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INDIAN SOCIETY OF MEDICAL & PAEDIATRIC ONCOLOGY

WCI - TMH A NEW DAWN
WOMEN'S CANCER INITIATIVE
TATA MEMORIAL HOSPITAL

Nag Foundation
CANCER~CARE TO CURE

# 9th YEAR IN REVIEW
# BREAST CANCER

## The year that was...2023


A Careful Look Back,
As You Begin to
Look Ahead

**Fri - 12th | Jan-2024**
**Venue: CJ Hall, ITC Grand Central, Parel, Mumbai**

**Sat - 13th & Sun - 14th | Jan-2024**
**Venue: Prof. R.D. Choksi Auditorium,**
**Tata Memorial Hospital, Mumbai**

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# 9th YEAR IN REVIEW
# BREAST CANCER

The year that was...2023


Dear Colleagues,

Women's Cancer Initiative - Tata Memorial Hospital and Nag Foundation would like to invite you as our esteemed Partner for the "9th Edition of Year in Review: Breast Cancer Conference". This conference will be held on Fri 12th at CJ Hall, ITC Grand Central, Parel, Mumbai & Sat 13th, Sun 14th January 2024 at Prof. R.D. Choksi Auditorium, Tata Memorial Hospital, Mumbai. This meeting will be held in-person.

YIR BC has been one of the most successful annual conference which I am sure you must have witnessed. YIR BC has over 150 faculty + around 250 registration. For YIR BC we also support travel grant for 70 students.

The idea of this conference is to recapitulate the best breast cancer science every year in a Year in Review format. The theme of the meeting is 'Breast Cancer: The Year That Was...2023'. With this meeting we aim to capture the best original scientific abstracts and deliberations covered in the major oncology conferences that took place in the preceding year. In this major conference we aim to cover surgical, radiation, medical, pathology, biomarkers, imaging related abstracts making this meeting truly multidisciplinary.

**The meeting will be broadly classified in the following sessions:**

- Loco-regional therapy
- Estrogen Receptor Positive disease
- HER2 positive disease
- Triple Negative Breast Cancer
- Translational Science
- State-of-the-Science talk(s)
- Rapid Review Session

We have few scientific engagement and branding opportunities for you as our sponsor. Kindly get in touch with Mr. Nimesh Bafna for further coordination.

We do hope you can join us and be a part of this comprehensive meeting.

With best wishes

## Organising Chairs

**Dr. Sudeep Gupta**
Director, Tata Memorial Centre
Professor of Medical Oncology,
Tata Memorial Hospital, Mumbai

**Dr. Shona Nag**
Director-Oncology,
Sahyadri Group of Hospitals,
Pune

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# 9th YEAR IN REVIEW BREAST CANCER

## The year that was...2023

**01**
India's most comprehensive update on breast cancer

**02**
10+ International conferences reviewed

**03**
Four International Speakers

**04**
More than 100 abstracts to be discussed

**05**
Exclusive 45 mins panel discussion

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WOMEN'S CANCER INITIATIVE
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## International Faculty

**Dr. Hope Rugo**
USA

**Dr. Giuseppe Curigliano**
Italy

**Dr. Shaheenah Dawood**
Dubai

**Dr. Stephen K.L. Chia**
Canada

## Conferences Reviewed

**AACR** Annual Meeting
(American Association for Cancer Research)

**ASCO** Annual Meeting
(American Society of Clinical Oncology)

**ESMO Breast Cancer** Annual Congress
(European Society for Medical Oncology)

**ESMO** Annual Congress
(European Society for Medical Oncology)

**SABCS** Annual Meeting
(San Antonio Breast Cancer Symposium)

**ASTRO** Annual Meeting
(American Society for Radiation Oncology)

**ESTRO** Annual Meeting
(European Society for Radiotherapy & Oncology)

**Advanced Breast Cancer 6th International Consensus** Conference

**13th European Breast Cancer** Conference

**Milan Breast Cancer** Conference

**ASBS** Annual Conference
(American Society of Breast Surgeons)

**Miami Breast Cancer** Conference

**ABS** Annual Meeting
(Association of Breast Surgery)

**10th Asia-Pacific Breast Cancer Summit**

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## Journals Reviewed

- New England Journal of Medicine
- Journal of Clinical Oncology
- Annals of Oncology
- Annals of Surgery
- Journal of National Cancer Institute
- JAMA Oncology
- The Lancet
- Lancet Oncology
- Nature
- Nature Genetics
- British Journal of Cancer
- European Journal of Cancer
- The Oncologist
- International Journal of Radiation Oncology, Biology & Physics
- Clinical Cancer Research
- Journal of Experimental & Clinical Cancer Research
- JAMA Cardiology
- PLOS Genetics
- Breast Cancer Research
- Bio Medical Central

*~ And many more*

## Websites Reviewed

- Practice Update
- ASCOPOST
- ASCO Reading Room
- Clinical Cancer Options
- Prime Oncology
- Medscape
- Oncolive

*~ And many more*

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9th YEAR IN REVIEW

# BREAST CANCER

The year that was...2023


## Highlights of the Meeting

- Selected publications shortlisted from 30+ journals
- Selected abstracts from major cancer conferences
- State of the art keynote talks
- Meet National experts
- Extended rapid review session

## Session Classification

- Loco-Regional therapies in breast cancer
- ER+ve Breast Cancer
- HER2+ve Breast Cancer
- Triple Negative Breast Cancer
- Translational Science & Supportive Care
- Keynote Presentations and Panel Discussions

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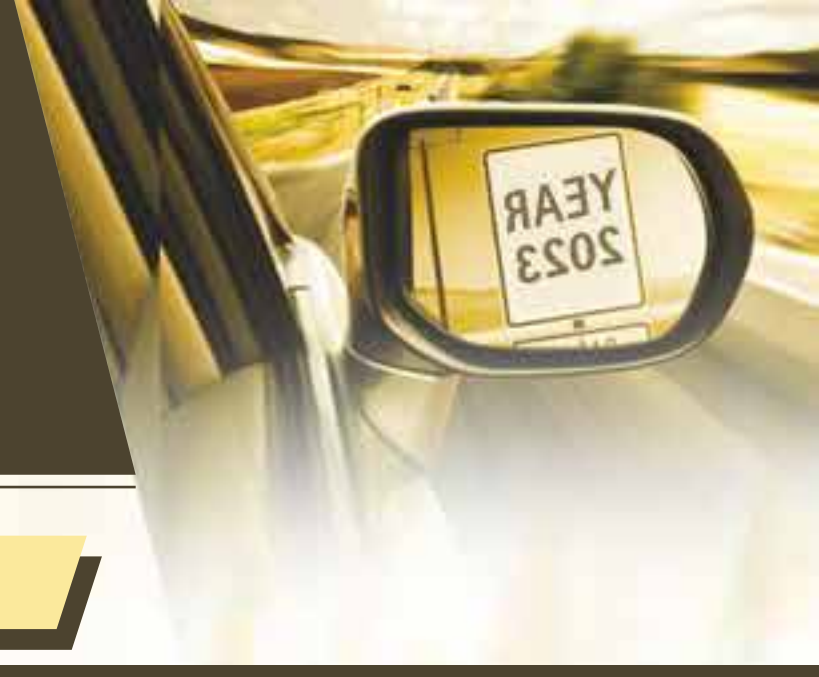
# 9th YEAR IN REVIEW BREAST CANCER

The year that was...2023




## International Speaker

**Dr. Hope Rugo, USA**
Clinical Professor, Department of Medicine (Hematology/Oncology); and Director, Breast Oncology Clinical Trials Program, UCSF
San Francisco, CA

Dr. Hope Rugo is a medical oncologist and hematologist specializing in breast cancer research and treatment. A Clinical Professor of Medicine, Dr. Rugo joined the Breast Care Center in 1999 after a decade of experience at UCSF in malignant hematology and bone marrow transplantation for a variety of diseases, including breast cancer. She entered the field of breast cancer in order to incorporate novel therapies based on an understanding of the biology of cancer with excellent quality of care into the treatment of women with breast cancer.

Dr. Rugo is the Director of the Breast Oncology Clinical Trials Program, and is the principal investigator of multiple clinical trials focusing on combining novel targeted therapeutics with standard treatment to improve the treatment of both early and late stage breast cancer. In addition, Dr. Rugo is working on studies to evaluate cognitive function in women receiving chemotherapy for breast cancer, as well as novel ways to reduce toxicity from therapy. Dr. Rugo has established collaborations with a number of other large academic medical centers for the purpose of expanding the novel therapies that are available for our patients, including herbal agents that appear to have an antitumor effect in the laboratory. She is an active member of the national cooperative group, CALGB, and a is a founding member of the Breast Cancer Research Consortium, as well as serving as an investigator in the UCSF Breast SPORE (the Bay Area Specialized Program of Research Excellence in Breast Cancer).

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## International Speaker

Dr. Rugo teaches medical students and physicians, and regularly lectures locally, nationally and internationally on subjects relating to the treatment of breast cancer. At UCSF, Dr. Rugo runs the Breast Forum, an open bimonthly evening educational session for breast cancer patients, families and friends from throughout the bay area.

Dr. Rugo graduated from the University of Pennsylvania School of Medicine in 1983. She completed a residency in internal medicine and primary care followed by a fellowship in hematology and oncology at the University of California San Francisco. She was a post-doctoral fellow in immunology participating in laboratory research at Stanford University from 1988-1990.

In 1990, Dr. Rugo joined the faculty at UCSF in the Division of Hematology and Oncology. Dr. Rugo has been recognized for her excellence in both patient care and in teaching of both medical students and training physicians. She has received several awards including the Bank of America Gianini Foundation Award and a UCSF Clinical Cancer Center Investigator Research Program intramural award. In 2006, she was honored for her work in Breast Cancer Research by the Friends of the Breast Care Center.

