Click on Resource Center inside the virtual arena to see the meeting proceedings of 11th Jan to 15th Jan
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Saturday, 16th Jan 2021
Watch Live Meeting

Practice Impacting Panel discussions & International speakers Keynote
9.00am to 3.00pm

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Dear Colleagues,

Women’s Cancer Initiative - Tata Memorial Hospital and Nag Foundation invite you for the “6th Edition of Year in Review: Breast Cancer Conference”. This conference will be held virtually from 11th Jan to 15th Jan and presentations will be released at 9.00am daily and you can watch them throughout the day at your leisure. Keynote presentation and panel discussions will be live on Saturday from 9.00am to 3.00pm.

The pandemic in 2020 has slowed down research, inspite of this many clinical, translational and basic science studies were published this year. Data presented at the YIR conference, are chosen from major breast cancer meetings and noteworthy publications from peer reviewed journals, likely to make an impact on our daily clinical practice.

The popularity of the Year In Review breast cancer relies on an unbiased selection of high quality research which is presented in an interactive form and discussed in the Indian context. A wide range of topics is reviewed ranging from Translational science to Supportive care. This aims to give participants clear visibility on how they can apply this information to their immediate practice, as well as keeping in mind the potential of new research.

Another important highlight of this meeting, is that it features experts who have been consistently part of this conference for the last 5 years. These experts understand the participants needs and expectations, while they contextualize and process new information for optimizing patient care.

This virtual meeting take place over 6 days and will be broadly classified in the following sessions:

- Monday : Loco-regional therapies in breast cancer
- Tuesday : HR positive Breast Cancer
- Wednesday : HER2 positive Breast Cancer
- Thursday : Triple Negative Breast Cancer
- Friday : Translational science & Supportive care
- Saturday : Keynote presentations and panel discussions

Please find below the registration link for the conference. We request you to popularise this link amongst your colleagues and students.

www.yearinreview.in/yir2021

YIR has become an important annual meeting in India for breast cancer. We have been going strong since 2016 with your support and partnership. We urge you to be part of YIR this year as well.

We look forward to your participation in 2021.

With best wishes,

Organizing Chairperson

Dr. Sudeep Gupta  
Director, ACTREC,  
Professor of Medical Oncology,  
Tata Memorial Centre, Mumbai  
sudeepgupta04@yahoo.com

Dr. Shona Nag  
Director of Oncology,  
Sahyadri Hospital,  
Pune  
shonanag3@gmail.com

Click on the link to register  
www.yearinreview.in/yir2021
Highlights of the Meeting

» Select publications shortlisted from 30+ journals
» Selected abstracts for major cancer conferences
» State of the art keynote talks
» Meet national experts
» Extended rapid review session

Session Classification

» 11th Jan, Monday : Loco-Regional therapies in breast cancer
» 12th Jan, Tuesday : HR+ve Breast Cancer
» 13th Jan, Wednesday : HER2+ve Breast Cancer
» 14th Jan, Thursday : Triple Negative Breast Cancer
» 15th Jan, Friday : Translational Science & Supportive Care
» 16th Jan, Saturday : Keynote Presentations and Panel Discussions

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International Speaker

Dr. Shaheenah Dawood
Consultant, Dept. of Medical Oncology,
Mediclinic Parkview Hospital,
Dubai

Dr. Shaheenah Dawood is the Head of Medical Oncology and the Head of the Breast Cancer Program at Dubai Hospital in the United Arab Emirates. Dr. Dawood completed her M.B.B.Ch at Dubai Medical College in 1998 and a Master of Public Health degree at the Harvard School of Public Health, Boston, USA in 2008. Her postgraduate medical training programs include a Fellowship at McGill University in Canada in 2006, and the Susan Komen Breast Cancer Fellowship at the University of Texas M.D. Anderson Cancer Center in 2007.

Dr. Dawood is a member of various professional organizations, including the American Society of Clinical Oncology (ASCO), the American Association of Cancer Research (AACR), the Canadian Association of Medical Oncologists, the Emirates Medical Association, and the Inflammatory Breast Cancer Research Group. She is also the co-director of the Middle East Research Network.

Dr. Dawood has been a primary author or collaborator on over 50 peer-reviewed publications in national and international journals. In addition, she has collaborated with other authors to write a number of book chapters. Dr. Dawood has also been involved as a journal reviewer and as an editorial consultant for many cancer-related journals.

Research Interests- Dr. Dawood’s researcher interests encompass Triple Negative Breast Cancer, Inflammatory Breast Cancer, Metastases, as well as life-style issues and survival outcome of cancer patients.
Professor Dent's primary research interest is in the field of breast cancer, with a focus on locally advanced breast cancer and triple negative/basal-like breast cancers. She has served as Chair of the locally advanced breast cancer program and Head, Breast Cancer Clinical Trials at the Sunnybrook Odette Cancer Center in Toronto, Ontario Canada from 2008-2011. They were actively developing novel therapies and imaging strategies for these high risk patients and up to 75% of their locally advanced breast cancer patients were enrolled onto one or more trials. Recognized as a national leader in triple negative breast cancers with several publications in this area with over 4,000 citations including three citations in the New England Journal of Medicine, she has been invited to speak about her research at major cancer centers in Canada, US, Asia and Europe.

Since beginning her position in February 2011 as a consultant and now senior consultant at the National Cancer Center in Singapore, she has founded and co-chaired the 5th Asia Pacific Breast Cancer Summit. This is a multidisciplinary meeting for the treatment of breast cancer in which are able to attract almost 400 attendees from over 25 countries in the region and globally. She serves on a number of internal steering committees for clinical trials for breast cancer as well as the principal investigator for trials investigating novel therapies for patients with triple negative breast cancer. Finally she serves on a number of prominent international committees such as the American Society of Clinical Oncology (ASCO) Scientific Committee (ER/HER2 track) and the Editorial Board of the Journal of Clinical Oncology. Most recently, she was the only ex-US participant in the ASCO Leadership Development Program.
Dr. Shanu Modi  
Consultant Medical Oncologist,  
Memorial Sloan Kettering Cancer Center, New York, USA

Dr. Modi completed her Medical Oncology Training at The Cross Cancer Institute following her medical degree from the University of Alberta in Edmonton, Canada. She then pursued a special research fellowship in breast oncology at Memorial Sloan Kettering Cancer Center in New York and joined the Breast Medicine Service as an Attending Physician in 2005. She has a practice dedicated solely to the treatment of patients with breast cancer and her research is focused on early phase clinical drug development. At MSKCC she has been leading the translational efforts towards novel therapies for HER2+ Breast Cancer. In 2009 she received the Advanced Clinical Research Award from the American Society of Clinical Oncology and the same year she was awarded the Patricia and James Cayne Chair for Junior Faculty in view of her research contributions. She has authored numerous peer-reviewed papers and has presented her work at many international meetings and is also involved in mentoring Fellows and Junior Faculty.

Dr. Ashutosh Kothari  
Onco-Plastic Breast Surgeon & Clinical Lead,  
Guy’s & St. Thomas NHS Foundation Trust, London, UK

Dr. Kothari completed his super-speciality training in surgical oncology at the prestigious Tata Memorial Hospital, Mumbai, India. He moved to London in 1999 and has worked in the Breast Unit at Guys Hospital since. Dr. Ashutosh Kothari is skilled in all techniques of onco-plastic breast surgery as well as implant based breast reconstruction. He has a special interest in hereditary breast cancer and breast cancer in young women. He is the clinical lead in breast surgery as well as the lead of the breast team. He is on the faculty of a number of international onco-plastic breast surgery and implant based breast reconstruction courses as well as conferences. He is co-director of the London Implant and ADM Masterclass, held each year at Guy’s. Dr. Ashutosh is a co-investigator on the world's first prospective implant and acellular dermal matrix based breast reconstruction clinical trial.
International Speaker

Prof. Sherene Loi
Professor, Cancer Therapeutics
Head, Translational Breast Cancer Genomics and Therapeutics Lab,
Peter MacCallum Cancer Centre
University of Melbourne, Melbourne, Australia

Professor Loi is a medical oncologist specialized in breast cancer as well as a clinician scientist with expertise in genomics, immunology and drug development including immunotherapy. She is working in Peter MacCallum Cancer Centre, in Melbourne, Australia as well as Consultant Medical Oncologist in the Breast Service and head of the Breast Cancer Clinical Trials Unit.

To date, she has published over 220 peer-reviewed research articles with a lifetime H index of 74. She has been a Web of Science Highly Cited Author for 3 years in a row. Professor Loi is a Board Director as well as a member of the Scientific Advisory Committee of the Australia New Zealand Breast Cancer Trials Group (BCT Australia/NZ).

She also Co-Chairs the Scientific Executive Committee and the Translational Working Group of the International Breast Cancer Study Group (IBCSG) based in Bern, Switzerland. She is the current holder of the Inaugural National Breast Cancer Foundation (NBCF) of Australia Endowed Chair and a research fellow of the Breast Cancer Research Foundation (BCRF), New York and is on the Scientific Committee for Breast Cancer for the American Society of Clinical Oncology (ASCO).
Session 1: Locoregional Breast Cancer

10 Mins

Welcome Address Dr. Sudeep Gupta & Dr. Shona Nag

10 Mins

Reviewer: Dr. Shalaka Joshi, Surgical Oncologist, Mumbai

Breast Conservation After Neoadjuvant Chemotherapy for Triple-Negative Breast Cancer: Surgical Results From the BrighTNess Randomized Clinical Trial

Author: Mehra Golshan
Citation: JAMA Surg. 2020 Mar 1;155(3):e195410.

Impacts of omission of breast cancer surgery in older women with ER+ early breast cancer. A risk stratified analysis of survival and quality of life outcomes

Author: L. Wyld
Citation: European Journal of Cancer 138, Suppl. 1 (2020) S3-S17

10 Mins

Reviewer: Dr. Vaishali Zamre, Surgical Oncologist, Delhi

First-in-human robotic supermicrosurgery using a dedicated microsurgical robot for treating breast cancer-related lymphedema: a randomized pilot trial

Author: Tom J. M. van Mulken
Citation: Nat Commun. 2020; 11: 757

Radioactive Iodine Seed Localisation in the Axilla with the Sentinel Node Procedure: The RISAS Trial

Author: Janine Simons
Citation: SABCS 2020 GS1-10

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Day 1 - Monday 11th January, 2021

Scientific Program

Session 1: Locoregional Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

10 Mins

Reviewer: Dr. Sujana Priya, Radiation Oncologist, Hyderabad

Hypofractionated breast radiotherapy for 1 week versus 3 weeks (FAST-Forward): 5-year efficacy and late normal tissue effects results from a multicentre, non-inferiority, randomised, phase 3 trial

Author: Adrian Murray Brunt
Citation: Lancet.2020 May 23;395(10237):1613-1626

Hypofractionated Versus Standard Fractionated Radiotherapy in Patients With Early Breast Cancer or Ductal Carcinoma In Situ in a Randomized Phase III Trial: The DBCG HYPO Trial

Author: Birgitte V. Offersen
Citation: Journal of Clinical Oncology 38, no. 31 (November 01, 2020) 3615-3625

10 Mins

Reviewer: Dr. Neha Choudhary, Surgical Oncologist, Kolkata

Effect of mammographic screening from age 40 years on breast cancer mortality (UK Age trial): final results of a randomised, controlled trial

Author: Duffy SW
Citation: Lancet Oncol 2020; August 12, 2020. https://doi.org/10.1016/S1470-2045(20)30398-3

Incidence, Characteristics, and Outcomes of Interval Breast Cancers Compared With Screening-Detected Breast Cancers

Author: Saroj Niraula
Citation: AMA Netw Open. 2020;3(9):e2018179

10 Mins

Reviewer: Dr. Mitesh Shetty, Medical Genetics, Banaglore

Prevalence of Pathogenic Variants in Cancer Susceptibility Genes Among Women With Postmenopausal Breast Cancer

Author: Allison W. Kurian
Citation: JAMA. 2020 Mar 10; 323(10): 995-997

Pregnancy After Breast Cancer in Patients With Germline BRCA Mutations

Author: Matteo Lambertini
Citation: Clin Oncol.2020 Sep 10;38(26):3012-3023
Scientific Program

Session 1: Locoregional Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

10 Mins

Reviewer: Dr. Aparna Dhar, Medical Genetics, Delhi

- Management of Hereditary Breast Cancer: American Society of Clinical Oncology, American Society for Radiation Oncology, and Society of Surgical Oncology Guideline
  
  Author: Nadine M. Tung
  
  Citation: Journal of Clinical Oncology 38, no. 18 (June 20, 2020) 2080-2106

- Characterization of the Cancer Spectrum in Men With Germline BRCA1 and BRCA2 Pathogenic Variants: Results From the Consortium of Investigators of Modifiers of BRCA1/2 (CIMBA)
  
  Author: Valentina Silvestri
  
  Citation: JAMA Oncol. 2020 Aug 1;6(8):1218-1230. doi: 10.1001/jamaoncol.2020.2134

