Highlights from the 2024 ASCO Annual Meeting

This year's ASCO Annual Meeting highlighted significant advances and ongoing disparities in breast cancer treatments. A reoccurring theme was racial disparities, particularly affecting Black patients, in research, clinical trials, and access to targeted treatments options. Promising results also displayed the benefits of certain treatments for patients at high risk of recurrence and new options for patients with metastatic breast cancer. These highlights collectively emphasize the growing need for personalized and equitable treatment strategies in breast cancer care.

Use our blog on Understanding Common Research Terms as a guide for some of the terms we reference.

Early

Biomarkers predicting response to immunotherapy more common in Black women

Researchers FROM the Carolina Breast Cancer Study explored the potential of biomarkers MHC-I and MHC-II to predict immune response to immunotherapy in breast cancer patients. They analyzed data from a large, racially diverse group of breast cancer patients, with 48% Black and 52% non-Black patients. The study found that Black women with HR+, HER2- breast cancer were significantly more likely to have high levels of these biomarkers compared to non-Black women—38.9% vs. 28.4% for MHC-I and 7.9% vs. 5% for MHC-II. While increased MHC-I and MHC-II expression was noted across all breast cancer subtypes among Black patients, it was particularly significant in HR+, HER2- cancers. This suggests that Black women might have a higher likelihood of responding to certain immunotherapy treatments. The study highlights the importance of including diverse populations in clinical trials to ensure that new treatments are effective across different racial groups. More research is needed to confirm these results and improve personalized treatment options for Black breast cancer patients.

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NATALEE Trial shows ribociclib significantly reduces risk of recurrence in high-risk, node-negative early breast cancer
For patients with HR+, HER2- breast cancer who are at high risk of recurrence but have no lymph node involvement, adding ribociclib to standard treatment with an aromatase inhibitor (AI) reduces the risk of cancer recurrence by 28%. Trial results for this subgroup showed that 93.2% of patients treated with ribociclib had invasive disease-free survival (iDFS) after 3 years, compared to 90.6% who received hormone therapy alone. Although ribociclib is currently not approved for patients with no node involvement to manage recurrence risk, these findings offer promising insights into the potential benefits of this treatment for this population.

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Adjuvant avelumab extends survival in high-risk TNBC
Phase 3 of A-BRAVE trial explored the use of adjuvant avelumab in high-risk triple negative breast cancer (TNBC) patients who had residual disease after neoadjuvant chemotherapy or were at high risk for recurrence after surgery and adjuvant chemotherapy. The study found that adjuvant avelumab did not significantly improve disease-free survival (DFS), showing a 5.1% increase in 3-year DFS. It did, however, significantly improve overall survival (OS), with an 8.5% increase in the 3-year OS. Avelumab reduced the risk of death by 34%, suggesting it might be beneficial for high-risk patients, especially those who still had remaining disease after neoadjuvant chemotherapy.

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Tailored chemotherapy can reduce toxicity and side effects for Black patients
The ECOG-ACRIN Cancer Research Group conducted a study that aimed to identify genetic predictors for chemotherapy-induced peripheral neuropathy in Black patients with stage I to III breast cancer. Peripheral neuropathy, or nerve damage, is a condition that occurs at significantly higher rates in Black patients with breast cancer than compared to other ethnicities. Although the study did not identify specific genetic markers responsible for the increased rates of neuropathy in Black patients, it highlighted the benefits of personalized therapy to reduce side effects. It found that Black patients experienced less nerve damage and required fewer dose reductions when treated with docetaxel chemotherapy every three weeks compared to paclitaxel chemotherapy given weekly.

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Metastatic

Abemaciclib improves outcomes in HR+, HER2- metastatic breast cancer after initial treatment
Phase 3 of the postMONARCH trial studied the addition of abemaciclib to fulvestrant for patients with HR+, HER2- mBC who had advanced on a CDK4/6 inhibitor and endocrine therapy. The study found that abemaciclib combined with fulvestrant significantly improved progression-free survival (PFS), with PFS rates at 6 months were 50% compared to 37% for the placebo plus fulvestrant group. Results showed a 27% reduction in the risk of disease progression for those receiving the abemaciclib and fulvestrant combination. This research supports using abemaciclib (a CDK4/6 inhibitor) as a treatment option for patients whose disease has progressed after initial CDK4/6 inhibitor + endocrine therapy.

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Inavolisib extends treatment time and delays progression in metastatic patients with PIK3CA mutation
In updated results from phase 3 of the INAVO120 trial, adding inavolisib to palbociclib and fulvestrant significantly improved outcomes for patients with a PIK3CA mutation. Patients who received this combination had a median progression-free survival (PFS) of 15 months, compared to 7.3 months for those who received only palbociclib and fulvestrant. Based on these findings, the FDA is reviewing inavolisib for potential approval as a new treatment for this type of breast cancer.

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Racial disparities in targeted therapy for PIK3CA mutated ER+, HER2- metastatic breast cancer
This retrospective study examined racial disparities in targeted breast cancer treatments between Black and White patients with ER+, HER2- metastatic breast cancer, specifically those with PIK3CA mutations. While PIK3CA mutations were detected at similar rates, only 5.9% of Black patients received PI3K inhibitors compared to 28.8% of White patients. Additionally, no Black patients were enrolled in clinical trials, while 11.5% of White patients were. Overall survival from the time of first ctDNA test was significantly shorter for Black patients with ER+/PR-, HER2- mBC compared to White patients (9.1 months vs 21 months, respectively). The study had some limitations, including that all patients had access to ctDNA testing and that it focused on large, urban cancer centres, which may not fully represent the general population. These limitations could potentially underestimate the true inequity faced by those without such access. The study underscores the need for further research and improved access to targeted therapies and clinical trials to address these disparities.

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