Advances in Breast Cancer

Recent studies highlight the importance of individualized treatment.

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Studies presented at the San Antonio Breast Cancer Symposium (SABCS) in December highlight the importance of individualized treatment.

The Phase III PATINA trial showed that the CDK 4/6 inhibitor Ibrance (palbociclib) delayed progression of double-positive breast cancer when added to standard first-line maintenance therapy. Ibrance was first approved in 2015 for women with locally advanced or metastatic hormone receptor-positive/HER2-negative breast cancer, the most common type. The new data show that it also works well for those with hormone receptor-positive/HER2-positive tumors, which account for around 10% of cases. Ibrance improved progression-free survival by about 15 months compared with a placebo.

Looking at people with inherited BRCA mutations, long-term data from the OlympiA study showed that Lynparza (olaparib) continues to offer a survival benefit at six years. Patients with either estrogen receptor-positive/HER2-negative or triple-negative high-risk breast cancer who received the PARP inhibitor for a year after surgery, radiation and chemotherapy had longer disease-free survival and overall survival compared with placebo recipients. After a median 6.1 years of follow-up, 80% of Lynparza patients remained free of invasive recurrence, compared with 70% of placebo recipients, and the risk of death was reduced by 28%.

Gentler treatment was once again a theme at the conference (see “When Less Is More,”). Improved screening has led to increased detection of ductal carcinoma in situ (DCIS), or abnormal cells in milk ducts with no evidence of invasive disease. In the Phase III COMET trial, women with hormone receptor-positive/HER2-negative low-risk DCIS who were randomized to active monitoring had about the same likelihood of progression to invasive breast cancer as those who underwent immediate surgery. Another study adds to the evidence that skipping axillary (armpit) surgery for sentinel lymph node biopsies did not increase the risk of breast cancer progression or compromise survival over five years of follow-up.