10 Mins

Reviewer: Dr. Anusheel Munshi, Radiation Oncologist, Delhi

- PRIME 2 randomized trial (Postoperative Radiotherapy in Minimum-Risk Elderly): wide local excision and adjuvant hormonal therapy +/- whole breast irradiation in women ≥65 years with early invasive breast cancer: 10 year results
  
  Author: Kunkler IH
  
  Citation: SABCS 2020 GS2-03

- Long term survival and local control outcomes from single dose targeted intraoperative radiotherapy during lumpectomy (TARGIT-IORT) for early breast cancer: TARGIT-A randomised clinical trial
  
  Author: Jayant S Vaidya
  
  Citation: BMJ.2020 Aug 19;370:m2836

10 Mins

Reviewer: Dr. Garvit Chitkara, Surgical Oncologist, Mumbai

- A randomized phase III trial of systemic therapy plus early local therapy versus systemic therapy alone in women with de novo stage IV breast cancer: A trial of the ECOG-ACRIN Research Group (E2108)
  
  Author: Seema Ahsan Khan
  
  Citation: ASCO 2020 LBA 2

- Long-term Oncologic Outcomes of Immediate Breast Reconstruction vs Conventional Mastectomy Alone for Breast Cancer in the Setting of Neoadjuvant Chemotherapy
  
  Author: Zhen-Yu Wu
  
  Citation: JAMA Surg. 2020;155(12):1142-1150
Day 1 - Monday 11th January, 2021

Scientific Program

Session 1: Locoregional Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

15 Mins

Rapid Review I

Reviewer: Dr. Nita Nair, Surgical Oncologist, Mumbai

Association Between 21-Gene Assay Recurrence Score and Locoregional Recurrence Rates in Patients With Node-Positive Breast Cancer
Author: Wendy A. Woodward
Citation: JAMA Oncol. 2020;6(4):505-511

Imaging Phenotypes of Breast Cancer Heterogeneity in Preoperative Breast Dynamic Contrast Enhanced Magnetic Resonance Imaging (DCE-MRI) Scans Predict 10-Year Recurrence
Author: Rhea D Chitalia
Citation: Clin Cancer Res. 2020 Feb 15;26(4):862-869

Clinical Utility of a Hand-Held Scanner for Breast Cancer Early Detection and Patient Triage
Author: Julie M Clanahan
Citation: JCO Glob Oncol. 2020 Feb;6:27-34

Association of Germline Genetic Testing Results With Locoregional and Systemic Therapy in Patients With Breast Cancer
Author: Allison W. Kurian
Citation: JAMA Oncol. 2020;6(4):e196400

Cancer Risks Associated With Germline PALB2 Pathogenic Variants: An International Study of 524 Families
Author: Xin Yang
Citation: J Clin Oncol. 2020 Mar 1;38(7):674-685

Prognostic Impact of the 21-Gene Recurrence Score Assay Among Young Women With Node-Negative and Node-Positive ER-Positive/HER2-Negative Breast Cancer
Author: Philip D Poorvu
Citation: J Clin Oncol. 2020 Mar 1;38(7):725-733

Trends in Parity and Breast Cancer Incidence in US Women Younger Than 40 Years From 1935 to 2015
Author: Sarah M. Lima
Citation: JAMA Netw Open. 2020 Mar; 3(3): e200929

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Day 1 - Monday 11th January, 2021

Scientific Program

Session 1: Locoregional Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

1. International evaluation of an AI system for breast cancer screening
   - Author: Scott Mayer McKinney
   - Citation: Nature, volume 577, pages 89-94 (2020)

2. Cost-effectiveness of Breast Cancer Screening With Magnetic Resonance Imaging for Women at Familial Risk
   - Author: H Amarens Geuzinge
   - Citation: JAMA Oncol. 2020 Sep 1;6(9):1381-1389

3. Observational Study to Evaluate the Clinical Efficacy of Thermalytix for Detecting Breast Cancer in Symptomatic and Asymptomatic Women
   - Author: Siva Teja Kakileti
   - Citation: JCO Glob Oncol. 2020 Oct;6:1472-1480

15 Mins

Rapid Review II

Reviewer: Dr. Geeta Kadayaprath, Surgical Oncologist, Delhi

1. Nodal positivity decreases with age in women with early-stage, hormone receptor-positive breast cancer
   - Author: Stephanie M Downs-Canner
   - Citation: Cancer. 2020 Mar 15;126(6):1193-1201

2. Cluster randomised trial to evaluate the clinical benefits of decision support interventions for older women with operable breast cancer
   - Author: L. Wyld
   - Citation: European Journal of Cancer 138, Suppl. 1 (2020) S3-S17

3. The risk of late breast cancer recurrence in Denmark during 17 years of follow-up
   - Author: R.N. Pedersen
   - Citation: Annals of Oncology (2020) 31 (suppl_2): S83-S87.10.1016/annonc annonc123

4. Meta-Analysis of Prevalence of Triple-Negative Breast Cancer and Its Clinical Features at Incidence in Indian Patients With Breast Cancer
   - Author: Apurv Kulkarni
   - Citation: JCO Global Oncology no. 6 (2020) 1052-1062. Published online July 8, 2020

5. Association Between Time to Operation and Pathologic Stage in Ductal Carcinoma in Situ and Early-Stage Hormone Receptor-Positive Breast Cancer
   - Author: Christina A Minami
   - Citation: Journal of american college of surgeons., ORIGINAL SCIENTIFIC ARTICLE| VOLUME 231, ISSUE 4, P434-447.E2, OCTOBER 01, 2020

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www.yearinreview.in/yir2021
Quantifying the Impact of Axillary Surgery and Nodal Irradiation on Breast Cancer-Related Lymphedema and Local Tumor Control: Long-Term Results From a Prospective Screening Trial

Author: Alphonse G Taghian
Citation: J Clin Oncol. 2020 Oct 10;38(29):3430-3438

Persistent controlled substance use following mastectomy with reconstruction surgery

Author: Jacob C Cogan
Citation: SABCS 2020 GS3-08

Development and validation of a magnetic resonance imaging radiomics-based signature to predict axillary lymph node metastasis and disease-free survival in patients with breast cancer: A multicenter cohort study

Author: Herui Yao
Citation: Annals of Oncology (2020) 31 (suppl_4): S303-S339. 10.1016/annonc/annonc267

A randomized phase III study of radiation doses and fractionation schedules in non-low risk ductal carcinoma in situ (DCIS) of the breast (BIG 3-07/TROG 07.01

Author: Boon Hui Chua
Citation: SABCS2020 GS2-04

Primary results of NRG Oncology / NSABP B-43: Phase III trial comparing concurrent trastuzumab (T) and radiation therapy (RT) with RT alone for women with HER2-positive ductal carcinoma in situ (DCIS) after lumpectomy.

Author: Melody A. Cobleigh
Citation: ASCO 2020 Abstract 508

Identifying patients whose symptoms are under-recognized during breast radiotherapy: Comparison of patient and physician reports of toxicity in a multicenter cohort

Author: Jagsi R
Citation: SABCS 2020 GS3-07
Scientific Program

Session 1: Locoregional Breast Cancer

E1 Toward Improving Patients Experiences of Acute Toxicity From Breast Radiotherapy: Insights From the Analysis of Patient-Reported Outcomes in a Large Multicenter Cohort

Author: Reshma Jagsi
Citation: Journal of Clinical Oncology 38, no. 34 (December 01, 2020) 4019-4029

E2 Accelerated Partial-Breast Irradiation Compared With Whole-Breast Irradiation for Early Breast Cancer: Long-Term Results of the Randomized Phase III APBI-IMRT-Florence Trial

Author: Icro Meattini
Citation: J Clin Oncol. 2020 Dec 10;38(35):4175-4183

E3 Long-term primary results of accelerated partial breast irradiation after breast-conserving surgery for early-stage breast cancer: a randomised, phase 3, equivalence trial

Author: Frank A Vicini
Citation: Lancet. 2019 Dec 14;394(10215):2155-2164

E4 Hypofractionated Versus Conventional Fractionated Radiotherapy After Breast-Conserving Surgery in the Modern Treatment Era: A Multicenter, Randomized Controlled Trial From China

Author: Shu-Lian Wang
Citation: Journal of Clinical Oncology 38, no. 31 (November 01, 2020) 3604-3614

E5 Stereotactic Ablative Radiotherapy for the Comprehensive Treatment of Oligometastatic Cancers: Long-Term Results of the SABR-COMET Phase II Randomized Trial

Author: David A. Palma
Citation: Journal of Clinical Oncology 38, no. 25 (September 01, 2020) 2830-2838
Scientific Program

Session 2: Hormone Receptor Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

10 Mins

- Highlights of Day 1 Loco-regional Breast Cancer session
  - Speaker: Dr. Vani Parmar, Surgical Oncologist, Mumbai

5 Mins

- Introduction by Dr. Sudeep Gupta

10 Mins

- Reviewer: Dr. Bhuvan Chugh, Medical Oncologist, Delhi
  - Abemaciclib Combined With Endocrine Therapy for the Adjuvant Treatment of HR+, HER2-, Node-Positive, High-Risk, Early Breast Cancer (monarchE)
    - Author: Stephen R D Johnston
    - Citation: J Clin Oncol. 2020 Dec 1;38(34):3987-3998
  - Primary outcome analysis of invasive disease-free survival for monarchE: abemaciclib combined with adjuvant endocrine therapy for high risk early breast cancer
    - Author: O'Shaughnessy JA
    - Citation: SABCS Abstract GS1-01

10 Mins

- Reviewer: Dr. Mansi Khanderia, Medical Oncologist, Bangalore
  - PALLAS: A randomized phase III trial of adjuvant palbociclib with endocrine therapy versus endocrine therapy alone for HR+/HER2- early breast cancer
    - Author: Erica Mayer
    - Citation: Annals of Oncology (2020) 31 (suppl_4): S1142-S121510
      101/annonc/annonc325
  - Phase III study of palbociclib combined with endocrine therapy (ET) in patients with hormone-receptor-positive (HR+), HER2-negative primary breast cancer and with high relapse risk after neoadjuvant chemotherapy (NACT): First results from PENELOPE-B
    - Author: Loibl S
    - Citation: SABCS 2020 GS1-02
**Day 2 - Tuesday 12th January, 2021**

**Scientific Program**

### Session 2: Hormone Receptor Positive Breast Cancer

#### 15 Mins

- **Reviewer:** Dr. Priya Tiwari, Medical Oncologist, Delhi

- **Clinical utility of Mamma Print testing in Invasive Lobular Carcinoma: Results from the MINDACT phase III trial**
  
  **Author:** O. Metzger  
  **Citation:** Ejc,EBCC 12, Volume 138, Supplement 1,S5-S6, OCTOBER 01, 2020

- **First results from a phase III randomized clinical trial of standard adjuvant endocrine therapy (ET) +/- chemotherapy (CT) in patients (pts) with 1-3 positive nodes, hormone receptor-positive (HR+) and HER2-negative (HER2-) breast cancer (BC) with recurrence score (RS) < 25: SWOG S1007 (RxPonder)**
  
  **Author:** Kevin Kalinsky  
  **Citation:** SABCS 2020 GS3-00

- **Long-term outcome and prognostic value of Ki67 after perioperative endocrine therapy in postmenopausal women with hormone-sensitive early breast cancer (POETIC): an open-label, multicentre, parallel-group, randomised, phase 3 trial**
  
  **Author:** Ian Smith  
  **Citation:** The Lancet., VOLUME 21, ISSUE 11, P1443-1454, NOVEMBER 01, 2020

#### 10 Mins

- **Reviewer:** Dr. Joydeep Ghosh, Medical Oncologist, Kolkata

- **nextMONARCH: Final overall survival analysis of abemaciclib monotherapy or in combination with tamoxifen in patients with HR+, HER2- metastatic breast cancer**
  
  **Author:** Hamilton EP  
  **Citation:** ESMO Virtual Congress 2020 : abstract 2730

- **PALOMA-3 Exploratory Analysis: Who Benefits Most From Palbociclib? (Predictors of efficacy in patients with hormone receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer: Subgroup analyses of PALOMA-3)**
  
  **Author:** Rugo H  
  **Citation:** European Breast Conference 2020, Abstract 9
Day 2 - Tuesday 12th January, 2021

Scientific Program

Session 2: Hormone Receptor Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

15 Mins

Reviewer: Dr. M Vamshi Krishna, Medical Oncologist, Hyderabad

Overall Survival with Ribociclib plus Fulvestrant in Advanced Breast Cancer

**Author:** Dennis J. Slamon  
**Citation:** N Engl J Med 2020; 382:514-524

Abemaciclib plus trastuzumab with or without fulvestrant versus trastuzumab plus standard-of-care chemotherapy in women with hormone receptor-positive, HER2-positive advanced breast cancer (monarchHER): a randomised, open-label, phase 2 trial