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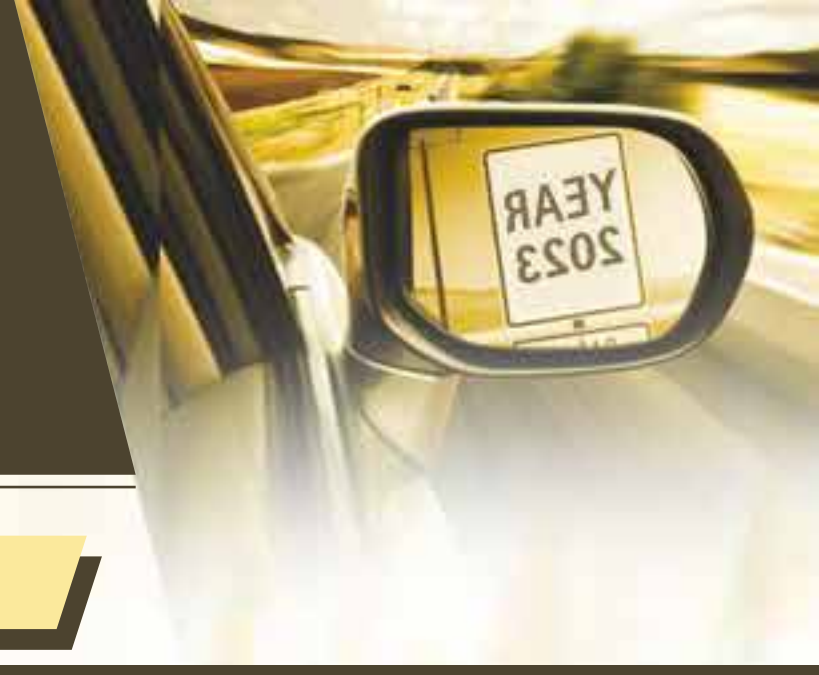


## International Speaker

**Dr. Giuseppe Curigliano**
Associate Professor, Dept. of Medical Oncology,
University of Milan & Head,
Division of Early Drug Development,
European Institute of Oncology, IRCCS, Italy

Dr. Giuseppe Curigliano, MD PhD, is Associate Professor of Medical Oncology at the University of Milano and the Head of the Division of Early Drug Development at the European Institute of Oncology, IRCCS, Italy. He is a clinician and researcher specialising in early drug development for patients with solid tumours with a special commitment to breast cancer. He has been a member of the Italian National Health Council since 2018 and, in 2019, he served as Chair of the Scientific Committee of The Lega Nazionale Lotta ai Tumori. He has served as a Member of the ESMO Breast Cancer Faculty since 2001 and he is currently the Faculty Coordinator. He has also served on the Scientific Committee for the St Gallen Conference since 2011, and was the Scientific Co-Chair in St Gallen 2017 and 2019.

He has been an Editorial Board Member for Annals of Oncology since 2014, and serves as Co-Editor in Chief of The Breast, Co-Editor in Chief of Cancer Treatment Reviews, Associate Editor of the European Journal of Cancer, Editor of the Journal of Clinical Oncology. He also serves on the European School of Oncology (ESO) faculty committee.

Dr. Curigliano serves ESMO as the Chair of the Guidelines Committee and is a Council Member. He is also the Chair of the Nomination Committee. Since 2016 he has served in the ESMO Women for Oncology Committee, the ESMO Membership Committee, the ESMO Press and Media Affairs Committee, the ESMO Global Policy Committee and the ESMO Translational Research Working Group.

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## International Speaker

He served as the Scientific Chair of the IMPAKT ESMO meeting that was held in Brussels in 2014 and as the Breast Cancer (metastatic) Track Chair of the ESMO 2014 meeting in Madrid. He served as Scientific Co-Chair of the ESMO Breast Cancer Congress in 2019 and 2020.

He was awarded with the first ESO Umberto Veronesi Award in Vienna in 2017 and with the Fellowship of the European Academy of Cancer Sciences in Paris in 2017.

He has contributed to over 390 peer-reviewed publications.

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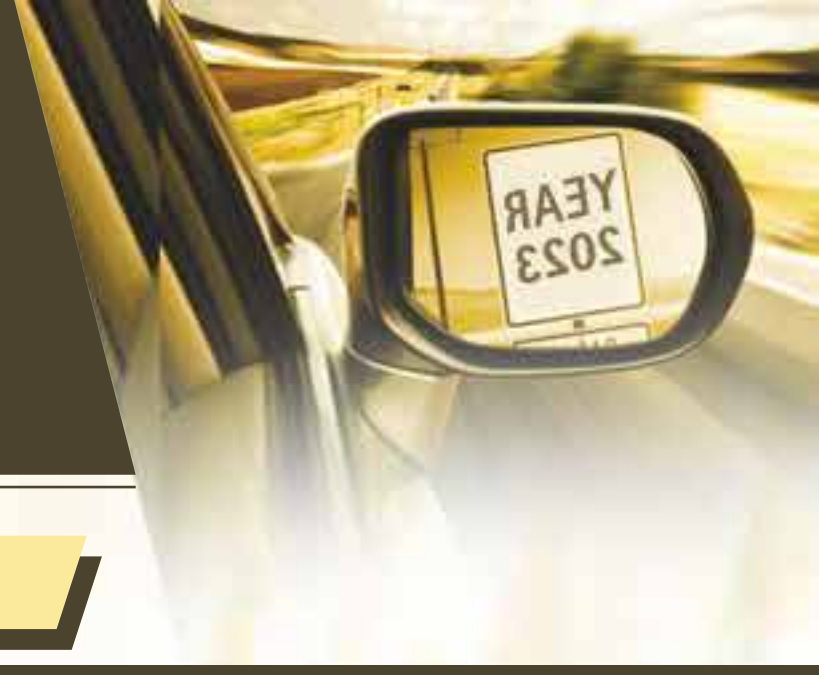


## International Speaker

**Dr. Stephen K. L. Chia**
Professor of Medicine
Head, Division of Medical Oncology,
UBC Department of Medicine,
BC Cancer – Vancouver

Dr. Chia is a Full Professor in the Division of Medical Oncology, Head of the Division of Medical Oncology, UBC and a staff medical oncologist with the BC Cancer, Vancouver Cancer Centre. He has a full-time clinical practice focusing on breast cancer and in new drug development. He is the Chair of the BC Cancer Breast Tumour Group and Head of the Department of Clinical Research. He is also the Co-Chair of the Breast Disease Site for Canadian Cancer Trials Group (CCTG).

Dr. Chia is recognized both nationally and internationally for his research work on breast cancer. His focus is on clinical trials and translational research. He has published over 180 peer-reviewed papers. His publications appear in international peer-reviewed journals including high-impact journals such as the New England Journal of Medicine, Journal of Clinical Oncology, Lancet, Cell, JAMA Oncology, and Nature and Nature Medicine. Dr. Chia has been a Subject Editor for British Journal of Cancer and The Oncologist, and is the current section author for UpToDate™ in the Prognostic/ Predictive Markers Section. He holds numerous peer reviewed grants.

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# 9th YEAR IN REVIEW BREAST CANCER

The year that was...2023


## SCIENTIFIC PROGRAM

### FRIDAY, 12TH JANUARY, 2024

| Pre-Conference Industry Symposium at CJ Hall, ITC Grand Central, Parel | |
|---|---|
| 17:45 - 18:05 | **This Session is Supported by Novartis**<br>Reimagining Treatment of HR+/HER- EBC: Unmet needs and contemporary issues in eBC<br><br>**Speaker: Dr. Adwaita Gore** |
| 18:05 - 18:30 | **This Session is Supported by Eli Lilly**<br>Update on Monarch E Clinical Trial - 5 Year data and its implication on clinical practice<br>Breast Cancer talk show<br><br>**Moderator: Dr. Tarini Prasad Sahoo**<br><br>**Panellists: Dr. Manasi Shah, Dr. Adwaita Gore** |
| 18:30 - 18:45 | **This Session is Supported by Roche**<br>My Experience with dual HER2 blockade in HER2 +ve Breast Cancer<br><br>**Speaker: Dr. Hope Rugo** |
| 18:45 – 19:10 | Impact of dual HER2 blockade on the lives of HER2 +ve Breast Cancer patients<br><br>**Chairperson: Dr. S. H. Advani**<br><br>**Moderator: Dr. Shona Nag**<br><br>**Panelists: Dr. Muzammil Shaikh, Dr. Arun Warrier, Dr. Vindhya Vasini, Dr. Itesh Khatwani, Dr. Vinay Deshmane, Dr. Hope Rugo, Dr. Rona Joseph** |

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The year that was...2023


## SCIENTIFIC PROGRAM

### FRIDAY, 12TH JANUARY, 2024

**Pre-Conference Industry Symposium at CJ Hall, ITC Grand Central, Parel**

| | |
|---|---|
| 19:10 – 19:30 | **This Session is Supported by MSD**<br>Redefining Treatment Outcomes with Immunotherapy - Early Triple Negative Breast Cancer (TNBC)<br><br>**Speaker: Dr. Prabhat Bhargava** |
| 19:30 – 19:55 | Role of Immunotherapy and its sequencing strategy in Advanced Triple Negative Breast Cancer<br><br>**Speaker: Dr. Vaibhav Chaudhary** |
| 19:55 - 20:40 | **This Session is Supported by Astrazeneca**<br>Updates on HER-2 expressing breast cancer: From High to low<br><br>**Speaker: Dr. Hope Rugo** |
| 20:40 - 21:00 | **This Session is Supported by Novartis**<br>Dilemma of Choosing a CDK4/6i in 1L mBC Setting - reality or Myth?<br><br>**Speaker: Dr. Shona Nag** |

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 08:50 – 09:00 | Inauguration - **Dr. Sudeep Gupta, Dr. Shona Nag** |
| **Session 1 : Key Abstracts/Publication on Loco-regional breast cancer** | |
| 09:00 – 09:10 | **Chairpersons :**<br>**Dr. Paul Augustine, Dr. Ravi Arjunan**<br><br>Surgical treatment of women with breast cancer and a BRCA1 mutation: An international analysis of the impact of bilateral mastectomy on survival<br><br>*Citation: SABCS 2023 GS02-04*<br>*Author: Kelly Metcalfe* |
| | Contralateral breast cancer risk in patients with breast cancer and a germline-BRCA1/2 pathogenic variant undergoing radiation<br><br>*Citation: JNCI, Volume 115, Issue 11, November 2023, Pages 1318–1328*<br>*Author: Mark van Barele*<br><br>**Speaker: Dr. Veda Padma Priya** |
| 09:10 – 09:20 | Sentinel Lymph Node Biopsy vs No Axillary Surgery in Patients With Small Breast Cancer and Negative Results on Ultrasonography of Axillary Lymph Nodes<br><br>The SOUND Randomized Clinical Trial<br><br>*Citation: JAMA Oncol. 2023;9(11):1557-1564*<br>*Author: Oreste Davide Gentilini* |
| | Lymph Node Positivity of Axillary Reverse Mapping Lymph Nodes at the Time of Axillary Lymph Node Dissection: Two-Site Prospective Trial<br><br>*Citation: Ann Surg Oncol. 2023 Oct;30(10):6042-6049.*<br>*Author: Molly M Benolken*<br><br>**Speaker: Dr. Poovamma CU** |

