

Introducing CBCN's latest newsletter: Clinical Trials Connected

Research is critical in helping us better understand breast cancer, and equally important is your awareness of these advancements and opportunities to participate. Our newest e-newsletter, Clinical Trials Connected, aims to connect you with crucial research updates and clinical trials to help you stay informed about the latest advancements in breast cancer care.

CBCN was able to attend the European Society of Medical Oncology's (ESMO) Breast Cancer 2024 congress and the Canadian Centre for Applied Research in Cancer Control (ARCC) Conference in May. Below we are sharing some interesting highlights from these conferences.

Use our blog on [Understanding Common Research Terms](#) as a guide for some of the terms we reference.

ESMO Breast Cancer 2024 Highlights

1. A genomic test for HER2+ early-stage breast cancers could help identify if patients need more or less aggressive approaches to treatment

Pooled data from seven studies using HER2DX risk scores, a 27-gene expression test that is being tested to predict the likelihood of event-free survival, found that patients with lower scores had better cancer-free rates. At 6 years, 93% of low-risk patients remained cancer-free compared to 82.9% of high-risk patients. Further studies could confirm the test's potential to provide additional information to guide decisions for those who may benefit from more or less aggressive treatments.

[Read more](#)

2. Global study finds assisted reproductive techniques (ART) safe for young women with BRCA1/2 genetic variants following breast cancer treatment

ART methods such as egg freezing and fertility drugs, do not increase the risk of breast cancer recurrence nor do they increase pregnancy-related complications for patients with BRCA mutations. The study also highlighted the potential of ART to screen embryos for BRCA1/2 mutations, offering a way to prevent passing these genetic variants to children. These findings provide the first substantial evidence supporting the safety of fertility preservation options for patients with BRCA mutations.

[Read more](#)

3. Young patients with invasive lobular carcinoma (ILC) see greater benefit when treated with exemestane plus ovarian suppression

In newly analyzed data from two trials, SOFT and TEXT, hormone receptor (HR) positive patients receiving exemestane (an aromatase inhibitor) plus ovarian suppression saw significantly longer disease-free survival compared to those who received tamoxifen plus

ovarian suppression or tamoxifen alone. Furthermore, patients with ILC saw more benefit with this combination than patients with invasive ductal carcinoma (IDC). This offers hope for more personalized treatments for ILC but should be considered on an individual basis.

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4. The MORPHEUS-panBC trial shows promise in combination therapy for TNBC

The trial, which combined atezolizumab (a PD-L1 inhibitor) and sacituzumab govitecan (a Trop-2-directed antibody drug conjugate), showed a higher objective response rate of 76.7% for patients receiving the combination compared with those receiving atezolizumab and nap-paclitaxel (66.7%). Patients had PD-L1 positive locally advanced or metastatic TNBC and had not previously been treated with other therapies. Further data on progression-free survival and overall survival will confirm the treatment's potential long-term benefits.

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ARCC Conference Highlights

1. CBCN: Accessing the availability and quality of educational resources for Canadians diagnosed with breast cancer

In 2022, CBCN initiated a project to identify the educational needs of Canadian breast cancer patients, specifically focusing on the differences or similarities between triple negative (TNBC) versus non-triple negative patients. The project found that 70.6% of TNBC patients were unaware of this subtype before they were diagnosed and that many patients found it challenging to access adequate resources. The study highlights the need for tailored, evidence-based educational materials to improve patient understanding and care outcomes.

[Read more](#)

2. Updated breast cancer costs for women by disease stage and phases of care using population-based databases

The objective of this project was to update the costs associated with breast cancer treatment for women in Ontario, by analyzing data from 2017 to 2021. It found that costs are highest among women with stage IV (metastatic) breast cancer (mean cost per year per case was \$137,319) while stage I had the lowest (\$15, 588). The study further identified which phases of care saw the highest costs by grouping the phases into three categories: initial, continuing, and end-of-life. The initial phase of care followed by end-of-life saw the highest incremental costs. The findings highlight the importance of efficient resource allocation and support for breast cancer patients.

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3. Provincial variation in adherence to breast cancer screening in Canada: evidence from Canadian Partnership for Tomorrow's Health (CanPath)

This study examined factors that influenced adherence to mammography screening across different regions using data from CanPath. The regions included: BC, Alberta, Ontario, Quebec, and Atlantic provinces. The study compared individuals with a first-degree family history (i.e. high risk) and eligible women aged 50-74 without a family history (i.e. average risk). Key findings indicate that most participants self-reported regularly undergoing screening mammography. Factors such as lower income, smoking, being single, more than two years since routine checkup, and poor self-perceived health were associated with lower screening rates.

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4. A pan Canadian real-world comparative study of the effectiveness & safety of pertuzumab in patients with HER2-positive metastatic breast cancer by the CanREValue collaboration

The Canadian Real-World Evidence for Value of Cancer Drugs (CanREValue) Collaboration analyzed the effectiveness and safety of pertuzumab plus trastuzumab using real-world evidence from patients with HER2-positive metastatic breast cancer. The study identified patients on this treatment from the time it became publicly funded in 8 provinces to March 2018. Patients treated with pertuzumab had higher overall survival rates compared to those treated with trastuzumab alone. Evaluations of real-world evidence from multiple regions across the country offer valuable information for current and future drug funding policies.

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