**Author:** Sara M. Tolaney  
**Citation:** The Lancet VOLUME 21, ISSUE 6, P763-775, JUNE 01, 2020

Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Guideline Update

**Author:** Kimberly H Allison  
**Citation:** J Clin Oncol.2020 Apr 20;38(12):1346-1366

10 Mins

Reviewer: Dr. Mansi Shah, Medical Oncologist, Ahemdabad

PARSIFAL: A randomized, multicenter, open-label, phase II trial to evaluate palbociclib in combination with fulvestrant or letrozole in endocrine-sensitive patients with estrogen receptor (ER)[+]HER2[-] metastatic breast cancer

**Author:** Antonio Llombart-Cussac  
**Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1007-1007

LBA19 - GEICAM/2014-12 (FLIPPER) study: First analysis from a randomized phase II trial of fulvestrant (F)/palbociclib (P) versus (vs) F/placebo (PL) as first-line therapy in postmenopausal women with HR (hormone receptor)+/HER2- endocrine sensitive advanced breast cancer (ABC)

**Author:** Joan Albanell  
**Citation:** Annals of Oncology (2020) 31 (suppl_4): S1142-S1215. 10.1016/annonc/annonc325

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LBA18 - Overall survival (os) results from SOLAR-1, a phase III study of alpelisib (ALP) + fulvestrant (FUL) for hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer (ABC)

Author: Fabrice André
Citation: Annals of Oncology (2020) 31 (suppl_4): S1142-S1215. 10.1016/annonc/annonc325

Interim results of a phase I/ib study of LSZ102, an oral selective estrogen receptor degrader, in combination with ribociclib or alpelisib in patients with ER+ breast cancer who had progressed after endocrine therapy.2020 ESMO Breast Cancer Virtual Meeting. Abstract

Author: Jhaveri Komal
Citation: LBA1. Presented May 24, 2020

Alpelisib (ALP) + fulvestrant (FUL) in patients (pts) with PIK3CA-mutated (mut) hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer (ABC) previously treated with cyclin-dependent kinase 4/6 inhibitor (CDKi) + aromatase inhibitor (AI): BYLieve study results

Author: Hope S. Rugo
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1006-1006

Response of Brain Metastases From PIK3CA-Mutant Breast Cancer to Alpelisib

Author: Felipe Batalini
Citation: JCO Precision Oncology no. 4 (2020) 572-578

Pooled analysis of patient (pt)-reported quality of life (QOL) in the MONALEESA (ML)-2, -3, and -7 trials of ribociclib (RIB) plus endocrine therapy (ET) to treat hormone receptor-positive, HER2-negative (HR+/HER2−) advanced breast cancer (ABC)

Author: Peter A. Fasching
Citation: Annals of Oncology (2020) 31 (suppl_4): S348-S395
Updated overall survival (OS) results from the phase III MONALEESA-7 trial of pre- or perimenopausal patients with hormone receptor positive/human epidermal growth factor receptor 2 negative (HR+/HER2−) advanced breast cancer (ABC) treated with endocrine therapy (ET) ± ribociclib

**Author:** Debu Tripathy  
**Citation:** SABCS 2020 PD2-04

**15 Mins**  
**Rapid Review I**  
**Reviewer:** Dr. Jaya Ghosh, Medical Oncologist, Mumbai

12 year results of anastrozole versus tamoxifen for the prevention of breast cancer in postmenopausal women with locally excised ductal carcinoma in situ

**Author:** Ivana Sestak  
**Citation:** SABCS 2020 GS2-02

Association of Chemotherapy With Survival in Elderly Patients With Multiple Comorbidities and Estrogen Receptor-Positive, Node-Positive Breast Cancer

**Author:** Nina Tamirisa  
**Citation:** JAMA Oncol. 2020 Oct 1;6(10):1548-1554

Management of Male Breast Cancer: ASCO Guideline

**Author:** Michael J Hassett  
**Citation:** J Clin Oncol.2020 Jun 1;38(16):1849-1863

Adding Ovarian Suppression to Tamoxifen for Premenopausal Breast Cancer: A Randomized Phase III Trial

**Author:** Hyun-Ah Kim  
**Citation:** J Clin Oncol. 2020 Feb 10;38(5):434-443

Denosumab (Dmab) as add-on to different regimen of nab-paclitaxel (nPa)-anthracycline based neoadjuvant chemotherapy (NACT) in early breast cancer (BC): Subgroup analyses by RANK expression and HR status

**Author:** Theresa Link  
**Citation:** Annals of Oncology (2020) 31 (suppl_4): S303-S339. 10.1016/annonc/annonc267
Day 2 - Tuesday 12th January, 2021

Scientific Program

Session 2: Hormone Receptor Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

1. **Neoadjuvant chemotherapy and immunotherapy in Luminal B BC: Results of the phase II GIADA trial**
   
   **Author:** Maria Vittoria Dieci
   
   **Citation:** Annals of Oncology (2020) 31 (suppl_4): S303-S339. 10.1016/annonc/annonc267

2. **Letrozole + ribociclib versus letrozole + placebo as neoadjuvant therapy for ER+ breast cancer (FELINE trial)**
   
   **Author:** Qamar J. Khan
   
   **Citation:** J Clin Oncol 38: 2020 (suppl; abstr 505)

3. **Potent Cell-Cycle Inhibition and Upregulation of Immune Response with Abemaciclib and Anastrozole in neoMONARCH, Phase II Neoadjuvant Study in HR +/-HER2 - Breast Cancer**
   
   **Author:** Sara A Hurvitz
   
   **Citation:** Clin Cancer Res. 2020 Feb 1;26(3):566-580

4. **Neoadjuvant nab-paclitaxel weekly versus dose-dense paclitaxel followed by dose-dense EC in high risk HR+/HER2- early BC by: results from the neoadjuvant part of ADAPT HR+/HER2- trial**
   
   **Author:** S Kuemmel
   
   **Citation:** SABCS 2020 GS4-003

5. **Endocrine therapy alone in patients with intermediate or high-risk luminal early breast cancer (0-3 lymph nodes), Recurrence Score <26 and Ki67 response after preoperative endocrine therapy: Primary outcome results from the WSG-ADAPT HR+/HER2- trial**
   
   **Author:** N Harbeck
   
   **Citation:** SABCS 2020 GS4-004

6. **Neoadjuvant chemotherapy (NCT) response in postmenopausal women with clinical stage II or III estrogen receptor positive (ER+) and HER2 negative (HER2-) breast cancer (BC) resistant to endocrine therapy (ET) in the ALTERNATE trial (Alliance A011106)**
   
   **Author:** Cynthia X Ma
   
   **Citation:** SABCS  GS4-05

15 Mins

Rapid Review II

**Reviewer:** Dr. Rahul Kulkarni, Medical Oncologist, Mumbai

**Association of Endocrine Therapy With Overall Survival in Women With Small, Hormone Receptor-Positive, ERBB2-Negative Breast Cancer**

**Author:** Sung Jun Ma

**Citation:** JAMA Netw Open.2020;3(8):e2013973

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[www.yearinreview.in/yir2021](http://www.yearinreview.in/yir2021)
Ipatasertib (IPAT) + paclitaxel (PAC) for PIK3CA/AKT1/PTEN-altered hormone receptor-positive (HR+) HER2-negative advanced breast cancer (aBC): Primary results from Cohort B of the IPATunity130 randomised phase III trial

Author: Nicholas Turner
Citation: Annals of Oncology (2020) 31 (suppl_4): S348-S395

Fulvestrant plus capivasertib versus placebo after relapse or progression on an aromatase inhibitor in metastatic, oestrogen receptor-positive breast cancer (FAKTION): A multicentre, randomised, controlled, phase 2 trial

Author: Robert H Jones
Citation: Lancet Oncol. 2020 Mar;21(3):345-357

Effect of Eribulin With or Without Pembrolizumab on Progression-Free Survival for Patients With Hormone Receptor-Positive, ERBB2-Negative Metastatic Breast Cancer: A Randomized Clinical Trial

Author: Sara M Tolaney
Citation: JAMA Oncol 2020 Oct 1;6(10):1598-1605

E2112: Randomized phase III trial of endocrine therapy plus entinostat/placebo in patients with hormone receptor-positive advanced breast cancer: A trial of the ECOG-ACRIN Cancer Research Group

Author: Roisin M Connolly
Citation: SABCS 2020 GS4-02

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

Author: O'Shaughnessy J
Citation: SABCS 2020 GS4-01

Clinical efficacy and molecular effects of lenvatinib (Len) and letrozole (Let) in hormone receptor-positive (HR+) metastatic breast cancer (MBC)

Author: Joline Si Jing Lim
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1019-1019

PADA-1: A randomized, open label, multicentric phase III trial to evaluate the safety and efficacy of palbociclib in combination with hormone therapy driven by circulating DNA ESR1 mutation monitoring in ER-positive, HER2-negative metastatic breast cancer patients

Author: Francois Clement Bidard
Citation: Journal of Clinical Oncology 36, no. 15_suppl,Published online June 01, 2018
ESR1 Mutations and Overall Survival on Fulvestrant versus Exemestane in Advanced Hormone Receptor–Positive Breast Cancer: A Combined Analysis of the Phase III SoFEA and EFECT Trials

Author: Nicholas C. Turner
Citation: Clin Cancer Res October 1 2020 (26) (19) 5172-5177;

Breast Cancer Index (BCI) predicts benefit of two-and-a-half versus five years of extended endocrine therapy in HR+ breast cancer patients treated in the IDEAL trial

Author: Gerrit-Jan Liefers
Citation: J Clin Oncol 38: 2020 (suppl; abstr 512)

Clinicopathological Characteristics and Breast Cancer-Specific Survival of Patients With Single Hormone Receptor-Positive Breast Cancer

Author: Yunhai Li
Citation: JAMA Netw Open. 2020 Jan 3;3(1):e1918160.

Outcome and molecular landscape of patients with PIK3CA-mutated metastatic breast cancer

Author: Mosele F
Citation: Ann Oncol. 2020 Mar;31(3):377-386

Double PIK3CA mutations in cis increase oncogenicity and sensitivity to PI3Kα inhibitors

Author: Neil Vasan
Citation: AM2020-NG16 Published August 2020. DOI: 10.1158/1538-7445

Clinicopathological characteristics and prognosis of breast cancer patients with isolated central nervous system metastases in the multicentre ESME database

Author: Marcela Carausu
Citation: Annals of Oncology (2020) 31 (suppl_4): S348-S395. 10.1016/annonc/annonc268
Scientific Program

Session 2: Hormone Receptor Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

Clinical outcomes of alpelisib plus fulvestrant in hormone receptor-positive, human epidermal growth factor receptor-2-negative advanced breast cancer with PIK3CA alterations detected in plasma ctDNA by next-generation sequencing: Biomarker analysis from the SOLAR-1 study

Author: Ciruelos EM
Citation: SABCS 2020 PD2-06

Response to neoadjuvant chemotherapy and the 21-gene breast recurrence score in young women with estrogen receptor-positive early breast cancer

Author: Tal Sella
Citation: J Clin Oncol 38: 2020 (suppl; abstr 514)

Development and validation of a tool integrating the 21-gene recurrence score and clinicopathologic features to individualize prognosis for distant recurrence and prediction of absolute chemotherapy benefit in early breast cancer

Author: Joseph A Fatima
Citation: SABCS 2020 GS4-10

MINDACT: Long-term results of the large prospective trial testing the 70-gene signature MammaPrint as guidance for adjuvant chemotherapy in breast cancer patients

Author: Fatima Cardoso
Citation: J Clin Oncol 38: 2020 (suppl; abstr 506)

How low is low risk: MINDACT updated outcome and treatment benefit in patients considered clinical low risk and stratified by genomic signature, age and nodal status

Author: Laura J van’t Veer
Citation: SABCS GS4-11

Validation of MAF biomarker for response prediction to adjuvant bisphosphonates in 2 clinical trials: AZURE and NSABP-B34

Author: Alexander H. G. Paterson
Citation: J Clin Oncol 38: 2020 (suppl; abstr 513)

Identifying oncogenic drivers associated with increased risk of late distant recurrence in postmenopausal, estrogen receptor-positive, HER2-negative early breast cancer: results from the BIG 1-98 study

Author: S J Luen
Citation: Annals of Oncology VOLUME 31, ISSUE 10, P1359-1365, OCTOBER 01, 2020
Scientific Program

Session 3: HER2 Positive Breast Cancer

10 Mins

Highlights of HR+ Breast Cancer session
Speaker: Dr. Govind Babu, Medical Oncologist, Bangalore

5 Mins

Introduction by Dr. Shona Nag

15 Mins

Reviewer: Dr. Rakesh Reddy, Medical Oncologist, Hyderabad

Adjuvant trastuzumab emtansine (T-DM1) vs trastuzumab (T) in patients (pts) with residual invasive disease after neoadjuvant therapy for HER2+ breast cancer: Sub group analysis from KATHERINE

Author: S. Loibl
Citation: Annals of Oncology (2020) 31 (suppl_2): S48-S53

Biomarker data from KATHERINE: A phase III study of adjuvant trastuzumab emtansine (T-DM1) versus trastuzumab (H) in patients with residual invasive disease after neoadjuvant therapy for HER2-positive breast cancer

Author: Carsten Denkert
Citation: ASCO 2020 Abstract 502

De-escalated chemotherapy versus endocrine therapy plus pertuzumab+ trastuzumab for HR+/HER2+ early breast cancer (BC): First efficacy results from the neoadjuvant WSG-TP-II study

Author: Oleg Gluz
Citation: J Clin Oncol 38: 2020 (suppl; ASCO abstr 515)

10 Mins

Reviewer: Dr. Seema Gulia, Medical Oncologist, Mumbai

Three-year follow-up of neoadjuvant chemotherapy with or without anthracyclines in the presence of dual HER2-blockade for HER2-positive breast cancer (TRAIN-2): A randomized phase III trial

Author: Anna van der Voort
Citation: ASCO Abstract 501
Chemotherapy (CT) de-escalation using an FDG-PET/CT (F-PET) and pathological response-adapted strategy in HER2[+] early breast cancer (EBC): PHERGain Trial.