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The year that was...2023


## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 09:20 – 09:30 | Radiotherapy to regional nodes in early breast cancer: an individual patient data meta-analysis of 14 324 women in 16 trials<br>*Citation: Lancet.,VOLUME 402, ISSUE 10416, P1991-2003, NOVEMBER 25, 2023*<br>*Author: EBCTCG* |
| | Radiotherapy or Surgery of the Axilla After a Positive Sentinel Node in Breast Cancer: 10-Year Results of the Randomized Controlled EORTC 10981-22023 AMAROS Trial<br>*Citation: J Clin Oncol.,2023 Apr 20;41(12):2159-2165.*<br>*Author: Sanne A L Bartels*<br>**Speaker: Dr. Dodul Mondal** |
| 09:30 – 09:40 | **Chairpersons : Dr. Vineeta Goel, Dr. Shekhar Salkar**<br>Five-year outcomes of the IDEA trial of endocrine therapy without radiotherapy after breast-conserving surgery for postmenopausal patients age 50-69 with genomically-selected favorable Stage I breast cancer<br>*Citation: SABCS 2023 GS02-08*<br>*Author: Reshma Jagsi* |
| | Development and Validation of a Genomic Profile for the Omission of Local Adjuvant Radiation in Breast Cancer<br>*Citation: JCO.,2023 Mar 10;41(8):1533-1540.*<br>*Author: Martin Sjöström*<br>**Speaker: Dr. Joy Ghose** |

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The year that was...2023


## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 09:40 – 09:50 | Overview of axillary treatment in early breast cancer: patient-level meta-analysis of long-term outcomes among 20,273 women in 29 randomised trials<br>*Citation: SABCS 2023 GS02-05*<br>*Author: Gurdeep S. Mannu* |
| | Mammographic surveillance in early breast cancer patients aged 50 years or over: results of the Mammo-50 non-inferiority trial of annual versus less frequent mammography<br>*Citation: SABCS GS03-02*<br>*Author: Janet A. Dunn*<br>**Speaker: Dr. Priyanka Singh** |
| 09:50 – 10:30 | **Chairpersons :**<br>**Dr. Rajiv Sarin, Dr. Arvind Krishnamurthy**<br>Panel Discussion on Key Abstracts/Publication in Loco-Regional Breast Cancer<br>**Moderators: Dr. Vedant Kabra, Dr. Sanjoy Chatterjee**<br>**Panelists : Dr. Nita Nair, Dr. Shalaka Joshi, Dr. Arun Goel, Dr. Amish Dalal, Dr. Lakshmi Nair, Dr. Tabasum Wadasadawala, Dr. Asha Arjunan, Dr. Mukul Roy, Dr. Vineeta Goel, Dr. Revathi Krishnamurthy** |
| **10:30 – 10:50** | **Tea/Coffee Break** |

DAY 1, SATURDAY, 13TH JANUARY, 2024

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# 9th YEAR IN REVIEW BREAST CANCER

The year that was...2023


## SCIENTIFIC PROGRAM

## DAY 1, SATURDAY, 13TH JANUARY, 2024

### Session 2 : Key Abstracts/Publication in ER+ve Breast Cancer

**Chairpersons : Dr. Ranga Rao, Dr. Sudha Sinha**

| | |
|---|---|
| 10:50 – 11:00 | Efficacy of Oral SERDs in the treatment of ER+, HER2 - metastatic breast cancer, a stratified analysis of the ESR1 wild type and mutant subgroups<br>*Citation: Ann Oncol.,2023 Oct 21:S0923-7534(23)04328-4*<br>*Author: NZH Wong* |
| | Dynamics and type of ESR1 mutations under aromatase inhibitor or fulvestrant combined with palbociclib after randomization in the PADA-1 trial<br>*Citation: Journal of Clinical Oncology 41, no. 16_suppl (June 01, 2023) 1002-1002*<br>*Author: Luc Cabel*<br>**Speaker: Dr. Mansi Sharma** |
| 11:00 – 11:10 | Pooled ctDNA analysis of MONALEESA phase III advanced breast cancer trials<br>*Citation: Ann Oncol.2023 Nov;34(11):1003-1014*<br>*Author: F André* |
| | Randomized Phase II Trial of Endocrine Therapy With or Without Ribociclib After Progression on Cyclin-Dependent Kinase 4/6 Inhibition in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: MAINTAIN Trial<br>*Citation: J Clin Oncol . 2023 Aug 20;41(24):4004-4013.*<br>*Author: Kevin Kalinsky*<br>**Speaker: Dr. Akash Jha** |

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 11:10 – 11:20 | Invasive disease–free survival (iDFS) across key subgroups from the phase III NATALEE study of ribociclib (RIB) + a nonsteroidal aromatase inhibitor (NSAI) in patients (pts) with HR+/HER2- early breast cancer (EBC)<br>*Citation: Annals of Oncology (2023) 34 (suppl_2): S1254-S1335*<br>*Author: Aditya Bardia* |
| | Ribociclib and endocrine therapy as adjuvant treatment in patients with HR+/HER2- early breast cancer: Primary results from the phase III NATALEE trial<br>*Citation: ASCO LBA 500*<br>*Author: Dennis J. Slamon* |
| | Ribociclib (RIB) + nonsteroidal aromatase inhibitor (NSAI) as adjuvant treatment in patients with HR+/HER2– early breast cancer: final invasive disease–free survival (iDFS) analysis from the NATALEE trial<br>*Citation: SABCS GS03-03*<br>*Author: Gabriel N. Hortobagyi*<br>**Speaker: Dr. Shriniwas Kulkarni** |

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 11:20 – 11:30 | **Chairpersons :**<br>**Dr. K Sambasivaiah, Dr. Anand Pathak**<br><br>Effects of ovarian ablation or suppression on breast cancer recurrence and survival: Patient-level meta-analysis of 14,993 premenopausal women in 25 randomized trials<br><br>*Citation: 2023 ASCO. Abstract 503*<br>*Author: Gray RG* |
| | Adding Ovarian Suppression to Tamoxifen for Premenopausal Women With Hormone Receptor-Positive Breast Cancer After Chemotherapy: An 8-Year Follow-Up of the ASTRRA Trial<br><br>*Citation: J Clin Oncol. 2023 Nov 1;41(31):4864-4871*<br>*Author: Soo Yeon Baek*<br><br>**Speaker: Dr. Bhavesh Poladia** |
| 11:30 – 11:40 | Neoadjuvant chemotherapy combined with endocrine therapy for hormone receptor-positive breast cancer: A systematic review and meta-analysis<br><br>*Citation: Medicine (Baltimore).2023 Nov 17;102(46):e35928*<br>*Author: Hong Fang Ma*<br><br>Adjuvant abemaciclib plus endocrine therapy for high-risk, HR+, HER2-, early breast cancer: results from a preplanned monarchE overall survival interim analysis, including 5-year efficacy outcomes<br><br>*Citation: ESMO LBA17*<br>*Author: Nadia Harbeck*<br><br>**Speaker: Dr. Vindhya Vasini** |

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 11:40 – 11:50 | PARSIFAL-LONG: Extended follow-up of hormone receptor-positive HER2-negative advanced breast cancer patients treated with fulvestrant and palbociclib vs. letrozole and palbociclib in the PARSIFAL study<br>*Citation: SABCS 2023 RF01-03*<br>*Author: Antonio Llombart-Cussac* |
| | Primary outcome analysis of the phase 3 SONIA trial (BOOG 2017-03) on selecting the optimal position of cyclin-dependent kinases 4 and 6 (CDK4/6) inhibitors for patients with hormone receptor-positive (HR+), HER2-negative (HER2-) advanced breast cancer (ABC)<br>*Citation: Journal of Clinical Oncology 41, no. 17_suppl (June 10, 2023) LBA1000*<br>*Author: Gabe S Sonke*<br>**Speaker: Dr. Stalin Bala** |
| 11:50 – 12:00 | Capivasertib in Hormone Receptor–Positive Advanced Breast Cancer<br>*Citation: N Engl J Med 2023; 388:2058-2070*<br>*Author: Nicholas C. Turner* |
| | Imlunestrant with or without everolimus or alpelisib, in ER+, HER2- advanced breast cancer (aBC): Results from the Phase 1a/b EMBER study<br>*Citation: ESMO 383MO*<br>*Author: Komal Jhaveri*<br>**Speaker: Dr. Kripa Bajaj** |

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 12:00 – 12:20 | **Chairpersons : Dr. Ranga Rao, Dr. Ganesh D V**<br>Post-CDK 4/6 Inhibitor Therapy: Current Agents and Novel Targets in MBC<br>**Speaker: Dr. Stephen K. L. Chia** |
| 12:20 – 13:05 | **Moderator: Dr. Senthil Rajappa**<br>**Panelists: Dr. Bhavna Parikh, Dr. Anita Ramesh, Dr. Rona Joseph, Dr. Avinash Upadhyay, Dr. Hope Rugo, Dr. Suhas Agre, Dr. Itesh Khatwani, Dr. Biswajit Dubashi, Dr. Bhawna Sirohi** |
| **13:05 – 14:00** | **Lunch Break** |

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# 9th YEAR IN REVIEW BREAST CANCER

The year that was...2023


## SCIENTIFIC PROGRAM

## DAY 1, SATURDAY, 13TH JANUARY, 2024

### Session 3 : Key Abstracts/Publications in Triple Negative Breast Cancer

**Chairpersons : Dr. Manisha Singh, Dr. Geeta Narayanan**

| | |
|---|---|
| 14:00 – 14:10 | Long-term outcomes of neoadjuvant immunotherapy plus chemotherapy in patients with early-stage triple-negative breast cancer: an extracted individual patient data and trial-level meta-analysis<br>*Citation: Br J Cancer. 2023 Nov 27.*<br>*Author: Mateus Trinconi Cunha* |
| | Anthracycline-containing and taxane-containing chemotherapy for early-stage operable breast cancer: a patient-level meta-analysis of 100 000 women from 86 randomised trials<br>*Citation: Lancet. 2023 Apr 15;401(10384):1277-1292*<br>*Author: EBCTCG*<br>**Speaker: Dr. Narmadha Rathinasamy** |
| 14:10 – 14:20 | Randomized trial of fixed dose capecitabine compared to standard dose capecitabine in metastatic breast cancer: The X-7/7 trial<br>*Citation: Asco 2023, Abstract 1007*<br>*Author: Qamar J Khan* |
| | BRCA-CRisk: A Contralateral Breast Cancer Risk Prediction Model for BRCA Carriers<br>*Citation: J Clin Oncol.2023 Feb 10;41(5):991-999.*<br>*Author: Jie Sun*<br>**Speaker: Dr. Deenadayalan T.** |

