Endpoints
- Investigator assessed PFS, ORR, OS, Safety

*Trastuzumab 8 mg/kg loading dose
Pertuzumab 840 mg loading dose

Baselga et al. NEJM 2012; 366:109; Swain et al. NEJM 2015;372:724

CLEOPATRA: 1L Docetaxel, Trastuzumab +/- Pertuzumab

End-of-Study OS in ITT Population*



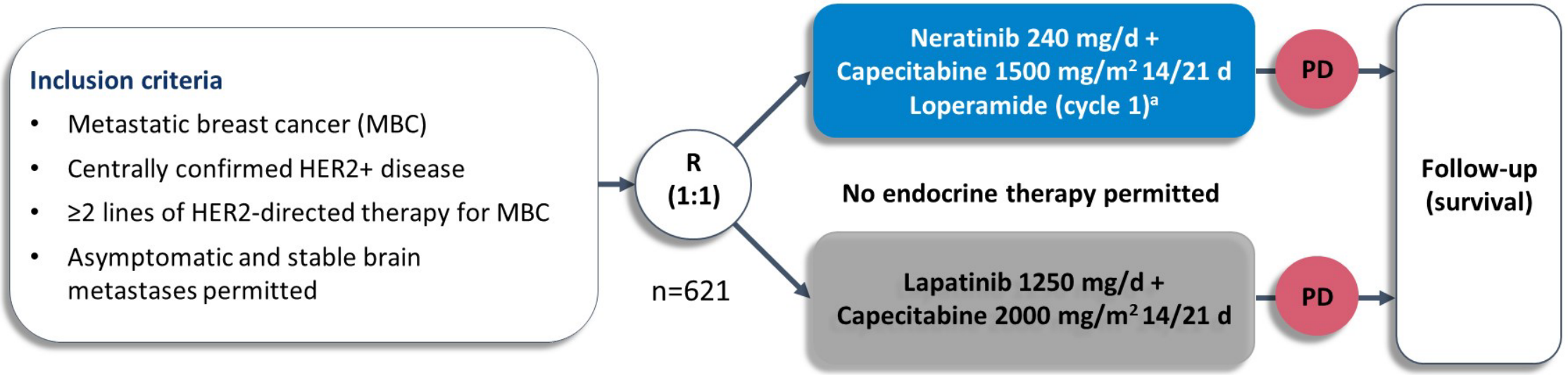
* Cross over patients analyzed in placebo arm
OS compared between arms using log-rank test, stratified by prior treatment status and geographical region

- Main side effects with pertuzumab (typically low grade) – increased diarrhea, rash, neutropenia
- No increased incidence of cardiac toxicity noted

Swain et al. NEJM 2015;372:724; Swain et al. Lancet Oncol 2020; 21:519

NALA study design

Neratinib is an irreversible pan-HER TKI (HER1, 2, 4)



Stratification variables

- Number of prior HER2 therapies for MBC
- Disease location
- HR status
- Geographic location

Endpoints

- Co-primary: PFS (centrally confirmed) and OS
- Secondary: PFS (local), ORR, DoR, CBR, intervention for CNS metastases, safety, health outcomes

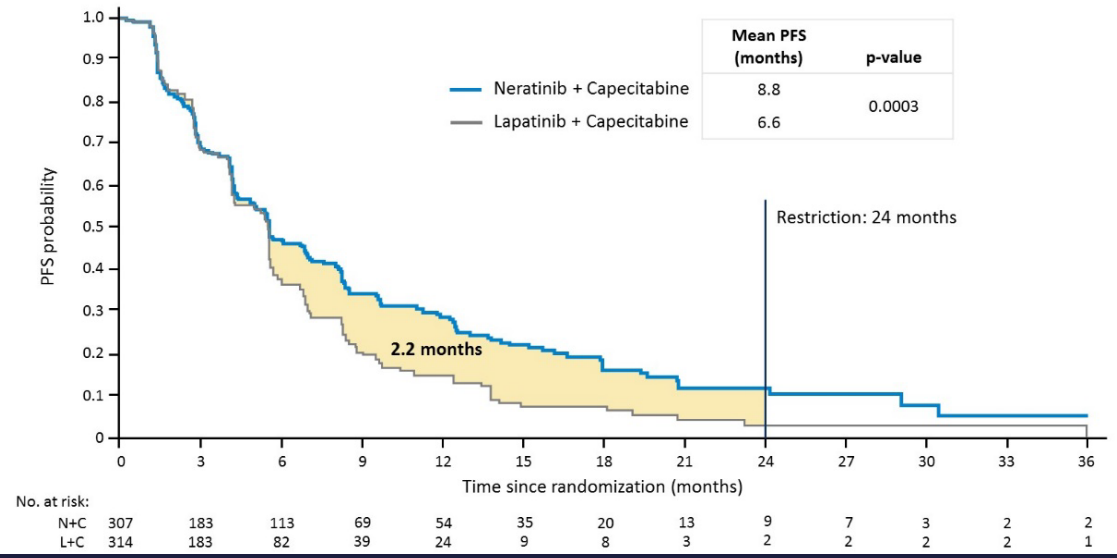
Loperamide 4 mg with first dose of neratinib, followed by 2 mg every 4 h for first 3 d, then loperamide 2 mg every 6–8 h until end of Cycle 1. Thereafter as needed

~ 40% trastuzumab only
~ 20% trastuzumab and T-DM1
~ 33% prior trastuzumab, pertuzumab and T-DM1

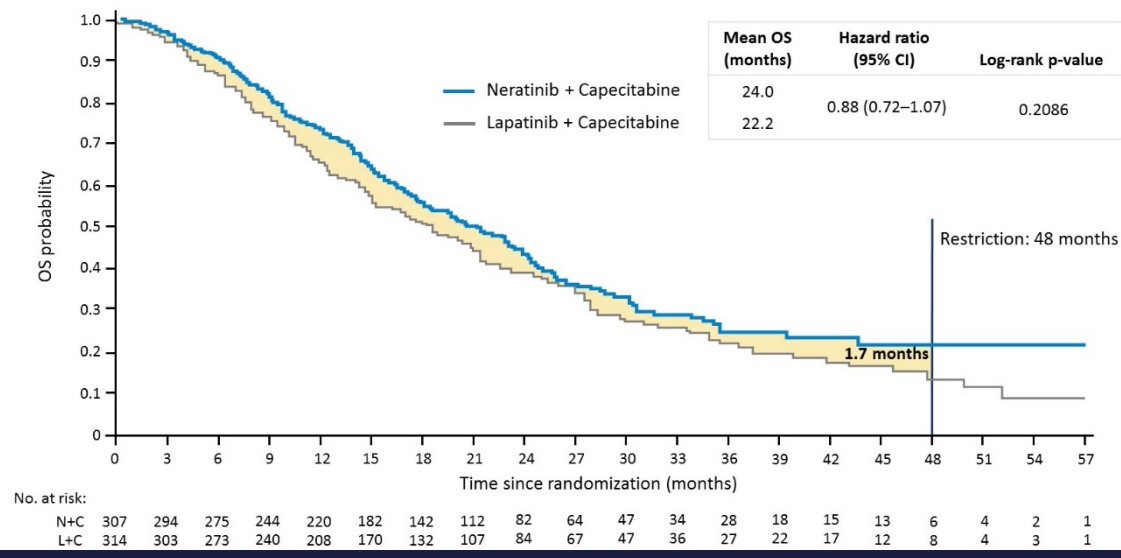
Saura et al. ASCO 2019; Abs 1002

NALA Study
Capecitabine + Neratinib or Lapatinib

Prespecified restricted means analysis – PFS



OS (co-primary endpoint)



FDA approval 2/2020:
Neratinib indicated in combination with cape for advanced HER2+ BC who have received 2 or more prior anti-HER2-based regimens in the metastatic setting.