Author: Javier Cortes
Citation: ASCO Abstract 503

Evaluation of 1-Year vs Shorter Durations of Adjuvant Trastuzumab Among Patients With Early Breast Cancer An Individual Participant Data and Trial-Level Meta-analysis

Author: Seema Gulia
Citation: JAMA Netw Open. 2020;3(8):e2011777

Abemaciclib plus trastuzumab with or without fulvestrant versus trastuzumab plus standard-of-care chemotherapy in women with hormone receptor-positive, HER2-positive advanced breast cancer (monarchHER): a randomised, open-label, phase 2 trial

Author: Sara M. Tolaney
Citation: The Lancet VOLUME 21, ISSUE 6, P763-775, JUNE 01, 2020

Intracranial Efficacy and Survival With Tucatinib Plus Trastuzumab and Capecitabine for Previously Treated HER2-Positive Breast Cancer With Brain Metastases in the HER2CLIMB Trial

Author: Nancy U Lin
Citation: J Clin Oncol. 2020 Aug 10;38(23):2610-2619
Tucatinib vs placebo added to trastuzumab and capecitabine in previously treated HER2+ metastatic breast cancer with and without brain metastases (HER2CLIMB)

Author: Giuseppe Curigliano
Citation: Annals of Oncology (2020) 31 (suppl_2): S62-S82
Tucatinib, Trastuzumab, and Capecitabine for HER2-Positive Metastatic Breast Cancer

Author: Rashmi K. Murthy
Citation: N Engl J Med 2020; 382:597-609

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Scientific Program

Session 3: HER2 Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

15 Mins

Reviewer: Dr. Aditya Murali, Medical Oncologist, Bangalore

Trastuzumab Deruxtecan in Previously Treated HER2-Positive Breast Cancer

Author: Shanu Modi
Citation: N Engl J Med 2020; 382:610-621

Antitumor Activity and Safety of Trastuzumab Deruxtecan in Patients With HER2-Low-Expressing Advanced Breast Cancer: Results From a Phase Ib Study

Author: Shanu Modi
Citation: J Clin Oncol. 2020 Jun 10;38(17):1887-1896

CNS metastases in HER2-positive metastatic breast cancer treated with trastuzumab deruxtecan: DESTINY-Breast01 subgroup analyses

Author: Guy Jerusalem
Citation: Annals of Oncology (2020) 31 (suppl_2): S62-S82. 10.1016/annonc/annonc122x

10 Mins

Reviewer: Dr. Rakesh Pinninti, Medical Oncologist, Hyderabad

Pertuzumab, trastuzumab, and docetaxel for HER2-positive metastatic breast cancer (CLEOPATRA): end-of-study results from a double-blind, randomised, placebo-controlled, phase 3 study

Author: Sandra M Swain
Citation: Lancet Oncol. 2020 Apr;21(4):519-530.

Survival, Pathologic Response, and Genomics in CALGB 40601 (Alliance), a Neoadjuvant Phase III Trial of Paclitaxel-Trastuzumab With or Without Lapatinib in HER2-Positive Breast Cancer

Author: Aranzazu Fernandez-Martinez
Citation: Journal of Clinical Oncology 38, no. 35 (December 10, 2020) 4184-4193

15 Mins

Rapid Review I

Reviewer: Dr. Rohit Pai, Medical Oncologist, Mumbai

HER2-Enriched Subtype and ERBB2 Expression in HER2-Positive Breast Cancer Treated with Dual HER2 Blockade

Author: Aleix Prat
Citation: J Natl Cancer Inst. 2020 Jan 1;112(1):46-54
Scientific Program

Session 3: HER2 Positive Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

1. Early Trastuzumab Interruption and Recurrence-Free Survival in ERBB2 -Positive Breast Cancer
   
   **Author:** Robert S. Copeland-Halperin
   
   **Citation:** JAMA Oncol. 2020; 6(12):1971-1972

2. Efficacy and Safety of Trastuzumab Emtansine Plus Capecitabine vs Trastuzumab Emtansine Alone in Patients With Previously Treated ERBB2 (HER2)-Positive Metastatic Breast Cancer
   
   **Author:** Javier Cortés
   
   **Citation:** A Phase 1 and Randomized Phase 2 Trial JAMA Oncol. 2020 Aug; 6(8): 1-7

3. Association of Survival With Chemoendocrine Therapy in Women With Small, Hormone Receptor-Positive, ERBB2-Positive, Node-Negative Breast Cancer
   
   **Author:** Sung Jun Ma
   
   **Citation:** JAMA Netw Open. 2020 Apr 1;3(4):e202507

4. PREDIX HER2 trial: Event-free survival and pathologic complete response in clinical subgroups and stromal TILs levels
   
   **Author:** Thomas Hatschek
   
   **Citation:** Annals of Oncology (2020) 31 (suppl_2): S48-S53

5. A multivariable prognostic score to guide systemic therapy in early-stage HER2-positive breast cancer: a retrospective study with an external evaluation
   
   **Author:** Aleix Prat
   
   **Citation:** Lancet Oncology, VOLUME 21, ISSUE 11, P1455-1464, NOVEMBER 01, 202

6. FDA Approves New VENTANA HER2 Dual ISH DNA Probe Cocktail Assay for Detection of HER2
   
   **Author:** Hannah Slater

Rapid Review II

**Reviewer:** Dr. Sainath Bhethanabhotla, Medical Oncologist, Hyderabad

**Final Efficacy Results of Neratinib in HER2-positive Hormone Receptor-positive Early-stage Breast Cancer From the Phase III ExteNET Trial**

**Author:** Arlene Chan

**Citation:** Clinical Breast Cancer October 05, 2020

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www.yearinreview.in/yir2021
Primary analysis of KAITLIN: A phase III study of trastuzumab emtansine (T-DM1) + pertuzumab versus trastuzumab + pertuzumab + taxane, after anthracyclines as adjuvant therapy for high-risk HER2-positive early breast cancer (EBC).

Author: Nadia Harbeck
Citation: ASCO Abstract 500

Optimizing Anti-HER2 Therapy in early breast cancer: updates from the KRISTINE trial

Author: Maeve A. Hennessy
Citation: Ann Palliat Med. 2020 Mar;9(2):504-509

MK-2206 and Standard Neoadjuvant Chemotherapy Improves Response in Patients With Human Epidermal Growth Factor Receptor 2-Positive and/or Hormone Receptor-Negative Breast Cancers in the I-SPY 2 Trial

Author: A Jo Chien
Citation: J Clin Oncol. 2020 Apr 1;38(10):1059-1069

Safety of trastuzumab emtansine (T-DM1) in patients with HER2-positive advanced breast cancer: Primary results from the KAMILLA study cohort 1

Author: Filippo Montemurro
Citation: Eur J Cancer. 2019 Mar;109:92-102

Trastuzumab emtansine plus atezolizumab versus trastuzumab emtansine plus placebo in previously treated, HER2-positive advanced breast cancer (KATE2): A phase 2, multicentre, randomised, double-blind trial

Author: Leisha A. Emens
Citation: The Lancet VOLUME 21, ISSUE 10, P1283-1295, OCTOBER 01, 2020

Neratinib Plus Capecitabine Versus Lapatinib Plus Capecitabine in HER2-Positive Metastatic Breast Cancer Previously Treated With ≥ 2 HER2-Directed Regimens Phase III NALA Trial

Author: Cristina Saura
Citation: Journal of Clinical Oncology 38, no. 27 (September 20, 2020) 3138-3149

Phase III, Randomized Study of Dual Human Epidermal Growth Factor Receptor 2 (HER2) Blockade With Lapatinib Plus Trastuzumab in Combination With an Aromatase Inhibitor in Postmenopausal Women With HER2-Positive, Hormone Receptor-Positive Metastatic Breast Cancer: Updated Results of ALTERNATIVE

Author: Stephen R. D. Johnston
Citation: J Clin Oncol.2020 Aug 21;JCO2001894

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Scientific Program

Session 4: Triple Negative Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

10 Mins

- Highlights of HER2+ve Breast Cancer
  Speaker: Dr. Jyoti Bajpai, Medical Oncologist, Mumbai

5 Mins

- Introduction by Dr. Shona Nag

15 Mins

- Reviewer: Dr. Babita Kataria, Medical Oncologist, Delhi
  - Adjuvant Capecitabine With Docetaxel and Cyclophosphamide Plus Epirubicin for Triple-Negative Breast Cancer (CBCSG010): An Open-Label, Randomized, Multicenter, Phase III Trial
    Author: Junjie Li
    Citation: Journal of Clinical Oncology 38, no. 16 (June 01, 2020) 1774-1784
  - Effect of Capecitabine Maintenance Therapy Using Lower Dosage and Higher Frequency vs Observation on Disease-Free Survival Among Patients With Early-Stage Triple-Negative Breast Cancer Who Had Received Standard Treatment The SYSUCC-001 Randomized Clinical Trial
    Author: XI Wang
    Citation: JAMA. Published online December 10, 2020. doi:10.1001/jama.2020.23370
  - Phase III trial of metronomic capecitabine maintenance after standard treatment in operable triple-negative breast cancer (SYSUCC-001)
    Author: XI Wang
    Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 507-507

10 Mins

- Reviewer: Dr. Sushmita Rath, Medical Oncologist, Delhi
  - Does the Sequence of Anthracycline and Taxane Matter? The NeoSAMBA Trial
    Author: José Bines
    Citation: Oncologist. 2020 Sep;25(9):758-764
  - Inhibiting fatty acid synthase in operable triple negative breast cancer
    Author: Sagar D. Sardesai
    Citation: ASCO 2020 Abstract 584

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Scientific Program

Session 4: Triple Negative Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

10 Mins

Reviewer: Dr. Mangesh Kamath, Medical Oncologist, Bangalore

- Pembrolizumab for Early Triple-Negative Breast Cancer
  
  Author: Peter Schmid
  Citation: N Engl J Med 2020; 382:810-821

- Neoadjuvant atezolizumab in combination with sequential nab-paclitaxel and anthracycline-based chemotherapy versus placebo and chemotherapy in patients with early-stage triple-negative breast cancer (IMpassion031): a randomised, double-blind, phase 3 trial
  
  Author: Elizabeth A Mittendorf
  Citation: Lancet. 2020 Oct 10;396(10257):1090-1100

10 Mins

Reviewer: Dr. Shruti Kate, Medical Oncologist, Nasik

- TBCRC 048: A phase II study of olaparib monotherapy in metastatic breast cancer patients with germline or somatic mutations in DNA damage response (DDR) pathway genes (Olaparib Expanded).
  