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 14:20 – 14:30 | Patient characteristics and real-world outcomes in HER2 negative/ ER zero and ER low patients treated as triple-negative breast cancer in Sweden 2008-2020<br>*Citation: ESMO MO 241*<br>*Author: Irma Fredriksson* |
| | Risk factors for the development of triple-negative breast cancer versus non-triple-negative breast cancer: a case-control study<br>*Citation: Sci Rep. 2023 Aug 20;13(1):13551.*<br>*Author: Shona Nag*<br>**Speaker: Dr. Sujay Srinivas** |
| 14:30 – 15:00 | **Chairpersons :**<br>**Dr. Rakesh Taran, Dr. Kajal Shah**<br>IO and IO combinations across all breast cancer subtypes are here to stay<br>**Speaker: Dr. Shaheenah Dawood** |
| 15:00 – 15:45 | **Chairpersons :**<br>**Dr. Shekhar Patil, Dr. Chandrashekhar Tamane**<br>Panel discussion on key abstracts in TNBC<br>**Moderator: Dr. Ashish Bakshi**<br>**Panelists: Dr. Shaheenah Dawood, Dr. Aparna Sreevastva, Dr. Priya Tiwari, Dr. Vamshi Krishna, Dr. Satish Sharma, Dr. Reshma Puranik, Dr. Jogamaya Pattnaik, Dr. Arun Warrier, Dr. S P Shrivastava** |
| **15:45 – 16:05** | **Tea/Coffee Break** |

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

## DAY 1, SATURDAY, 13TH JANUARY, 2024

### Session 4 : Key Abstracts/publication in Supportive Care

**Chairpersons :**
**Dr. Raghunadharao Digumarti, Dr. Bharat Parikh**

| | |
|---|---|
| 16:05 – 16:15 | A randomized, open-label phase III trial evaluating low- dose vs standard-dose olanzapine with triple antiemetic therapy for prevention of highly emetogenic chemotherapy- induced nausea and vomiting in solid tumors (OLAnzaPiNE).<br>*Citation: SABCS 2023.,RF01-08.*<br>*Author: Bajpai J* |
| | Efficacy and safety of mirogabalin for chemotherapy-induced peripheral neuropathy: a prospective single-arm trial (MiroCIP study)<br>*Citation: BMC Cancer. 2023; 23: 1098*<br>*Author: Sonoko Misawa*<br>**Speaker: Dr. Mansi Shah** |
| 16:15 – 16:25 | International Pooled Analysis of Leisure-Time Physical Activity and Premenopausal Breast Cancer in Women From 19 Cohorts<br>*Citation: Journal of Clinical Oncology*<br>*Published online December 11, 2023*<br>*Author: Iain R. Timmins* |
| | Vaginal Estrogen Therapy Use and Survival in Females With Breast Cancer<br>*Citation: JAMA Oncol.,2023 Nov 2:e234508.*<br>*Author: Lauren McVicker*<br>**Speaker: Dr. Sushmita Rath** |

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| | |
|---|---|
| 16:25 – 16:35 | Randomized Trial of Exercise and Nutrition on Chemotherapy Completion and Pathologic Complete Response in Women With Breast Cancer: The Lifestyle, Exercise, and Nutrition Early After Diagnosis Study<br>*Citation: Journal of Clinical Oncology 41, no. 34 (December 01, 2023) 5285-5295*<br>*Author: Tara Sanft* |
| | Psychological interventions during breast cancer rehabilitation: a randomized controlled trial comparing structured short-term psychotherapy versus non-specific group discussion<br>*Citation: BMC Cancer.2023 Nov 21;23(1):1133.*<br>*Author: David Fauser*<br>**Speaker: Dr. M. V. Chandrakanth** |
| 16:35 – 16:45 | Pregnancy After Breast Cancer in Young BRCA Carriers: An International Hospital-Based Cohort Study<br>*Citation: JAMA.2023 Dec 7:e2325463.*<br>*Author: Matteo Lambertini* |
| | Interrupting Endocrine Therapy to Attempt Pregnancy after Breast Cance<br>*Citation: N Engl J Med 2023; 388:1645-1656*<br>*Author: Ann H. Partridge*<br>**Speaker: Dr. Rahul Kulkarni** |

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|---|---|
| 16:45 – 16:55 | Mepitel Film for the Prevention of Acute Radiation Dermatitis in Breast Cancer: A Randomized Multicenter Open-Label Phase III Trial<br>*Citation: J Clin Oncol. 2023 Feb 20;41(6):1250-1264.*<br>*Author: Tara Behroozian* |
| | Association of Staphylococcus aureus Colonization With Severity of Acute Radiation Dermatitis in Patients With Breast or Head and Neck Cancer<br>*Citation: JAMA Oncol.,2023 Jul 1;9(7):962-965.*<br>*Author: Yana Kost* |
| | Bacterial Decolonization for Prevention of Radiation Dermatitis: A Randomized Clinical Trial<br>*Citation: JAMA Oncol. 2023 Jul 1;9(7):940-945.*<br>*Author: Yana Kost*<br>**Speaker: Dr. Chandrani Mallick** |

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## SCIENTIFIC PROGRAM

## DAY 1, SATURDAY, 13TH JANUARY, 2024

| Session 5 : Key abstracts/publication in Loco-Regional Breast Cancer Part 2 | |
|---|---|
| 16:55 – 17:05 | **Chairpersons :**<br>**Dr. Arun Goel, Dr. Vani Parmar**<br><br>Recurrence-free survival following sentinel node-positive breast cancer without completion axillary lymph node dissection – first results from the international randomized SENOMAC trial.<br><br>*Citation: SABCS 2023 GS02-06*<br>*Author: Jana de Boniface* |
| | Local Recurrence After Breast Conserving Therapy in Patients with Multiple Ipsilateral Breast Cancer : Results from ACOSOG Z11102 (Alliance)<br><br>*Citation: JCO. 2023 July 10;41(17):3184-3193*<br>*Author: Judy C Boughey*<br><br>**Speaker: Dr. Akshita Singh** |
| 17:05 – 17:15 | Omitting Radiotherapy after Breast-Conserving Surgery in Luminal A Breast Cancer<br><br>*Citation: N Engl J Med.,2023 Aug 17;389(7):612-619.*<br>*Author: Timothy J Whelan* |
| | Breast-Conserving Surgery with or without Irradiation in Early Breast Cancer<br><br>*Citation: NEJM.2023 Feb 16;388(7):585-594*<br>*Author: Ian H Kunkler*<br><br>**Speaker: Dr. Mansi Munshi** |

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| | |
|---|---|
| 17:15 – 17:25 | Proton FLASH Radiotherapy for the Treatment of Symptomatic Bone Metastases: The FAST-01 Nonrandomized Trial<br>*Citation: JAMA Oncol . 2023 Jan 1;9(1):62-69.*<br>*Author: Anthony E Mascia* |
| | Dose-escalated simultaneous integrated boost radiotherapy in early breast cancer (IMPORT HIGH): a multicentre, phase 3, non-inferiority, open-label, randomised controlled trial<br>*Citation: Lancet. 2023 Jun 24;401(10394):2124-2137*<br>*Author: Charlotte E Coles*<br>**Speaker: Dr. Sanjay M H** |
| 17:25 – 17:35 | **Chairpersons :**<br>**Dr. Shilpa Rao, Dr. Ranjit Bajpai**<br>Effect of Peritumoral Infiltration of Local Anesthetic Before Surgery on Survival in Early Breast Cancer<br>*Citation: J Clin Oncol.2023 Jun 20;41(18):3318-3328.*<br>*Author: Rajendra A Badwe* |
| | Impact of 18F-Labeled Fluorodeoxyglucose Positron Emission Tomography-Computed Tomography Versus Conventional Staging in Patients With Locally Advanced Breast Cancer<br>*Citation: Journal of Clinical Oncology 41, no. 23 (August 10, 2023) 3909-3916*<br>*Author: Ian S Dayes*<br>**Speaker: Dr. Purvi Thakkar** |

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### DAY 1, SATURDAY, 13TH JANUARY, 2024

| | |
|---|---|
| 17:35 – 17:45 | Hormonal Contraception and the Risk of Breast Cancer in Women of Reproductive Age: A Meta-Analysis<br>*Citation: Cancers (Basel). 2023 Nov 28;15(23):5624.*<br>*Author: Luz Angela Torres-de la Roche* |
| | Global Stage Distribution of Breast Cancer at Diagnosis: A Systematic Review and Meta-Analysis<br>*Citation: JAMA Oncol . 2023 Nov 9:e234837.*<br>*Author: Javier David Benitez Fuentes*<br>**Speaker: Dr. Aditi Chaturvedi** |
| 17:45 – 18:25 | **Chairpersons :**<br>**Dr. Nikhilesh Borkar, Dr. Shyam Shrivastava**<br>Panel Discussion<br>**Moderators: Dr. Geeta K , Dr. Anusheel Munshi**<br>**Panelists: Dr. Vikram Maiya, Dr. Rima Pathak, Dr. Monica Malik, Dr. Tanveer Shahid, Dr. Garvit Chitkara, Dr. Anupama Mane, Dr. Shabnam Bashir, Dr. V Sridevi, Dr. Deepak Jha, Dr. Palak Popat** |

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## SCIENTIFIC PROGRAM

## DAY 2 - SUNDAY, 14TH JANUARY, 2024

### Session 6 : Key publications in Translational Science

**Chairpersons :**
**Dr. Shona Nag, Dr. Aparna Dhar**

| | |
|---|---|
| 09:00 - 09:20 | Predicting early breast cancer recurrence from histopathological images in the Carolina Breast Cancer Study<br>*Citation: ORIGINAL ARTICLE \| VOLUME 34, ISSUE 1, P111-120, JANUARY 2023*<br>*Author: Z.R. Reichert* |
| | Prognostic value of plasma circulating tumor DNA fraction across four common cancer types: A real-world outcomes study Annals of Oncology<br>*Citation: NPJ Breast Cancer. 2023 Nov 11;9(1):92.*<br>*Author: Yifeng Shi* |
| | Molecular classification of hormone receptor-positive HER2-negative breast cancer<br>*Citation: Nat Genet.2023 Oct;55(10):1696-1708*<br>*Author: Xi Jin* |
| | Associations of a Breast Cancer Polygenic Risk Score With Tumor Characteristics and Survival<br>*Citation: J Clin Oncol. 2023 Apr 1;41(10):1849-1863.*<br>*Author: Josephine M N Lopes Cardozo* |
| | Contralateral Breast Cancer Risk Among Carriers of Germline Pathogenic Variants in ATM, BRCA1, BRCA2, CHEK2, and PALB2<br>*Citation: J Clin Oncol.2023 Mar 20;41(9):1703-1713.*<br>*Author: Siddhartha Yadav* |

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## SCIENTIFIC PROGRAM

### DAY 2 - SUNDAY, 14TH JANUARY, 2024

Overall Survival With Circulating Tumor Cell Count-Driven Choice of Therapy in Advanced Breast Cancer: A Randomized Trial

*Citation: J Clin Oncol.,2023 Nov 6*
*Author: François-Clément Bidard*

Detection of circulating tumor DNA following neoadjuvant chemotherapy and surgery to anticipate early relapse in ER positive and HER2 negative breast cancer: Analysis from the PENELOPE-B trial