Saura et al. ASCO 2019; Abs 1002

HER2CLIMB
RP2 double-blind, placebo-controlled trial

(N = 612)

- HER2+ MBC
- prior trastuzumab, pertuzumab, and T-DM1
- ECOG PS 0/1
- Brain mets allowed*

*Including:
- previously treated stable mets
- untreated mets OR treated progressing mets not needing immediate local therapy

21-day cycles

Tucatinib 300 mg PO BID +
Trastuzumab 6 mg/kg Q3W (loading dose: 8 mg/kg C1D1) +
Capecitabine 1000 mg/m^2 PO BID on Days 1-14
(n = 410)

Placebo PO BID +
Trastuzumab 6 mg/kg Q3W (loading dose: 8 mg/kg C1D1) +
Capecitabine 1000 mg/m^2 PO BID on Days 1-14
(n = 202)

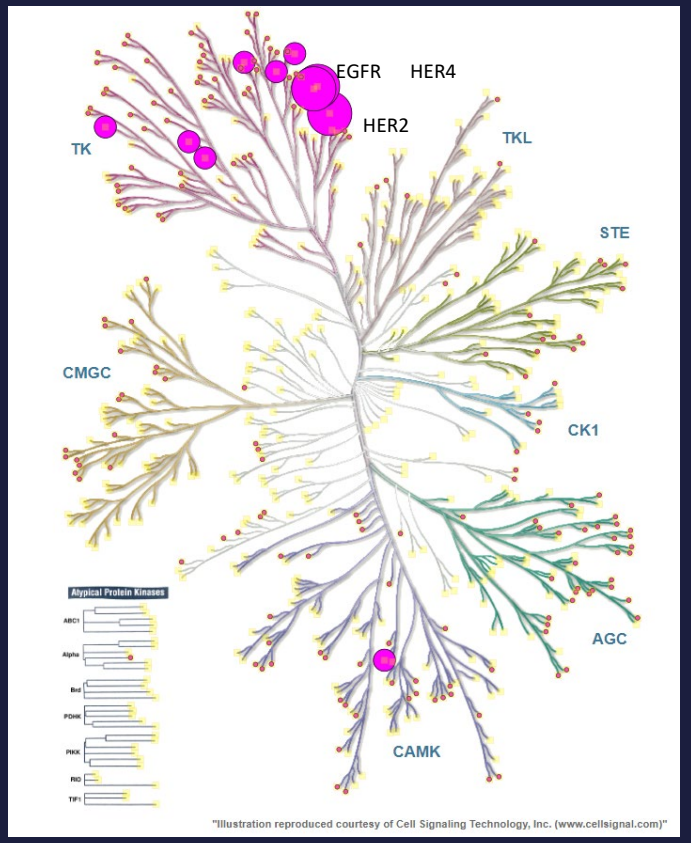
Primary endpoint: PFS (RECIST v 1.1 by BICR) in 1st 480 randomized patients

Secondary endpoints (total pop'n): OS, PFS in pts with brain mets, ORR in pts with measurable dz, safety

- 90% power with 288 events at α = 5%, HR: 0.6
- Stratified by brain mets (yes vs no), ECOG PS (0 vs 1), and region (US or Canada vs rest of world)

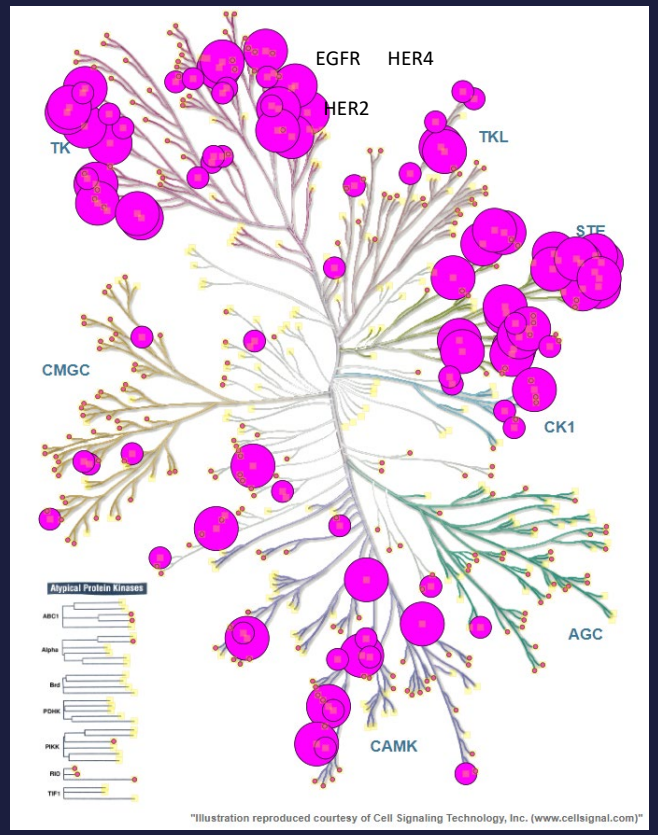
Murthy. SABCS 2019. Abstr GS1-01. Murthy. NEJM. 2019;382:597.

Tucatinib is a HER2 Selective Kinase Inhibitor



Tucatinib

•IC50 < 1uM (large circle)
•1uM < IC50 < 10uM (medium circle)
•IC50 > 10uM (small circle)



Neratinib

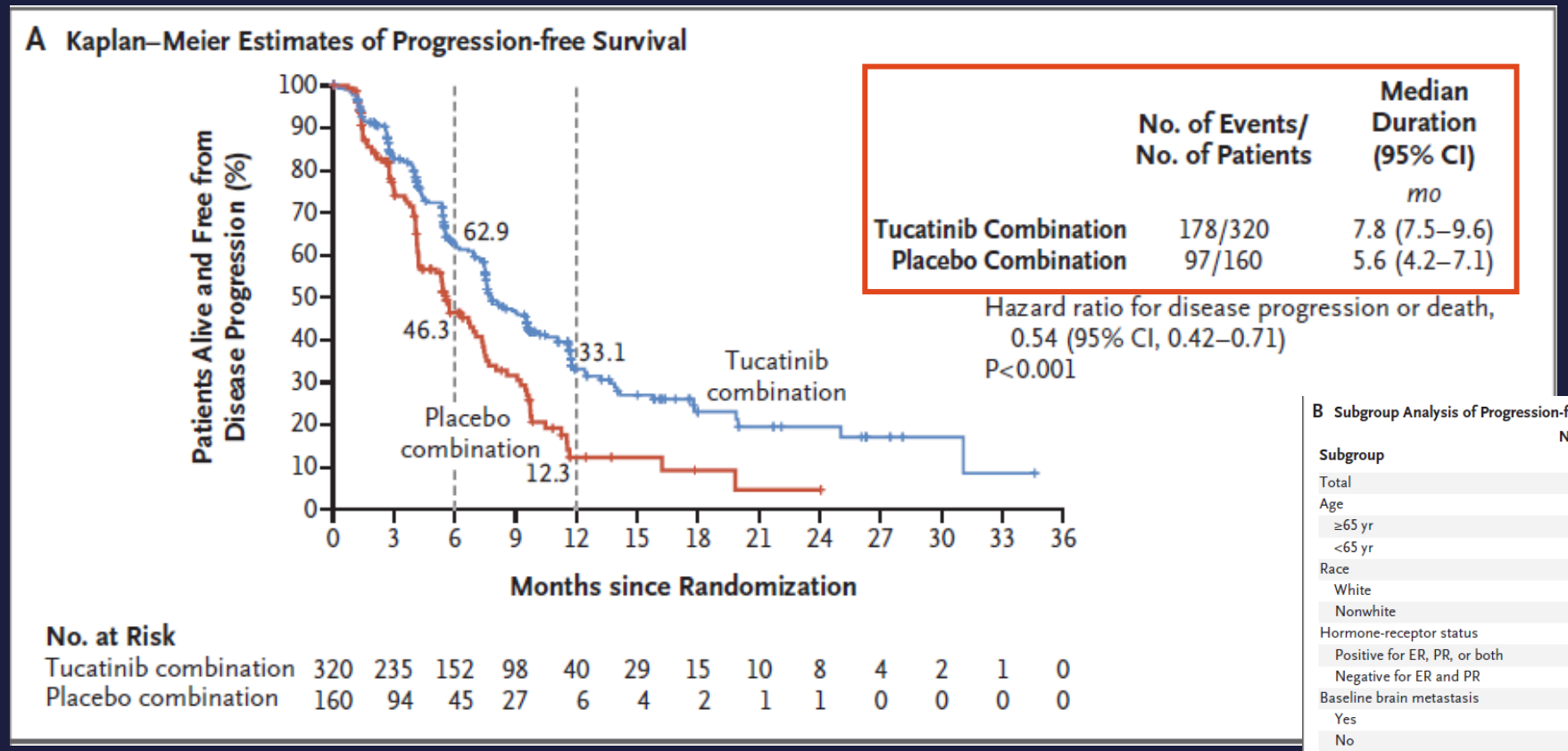
Kinome scan data from the Library of Integrated Network-based Cellular Signatures (https://lincs.hms.harvard.edu/kinomescan/)