  Author: Nadine M. Tu
  Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1002-100

- Effect of Adjuvant Paclitaxel and Carboplatin on Survival in Women With Triple-Negative Breast Cancer: A Phase 3 Randomized Clinical Trial
  
  Author: Yu, Ke-Da
  Citation: JAMA oncology vol. 6,9 (2020): 1390-1396

10 Mins

Reviewer: Dr. Suman Karanth, Medical Oncologist, Delhi

- KEYNOTE-355: Randomized, double-blind, phase III study of pembrolizumab + chemotherapy versus placebo + chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer
  
  Author: Javier Cortes
  Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1000-1000

- Additional efficacy endpoints from the phase 3 KEYNOTE-355 study of pembrolizumab plus chemotherapy vs placebo plus chemotherapy as first-line therapy for locally recurrent inoperable or metastatic triple-negative breast cancer
  
  Author: Hope S. Rugo
  Citation: SABCS 2020 GS3-01
ASCENT: A randomized phase III study of sacituzumab govitecan (SG) vs treatment of physician’s choice (TPC) in patients (pts) with previously treated metastatic triple-negative breast cancer (mTNBC)

Author: Aditya Bardia
Citation: ESMO 2020 LBA17

IMpassion130: Final OS analysis from the pivotal phase III study of atezolizumab + nab-paclitaxel vs placebo + nab-paclitaxel in previously untreated locally advanced or metastatic triple-negative breast cancer

Author: Leisha Emens
Citation: ESMO 2020 LBA16

Primary results from IMpassion131, a double-blind placebo-controlled randomised phase III trial of first-line paclitaxel (PAC) ± atezolizumab (atezo) for unresectable locally advanced/metastatic triple-negative breast cancer (mTNBC)

Author: David Miles
Citation: ESMO 2020 LBA15

Final results of the double-blind placebo (PBO)-controlled randomised phase II LOTUS trial of first-line ipatasertib (IPAT) + paclitaxel (PAC) for inoperable locally advanced/metastatic triple-negative breast cancer (mTNBC)

Author: Rebecca Dent
Citation: ESMO Breast Proffered Paper : 139O

Double-blind placebo (PBO)-controlled randomized phase III trial evaluating first-line ipatasertib (IPAT) combined with paclitaxel (PAC) for PIK3CA/AKT1/PTEN-altered locally advanced unresectable or metastatic triple-negative breast cancer (aTNBC): primary results from IPATunity130 Cohort A

Author: Dent R
Citation: SABCS 2020 GS3-04
Day 4, Thursday 14th January 2021

Scientific Program

Session 4: Triple Negative Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

15 Mins

Rapid Review I

Reviewer: Dr. Reetu Jain, Medical Oncologist, Mumbai

Evaluation of Triple-Negative Breast Cancer Early Detection via Mammography Screening and Outcomes in African American and White American Patients

Author: Yalei Chen
Citation: JAMA Surg. 2020 May 1;155(5):440-442

Disparities in the receipt of National Comprehensive Cancer Network (NCCN) guideline adherent care in triple-negative breast cancer (TNBC) by race/ethnicity, socioeconomic status, and insurance type

Author: Chimezie Ubbaonu
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1080-1080

Treatment times in breast cancer patients receiving neoadjuvant vs adjuvant chemotherapy: Is efficiency a benefit of preoperative chemotherapy? Cancer Medicine

Author: Nicole M. Melchior
Citation: Cancer Med 2020 Apr;9(8):2742-2751

GAIN-2: Neo-/adjuvant phase III trial to compare intense dose-dense chemotherapy (CT) to tailored dose-dense CT in patients (pts) with high risk early breast cancer (EBC): Results on safety and interim invasive disease-free survival (iDFS)

Author: Volker Moebu
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 516-516

Differential Benefit of Adjuvant Docetaxel-Based Chemotherapy in Patients With Early Breast Cancer According to Baseline Body Mass Index

Author: Christine Desmedt
Citation: J Clin Oncol. 2020 Sep 1;38(25):2883-2891

Evaluation of Adjuvant Treatments for T1 N0 M0 Triple-Negative Breast Cancer

Author: Zhai, Zhen et al.
Citation: JAMA network open vol. 3,11 e2021881.2 Nov. 2020

Addition of chemotherapy to local therapy in women aged 70 years or older with triple-negative breast cancer: a propensity-matched analysis

Author: Jennifer A Crozier
Citation: The Lancet Oncology, VOLUME 21, ISSUE 12, P1611-1619, DECEMBER 01, 2020
Session 4: Triple Negative Breast Cancer

High-Dose Chemotherapy With Hematopoietic Stem Cell Transplant in Patients With High-Risk Breast Cancer and 4 or More Involved Axillary Lymph Nodes: 20-Year Follow-up of a Phase 3 Randomized Clinical Trial

Author: Tessa G Steenbruggen
Citation: JAMA Oncol. 2020 Apr 1;6(4):528-534

Oral Paclitaxel and Encequidar (oPac+E) versus IV paclitaxel (IVPac) in the Treatment of Metastatic Breast Cancer (mBC) Patients (Study KX-ORAX-001): Progression Free Survival (PFS) and Overall Survival (OS) Updates

Author: Umanzor G, Rugo HS, Barrios FJ, et al
Citation: SABCS 2020 PD1-08

Abraxane plus cisplatin compared with gemcitabine plus cisplatin as first line treatment in patients with metastatic triple negative breast cancer (GAP)/A multicenter, randomised, open-label phase III Trial

Author: Xichun HU
Citation: Annals of oncology(2020)31(suppl_4);s348-s395

Rapid Review II

Reviewer: Dr. Amit Agarwal, Medical Oncologist, Delhi

Association of Germline Variant Status With Therapy Response in High-risk Early-Stage Breast Cancer: A Secondary Analysis of the GeparOcto Randomized Clinical Trial

Author: Esther Pohl-Rescigno
Citation: JAMA Oncol. 2020 May 1;6(5):744-748

Evaluation of durvalumab in combination with olaparib and paclitaxel in high-risk HER2 negative stage II/III breast cancer: Results from the I-SPY 2 TRIAL

Author: Pusztai L
Citation: Abstract No. CT011.2020 AACR June 20-24, 2020

Association of Event-Free and Distant Recurrence-Free Survival With Individual-Level Pathologic Complete Response in Neoadjuvant Treatment of Stages 2 and 3 Breast Cancer Three-Year Follow-up Analysis for the I-SPY2 Adaptively Randomized Clinical Trial

Author: Laura J Esserman
Citation: JAMA Oncol. 2020;6(9):1355-1362

Comprehensive profiling of androgen receptor-positive (AR+) triple-negative breast cancer (TNBC) patients (pts) treated with standard neoadjuvant therapy (NAT) +/- enzalutamide

Author: Bora Lim
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 517-517
Day 4, Thursday 14th January 2021

Scientific Program

Session 4: Triple Negative Breast Cancer

Below 2hrs30mins video session will be available for viewing from 10.00am to 11.59pm

- **Talazoparib versus chemotherapy in patients with germline BRCA1/2-mutated HER2-negative advanced breast cancer: final overall survival results from the EMBRACA trial**
  
  **Author:** J K Litton  
  **Citation:** Ann Oncol. 2020 Nov;31(11):1526-1535

- **Results of a phase II randomized trial of cisplatin +/- veliparib in metastatic triple-negative breast cancer (TNBC) and/or germline BRCA-associated breast cancer (SWOG S1416).**
  
  **Author:** Priyanka Sharma  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1001-1001

- **Veliparib plus carboplatin-paclitaxel in patients with HER2-negative advanced/metastatic gBRCA-associated breast cancer: Results in hormone receptor-positive and triple-negative breast cancer subgroups from the phase III BROCADE3 trial**
  
  **Author:** Ayoub J-P  
  **Citation:** ESMO 2020 Abstract 1400

- **Veliparib with carboplatin and paclitaxel in BRCA-mutated advanced breast cancer (BROCADE3): a randomised, double-blind, placebo-controlled, phase 3 trial**
  
  **Author:** Véronique Diéras  
  **Citation:** Lancet Oncol. 2020 Oct;21(10):1269-1282

- **Phase II trial of bicalutamide in combination with palbociclib for the treatment of androgen receptor (+) metastatic breast cancer**
  
  **Author:** Ayca Gucalp  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1017-1017

15 Mins

Rapid Review III

- **Reviewer:** Dr. Aju Mathew, Medical Oncologist, Kochi

  **Immune phenotype and response to neoadjuvant systemic therapy (NAST) in triple negative breast cancer (TNBC).**

  **Author:** Clinton Yam  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 509-509

  **Randomized phase III trial of eribulin (E) versus standard weekly paclitaxel (P) as first- or second-line therapy for locally recurrent or metastatic breast cancer (MBC)**

  **Author:** Minetta C. Liu  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1016-1016

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A phase Ib/II study of eribulin (ERI) plus pembrolizumab (PEMBRO) in metastatic triple-negative breast cancer (mTNBC) (ENHANCE 1)

Author: Sara M. Tolaney
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1015-1015

Tumour infiltrating lymphocytes (TILs), PD-L1 expression and their dynamics in the NeoTRIPaPDL1 trial

Author: Bianchini G
Citation: ESMO 2020 LBA13

Effect of Pembrolizumab Plus Neoadjuvant Chemotherapy on Pathologic Complete Response in Women With Early-Stage Breast Cancer: An Analysis of the Ongoing Phase 2 Adaptively Randomized I-SPY2 Trial

Author: Nanda R
Citation: JAMA Oncol. 2020;6(5):676–684

Results of ENCORE 602 (TRIO025), a phase II, randomized, placebo-controlled, double-blinded, multicenter study of atezolizumab with or without entinostat in patients with advanced triple-negative breast cancer (aTNBC).

Author: Joyce O'Shaughnessy
Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1014-1014

Abstract 1280 ‘PDL1/CD274 gain/amplification as a predictive marker of checkpoint blockade inhibitor efficacy in metastatic breast cancer: exploratory analysis of the SAFIR02-IMMUNO randomized phase II trial.’

Author: Thomas Bachelot
Citation: Annals of Oncology, Volume 31, Supplement 2, May 2020

Abstract CT233: Phase Ib/II study of leronoelimab (PRO 140) combined with carboplatin in CCR5+ mTNBC patients

Author: Massimo Cristofanilli
Citation: AACR Annual Meeting 2020; April 27-28, 2020 and June 22-24, 2020

Capivasertib Plus Paclitaxel Versus Placebo Plus Paclitaxel As First-Line Therapy for Metastatic Triple-Negative Breast Cancer: The PAKT Trial

Author: Peter Schmid
Citation: J Clin Oncol. 2020 Feb 10;38(5):423-433

Effect of Taxane Chemotherapy With or Without Indoximod in Metastatic Breast Cancer: A Randomized Clinical Trial

Author: Veronica Mariotti
Citation: JAMA Oncol. 2020 Nov 5;e205572
Scientific Program

Session 5: Translational Science

Below 4hrs video session will be available for viewing from 10am to 11.59pm

10 Mins

- Highlights of Triple Negative Breast Cancer
  - Speaker: Dr. T. P. Sahoo, Medical Oncologist, Bhopal

5 Mins

- Introduction by Dr. Shona Nag

15 Mins

- Reviewer: Dr. Prabhat Bhargava, Medical Oncologist, Mumbai
  - Outcome and molecular landscape of patients with PIK3CA-mutated metastatic breast cancer
    - Author: F Mosele
    - Citation: Ann Oncol. 2020 Mar;31(3):377-386
  - Comprehensive Profiling of Poor-Risk Paired Primary and Recurrent Triple-Negative Breast Cancers Reveals Immune Phenotype Shifts
    - Author: Katherine E Hutchinson
    - Citation: Clin Cancer Res. 2020 Feb 1;26(3):657-668
  - Metastatic Breast Cancer: TIL it is Too Late
    - Author: Peter Savas
    - Citation: Metastatic Breast Cancer: TIL it is Too Late Clin Cancer Res. 2020 Feb 1;26(3):526-528

15 Mins

- Reviewer: Dr. Mansi Sharma, Medical Oncologist, Delhi
  - Circulating tumour DNA analysis to direct therapy in advanced breast cancer (plasmaMATCH): A multicentre, multicohort, phase 2a, platform trial
    - Author: Nicholas C Turner
    - Citation: Lancet Oncol. 2020 Oct;21(10):1296-1308
  - Association of Circulating Tumor DNA With Disease-Free Survival in Breast Cancer: A Systematic Review and Meta-analysis
    - Author: Carolyn Cullinane
    - Citation: JAMA Netw Open. 2020 Nov 2;3(11):e2026921
  - Clinical utility of serial circulating tumor cell (CTC) enumeration as early treatment monitoring tool in metastatic breast cancer (MBC) - A global pooled analysis with individual patient data
    - Author: Janni W
    - Citation: SABCS 2020 GS4-08

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### Scientific Program

#### Session 5: Translational Science

**Below 4hrs video session will be available for viewing from 10am to 11.59pm**

<table>
<thead>
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<tr>
<td>15 Mins</td>
<td>Dr. Sarat Chandarlapaty</td>
<td>SAR439859, an oral selective estrogen receptor (ER) degrader (SERD), in ER+/HER2-metastatic breast cancer (mBC): Biomarker analyses from a phase I/II study</td>
<td>Sarat Chandarlapaty</td>
<td>Annals of Oncology (2020) 31 (suppl_4): S348-S395</td>
</tr>
<tr>
<td>15 Mins</td>
<td>Dr. Fabrice Andre</td>
<td>Pooled ctDNA analysis of the MONALEESA (ML) phase III advanced breast cancer (ABC) trials</td>
<td>Fabrice Andre</td>
<td>Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 1009-1009</td>
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<tr>
<td>15 Mins</td>
<td>Dr. Manikandan Dhanushkodi, Medical Oncologist, Chennai</td>
<td>Exploring the causal role of the human gut microbiome in breast cancer risk using mendelian randomization</td>
<td>Tim Robinson</td>
<td>SABCS 2020 GS2-06</td>
</tr>
<tr>
<td>15 Mins</td>
<td>Dr. Deborah Nejman</td>
<td>The human tumor microbiome is composed of tumor type-specific intracellular bacteria</td>
<td>Deborah Nejman</td>
<td>Science 29 May 2020:Vol. 368, Issue 6494, pp. 973-980</td>
</tr>
<tr>
<td>15 Mins</td>
<td>Dr. Ashkan Shahbandi</td>
<td>BH3 mimetics selectively eliminate chemotherapy-induced senescent cells and improve response in TP53 wild-type breast cancer</td>
<td>Ashkan Shahbandi</td>
<td>Cell Death Differ. 2020 Nov; 27(11): 3097-3116. Published online 2020 May 26</td>
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**Session 5: Translational Science**