*Citation: ASCO 2023, Abstract 502*
*Author: Nicholas C Turner*

**Speaker: Dr. Bhawna Sirohi**

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

## DAY 2 - SUNDAY, 14TH JANUARY, 2024

### Session 7 : Key abstracts/publications in HER2+ve Breast Cancer

**Chairpersons :**
**Dr. Shyam Agrawal, Dr. S D Banavali**

| | |
|---|---|
| 09:20 - 09:30 | Re-Evaluation of Pathologic Complete Response as a Surrogate for Event-Free and Overall Survival in Human Epidermal Growth Factor Receptor 2-Positive, Early Breast Cancer Treated With Neoadjuvant Therapy Including Anti-Human Epidermal Growth Factor Receptor 2 Therapy<br>*Citation: J Clin Oncol.,2023 Jun 1;41(16):2988-2997*<br>*Author: Pierre Squifflet* |
| | Pathologic Complete Response and Individual Patient Prognosis After Neoadjuvant Chemotherapy Plus Anti-Human Epidermal Growth Factor Receptor 2 Therapy of Human Epidermal Growth Factor Receptor 2-Positive Early Breast Cancer<br>*Citation: J Clin Oncol.,2023 Jun 1;41(16):2998-3008.*<br>*Author: Marion T van Mackelenbergh*<br>**Speaker: Dr. Shruti Kate** |
| 09:30 - 09:40 | Phase III study of adjuvant ado trastuzumab emtansine vs trastuzumab for residual invasive HER2-positive early breast cancer after neoadjuvant chemotherapy and HER2-targeted therapy: KATHERINE final IDFS and updated OS analysis<br>*Citation: SABCS 2023 GS03-12*<br>*Author: Sibylle Loibl* |
| | HER2CLIMB-02: Randomized, double blind phase 3 trial of tucatinib and trastuzumab emtansine for previously treated her2-positive metastatic breast cancer<br>*Citation: SABCS 2023 GS01-10*<br>*Author: Sara Hurvitz*<br>**Speaker: Dr. Manuprasad Avaronnan** |

DAY 2 - SUNDAY, 14TH JANUARY, 2024

# 9th YEAR IN REVIEW BREAST CANCER

The year that was...2023


## SCIENTIFIC PROGRAM

## DAY 2 - SUNDAY, 14TH JANUARY, 2024

| | |
|---|---|
| 09:40 - 09:50 | A phase III study comparing trastuzumab emtansine with trastuzumab, pertuzumab, and docetaxel in older patients with metastatic HER2 positive breast cancer (JCOG1607 HERB TEA study)<br>*Citation: SABCS RF02-04*<br>*Author: Akihiko Shimomura* |
| | Pyrotinib versus placebo in combination with trastuzumab and docetaxel as first line treatment in patients with HER2 positive metastatic breast cancer (PHILA): randomised, double blind, multicentre, phase 3 trial<br>*Citation: BMJ.,2023 Oct 31:383:e076065*<br>*Author: Fei Ma*<br>**Speaker: Dr. Prabhat Bhargava** |
| 09:50 - 10:00 | Pertuzumab plus high-dose trastuzumab for HER2-positive breast cancer with brain metastases: PATRICIA final efficacy data<br>*Citation: npj Breast Cancer,volume 9,*<br>*Article number: 94 November 2023*<br>*Author: Nancy U. Lin* |
| | A pooled analysis of trastuzumab deruxtecan (T-DXd) in patients (pts) with HER2-positive (HER2+) metastatic breast cancer (mBC) with brain metastases (BMs) from DESTINY-Breast (DB) -01, -02, and -03<br>*Citation: ESMO 377O*<br>*Author: Sara Hurvitz*<br>**Speaker: Dr. Amit Kumar** |

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

## DAY 2 - SUNDAY, 14TH JANUARY, 2024

| | |
|---|---|
| 10:00 - 10:10 | Do tumor infiltrating lymphocytes (TILs) predict benefits from trastuzumab therapy for HER2 positive breast cancer? Meta-analysis of individual patient data from 4097 women in 5 trials<br>*Citation: ASCO Abstract 508*<br>*Author: Robert Kerrin Hills* |
| | HER2 amplification level by in situ hybridization predicts survival outcome in advanced HER2-positive breast cancer treated with pertuzumab, trastuzumab, and docetaxel regardless of HER2 IHC results<br>*Citation: Breast Cancer Res. 2023; 25: 154.*<br>*Author: Jeongmin Seo*<br>**Speaker: Dr. Priya Tiwari** |
| 10:10 - 10:40 | **Chairpersons :**<br>**Dr. S H Advani, Dr. Ramesh Nimmagadda**<br>ADCs in the treatment of breast cancer – Present status and future developments. Is breast cancer leading the way<br>**Speaker: Dr. Hope Rugo** |
| 10:40 - 11:25 | **Chairpersons :**<br>**Dr. Soumya Panda, Dr. Tejinder Singh**<br>Panel discussion on key abstracts in HER2+ve Breast Cancer<br>**Moderator : Dr. Nitish Rohatgi**<br>**Panelists: Dr. Hope Rugo, Dr. Chetan Deshmukh, Dr. Boman Dhabhar, Dr. Manuprasad Avaronnan, Dr. Atul Batra, Dr. Saurabh Kumar, Dr. Seema Gulia, Dr. Priti Agarwal, Dr. Rohit Rebello** |
| **11:25 - 11:45** | **Tea/Coffee Break** |

DAY 2 - SUNDAY, 14TH JANUARY, 2024

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# 9th YEAR IN REVIEW BREAST CANCER

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## SCIENTIFIC PROGRAM

## DAY 2 - SUNDAY, 14TH JANUARY, 2024

| | |
|---|---|
| **Session 8 : Precision Oncology in Breast Cancer** | |
| 11:45 - 12:05 | **Chairpersons :**<br>**Dr. Shyam Aggarwal, Dr. Shailesh Bondarde**<br>The era of precision oncology in breast cancer: Novel Targets and treatments<br>**Speaker: Dr. Giuseppe Curigliano** |
| 12:05 - 12:50 | Molecular Tumor Board in Breast Cancer<br>**Moderator : Dr. B K Smruti**<br>**Panelists: Dr. Amrit Kaler, Dr. Mosuhmi Suryavanshi, Dr. G Arun Kumar, Dr. Bhawna Sirohi, Dr. Bhuvan Chugh, Dr. Ashish Singh, Dr. Hope Rugo, Dr. Amol Akhade, Dr. Sandeep Goyle, Dr. Jyoti Wadhwa** |
| 12:50 - 13:05 | **Chairpersons :**<br>**Dr. B A Krishna, Dr. Sanjay Sharma**<br>Digital Oncology: Progress and Future Outlook<br>**Speaker: Dr. Nikesh R. Shah** |
| 13:05 - 13:25 | Did you know ?<br>**Speaker: Dr. Sudeep Gupta** |
| **13:25 – 13:30** | **Vote of thanks** |

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DESTINY-Breast03, the **first and only head-to-head** study vs trastuzumab emtansine (T-DM1), demonstrated

# UNPARALLELED PFS

**THE NEW STANDARD OF CARE FOR 2L HER2+ METASTATIC BREAST CANCER[1]**

## ENHERTU demonstrated:

**72% reduction**

**in risk of disease progression or death**
HR: 0.28 (95% CI: 0.22, 0.37; P<0.000001)[1]

(Primary endpoint: PFS assessed by BICR)

**Ground breaking PFS**

HR: 0.26 (95% CI: 0.20, 0.35)[1]

(Secondary endpoint: PFS assessed by investigator)

**Consistent safety and tolerabilty**

**was observed with ENHERTU even with a longer treatment duration**
There were no grade 4 or 5 adjudicated drug-related ILD/pneumonitis events[3]

**>2X confirmed ORR**

vs TDM-1(**79.7 vs 34.2%**; P<0.0001)[1]
Around 1 in 5 patients achieved complete response in the ENHERTU arm[1]

**NCCN Guidelines recommend Trastuzumab deruxtecan as Category 1, preferred regimen for 2L HER2+ mBC[4]**


**References:**

**1.** Hurvitz SA, Hegg R, Chung WP, et al; on behalf of the DESTINY-Breast03 investigators. Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: Updated results of the randomized, phase 3 study DESTINY-Breast03. Presented at: San Antonio Breast Cancer Symposium, December 6-10, 2022.

**2.** Hurvitz SA, Hegg R, Chung WP, et al. Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: updated results from DESTINY-Breast03, a randomised, open-label, phase 3 trial [published correction appears in Lancet. 2023 Feb 18;401(10376):556]. Lancet. 2023;401(10371):105-117. doi:10.1016/S0140-6736(22)02420-5.

**3.** Enhertu, summary of the product characterstics, 2022.

**4.** NCCN Guidelines Version 5.2023 Invasive Breast Cancer



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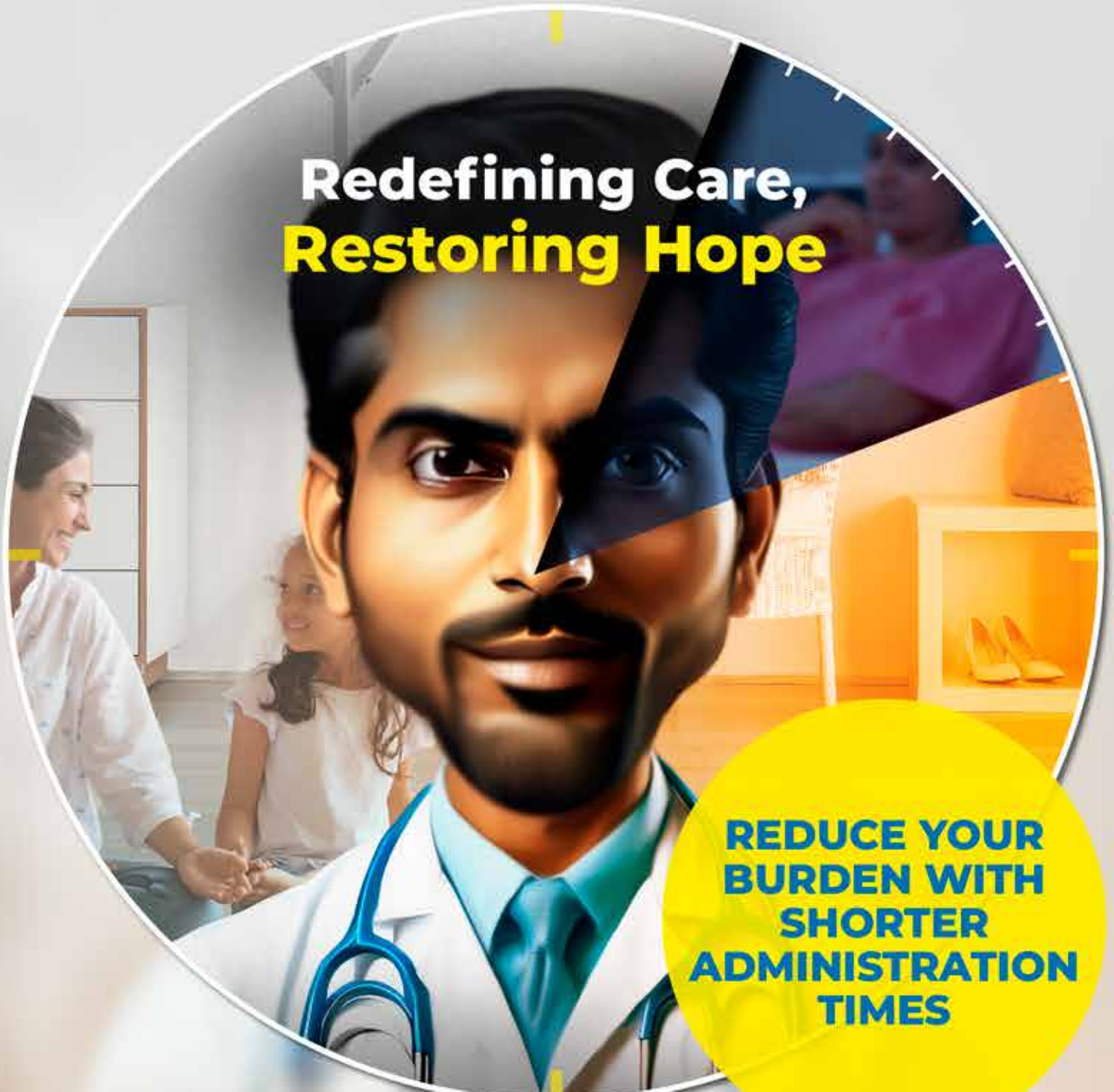