- Kinome analysis shows limited activity in a panel of 237 protein kinases at 1 or 10 μM
  - Activity is restricted to HER2 related kinases EGFR and HER4
- Tucatinib is selective for HER2 vs. EGFR in biochemical assays

Compound	Biochemical Selectivity (Kinase Assays)	
	HER2 IC_{50} (nM)	EGFR IC_{50} (nM)
Tucatinib	6.9	449
Neratinib	5.6	1.8
Lapatinib	109	48

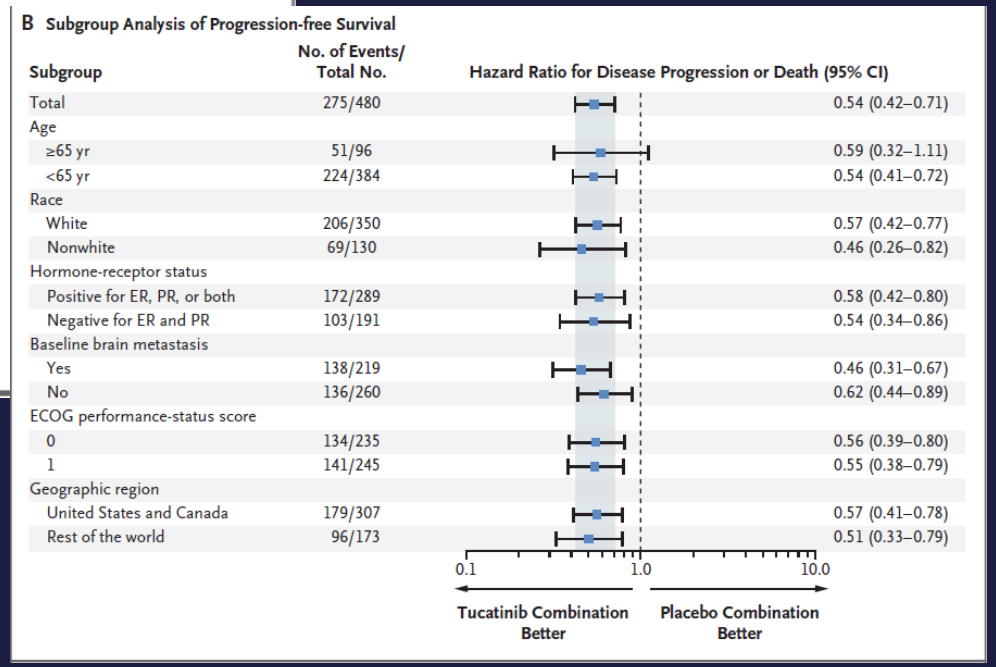
- *Lapatinib and neratinib inhibit EGFR and HER2 with similar potencies*

HER2CLIMB: PFS (Primary Endpoint Population)



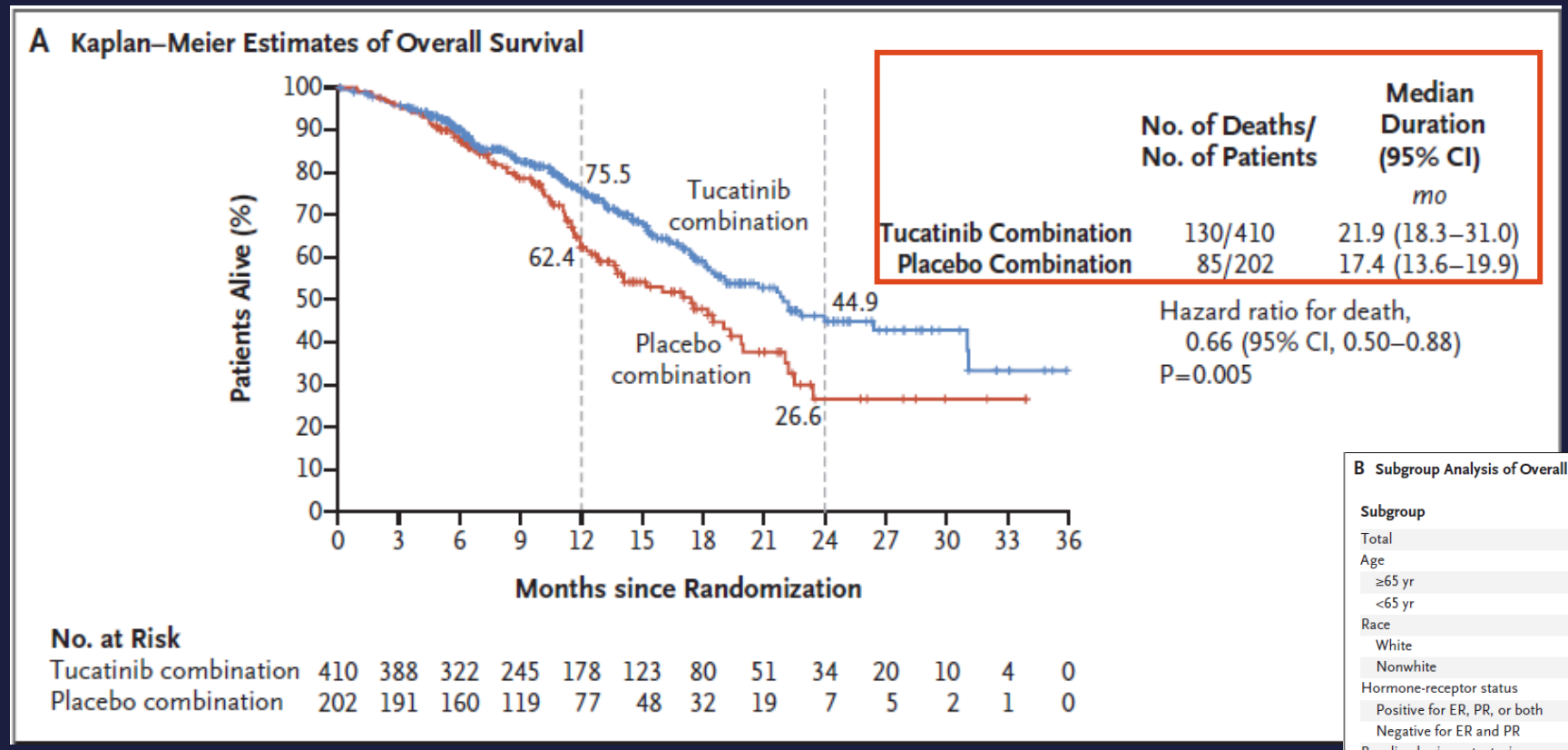
	No. of Events/ No. of Patients	Median Duration (95% CI)
		mo
Tucatinib Combination	178/320	7.8 (7.5–9.6)
Placebo Combination	97/160	5.6 (4.2–7.1)

Hazard ratio for disease progression or death, 0.54 (95% CI, 0.42–0.71)
P<0.001



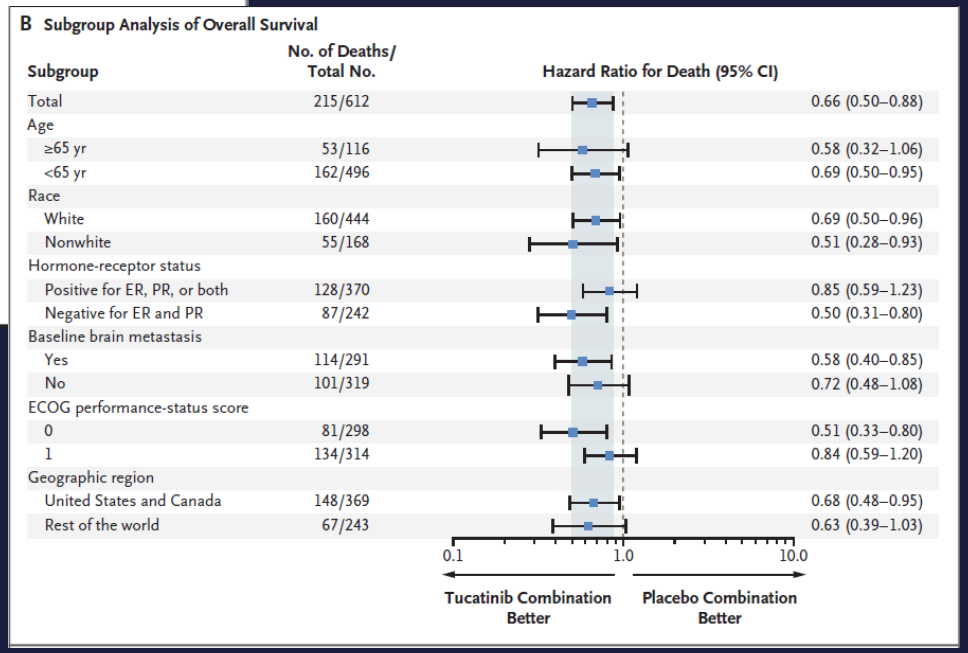
Murthy. SABCS 2019. Abstr GS1-01. Murthy. NEJM. 2019;382:597.