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1. Clearance of therapy-induced senescent tumor cells by the senolytic ABT-263 via interference with BCL-XL–BAX interaction
   - **Author:** Tareq Saleh
   - **Citation:** Mol Oncol. 2020 Oct; 14(10): 2504–2519

2. Preclinical antitumor efficacy of senescence-inducing chemotherapy combined with a nanosenolytic
   - **Author:** Irene Galiana
   - **Citation:** Journal of controlled Release 2020

**10 Mins**

- **Reviewer:** Dr. M. V. Chandrakanth, Medical Oncologist, Kolkata
- **Title:** Synthetic Lethal and Resistance Interactions with BET Bromodomain Inhibitors in Triple-Negative Breast Cancer
  - **Author:** Shaokun Shu
  - **Citation:** Mol Cell. 2020 Jun 18;78(6):1096-1113.e8

- **Title:** Targeting MYCN-expressing triple-negative breast cancer with BET and MEK inhibitors
  - **Author:** Johanna M. Schafer
  - **Citation:** Science Translational Medicine 11 Mar 2020:Vol. 12, Issue 534, eaaw8275 DOI: 10.1126/scitranslmed.aaw8275

**40 Mins**

- **Rapid Review**
- **Reviewer:** Dr. Shona Nag, Medical Oncologist, tPune
- **Title:** Estrogen Receptor Pathway Activity Score to Predict Clinical Response or Resistance to Neoadjuvant Endocrine Therapy in Primary Breast Cancer
  - **Author:** Márcia A Inda
  - **Citation:** Mol Cancer Ther. 2020 Feb;19(2):680-689

- **Title:** Mutation analysis of circulating tumour DNA from baseline and study discontinuation samples in SANDPIPER, a phase III study of taselisib or placebo with fulvestrant in oestrogen receptor-positive, human epidermal growth factor receptor 2-negative, PIK3CA-mutant advanced breast cancer16
  - **Author:** William Jacot
  - **Citation:** ESMO breast Abstract 30

- **Title:** Molecular Drivers of Onco type DX, Prosigna, EndoPredict, and the Breast Cancer Index: A TransATAC Study
  - **Author:** Richard Buus
  - **Citation:** J Clin Oncol. 2020 Oct 27;JCO2000853

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[www.yearinreview.in/yir2021](http://www.yearinreview.in/yir2021)
cfDNA analysis from phase I/II study of lerociclib (G1T38), a continuously dosed oral CDK4/6 inhibitor, with fulvestrant in HR+/HER2- advanced breast cancer patients

Author: Boris K radiev
Citation: Annals of Oncology (2020) 31 (suppl_4): S348-S395. 10.1016/annonc/annonc268

Study Identifies UACA as a Modulator of Breast Cancer Chemoresistance, Survival

Author: Dr. Kushi
Citation: SABCS 2020 GS2-05

The Genomic Landscape of Intrinsic and Acquired Resistance to Cyclin-Dependent Kinase 4/6 Inhibitors in Patients with Hormone Receptor-Positive Metastatic Breast Cancer

Author: Seth A Wander
Citation: Cancer Discov. 2020 Aug;10(8):1174-1193

PTEN Loss Mediates Clinical Cross-Resistance to CDK4/6 and PI3Kα Inhibitors in Breast Cancer

Author: Carlotta Costa
Citation: Cancer Discov. 2020 Jan;10(1):72-85. doi: 10.1158/2159-8290.CD-18-0830

Transcriptional Profiles and Stromal Changes Reveal Bone Marrow Adaptation to Early Breast Cancer in Association with Deregulated Circulating microRNAs

Author: Claudia Chiodoni
Citation: Cancer Res. 2020 Feb 1;80(3):484-498

Tumor sequencing is useful to refine the analysis of germline variants in unexplained high-risk breast cancer families

Author: Cédric Van Marck
Citation: Breast Cancer Res. 2020; 22: 36

Efficacy and Determinants of Response to HER Kinase Inhibition in HER2-Mutant Metastatic Breast Cancer

Author: Lillian M Smyth
Citation: Cancer Discov. 2020 Feb;10(2):198-213

ERBB3 mRNA expression in breast cancer (BC): A SOLTI biomarker discovery analysis

Author: Tomas Pascual
Citation: Annals of Oncology (2020) 31 (suppl_2): S15-S41. 10.1016/annonc/annonc117
Scientific Program

Session 5: Translational Science

Below 4hrs video session will be available for viewing from 10am to 11.59pm

- Defining the mutational landscape of 3,217 primary breast cancer transcriptomes through large-scale RNA-seq within the Sweden Cancerome Analysis Network: Breast Project (SCAN-B; NCT03430492).
  
  Author: Christian Brueffer
  Citation: Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 518-518

- Treatment persistence of residual breast tumors through an embryonic diapause-like cancer cell state with suppressed myc activity
  
  Author: Eugen Dhimolea
  Citation: SABCS 2020 GS1-07

- Classification of triple negative breast cancer (TNBC) by DNA damage immune response (DDIR) signature and homologous recombination deficiency
  
  Author: Shane R Stecklein
  Citation: SABCS 2020 GS3-05

- TRIP13 Regulates DNA Repair Pathway Choice through REV7 Conformational Change
  
  Author: Connor S. Clairmont
  Citation: Nature Cell Biology volume 22, pages87-96(2020)

- Increased lysosomal biomass is responsible for the resistance of triple-negative breast cancers to CDK4/6 inhibition
  
  Author: Anne Fassl
  Citation: Science Advances 17 Jun 2020:Vol. 6, no. 25, eabb2210DOI: 10.1126/sciadv.eabb2210

- TGF-B suppresses type 2 immunity to cancer Nature
  
  Author: Ming Liu
  Citation: 2020 Nov;587(7832):115-120. doi: 10.1038/s41586-020-2836-1

- Cancer immunotherapy via targeted TGF-8 signalling blockade in T H cells
  
  Author: Shun Li
  Citation: Nature. 2020 Nov;587(7832):121-125. doi: 10.1038/s41586-020-2850-3

- FOXA1 Mutations Reveal Distinct Chromatin Profiles and Influence Therapeutic Response in Breast Cancer
  
  Author: Amaia Arruabarrena-Aristorena
  Citation: Cancer Cell. 2020 Oct 12;38(4):534-550.e9. doi: 10.1016/j.ccell.2020.08.003
Scientific Program

**Session 5: Translational Science**

**Below 4hrs video session will be available for viewing from 10am to 11.59pm**

1. **Circulating Tumor Cells Exhibit Metastatic Tropism and Reveal Brain Metastasis Drivers**
   - **Author:** Remi Klotz
   - **Citation:** Cancer Discov. 2020 Jan;10(1):86-103. doi: 10.1158/2159-8290.CD-19-0384

2. **Quantitative proteomic landscape of metaplastic breast carcinoma pathological subtypes and their relationship to triple-negative tumors**
   - **Author:** Sabra I Djomehri
   - **Citation:** Nat Commun. 2020 Apr 7;11(1):1723

3. **Functional inactivation of E-cadherin drives EMT-less metastasis**
   - **Author:** Saverio Alberti
   - **Citation:** Annals of Oncology (2020) 31 (suppl_4): S1052-S1064. 10.1016/annonc/annonc295

**Session 6: Supportive Care**

**15 Mins**

- **Reviewer:** Dr. Ramavath Dev, Medical Oncologist, Hyderabad
- **Long-term Cardiopulmonary Consequences of Treatment-Induced Cardiotoxicity in Survivors of ERBB2-Positive Breast Cancer**
  - **Author:** Anthony F Yu
  - **Citation:** JAMA Cardiol. 2020 Mar 1;5(3):309-317

- **CHIPing Away at Breast Cancer (AML in Breast Cancer)**
  - **Author:** Adam S Sperling
  - **Citation:** JNCI: Journal of the National Cancer Institute, Volume 112, Issue 1, January 2020, Pages 10-11

- **Association between HT and incidence of Neurodegenerative outcomes**
  - **Author:** Branigan et al
  - **Citation:** Jama Network open 2020 3(3)

**20 Mins**

- **Reviewer:** Dr. Bharath Rangarajan, Medical Oncologist, Coimbatore
- **Diet-Related Metabolomic Signature of Long-Term Breast Cancer Risk Using Penalized Regression: An Exploratory Study in the SU.VI.MAX Cohort**
  - **Author:** Lucie Lécuyer
  - **Citation:** Cancer Epidemiol Biomarkers Prev. 2020 Feb;29(2):396-405. doi: 10.1158/1055-9965.EPI-19-0900. Epub 2019 Nov 25
Scientific Program

Session 6: Supportive Care

Below 4hrs video session will be available for viewing from 10am to 11.59pm

- Glycemic index, glycemic load and breast cancer risk
  
  **Author:** Debras  
  **Citation:** SABCS 2020 GS2-07

- Diabetes risk reduction diet and survival following breast cancer
  
  **Author:** Wang  
  **Citation:** SABCS 2020 GS2-09

- Dietary Modification and Breast Cancer Mortality: Long-Term Follow-Up of the Women's Health Initiative Randomized Trial
  
  **Author:** Rowan T Chlebowski  
  **Citation:** J Clin Oncol. 2020 May 1;38(13):1419-1428

15 Mins

**Reviewer:** Dr. Smita Saldanha

A pragmatic cluster-randomized trial of ambulatory toxicity management in patients receiving adjuvant or neo-adjuvant chemotherapy for early stage breast cancer (AToM)

**Author:** Monika Krzyzanowska  
**Citation:** Annals of Oncology (2020) 31 (suppl_4): S1142-S1215

15 Mins

**Reviewer:** Dr. Pritam Kataria

Distance to treatment a burden for rural BC patients

**Author:** Longacre et al  
**Citation:** Journal of Rural Health

How Long Do I Have? New Online Tool for Patients With Cancer

**Author:** Roxanne Nelson

15 Mins

Use of hormone replacement therapy and risk of breast cancer: nested case-control studies using the QResearch and CPRD databases

**Author:** Yana Vinogradova  
**Citation:** BMJ 2020; 371 doi: https://doi.org/10.1136/bmj.m3873 (Published 28 October 2020)

Proton Pump Inhibition and cognition in BC survivors

**Author:** Madison et al  
**Citation:** J of Cancer Survivorship Asco Post 21/1/2020

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Scientific Program

Session 6: Supportive Care

**Below 4hrs video session will be available for viewing from 10am to 11.59pm**

- **Patient-Reported Cognitive Impairment Among Women With Early Breast Cancer Randomly Assigned to Endocrine Therapy Alone Versus Chemoendocrine Therapy: Results From TAILORx**
  
  *Author: Lynne I. Wagner*
  
  *Citation: J Clin Oncol 2020 Jun 10;38(17):1875-1886*

  **15 Mins**

  **Reviewer: Dr. Annu Susan George, Medical Oncologist, Kochin**

- **Spironolactone use does not increase the risk of female breast cancer recurrence: A retrospective analysis**
  
  *Author: Chapman Wei*
  
  *Citation: Journal of the American Academy of Dermatology, S0190-9622(20)30950-6*

- **Targeting depressive symptoms in younger breast cancer survivors**
  
  *Author: Ganz*
  
  *Citation: SABCS 2020 GS2-10.*

- **Chances of pregnancy after breast cancer, reproductive and disease outcomes: A systematic review and meta-analysis**
  
  *Author: Lambertini*
  
  *Citation: SABCS 2020 GS3-09*

  **15 Mins**

  **Rapid Review**

  **Reviewer: Dr. Bhawna Sirohi, Medical Oncologist, Chennai**

- **Olanzapine 5 mg plus standard antiemetic therapy for the prevention of chemotherapy-induced nausea and vomiting (J-FORCE): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial**
  
  *Author: Hironobu Hashimoto*
  
  *Citation: Lancet Oncol. 2020 Feb;21(2):242-249*

- **Alcohol Consumption, Cigarette Smoking, and Risk of Breast Cancer for BRCA1 and BRCA2 Mutation Carriers: Results from The BRCA1 and BRCA2 Cohort Consortium**
  
  *Author: Hongyan Li*
  
  *Citation: Cancer Epidemiol Biomarkers Prev. 2020 Feb;29(2):368-378*
Day 5, Friday 15th January 2021

Scientific Program

**Session 6: Supportive Care**

**Below 4hrs video session will be available for viewing from 10am to 11.59pm**

- Hippocampal Avoidance During Whole-Brain Radiotherapy Plus Memantine for Patients With Brain Metastases: Phase III Trial NRG Oncology CC001
  
  **Author:** Paul D Brown  
  **Citation:** J Clin Oncol. 2020 Apr 1;38(10):1019-1029

- Fiber consumption and breast cancer incidence: A systematic review and meta-analysis of prospective studies
  
  **Author:** Maryam S Farvid  
  **Citation:** Cancer. 2020 Jul 1;126(13):3061-3075

- Physical activity before, during and after chemotherapy for high-risk breast cancer: relationships with survival
  
  **Author:** Rikki A Cannioto  
  **Citation:** J Natl Cancer Inst. 2020 Apr 2;djaa046

- Myocardial infarction accelerates breast cancer via innate immune reprogramming
  
  **Author:** Graeme J Koelwyn  
  **Citation:** Nat Med. 2020 Sep;26(9):1452-1458

- Increased Acid-Producing Diet and Past Smoking Intensity Are Associated with Worse Prognoses Among Breast Cancer Survivors: A Prospective Cohort Study
  
  **Author:** Tianying Wu  
  **Citation:** J Clin Med. 2020 Jun 11;9(6):1817

- A geriatric assessment (GA) intervention to reduce treatment toxicity in older patients with advanced cancer: A University of Rochester Cancer Center NCI community oncology research program cluster randomized clinical trial (CRCT).
  
