Best of SABCS 2024

The 2024 San Antonio Breast Cancer Symposium presented a range of innovative research that offers promising new treatment options, insights into survival benefits, and a closer look at the quality of life for breast cancer patients. From novel therapies for metastatic breast cancer to new combinations in early-stage treatment, the conference highlighted critical advancements in both the understanding and management of breast cancer.

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

Promising new endocrine therapy for advanced ER+, HER2- breast cancer
The EMBER-3 trial tested imlunestrant, a selective estrogen receptor degrader (SERD), in patients with advanced ER-positive, HER2-negative (ER+, HER2-) breast cancer. Imlunestrant, improved progression-free survival (PFS) in patients with ESR1 mutations compared to standard endocrine therapy. When combined with abemaciclib, it showed even better results, reducing the risk of disease progression by 43%. The combination showed efficacy across all groups, including those with or without specific mutations or past treatments. It was taken orally, had mild side effects, and didn't require injections like other similar treatments.
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New ADC shows potential as a core therapy for HER2+ early breast cancer
Phase 2 of the FASCINATE-N trial tested a new antibody-drug conjugate (ADC), SHR-A1811, for HER2-positive (HER2+) breast cancer. Patients were given neoadjuvant treatment with SHR-A1811 alone, SHR-A1811 combined with pyrotinib, or the standard of care therapy (nab-paclitaxel, carboplatin, trastuzumab and pertuzumab). All groups had similar rates in pathologic complete response (pCR), around 63%-64%, with better results (71%-76%) in HR-negative (HR-) patients. Side effects were most

common with the SHR-A1811 and pyrotinib combination.
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Benefits of risk-reducing surgeries for young breast cancer patients with BRCA mutations
A study of over 5,000 young breast cancer patients with BRCA mutations found that risk-reducing surgeries (bilateral mastectomy and salpingo-oophorectomy) lowered the risk of death and recurrence. Bilateral mastectomy reduced death by 35% and recurrence by 42%, while salpingo-oophorectomy (surgical removal of both ovaries and fallopian tubes) reduced death by 42% and recurrence by 32%. The study showed that salpingo-oophorectomy improves survival for all BRCA carriers, while mastectomy reduces cancer risk but does not improve overall survival. While these surgeries are already recommended for BRCA carriers, these findings offer new insights on overall survival, particularly for younger breast cancer patients with BRCA mutations.
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Endocrine Therapy vs. Radiation: Impact on Quality of Life in Older Women with Early-Stage Breast Cancer
Early results from the EUROPA trial found that older women with early-stage breast cancer experienced worse quality of life with endocrine therapy compared to radiation therapy after breast-conserving surgery. After 24 months, those on endocrine therapy had a significant decline in their health-related quality of life (HRQOL), while the radiation therapy group's health remained stable. Endocrine therapy also led to more side effects, with a higher percentage of patients stopping the treatment early (27% vs 17%). The study suggests that radiation might be a less difficult option with similar effectiveness. Final results from the ongoing trial will provide more clarity on the long-term effects of both treatments.
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Neoadjuvant camrelizumab combination shows promise for for early TNBC
The CamRelief study found that adding camrelizumab to chemotherapy helped more patients with early triple-negative breast cancer (TNBC) achieve pathologic complete response (pCR) compared to chemotherapy alone. The pCR rate was 56.8% with camrelizumab plus chemotherapy and 44.7% with chemotherapy alone, a difference of 12.2%. These benefits were similar across patient groups, including those with higher risk or locally advanced disease. Early results showed the combination might also improve survival.
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Patritumab deruxtecan shows promising results with fewer side effects for neoadjuvant HR+ early breast cancer
Results from the SOLTI- VALENTINE trial comparing patritumab deruxtecan (HER3-DXd) with or without letrozole to standard chemotherapy for high-risk, HR-positive, HER2-negative (HR+, HER2-) early breast cancer patients found similar treatment responses. The antibody-drug conjugate (ADC) showed a similar pathologic complete response (pCR) rate and objective response rate (ORR) to chemotherapy, with fewer severe side effects. It also showed signs of antitumor activity, including reduced Ki67 levels and lower recurrence risk. HER3-DXd with letrozole had a slightly higher response rate but caused some side effects like fatigue and nausea. Overall, the study supports the potential of HER3-DXd as an effective, less toxic option for early breast cancer treatment.
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Chest wall radiation after mastectomy shows no survival benefit for intermediate-risk breast cancer patients

The SUPREMO trial found that radiation to the chest wall after mastectomy does not improve overall survival over 10 years in patients with intermediate-risk breast cancer (defined as those with 1 to 3 positive nodes or node-negative disease). The study included patients with certain types of invasive breast cancer who had undergone mastectomy and other treatments. There was no significant difference in the death rates between patients who received chest wall radiation and those who did not. While the radiation group had a lower risk of local recurrence, it did not affect metastasis-free survival or disease-free survival. The findings suggest that chest wall radiation should be avoided for most patients in this group.

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Atezolizumab does not improve survival in TNBC but points to need for further research

The phase 3 GeparDouze (GBG-96) trial found that adding atezolizumab (Tecentriq) to chemotherapy for patients with triple-negative breast cancer (TNBC) did not significantly improve event-free survival compared to chemotherapy alone. The study compared the addition atezolizumab to neoadjuvant chemotherapy, followed by atezolizumab after surgery, with the standard treatment of neoadjuvant chemotherapy followed by placebo after surgery. At a median follow-up of almost 47 months, the difference in event-free survival between the atezolizumab and placebo groups was not statistically significant. There was no overall survival benefit at 4 years, though the addition of atezolizumab increased the rate of pathological complete response. The findings suggest further research is needed to identify which patients might benefit from adding checkpoint inhibitors to their treatment.

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T-DXd shows improved efficacy in patients with HER2-low metastatic breast cancer

The DESTINY-Breast06 trial evaluated trastuzumab deruxtecan (T-DXd) for patients with metastatic HR-positive (HR+), HER2-low or ultra-low breast cancer. Results presented at SABCS 2024 showed T-DXd's benefits across various patient groups, including those with rapid disease progression after first-line CDK4/6 inhibitors. For these patients, median progression-free survival (PFS) was 14 months with T-DXd compared to 6 months for standard chemotherapy. Additionally, T-DXd demonstrated a longer time until the second progression (PFS-II), with a median of 20 months, compared to 14 months for standard chemotherapy. These findings suggest T-DXd as a promising treatment option for this patient population.

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Benefits of anthracycline-based chemo for high-risk HR+, HER2- breast cancer

Data analysis from the TAILORx study found that patients with early-stage, HR-positive, HER2-negative (HR+, HER2-) breast cancer and a high risk of recurrence, based on OncotypeDX scores, benefit more from chemotherapy that includes anthracyclines (such as doxorubicin), compared to chemotherapy regimens that do not include anthracyclines. The research analyzed outcomes for patients with higher recurrence scores (RS) of 31 or greater and tumours larger than 2 cm. Patients treated with anthracycline-based chemotherapy showed improved survival and lower recurrence rates over 5 years.

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