HER2CLIMB: OS (Primary Endpoint Population)



	No. of Deaths/ No. of Patients	Median Duration (95% CI) *mo*
Tucatinib Combination	130/410	21.9 (18.3–31.0)
Placebo Combination	85/202	17.4 (13.6–19.9)

Hazard ratio for death, 0.66 (95% CI, 0.50–0.88)
P=0.005



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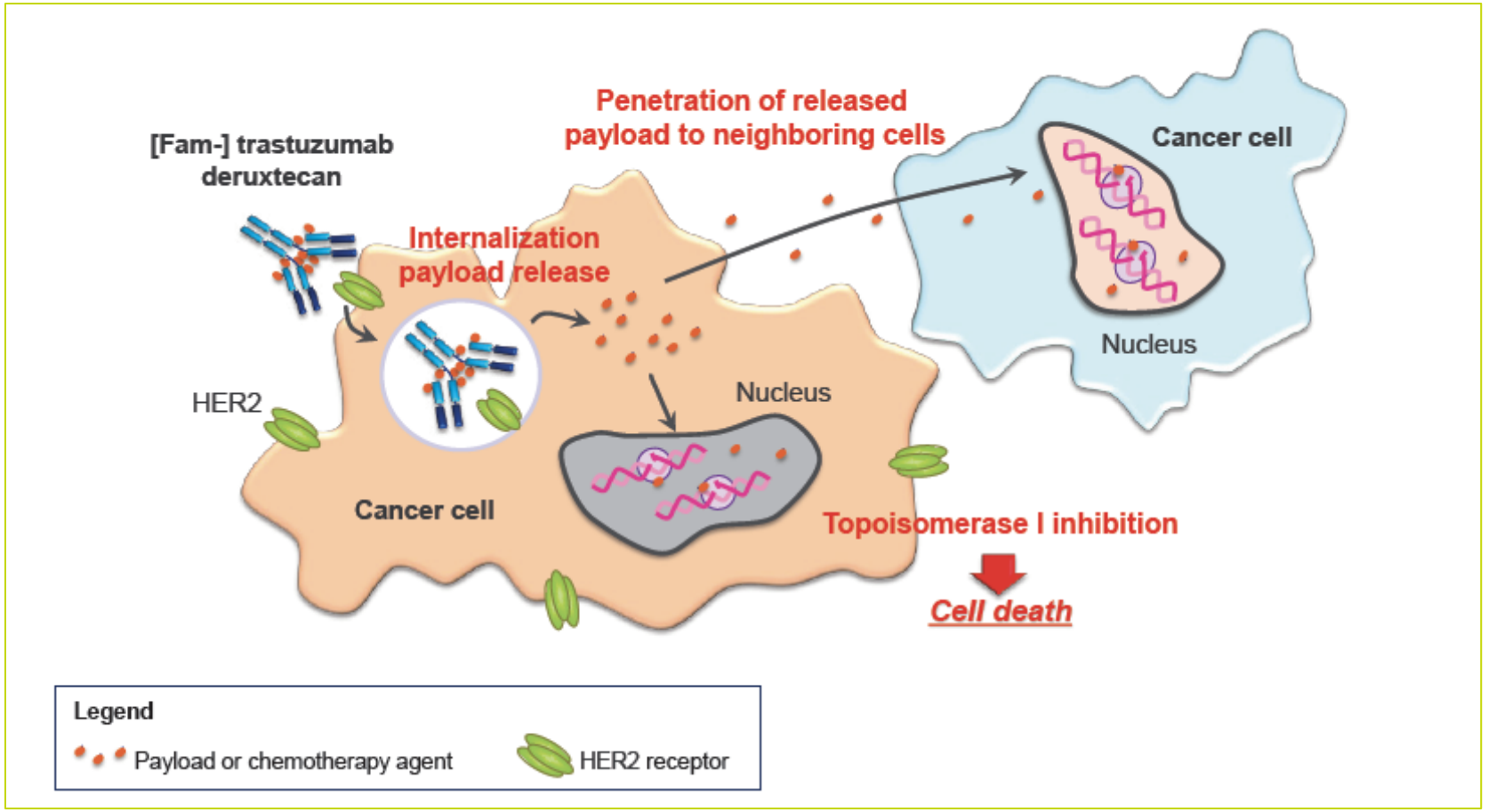
Murthy. SABCS 2019. Abstr GS1-01. Murthy. NEJM. 2019;382:597.

DS-8201's Membrane-permeable Payload Can Attack Neighbouring Cancer Cells (ie, Bystander Effect)



ADCC= antibody-dependent cellular cytotoxicity; HER2=human epidermal growth factor receptor 2; Topo-1=topoisomerase I.

1. Ogitani Y et al. *Cancer Sci*. 2016;107:1039–1046 . 2. Ogitani Y et al. *Clin Cancer Res*. 2016;22:5097–5108.

DESTINY-Breast03: First Randomized Ph3 Study of T-DXd

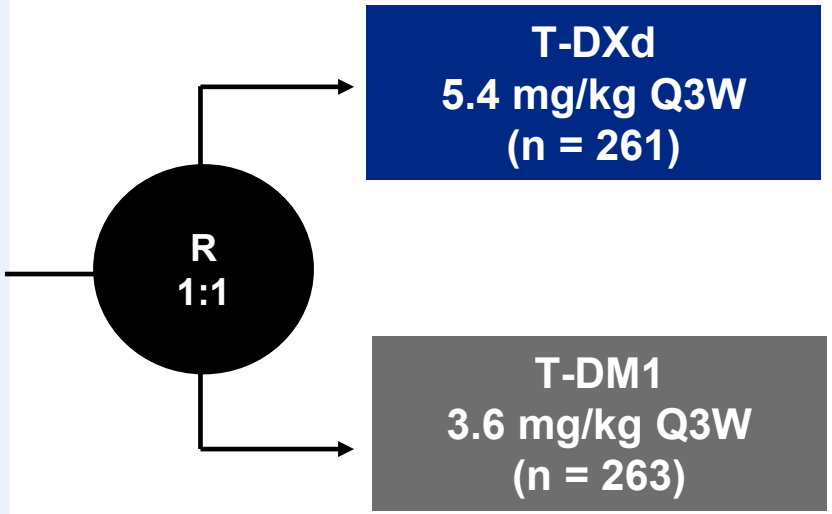
An open-label, multicenter study (NCT03529110)

Patients

- Unresectable or metastatic HER2-positive[a] breast cancer
- Previously treated with trastuzumab and taxane in advanced/metastatic setting[b]
- Could have clinically stable, treated brain metastases

Stratification factors

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



Primary endpoint

- PFS (BICR)

Key secondary endpoint

- OS

Secondary endpoints

- ORR (BICR and investigator)
- DOR (BICR)
- PFS (investigator)
- Safety

Interim analysis for PFS (data cutoff: May 21, 2021)

- Efficacy boundary for superiority: $P < 0.000204$ (based on 245 events)
- IDMC recommendation to unblind study (July 30, 2021)

Key secondary endpoint, OS: boundary for efficacy: $P < 0.000265$ (based on 86 events)