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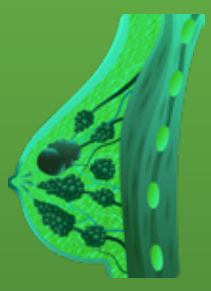
**Women's Cancer patients**



## Triple-negative breast cancer

- KEYTRUDA® (pembrolizumab), in combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, is indicated for the treatment of adults with locally advanced, or early-stage triple-negative breast cancer at high risk of recurrence.
- KEYTRUDA® (pembrolizumab), in combination with chemotherapy, is indicated for the treatment of locally recurrent unresectable or metastatic triple-negative breast cancer in adults whose tumours express PD-L1 with a CPS ≥ 10 and who have not received prior chemotherapy for metastatic disease.

## Cervical Cancer

- KEYTRUDA® (pembrolizumab), in combination with chemotherapy with or without bevacizumab, is indicated for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express PD-L1 with a CPS ≥1.

**CPS:** Combined Positive Score; **PD-L1:** Programmed death-ligand 1 **Reference:** KEYTRUDA (pembrolizumab) Prescribing Information MSDIN 06/23

To report Adverse Events (AEs) related to our products, please contact :

| Mode of reporting the adverse event | Details |
|---|---|
| PV Dedicated Fax | 0124-4647339 |
| PV Toll Free Number | 18001032642 |
| E-mail | dpoc_india@merck.com |
| Postal Address | International Pharmacovigilance Department, MSD Pharmaceuticals Pvt. Ltd., 6th Floor, Vatika Towers-B, Sector-54, Gurgaon- 122002. |

For complete Prescribing Information please scan the QR code below

**Selected Safety Information (SSI):**
Contraindications: None I Warnings and Precautions: Immune-mediated adverse reactions, including severe and fatal cases have occurred in patients receiving KEYTRUDA. Immune-mediated adverse reactions can occur after discontinuation of treatment. In clinical trials, most immune-mediated adverse reactions were reversible and managed with interruptions of KEYTRUDA, administration of corticosteroids and/or supportive care. Immune-mediated pneumonitis, Immune-mediated colitis, Immune-mediated hepatitis, Immune-mediated nephritis, Immune-mediated endocrinopathies (as adrenal insufficiency, hypophysitis (including hypopituitarism), type 1 diabetes mellitus (including diabetic ketoacidosis), hyperthyroidism, hypothyroidism and thyroiditis), Severe skin reactions, Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), uveitis, myositis, Guillain-Barré syndrome, pancreatitis, encephalitis, sarcoidosis, myasthenic syndrome/myasthenia gravis (including exacerbation), hemolytic anaemia, pure red cell aplasia (PRCA), myelitis, vasculitis, hypoparathyroidism, myocarditis, sclerosing cholangitis, Solid organ transplant rejection, acute graft-versus-host-disease (GVHD), Elevated liver enzymes when KEYTRUDA is given in combination with axitinib (ALT and AST), Infusion-related reactions (including hypersensitivity and anaphylaxis) occurred in patients receiving KEYTRUDA. Increased mortality in patients with multiple myeloma when KEYTRUDA is added to a thalidomide analogue and dexamethasone. I Undesirable Effects: Most common adverse reaction (reported in ≥10% of patients) when KEYTRUDA was used as a single agent were arthralgia, back pain, cough, vitiligo, abdominal pain, pruritis, rash, hyponatremia; when KEYTRUDA was used in combination with chemotherapy were fatigue, asthenia, diarrhea, neutropenia, rash, alopecia, arthralgia, mucosal inflammation, stomatitis, anemia, thrombocytopenia, vomiting and white blood cell count decreased, hypertension, decreased appetite, palmar-plantar erythrodysaesthesia syndrome, nausea, dysphonia, constipation, pyrexia. The following adverse reactions have been identified during post-approval use of KEYTRUDA: Musculoskeletal and connective tissue disorders: arthritis, Eye disorders: Vogt-Koyanagi-Harada syndrome, Immune system disorders: hemophagocytic lymphohistiocytosis. Please refer to the local full prescribing information of KEYTRUDA® for more information. MSDIN 06/23

Adverse Event (AE): Per the International Conference on Harmonization (ICH), an adverse event (AE) is defined as any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have to have a causal relationship with this treatment. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease temporally associated with the use of a medicinal product, whether or not considered related to this product.
PRIVACY CLAUSE: For recording of any kind of Adverse Event and/or Product Quality Complaint MSD in India will need certain personal information of the patient and/or reporter for official purpose and the patient and/or reporter of Adverse Event and/or Product Quality Complaint will be requested to provide the required Personal Information. For any other request other than Adverse Event Reporting and/or Product Quality Complaint Reporting, the information shall be shared basis MSD internal guidelines. Please be informed that MSD will save the information you share with us. The information will be handled strictly in accordance with MSD Privacy Standards. It may be shared globally within MSD group that handles adverse events, quality complaints and responds to medical inquiries. It will not be shared outside of MSD group and its affiliates except to companies acting on behalf of MSD or with government authorities or agencies.
Please note that to fulfil legal requirements MSD might be sharing information concerning adverse events and other reportable events with medical/regulatory authorities. MSD in India and our partners will use the information to handle your question. Anonymized information will also be used for statistical and quality assurance purposes. In case you want to edit or delete Personal Health Information (PHI) already in possession of MSD in India you may request by writing to the below e-mail address pharmacovigilance.india@msd.com or FAX at +91-124-4647339. In case you would like to have any further details on Privacy you may visit MSD India website at www.msdindia.com"
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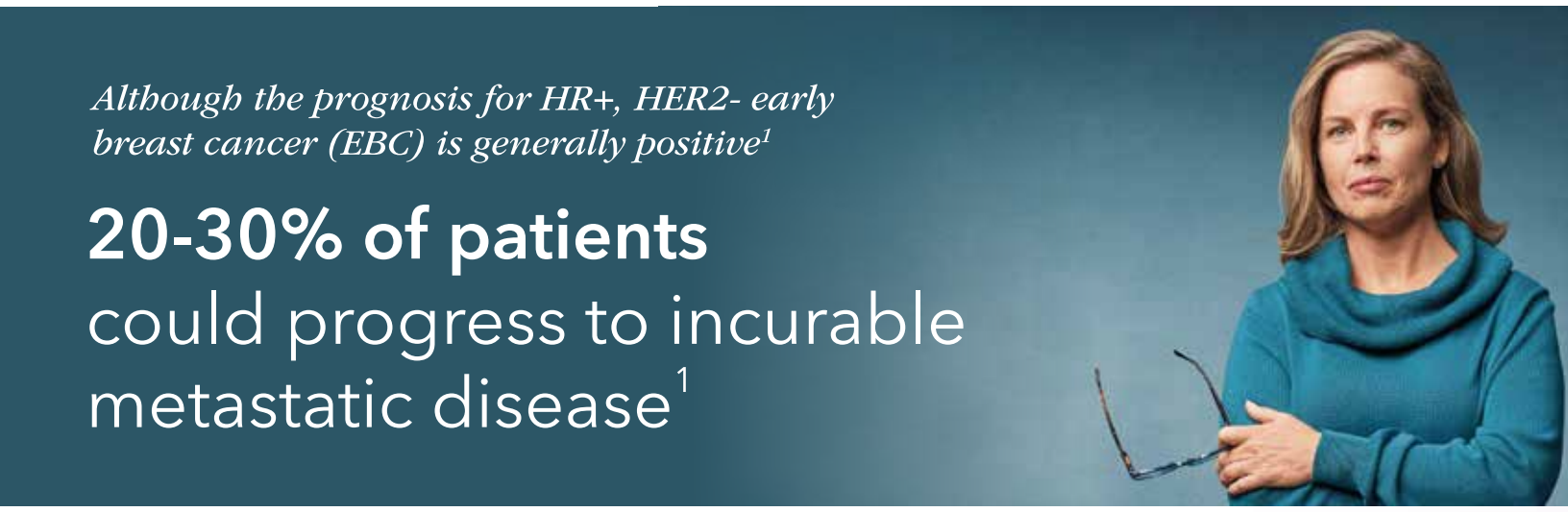
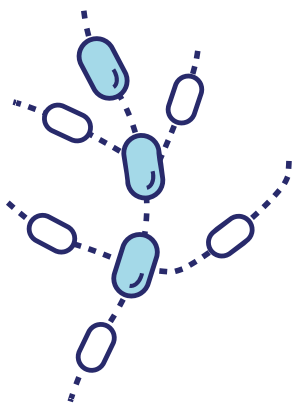


*Although the prognosis for HR+, HER2- early breast cancer (EBC) is generally positive*[1]

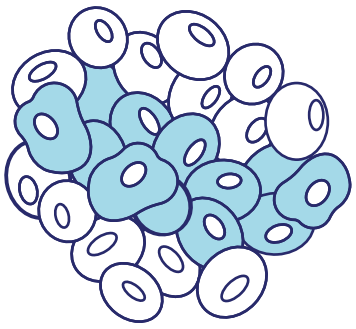
## 20-30% of patients

could progress to incurable metastatic disease[1]

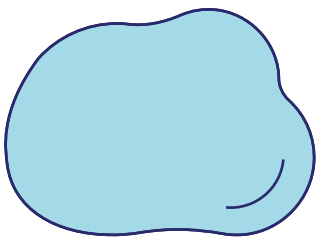
**Factors associated with high risk of recurrence can include**[2]**:**



Positive nodal status



High tumour grade



Large tumour size

**References: 1.** Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. Lancet. 2005;365(9472):1687-1717.doi:10.1016/S0140-6736(05)66544-0. **2.** Cheng L, Swartz MD, Zhao H, et al. Hazard of recurrence among women after primary breast cancer treatment--a 10-year follow-up using data from SEER-Medicare. Cancer Epidemiol Biomarkers Prev. 2012;21(5):800-809.