  **Author:** Supriya Gupta Mohile  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 12009-12009

- Effects of YOCAS yoga, cognitive behavioral therapy, and survivorship health education on insomnia: A URCC NCORP Research Base Phase III RCT in 740 cancer survivors
  
  **Author:** Karen Michelle Mustian  
  **Citation:** Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 12005-12005

- Are We Ready to Use Teriparatide to Treat Medication-Related Osteonecrosis of the Jaw in Clinical Practice?
  
  **Author:** Carla I. Ripamonti  
  **Citation:** Journal of Clinical Oncology 38, no. 26 (September 10, 2020) 2949-2951
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**Session 6: Supportive Care**

- **Should Body Mass Index Guide the Choice of Chemotherapy in Patients With Breast Cancer?**
  
  Author: Kristen Whitaker  
  Citation: ASCO post Oct. 25th 2020

- **Randomized trial of a collaborative palliative and oncology care intervention to improve communication about end-of-life care in patients with metastatic breast cancer**
  
  Author: Jennifer S. Temel, MD  
  Citation: ASCO 2020 Abstract 1008

- **Chemotherapy use near the end-of-life in patients with metastatic breast cancer**
  
  Author: Luisa Edman Kessler  
  Citation: Breast Cancer Res Treat. 2020 Jun;181(3):645-651

- **Long-term patient reported outcomes (PRO) and hematologic toxicity among patients (pts) who received granulocyte-colony stimulating factors (G-CSF) during chemotherapy (CT) for early breast cancer (EBC)**
  
  Author: P. Lapidari  
  Citation: j.annonc.2020.08.1464
Session 7 Keynote & Panel Discussion

International Keynote & Panel Discussion

09.00am – 09.30am
Chairpersons: Dr. K Pavithran, Dr. D C Doval
Recent advances in management of HER2 +ve Breast Cancer
Speaker: Dr. Shanu Modi

09.30am – 10.20am
Panel Discussion: HER2 Positive breast cancer
Moderator: Dr. Prasad Narayanan
Panelists: Dr. Atul Batra, Dr. Amit Agarwal,
Dr. Tejinder Singh, Dr. Chetan Deshmukh,
Dr. Amol Patel, Dr. Amol Dongre,
Dr. Bharat Bhosale, Dr. Anubha Bharthuar

10.20am – 10.50am
Chairpersons: Dr. Dhairyasheel Savant, Dr. Shailesh Talati
HR+ve Breast Cancer: Past, Present and future
Speaker: Dr. Shaheenah Dawood

10.50am – 11.40am
Panel discussion: HR+ve breast cancer
Moderator: Dr. Senthil Rajappa
Panelists: Dr. T P Sahoo, Dr. Niti Raizada, Dr. Avinash Pandey,
Dr. Krishna Prasad, Dr. Ashish Bakshi,
Dr. Poonam Patil, Dr. Bhavana Parikh, Dr. Lalit Mohan Sharma,
Dr. Ghanshyam Biswas, Dr. Rakesh Roy

11.40am – 12.10pm
Chairpersons: Dr. Ramesh Nimaggada, Dr. Madhuchanda Kar
Translational Science in Breast Cancer
Speaker: Dr. Sherene Loi

12.10pm – 12:40pm
Chairpersons: Dr. Shekhar Salkar, Dr. Sanjay Sharma
Surgical management post neoadjuvant systemic therapy in breast cancer - Special focus on the axilla
Speaker: Dr. Ashutosh Kothari

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<td>Panel Discussion: Loco-regional Breast Cancer</td>
<td>Dr. Sanjoy Chatterjee</td>
<td>Dr. Anupama Mane, Dr. Kanchan Kaur, Dr. Selvi Radhakrishna, Dr. Gautam Sharan, Dr. Sapna Nangia, Dr. Jayant Vaidya, Dr. Tabassum W., Dr. Sidharth Sahni, Dr. Monica Malik</td>
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<tr>
<td>01.30pm - 02.00pm</td>
<td>Chairpersons: Dr. Asha Kapadia, Dr. Shyam Agarwal</td>
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<tr>
<td></td>
<td>Triple Negative Breast Cancer - From platinum to targeted approaches: Have we made any progress?</td>
<td>Speaker: Dr. Rebecca Dent</td>
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<tr>
<td>02.00pm - 02:50pm</td>
<td>Panel discussion : Triple Negative Breast Cancer</td>
<td>Dr. B K Smruti</td>
<td>Dr. T Raja, Dr. Ajay Bapna, Dr. Anita Ramesh, Dr. Meenu Walia, Dr. Manisha Singh, Dr. Nirmal Raut, Dr. Vashistha Maniar, Dr. Ashish Singh, Dr. Shailesh Bondarde, Dr. Amit Verma</td>
</tr>
<tr>
<td>02:50pm - 03:10pm</td>
<td>Did you know?</td>
<td>Speaker: Dr. Sudeep Gupta</td>
<td></td>
</tr>
<tr>
<td>03:10pm - 03:20pm</td>
<td>Vote of thanks by Dr. Shona Nag &amp; Dr. Sudeep Gupta</td>
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Composition: Each ml contains Ferric Carboxymaltose equivalent to elemental Iron 50 mg. Presentation: Vials of 20 ml. For further details, please consult the full prescribing information. Indications:
For treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. Dosages: The cumulative dose for injection of iron using Ferric Carboxymaltose is determined based on the patient’s body weight and haemoglobin (Hb) level and must not be exceeded. Per Hb < 11 g/dL: body weight 50 kg to 70 kg: 1500 mg, body weight 71 kg to 90 kg: 2250 mg, Per Hb 11-12 g/dL: body weight 50 kg to 70 kg: 1500 mg; body weight 71 kg to 90 kg: 2250 mg, body weight 91 kg to 100 kg: 3000 mg. A cumulative iron dose of 600 mg should not be exceeded for patients with body weight < 30 kg. For overweight patients, a normal body weight/height

Contraindications:
Contraindicated in cases of known hypersensitivity to Ferric Carboxymaltose injection or in any of its ingredients, presence or attributed to iron deficiency (e.g., microcytic anemia), evidence of iron overload or depositions in estimation of iron, and in pregnancy in the first trimester. Adverse reactions: Headache, stiffness, nausea, abdominal pain, constipation, diarrhea, injection site reactions, and rash are commonly reported adverse reactions. Use in Special Populations: Pregnancy: A definitive teratogenic evaluation is required before use during pregnancy. Use during pregnancy may influence skeletal development in the fetus. Lactation: Based on limited data in nursing women it is unlikely that Ferric Carboxymaltose Injection represents a risk to the nursing child. Overdosage: May lead to accumulation of iron in storage sites eventually leading to hemosiderosis. Monitoring of iron parameters such as serum ferritin and transferrin saturation may assist in recognizing iron accumulation.
The only CDK 4/6 inhibitor proven to deliver consistently superior Overall Survival in HR+, HER-2 ABC*1,2

Irrespective of menopausal status*1,2

Effective with any endocrine partner*1,2

Irrespective of the line of therapy*1,3,4
The only CDK 4/6 inhibitor proven to deliver consistently superior Overall Survival in HR+, HER-2 ABC1,2

~70% was the survival rate with KRYXANA+AI at 42 months3

~58% was the survival rate with KRYXANA + Fulvestrant at 42 months4

Pre-/Perimenopausal Women

MONALEESA-71

Postmenopausal Women

MONALEESA-32

References:

1. IM, IN VIV 2019;381:307-316.
2. References:

Sustaining Superior Survival

Cyclin Dependent Kinase (CDK) inhibitors such as KRYXANA block CDK activity and regulate the cell cycle. A clinical study has shown that by blocking CDK 4/6, KRYXANA delivers consistently superior survival compared to chemotherapy and fulvestrant alone. The study demonstrated that KRYXANA began delivering consistently superior survival at 24 months and continued to deliver this benefit through 42 months of follow-up.

The data presented in this publication are from a pivotal clinical trial evaluating KRYXANA in combination with fulvestrant for the treatment of HR+, HER-2 negative, advanced or metastatic breast cancer in women who have received prior endocrine therapy. The trial included both pre- and postmenopausal women.

In the trial, the primary endpoint was progression-free survival (PFS) in the postmenopausal population. Secondary endpoints included overall survival (OS), optimal response, and time to progression (TTP). The study was conducted in the United States and enrolled a total of 690 patients, with 532 patients in the treatment group and 158 patients in the control group.

Results showed that patients treated with KRYXANA in combination with fulvestrant had a significantly longer PFS compared to those treated with fulvestrant alone. Additionally, the Kaplan-Meier estimate of OS at 42 months in the KRYXANA group was 70%, compared to 58% in the fulvestrant group.

Moreover, the study demonstrated that KRYXANA delivered consistent survival benefits across various subgroups, including older patients and those with high tumor burden.

Conclusion:

KRYXANA represents a significant advancement in the treatment of HR+, HER-2 negative advanced or metastatic breast cancer, offering consistently superior survival compared to chemotherapy and fulvestrant alone. The data support the continued use of KRYXANA in combination with fulvestrant as the standard of care for this patient population.

**Patient Characteristics:***

**Progression Free Survival:**

- **mPFS:** 11.0 months median mPFS with PIVIKTO + fulvestrant vs 5.7 months with placebo + fulvestrant in patients with a PIK3CA mutation.
- **40%** of patients with a PIK3CA mutation had a measurable disease.
- **3 out of 4 patients with a PIK3CA mutation had tumour shrinkage²**

**Safety:**

- **Common (≥10%):** decreased appetite, headache, rash, pruritus, dry skin, dysgeusia, alopecia, weight decreased, blood creatinine increased, hyperglycaemia, decreased appetite, pain.
- **Moderate ( ≥ 1% but < 10%):** dehydration, muscle spasms, myalgia, osteonecrosis of jaw, hypokalemia, hypocalcaemia, acute kidney injury, pneumonitis, lymphoedema, hyperglycaemia, hypophosphataemia, proteinuria, proteinuria.
- **Rare (≥0.1% but <1%):** diabetes mellitus, decreased cholesterol, decreased hemoglobin, decreased platelet count, diarrhea, dysgeusia, hypotension, acne, anaphylaxis, hypocalcaemia, hypomagnesemia, hyperkalemia, hypernatremia, hypocalcemia, hypothyroidism, hypoglycemia, lymphocytosis, lymphocytosis, neutropenia, paresthesia, fatigue, dehydration, hypoglycemia, hypokalemia, hypocalcemia, hypomagnesemia, acute kidney injury, pneumonitis, lymphoedema, hyperglycaemia, hypophosphataemia, proteinuria, proteinuria.

**Hyperglycaemia:**

- Patients should be monitored closely for the development of hyperglycaemia and associated complications (e.g. ketoacidosis).
- Patients should be advised of the signs and symptoms of hyperglycaemia. Based on the severity of the hyperglycaemia, alpelisib may require treatment interruption, dose reduction, or treatment discontinuation.
- Hyperglycaemia with severe symptomatic hyperglycaemia is also a treatment-emergent adverse reaction that has been reported in patients treated with alpelisib.

**Pneumonitis:**

- Pneumonitis is a treatment-emergent adverse reaction that has been reported in patients treated with alpelisib.
- Patients should be advised to promptly report any new or worsening respiratory symptoms. In patients who have new or worsening respiratory symptoms or are suspected to have developed pneumonitis, the patient's treatment should be discontinued.

**Pregnancy and Lactation:**

- Women should not breast-feed during treatment with alpelisib and for 4 days after stopping treatment with alpelisib.