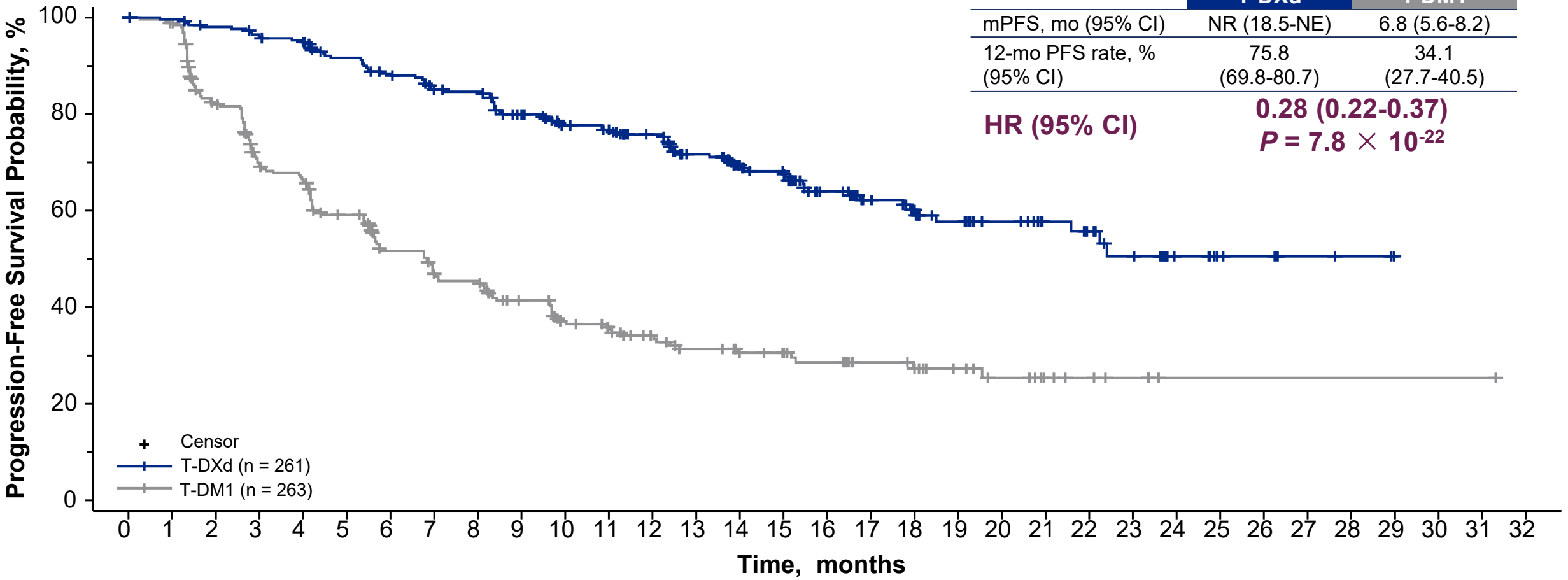
2021 ESMO congress

BICR, blinded independent central review; DOR, duration of response; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; Ph3, phase 3; Q3W, every 3 weeks.

[a]HER2 IHC3+ or IHC2+/ISH+ based on central confirmation. [b]Progression during or <6 months after completing adjuvant therapy involving trastuzumab and taxane

Primary Endpoint: PFS by BICR

	T-DXd	T-DM1
mPFS, mo (95% CI)	NR (18.5-NE)	6.8 (5.6-8.2)
12-mo PFS rate, % (95% CI)	75.8 (69.8-80.7)	34.1 (27.7-40.5)
HR (95% CI)	0.28 (0.22-0.37)	
	$P = 7.8 \times 10^{-22}$	



Patients Still at Risk:

T-DXd (261)	261	256	250	244	240	224	214	202	200	183	168	164	150	132	112	105	79	64	53	45	36	29	25	19	10	6	5	3	2	0		
T-DM1 (263)	263	252	200	163	155	132	108	96	93	78	65	60	51	43	37	34	29	23	21	16	12	8	6	4	1	1	1	1	1	1	1	0

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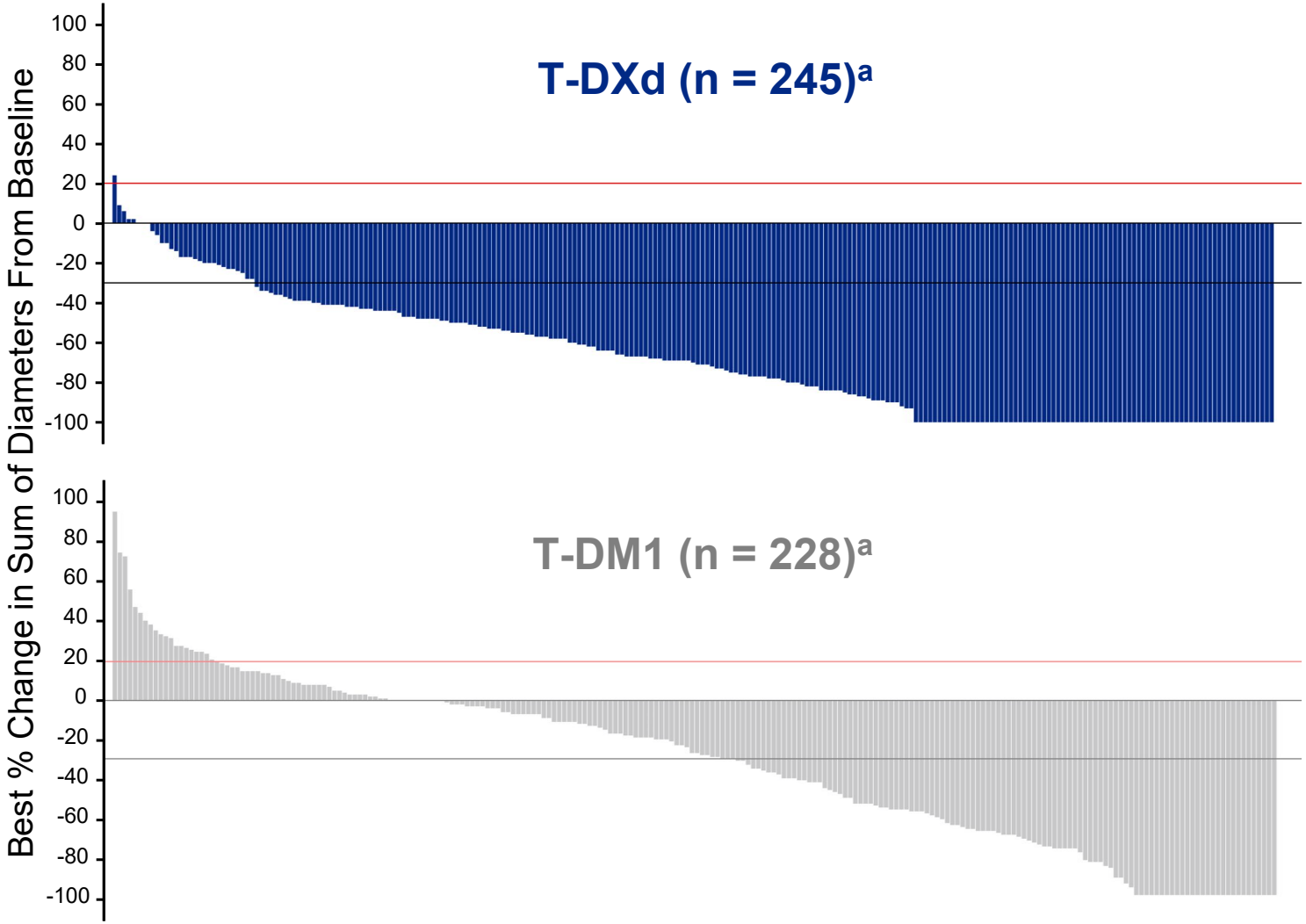
Median PFS follow-up for T-DXd was 15.5 months (range, 15.1-16.6) and for T-DM1 was 13.9 months (range, 11.8-15.1)
HR, hazard ratio; INV, investigator; mo, month; NE, not estimable; NR, not reached.

Confirmed ORR and Best Overall Response



	T-DXd (n = 261)	T-DM1 (n = 263)
Confirmed ORR		
n (%)[b]	208 **(79.7)**	90 **(34.2)**
[95% CI]	[74.3-84.4]	[28.5-40.3]
	P < .0001	
CR	42 **(16.1)**	23 **(8.7)**
PR	166 **(63.6)**	67 **(25.5)**
SD	44 (16.9)	112 (42.6)
PD	3 (1.1)	46 (17.5)
Not evaluable	6 (2.3)	15 (5.7)
CR + PR + SD (DCR)	252 (96.6)	202 (76.8)

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CR, complete response; DCR, disease control rate; PD, progressive disease; PR, partial response; SD, stable disease.
[a]Only subjects with measurable disease at baseline and at least one postbaseline target lesion assessment are included. [b]Based on BICR.
Red line at 20% indicates progressive disease; black line at -30% indicates partial response.