**RAMIVEN® ABRIDGED PRESCRIBING INFORMATION**

**PRODUCT DESCRIPTION:** • Abemaciclib (Ramiven®) • Film coated tablets [available in 50mg, 100mg, 150mg and 200mg]. **INDICATION AND USAGE: Early Breast Cancer -** Ramiven® in combination with endocrine therapy is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. (High risk of recurrence is defined by clinical and pathological features: either ≥ 4 pALN (positive axillary lymph nodes), or 1-3 pALN and at least one of the following criteria: tumor size ≥ 5 cm or histological grade 3.). In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. **Advanced or Metastatic Breast Cancer -** Ramiven® is indicated for the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine- based therapy, or in women who have received prior endocrine therapy. In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. As monotherapy for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting. **Dose and method of administration -** The recommended dose of Abemaciclib is 150 mg twice daily when used in combination with endocrine therapy. Recommended starting dose in combination with fulvestrant or an aromatase inhibitor: 150 mg twice daily. Recommended starting dose as monotherapy: 200 mg twice daily orally. **Duration of treatment -** Early Breast Cancer. Ramiven® should be taken continuously for two years, or until disease recurrence or unacceptable toxicity occurs. Advanced or Metastatic Breast Cancer. Ramiven® should be taken continuously as long as the patient is deriving clinical benefit from therapy or until unacceptable toxicity occurs. If a patient vomits or misses a dose of Ramiven®, the patient should be instructed to take the next dose at its scheduled time; an additional dose should not be taken. **Method of Administration -** Ramiven® is for oral use. The dose can be taken with or without food. It should not be taken with grapefruit or grapefruit juice (See section Interaction with other medicinal products and other forms of interaction in full Pack Insert). Patients should take the doses at approximately the same times every day. The tablet should be swallowed whole (patients should not chew, crush, or split tablets before swallowing). **Contra-indications -** Hypersensitivity to the active substance or to any of the excipients. **Undesirable effects -** The most commonly occurring adverse reactions are diarrhoea, infections, neutropenia, anaemia, fatigue, nausea, vomiting and decreased appetite. **Overdose -** In the event of an abemaciclib overdose, fatigue and diarrhea may occur. General supportive care should be provided. Summary of use in specific populations - ***Elderly:*** No dose adjustment is required based on age. ***Renal impairment:*** No dose adjustments are necessary in patients with mild or moderate renal impairment. There are no data regarding abemaciclib administration in patients with severe renal impairment, end stage renal disease, or in patients on dialysis. Abemaciclib should be administered with caution in patients with severe renal impairment, with close monitoring for signs of toxicity. ***Hepatic impairment*** - No dose adjustments are necessary in patients with mild (Child Pugh A) or moderate (Child Pugh B) hepatic impairment. In patients with severe (Child Pugh C) hepatic impairment, a decrease in dosing frequency to once daily is recommended. **Paediatric population -** The safety and efficacy of abemaciclib in children and adolescents aged less than 18 years has not been established. No data are available. **SPECIAL WARNING AND PRECAUTION:** ***Neutropenia:*** Neutropenia was reported in patients receiving abemaciclib. Dose modification is recommended for patients who develop Grade 3 or 4 neutropenia. Fatal events occurred in <1% of patients. Patients should be instructed to report any episode of fever to their healthcare provider. **Infections/infestations:** Infections were reported in patients receiving abemaciclib plus endocrine therapy at a higher rate than in patients treated with placebo plus endocrine therapy. Lung infection was reported in patients receiving abemaciclib without concurrent neutropenia. Fatal events occurred in < 1% of patients. Patients should be monitored for signs and symptoms of infection and treated as medically appropriate. **Venous thromboembolism:** Venous thromboembolic events were reported in 5.3% of patients treated with abemaciclib plus fulvestrant or aromatase inhibitors, compared to 0.8% of patients treated with placebo plus fulvestrant or aromatase inhibitors. Patients should be monitored for signs and symptoms of deep vein thrombosis and pulmonary embolism and treated as medically appropriate. **Increased aminotransferases:** Increases in ALT and AST were reported in patients receiving abemaciclib. Based on the level of ALT or AST elevation, abemaciclib may require dose modification. **Diarrhoea:** Diarrhoea is the most common adverse reaction. Across clinical studies, median time to onset of the first diarrhoea event was approximately 6 to 8 days, and median duration of diarrhoea was 7 to 12 days (Grade 2) and 5 to 8 days (Grade 3). Diarrhoea can be associated with dehydration. Patients should start treatment with antidiarrhoeal agents such as loperamide at the first sign of loose stools, increase oral fluids and notify their healthcare provider. Dose modification is recommended for patients who develop ≥Grade 2 diarrhoea. **Interstitial Lung Disease (ILD)/Pneumonitis-** ILD/pneumonitis was reported in patients receiving abemaciclib. Monitor patients for pulmonary symptoms indicative of ILD/pneumonitis and treat as medically appropriate. Based on the grade of ILD/pneumonitis, abemaciclib may require dose modification (Posology and method of administration). Permanently discontinue abemaciclib in patients with Grade 3 or 4 ILD/pneumonitis. **Concomitant use of inducers of CYP3A4:** Concomitant use of CYP3A4 inducers should be avoided due to the risk of decreased efficacy of abemaciclib. **Visceral crisis:** There are no data on the efficacy and safety of abemaciclib in patients with visceral crisis. **Lactose:** Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

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**Literature revised: 14 July 2023; Version Control No.: PA008SPIN05; PP-AL-IN-0707**

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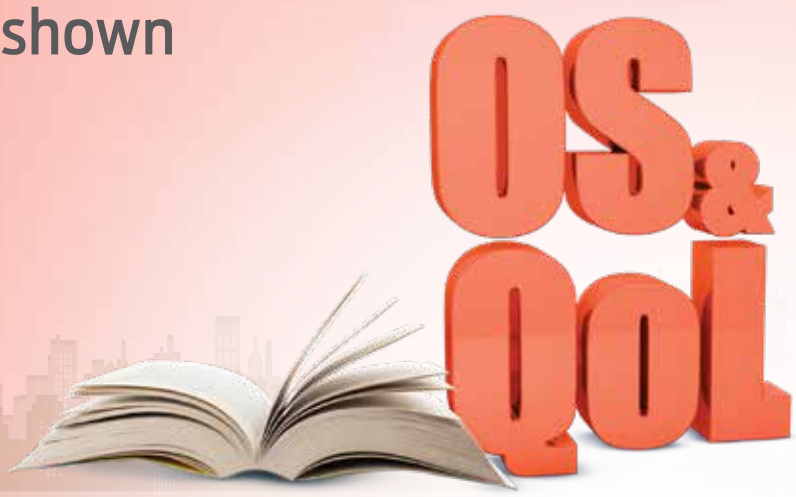


benefit in **1L** setting in combination with AI[3-4, 7-9,13]

The final Monarch-3 results fail to achieve significant OS benefit compared to ET alone in 1L postmenopausal setting[8,9]

This now leaves Kryxana as the only CDK4/6i to have shown an OS & QoL benefit compared to ET alone in this setting[3-4, 7-9]

Ribo's unique PK/PD profile is potentially driving the repeated and consistent OS & QoL benefits regardless of treatment line, ET partner, or menopausal status as seen across all 3 pivotal trials [4-6,10-12]

**Isn't it time to extend the benefit of living longer, living well to the next 1L patient with KRYXANA ?**

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**OS -** Overall Survival | **QoL -** Quality of Life | **1L -** 1st Line | **ET -** Endocrine Therapy | **PK/PD -** Pharmacokinetic/Pharmacodynamic | **CDK4/6i -** Cyclin-Dependent Kinase 4 & 6 (CDK4/6) Inhibitors

**References: 1.** Data on file. Novartis Pharmaceuticals Corp; 2017. | **2.** Harbeck N, Franke F, Villanueva-Vazquez R, et al. Health-related quality of life in premenopausal women with hormone-receptor positive, HER2-negative advanced breast cancer treated with ribociclib plus endocrine therapy: results from a phase III randomized clinical trial (MONALEESA-7). Ther Adv Med Oncol. 2020;12:1758835920943065. doi:10.1177/1758835920943065. **3.** Fasching PA, Beck JT, Chan A, et al. Ribociclib plus fulvestrant for advanced breast cancer: health-related quality-of-life analyses from the MONALEESA-3 study. Breast. 2020;54:148-154. doi:10.1016/j.breast.2020.09.008. | **4.** Hortobagyi GN, Stemmer SM, Burris HA, et al. N Engl J Med 2022;386:942-50. | **5.** Im SA, et al. N Engl J Med. 2019;381(4):307-316. | **6.** Slamon DJ, et al.N Engl J Med. 2020;382(6):514-524. | **7.** Finn RS, et al. Overall survival (OS) with first-line palbociclib plus letrozole (PAL+LET) versus placebo plus letrozole (PBO+LET) in women with estrogen receptor–positive/human epidermal growth factor receptor 2–negative advanced breast cancer (ER+/HER2–ABC): Analyses from PALOMA-2. Presented at American Society of Clinical Oncology Annual meeting 2022. LBA-1003. Available at https://meetings.asco. org/abstracts -presentations/208020 Accessed on 12 Dec 2023. | **8.** M Goetz. MONARCH 3: Final overall survival results of abemaciclib plus a nonsteroidal aromatase inhibitor as first-line therapy in patients with HR+, HER2- advanced breast cancer. Presented at San Antonio Breast Cancer Symposium, December 5-9, 2023. GS01-12 .1643629. | **9.** Lilly to present final overall survival analysis from the MONARCH 3 study of verzenio® (abemaciclib) and Additional results from its breast cancer portfolio at the 2023 San Antonio Breast Cancer Symposium. Lilly.com. 2023. Available from: https://investor.lilly.com/node/49971/pdf Accessed on 7 Dec 2023. | **10.** Kim S, et al. Oncotarget. 2018;9:35226-35240 | **11.** Chen P, et al. Mol Cancer Ther. 2016;15(10):2273-2281. | **12.** Infante JR et al. Clin Cancer Res. 2016;22(23):5696-5705 | **13.** Turner NC et al. N Engl J Med. 2018;379(20):1926–36.