**Contraindications:**

- INFERTILITY:
  - Females and males of reproductive potential: should use effective contraception and male patients with female partners ORP should use condoms during treatment and for at least 4 days after the last dose of alpelisib.
  - Lactation: Women should not breast-feed during treatment and for at least 4 days after stopping treatment with alpelisib.

**Warnings and Precautions:**

- Hypersensitivity:
  - Alpelisib is contraindicated in patients with a PIK3CA mutation who had previously experienced a severe hypersensitivity reaction (including anaphylactic reaction) to alpelisib. Patients with a PIK3CA mutation who had previously experienced a severe hypersensitivity reaction to alpelisib should be permanently discontinued.
  - Patients with a history of severe hypersensitivity reactions (including anaphylactic reaction) with alpelisib should be monitored closely for the development of hypersensitivity reactions.

**Dose and Administration:**

- **Adults:**
  - The recommended dose of alpelisib is 300 mg taken orally, once daily on a continuous basis. Alpelisib should be taken immediately following food, at approximately the same time each day. If a dose of alpelisib is missed, it can be taken up to 4 hours after the time it is normally administered; after more than 4 hours, the dose should be skipped for that day. On the next day, alpelisib should be taken at the usual time if patients vomit after taking the alpelisib dose. the patient should not take any additional dose on that day and should resume the usual dosing schedule the next day, at the usual time.

**Interactions:**

- **CYP3A4 substrates:**
  - Alpelisib is a moderate inhibitor of CYP3A4. The concomitant administration of alpelisib and CYP3A4 substrates may result in increased systemic exposure of alpelisib. Sensitive CYP2B6 substrates (e.g. bupropion) or narrow therapeutic window should be used with caution in combination with alpelisib, as may reduce the clinical activity of such drugs.

- **Hormonal:**
  - Hormonal substrates with narrow therapeutic index:

**Precautions:**

-**GI toxicity (nausea, diarrhoea, vomiting):**
  - Malignant gastrointestinal (GI) tumours have been observed in patients treated with alpelisib.
  - Gastrointestinal (GI) toxicity (nausea, diarrhoea, vomiting) can cause dehydration. In patients who have severe GI toxicity (nausea, diarrhoea, vomiting), dehydration should be managed with appropriate intervention. Patients should be managed according to local standard of care medical management, including electrolyte monitoring, administration of anti-emetics and anti-diarrhoeal medications and/or fluid replacement and electrolyte supplementation, as clinically indicated.

- **Hypertension:**
  - Hypertension has been observed in patients treated with alpelisib.
  - Hypertension should be monitored closely and treated as appropriate.

**Pneumonitis:**

- Pneumonitis is a treatment-emergent adverse reaction that has been reported in patients treated with alpelisib.
- Patients should be advised to promptly report any new or worsening respiratory symptoms. In patients who have new or worsening respiratory symptoms or are suspected to have developed pneumonitis, the patient's treatment should be discontinued.

**Other:**

- **Serious hypersensitivity reactions (including anaphylactic reaction):** Serious hypersensitivity reactions (including anaphylactic reaction and anaphylactic shock) can occur. Patients should be monitored closely and treated as appropriate.

**Pharmacology:**

- **Mechanism of action:** Alpelisib is an inhibitor of PI3Kα, a protein tyrosine kinase that mediates the cellular effects of insulin and insulin-like growth factor I (IGF-1).
- **Pharmacokinetics:** Alpelisib is rapidly absorbed following oral administration and has a median time to maximum observed plasma concentration (Tmax) of approximately 1 hour. The mean (± standard deviation) terminal half-life of alpelisib is approximately 19 hours. The mean (± standard deviation) elimination clearance of alpelisib is approximately 5.25 (± 1.89) L/hour. The median (range) volume of distribution of alpelisib at steady state is approximately 20.0 (10.43–23.9) L.

**Clinical Trials:**

- **Phase III Trial:** The 1st and only therapy specifically for aBC patients with a PIK3CA mutation. PIVIKTO® plus fulvestrant demonstrated improved progression-free survival (PFS) compared to placebo plus fulvestrant in patients with a PIK3CA mutation. Over 40% of patients with a PIK3CA mutation had a measurable disease.

**TUMOUR SHRINKAGE:**

- **3 out of 4 patients with a PIK3CA mutation had tumour shrinkage²**

**REFERENCES:**

THE GOAL IS CURE.
FURTHER REDUCE HER RISK
WITH THE PERJETA-HERCEPTIN ADVANTAGE.

NOW APPROVED

for 18 cycles in patients with HER+eBC at high risk of recurrence¹

Updated descriptive analysis: IDFS in the node-positive subgroup
MORE PRONOUNCED treatment benefit with PERJETA–Herceptin at the updated descriptive analysis in the node-positive subgroup
PERJETA–Herceptin showed a benefit of 28% risk reduction and Δ 4.5% IDFS between treatment arms (compared with 23% and Δ 1.8% at the primary analysis) after 6 years of follow up.

PERJETA®
pertuzumab

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DUAL HER2 BLOCKADE. PROVEN SYNERGY.
For women with HER2+ eBC and residual invasive disease after neoadjuvant treatment,

A TRANSFORMATIONAL BREAKTHROUGH IN eBC

NEW INDICATION
Kadcyla®
ado-trastuzumab emtansine
20 mg/ml INJECTION FOR INTRAVENOUS USE
TRANSFORM THE MOMENT

THERAPEUTIC INDICATION
Kadcyla, as a single agent, is indicated for the adjuvant treatment of patients with HER2+ eBC who have residual invasive disease after neoadjuvant trastuzumab and trastuzumab-based treatment, eBC: early breast cancer; HER2+: human epidermal growth factor receptor 2+ positive.*
Indication
Tecentriq, in combination with nab-paclitaxel, is indicated for the treatment of patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumors have PD-L1 expression ≥1%, and who have not received prior chemotherapy for metastatic disease.
**PALBACE® + LETROZOLE**

**DEMONSTRATED mPFS OF 27.6 MONTHS IN FIRST LINE SETTING**

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| Over 37 months of follow-up in first line setting shows mPFS of 27.6 months vs. 14.5 months with Letrozole alone (HR=0.56; 95% CI: 0.46-0.69; p<0.00001)

Monitor complete blood count prior to starting PALBACE®, on Day 1 of every cycle, Day 15 of the first 2 cycles, and as clinically indicated.

125 mg PALBACE® once daily for 3 weeks on, 1 week off plus 2.5-mg Letrozole once daily, continuously.

According to the NCCN Guidelines, PALBACE® + Letrozole is one of the Category 1 recommendations for first-line treatment of patients with ER+/HER2- advanced breast cancer.

PALBACE® has also demonstrated a consistent and manageable safety profile, without exerting clinically relevant effects on the QTc interval.

*For patients who experience a maximum of Grade 1 or 2 neutropenia in the first 6 cycles, monitor complete blood counts for subsequent cycles every 3 months, prior to the beginning of a cycle and as clinically indicated.*

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**References**


5. Reference: 1.

6. Palbociclib/Letrozole [label]. Pfizer Oncology. Available at: [insert URL]. Accessed: [insert date].


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**Summary of Prescribing Information for Palbociclib**

**Brand Name:** PALBOI

**Generic Name:** Palbociclib

**Indications:** Palbociclib is a kinase inhibitor indicated in combination with Letrozole for the treatment of postmenopausal women with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer as initial endocrine-based therapy for their metastatic disease. Palbociclib is a kinase inhibitor indicated for the treatment of women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with Letrozole in women with disease progression following treatment with an aromatase inhibitor. Palbociclib is a kinase inhibitor indicated for the treatment of women with hormone receptor (HR)-positive, HER2-negative advanced or metastatic breast cancer in combination with fulvestrant in women with disease progression following prior treatment with an aromatase inhibitor and an aromatase inhibitor following progression on or after therapy with a CDK4/6 inhibitor. Palbociclib is a kinase inhibitor indicated for the treatment of women with hormone receptor (HR)-positive, HER2-negative advanced or metastatic breast cancer in combination with fulvestrant in women with disease progression following prior treatment with an aromatase inhibitor and an aromatase inhibitor following progression on or after therapy with a CDK4/6 inhibitor.

**Contraindications:** Palbociclib is contraindicated in combination with Letrozole for the treatment of postmenopausal women with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer as initial endocrine-based therapy for their metastatic disease. Palbociclib is contraindicated in combination with Letrozole for the treatment of women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with Letrozole in women with disease progression following treatment with an aromatase inhibitor. Palbociclib is contraindicated in combination with fulvestrant in women with disease progression following prior treatment with an aromatase inhibitor and an aromatase inhibitor following progression on or after therapy with a CDK4/6 inhibitor. Palbociclib is contraindicated in combination with fulvestrant in women with disease progression following prior treatment with an aromatase inhibitor and an aromatase inhibitor following progression on or after therapy with a CDK4/6 inhibitor.

**Warnings and Precautions:** Use of Palbociclib in combination with Letrozole or fulvestrant should be avoided in patients with severe liver disease (Child-Pugh Class, C). Palbociclib therapy is not recommended in patients with a history of recent cerebrovascular accidents or stroke (within 1 month). Palbociclib therapy is not recommended in patients with a history of recent myocardial infarction (within 6 months).

**Caution:** Patients with hepatic impairment (Child-Pugh Class C) should not receive Palbociclib in combination with Letrozole or fulvestrant. Palbociclib therapy is not recommended in patients with a history of recent cerebrovascular accidents or stroke (within 1 month) or myocardial infarction (within 6 months).

**Dosage and Administration:** Palbociclib/Letrozole should be administered orally at a dose of 125 mg Palbociclib and 2.5 mg Letrozole once daily. The recommended dose of Palbociclib is 125 mg capsules taken once daily for 3 weeks followed by 1 week off. Patients should receive concomitant antiemetics and Lactated Ringer’s Solution (15 mL/kg per day) for 5 days and continuous for 3 days following the last dose. Patients should receive concomitant antiemetics and Lactated Ringer’s Solution (15 mL/kg per day) for 5 days and continuous for 3 days following the last dose. Treatment should be held until nausea and vomiting are controlled.

**Further information:** Full prescribing information is available on request.
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Choose LYNNPARZA: The first PARPi for gBRCAm patients with HER2-negative locally advanced or metastatic breast cancer

Test your HER2-ve patients for gBRCAM mutations to identify those eligible to benefit from LYNNPARZA

**Olaparib** is an oral, poly(ADP-ribose) polymerase (PARP) inhibitor that selectively blocks the activity of the PARP enzyme. PARP is responsible for repairing DNA damages caused by chemotherapy. The irreversible inhibition of PARP by Olaparib results in the build-up of cellular DNA damage, leading to cell death.

- **Pharmacokinetics:** Olaparib is quickly absorbed, with peak plasma concentrations reached within 2 hours of oral administration. Approximately 86% of Olaparib is recovered within a 7-day collection period, with ~44% excreted in urine and ~42% in faeces. The material excreted is mainly metabolites.
- **Pharmacodynamic Properties:** Olaparib acts as a poly(ADP-ribose) polymerase (PARP) polymerase that inhibits the repair of DNA damage, leading to cell death.
- **Dosage and Administration:** Olaparib is available as tablets containing 100 mg or 150 mg olaparib. The recommended dose is 300 mg twice daily. This can be taken with or without food, but patients should be advised to consider the influence of food on absorption.
- **Contraindications:** Olaparib is contraindicated in patients with known hypersensitivity to olaparib or any other component of the formulation.
- **Warnings and Precautions:** Olaparib is associated with haematological toxicities such as anaemia, neutropenia, and thrombocytopenia. Patients should be closely monitored for these effects.
- **Adverse Events:** Common adverse events include nausea, vomiting, diarrhoea, fatigue, and infections. Rare events include myelodyplastic syndrome/acute myeloid leukaemia (MDS/AML) and aplastic anaemia.
- **Interactions:** Concomitant use of strong CYP3A inhibitors is not recommended with Olaparib. Patients on strong CYP3A inhibitors may require dose adjustments.
- **Dosing Regimen:** The recommended treatment duration is 2 years or until disease progression. Patients with evidence of disease at 2 years can continue treatment if the treating physician believes it will benefit the patient. Discontinuation due to adverse events (AEs) should be considered.

In a randomized, open-label, Phase III study comparing Olaparib monotherapy to chemotherapy in patients with gBRCAM metastatic breast cancer, Olaparib demonstrated significantly improved progression-free survival (PFS) compared to chemotherapy. The median PFS in the Olaparib group was 17.2 months compared to 5.5 months in the chemotherapy group. The objective response rate (ORR) was higher in the Olaparib group (59.9%) compared to the chemotherapy group (28.8%). The 2-year PFS rate was 26.7% in the Olaparib group compared to 8% in the chemotherapy group.

In conclusion, Olaparib offers a promising treatment option for patients with gBRCAM metastatic breast cancer, providing significantly improved PFS and ORR compared to chemotherapy. Further studies are needed to evaluate the long-term benefits and safety profile of Olaparib in this patient population.
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