Adverse Events of Special Interest

Adjudicated as drug-related ILD/pneumonitis[a], n (%)						
n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade
T-DXd (n = 257)	7 (2.7)	18 (7.0)	2 (0.8)	0	0	27 (10.5)
T-DM1 (n = 261)	4 (1.5)	1 (0.4)	0	0	0	5 (1.9)

- There were no grade 4 or 5 adjudicated drug-related ILD/pneumonitis events observed with T-DXd

LVEF, n (%)						
n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade
T-DXd (n = 257)	1 (0.4)[b]	6 (2.3)[c]	0	0	0	7 (2.7)
T-DM1 (n = 261)	0	1 (0.4)[c]	0	0	0	1 (0.4)

- In the T-DXd arm, all LVEF adverse events reported were asymptomatic and no cases of cardiac failure occurred

LVEF, left-ventricular ejection fraction.
[a]Patients with prior history of ILD/pneumonitis requiring steroids were excluded. [b]Left ventricular dysfunction. [c]Decreased ejection fraction.

Margetuximab: HER2-Targeted Antibody With Modified Fc to Increase Immune Response

- Margetuximab has same affinity for HER2 as trastuzumab
- Modified Fc (constant) domain with change in 5 amino acids
  - ↑ binding to **activating CD16A** (FcγRIIIA) → ↑ NK, monocyte ADCC
  - ↓ binding to **inhibitory CD32B** (FcγRIIB) → ↑ monocyte ADCC
- Largest impact in cells with low affinity Fc receptor (FF or FV)

		Affinity (nM)		
CD16A (activating) aa158		~ Trastuzumab (IgG1)	Margetuximab	Margetuximab **Affinity Fold Change**
F (Phe) allele	Low Affinity	1059	161	↑ **6.6 x**
V (Val) allele	High Affinity	415	89	↑ **4.6 x**
CD32B (inhibitory)		52	437	↓ **8.4x**

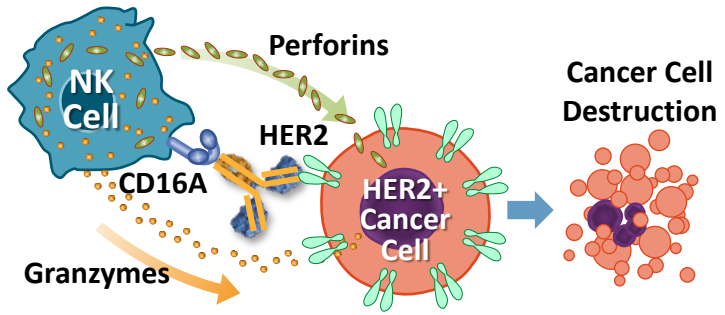
- *Hypothesis: Margetuximab superiority over trastuzumab will be greatest in patients with low affinity Fc receptor (FF or FV)*

Nordstrom JL et al. *Breast Cancer Res*. 2011;13(6):R123.

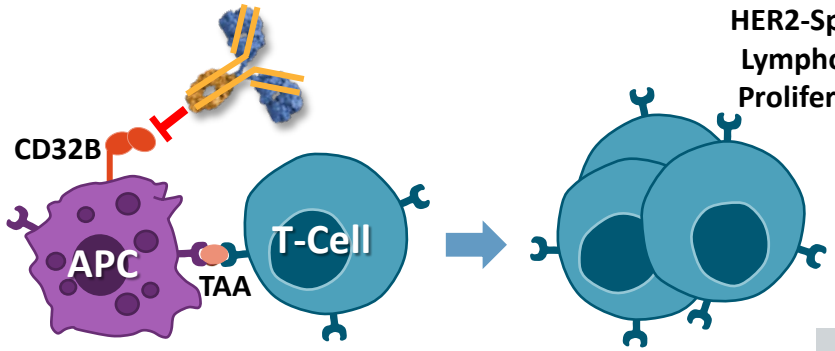
Margetuximab: Fc Engineering Alters Fc Receptor Affinities and Activates the Immune Response

- Margetuximab has the same specificity, affinity to HER2 as trastuzumab with similar ability to disrupt signaling
- However, via Fc engineering with intent to activate immune responses, margetuximab has altered Fc receptor affinity
  - Trastuzumab: WT IgG1 effector domains; binds and activates immune cells
  - Margetuximab: increased affinity for activating Fcγ RIIIA (CD16A) and decreased affinity for inhibitory Fcγ RIIB (CD32B)

Increased CD16A Affinity:
Enhance Innate Immunity/More Potent ADCC Stimulation



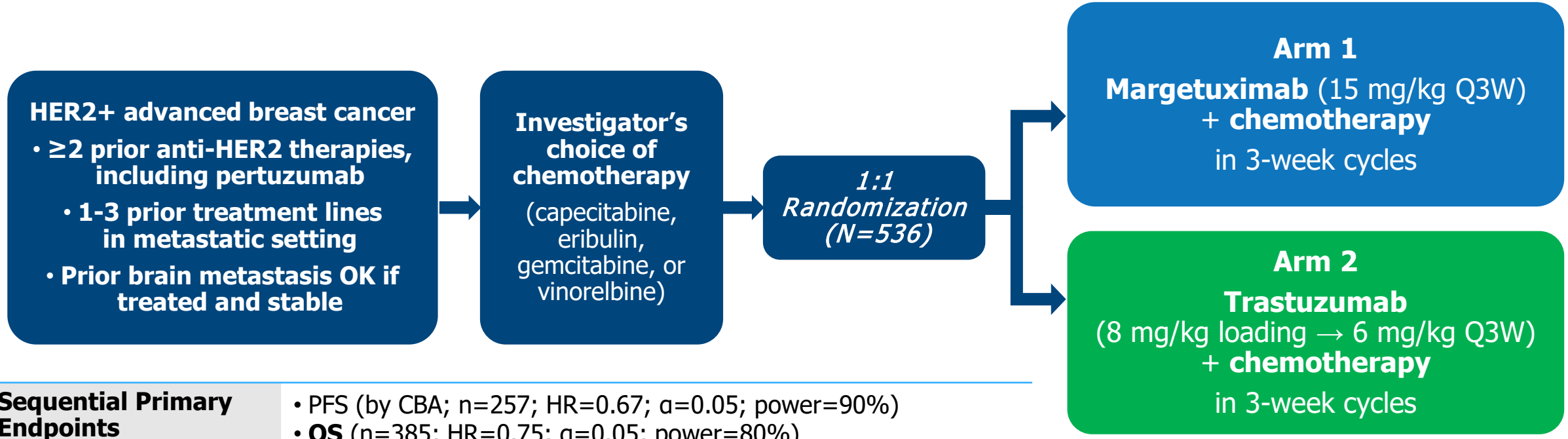
Decreased CD32B Affinity:
Enhance Adaptive Immunity/Increase Immune Activation



Nordstrom. Breast Cancer Res. 2011;13:R123. Nordstrom. ASCO 2019. Abstr 1030. Stavenhagen. Cancer Res. 2007;67:8882.

Slide credit: clinicaloptions.com

Study CP-MGAH22-04 (SOPHIA) Design[1,2]



Sequential Primary Endpoints	• PFS (by CBA; n=257; HR=0.67; α=0.05; power=90%) • **OS** (n=385; HR=0.75; α=0.05; power=80%)
Secondary Endpoints	• **PFS** (Investigator assessed) • Objective response rate (ORR) by CBA
Tertiary/Exploratory Endpoints	• **ORR** (Investigator assessed) • **Clinical benefit rate** (CBR), **duration of response** (DoR) • **Safety** profile, antidrug antibody • **Effect of CD16A**, CD32A, and CD32B on margetuximab efficacy