KRYXANA PROMO MATERIAL/752703/12-12-2023

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**Abridged Prescribing Information - UJVIRA™**

**PHARMACEUTICAL FORM AND COMPOSITION:** UJVIRA™ Injection is lyophilized powder for concentrate for solution for infusion. 160 mg single dose lyophilized powder for infusion & 100 mg single dose lyophilized powder for infusion. **THERAPEUTIC INDICATION:** UJVIRA™ is indicated for the treatment of patients with HER2-positive, unresectable locally advanced or metastatic breast cancer who had previously received trastuzumab and a taxane, separately or in combination. It is also indicated for the adjuvant treatment of patients with HER2-positive early breast cancer with residual invasive disease in the breast and/or lymph nodes after receiving neo-adjuvant taxane-based and HER2-targeted therapy. **POSOLOGY AND METHOD OF ADMINISTRATION:** UJVIRA™ should be administered as an intravenous infusion. Do not administer as an intravenous push or bolus. It should be given at a dose of 3.6 mg / kg body weight with 3 weekly intervals (21 Day cycle). The first dose should be administered over 90 minutes intravenous infusion. Patients should be observed for fever and chills or other symptoms related to infusion. **SUBSEQUENT DOSES:** If the previous dose was well tolerated, the 3.6 mg / kg body weight dose can be administered over 30 minutes intravenous infusion. If dose reduction is done due to drug related adverse effect, then the dose should not be re-escalated in subsequent cycles. **CONTRAINDICATIONS:** There are no known contraindications to UJVIRA™. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Infusion-related reactions and hypersensitivity characterized by one or more of the following symptoms have been reported with trastuzumab emtansine- flushing, chills, pyrexia, dyspnoea, hypotension, wheezing, bronchospasm and tachycardia. It is recommended to monitor serum transaminases and bilirubin prior to initiate the treatment with UJVIRA™ as hepatoxicity risk is associated. UJVIRA™ administration may lead to reductions in left ventricular ejection fraction. Evaluate left ventricular function in all patients prior to and during treatment with UJVIRA™. It is recommended that platelet counts are monitored prior to each trastuzumab emtansine dose. Patients with significant thrombocytopenia should be monitored closely while on trastuzumab emtansine treatment. **PREGNANCY:** UJVIRA™ should be avoided during pregnancy as it can cause fetal harm when administered to a pregnant woman. **NURSING MOTHERS:** Women should discontinue breast-feeding prior to initiating treatment with trastuzumab emtansine. Women may begin breast-feeding 7 months after concluding treatment. **ADVERSE EVENTS:** Some reported adverse events included vomiting, pyrexia, cough, thrombocytopenia, aspartate aminotransferase increased and pain. **STORAGE:** Store vials between +2°C and +8°C. **RECONSTITUTED SOLUTION:** It is recommended to use immediately. If not used, it can be stored between +2°C and +8°C up to 24 hours. Do not freeze.
Please refer to the full Prescribing Information before using UJVIRA™

#Based on analysis from R&D batches
IV: Intravenous, ADC: Antibody–Drug Conjugate, MoA: Mode of Action HER2+: Human Epidermal growth factor Receptor 2 positive, EBC: Early Breast Cancer, MBC: Metastatic Breast Cancer,
Reference: 1. Data on file.

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Ref.: 1. World J Clin Oncol 2020; 11(8): 510-678 | 2. Vaswani, B., Dattatreya, P.S.et al. The effectiveness of NEPA in the prevention of chemotherapy-induced nausea vomiting among chemo naive patients in an Indian setting. BMC Cancer 21, 601 (2021)
3. Data on file | * Includes published and to be published Data



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1. ecancermedicalscience. 2022;16.

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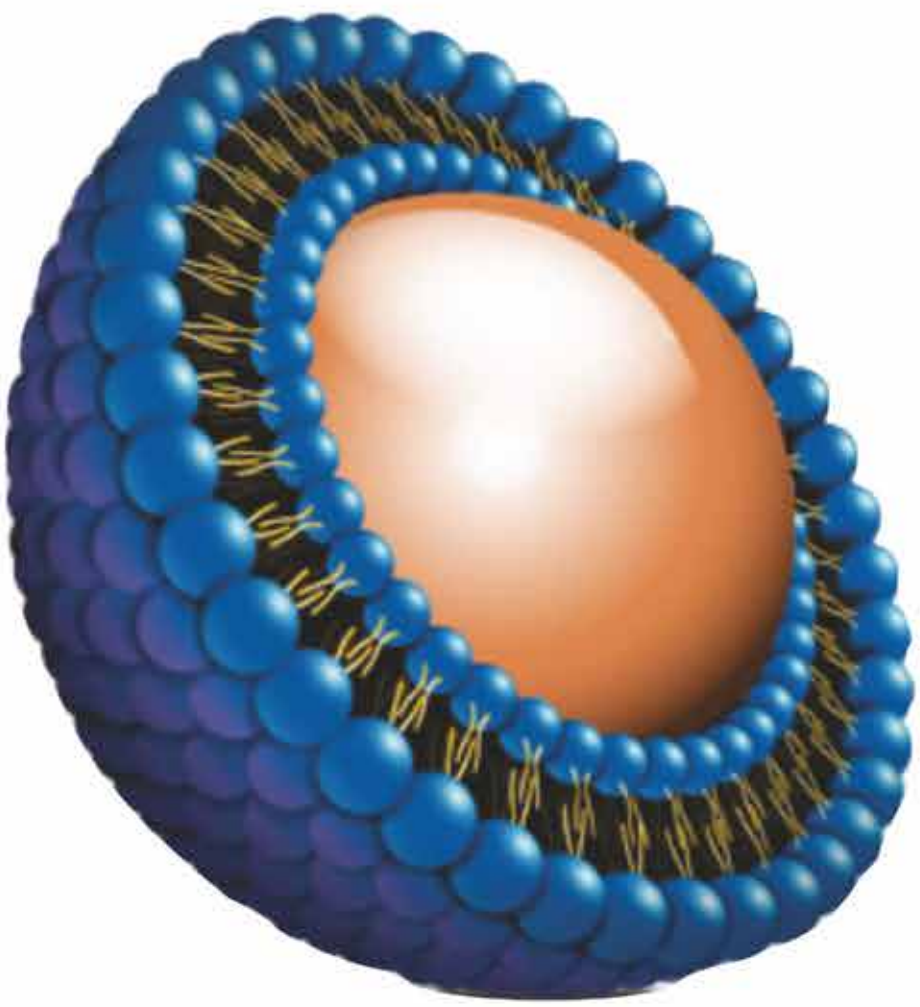

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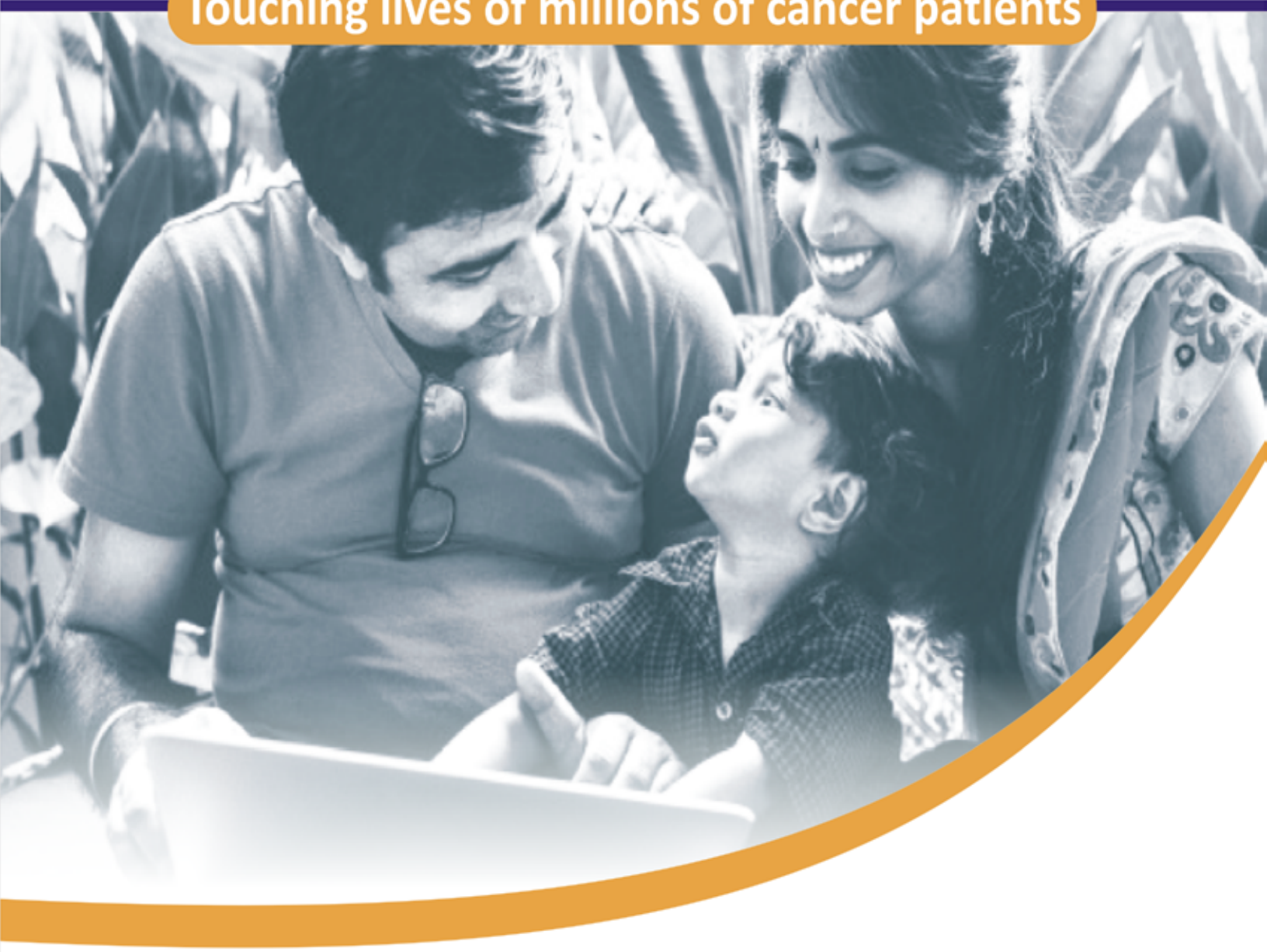

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