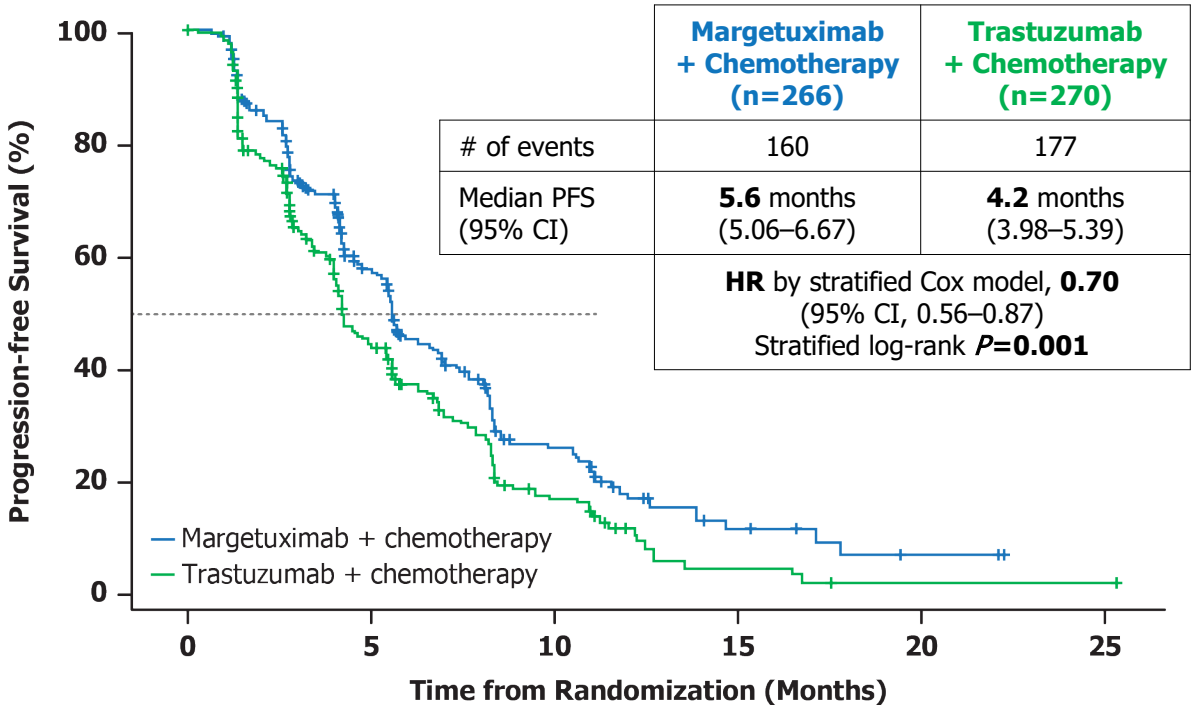
Stratification:
- Chemotherapy choice
- Prior therapies (≤2 *vs* >2)
- Metastatic sites (≤2 *vs* >2)

CBA=central blinded analysis; HR=hazard ratio; OS=overall survival; PFS=progression-free survival; Q3W=every 3 weeks.

1. Rugo HS, et al. *J Clin Oncol*. 2016;34(suppl 15):TPS630. 2. Clinicaltrials.gov. NCT02492711. https://clinicaltrials.gov/ct2/show/NCT02492711. Accessed September 30, 2019.

Investigator-Assessed PFS

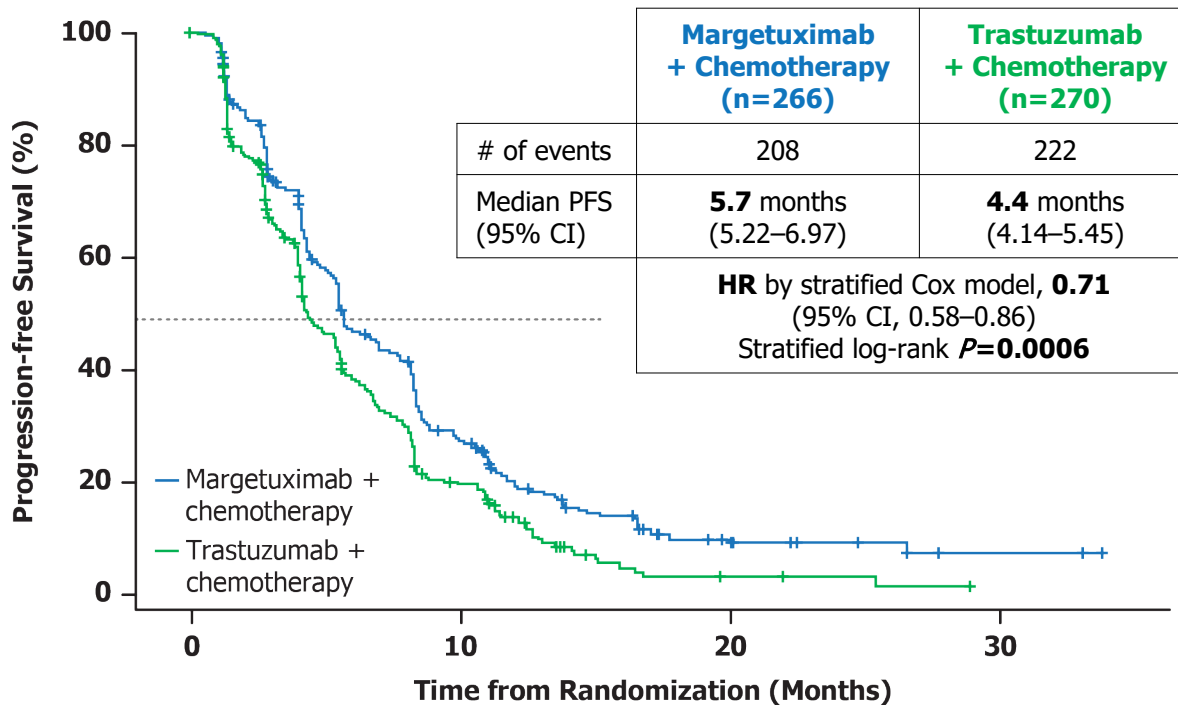
Investigator-Assessed PFS (Oct-2018 Cutoff)[a]
30% Risk Reduction of Disease Progression



	Margetuximab + Chemotherapy (n=266)	Trastuzumab + Chemotherapy (n=270)
# of events	160	177
Median PFS (95% CI)	**5.6** months (5.06–6.67)	**4.2** months (3.98–5.39)
HR by stratified Cox model, **0.70** (95% CI, 0.56–0.87) Stratified log-rank ***P*=0.001**		

Margetuximab	266	206	155	112	72	61	33	32	16	13	8	7	3	2	2	0		
Trastuzumab	270	184	130	87	59	45	25	21	10	5	4	3	1	1	1	1	1	0

Investigator-Assessed PFS (Sep-2019 Cutoff)[b]
29% Risk Reduction of Disease Progression



	Margetuximab + Chemotherapy (n=266)	Trastuzumab + Chemotherapy (n=270)
# of events	208	222
Median PFS (95% CI)	**5.7** months (5.22–6.97)	**4.4** months (4.14–5.45)
HR by stratified Cox model, **0.71** (95% CI, 0.58–0.86) Stratified log-rank ***P*=0.0006**		

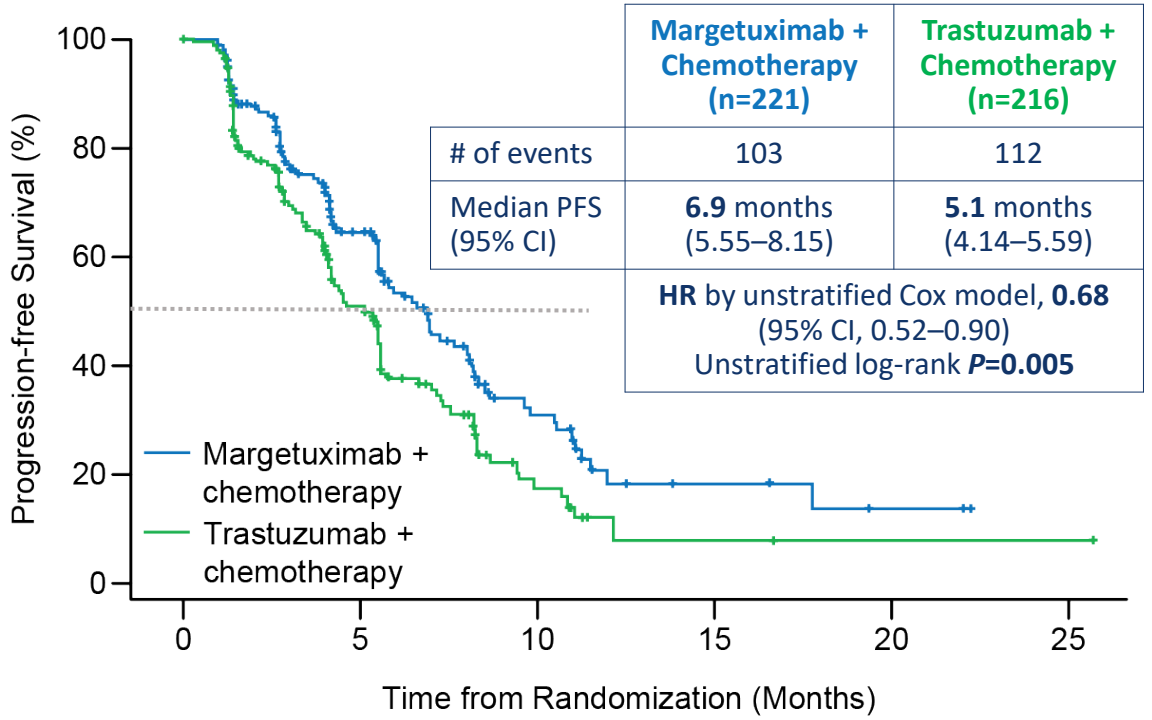
Margetuximab	266	210	137	100	62	36	25	14	11	6	5	3	2	2	0			
Trastuzumab	270	192	108	72	42	20	8	4	3	2	2	1	0					

ITT population: N=536. [a]PFS analysis triggered by last randomization on October 10, 2018, after 265 PFS events. [b]PFS analysis performed as of September 10, 2019, after 430 PFS events occurred.

Planned* Exploratory PFS Analysis by CD16A Genotype, by CBA

506 patients genotyped (94%)

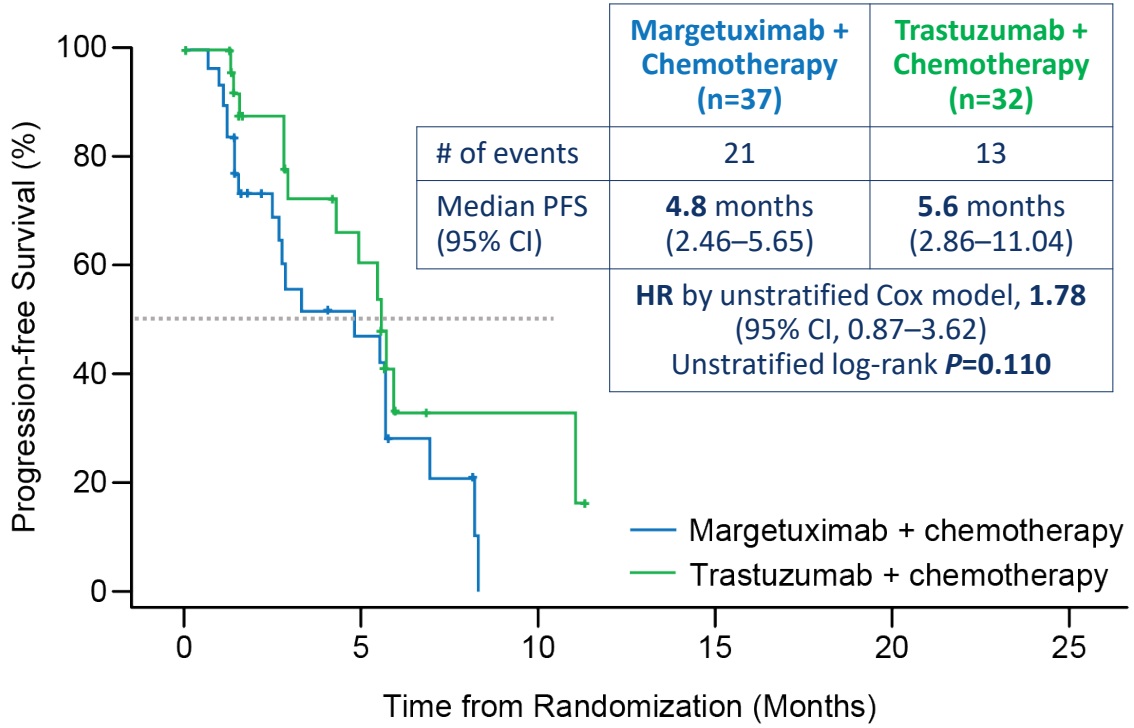
FF or FV, n=437 of 506 (86%)



	Margetuximab + Chemotherapy (n=221)	Trastuzumab + Chemotherapy (n=216)
# of events	103	112
Median PFS (95% CI)	**6.9** months (5.55–8.15)	**5.1** months (4.14–5.59)
HR by unstratified Cox model, **0.68** (95% CI, 0.52–0.90) Unstratified log-rank ***P*=0.005**		

Margetuximab	221	157	84	42	21	8	6	4	2	0	
Trastuzumab	216	129	62	30	11	2	2	1	1	1	1

VV, n=69 of 506 (14%)

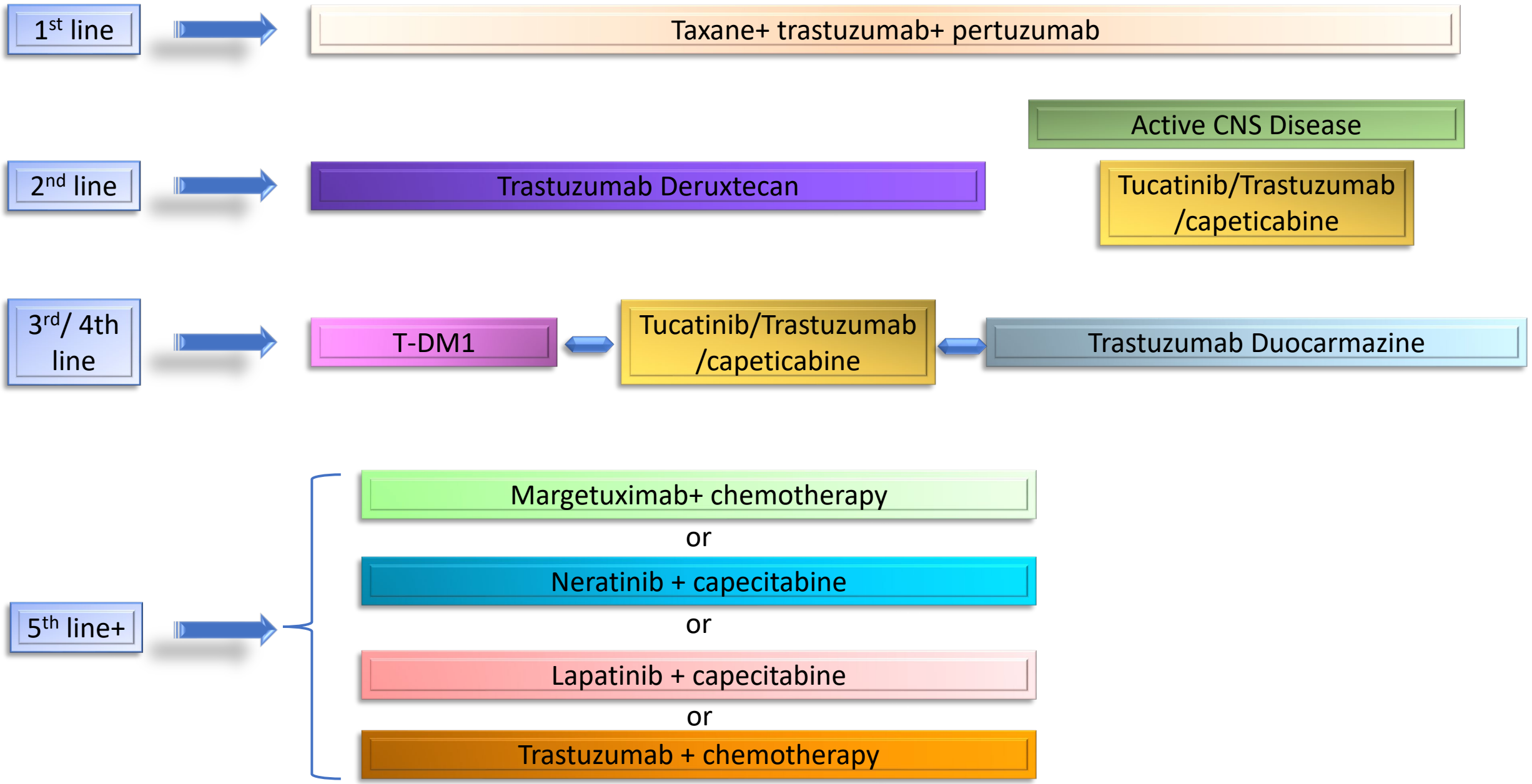


	Margetuximab + Chemotherapy (n=37)	Trastuzumab + Chemotherapy (n=32)
# of events	21	13
Median PFS (95% CI)	**4.8** months (2.46–5.65)	**5.6** months (2.86–11.04)
HR by unstratified Cox model, **1.78** (95% CI, 0.87–3.62) Unstratified log-rank ***P*=0.110**		

Margetuximab	37	16	10	3	0	
Trastuzumab	32	18	10	2	2	0

*Non-alpha allocating, exploratory analysis.

Treatment Landscape of HER2+ MBC



Conclusions

- Advances in HER2 positive breast cancer have significantly improved OS both in the early stage and metastatic setting
- Novel therapies offer several options for our patients
- ADCs and bispecific Ab show promise
- Treating brain metastases still challenging

Thank you !

Mays Cancer Center
UT Health San Antonio MD Anderson Cancer Center