



Highlights from the 2024 ESMO Congress

The European Society for Medical Oncology hosted its annual congress in September, presenting new and updated research on treatments for early-stage and metastatic breast cancer. Researchers shared promising data indicating that hormonal therapy may be safely paused for pregnancy and breastfeeding, while other researchers provided key evidence in the value and benefits of exercise and healthy eating habits for breast cancer patients. These updates highlight a growing effort to personalize treatment while also prioritizing patients' goals and quality of life.

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

Early Stage

Breastfeeding is possible for young patients with HR+ breast cancer

A recent study from the POSITIVE trial revealed that breastfeeding is possible for patients with hormone receptor-positive (HR+) breast cancer who conceive while taking a break from their endocrine treatment. On average, mothers in the study breastfed for about 4.4 months, with 37.1% breastfeeding for at least 6 months and 12.8% breastfeeding for 12 months or more. The study also found that the rate of breast cancer recurrence was low among those who breastfed compared to those who did not, suggesting breastfeeding does not negatively impact their health. Experts emphasized the importance of supporting breastfeeding among young breast cancer patients and incorporating it into their care plans.

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Adding ovarian function suppression to endocrine therapy improves survival in high-risk premenopausal breast cancer patients

In exploratory analysis of the HERA trial, researchers examined whether adding ovarian function suppression (OFS) to endocrine therapy could further reduce the risk of recurrence for HR-positive,

HER2-positive (HR+, HER2+) early-stage breast cancer, especially in higher risk patients. The results showed that premenopausal patients who received both OFS and endocrine therapy had better long-term survival rates compared to those who received only tamoxifen. Specifically, after 10 years, disease-free survival was 70.9% with OFS compared to 59.6% without it. While it may improve survival, OFS may increase side effects and be harder to manage.

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Final results for KEYNOTE 522 exploring pembrolizumab plus chemotherapy for early-stage triple negative breast cancer

Final results from phase 3 of the KEYNOTE 522 study were presented on the treatment of early-stage triple negative breast cancer (TNBC) using pembrolizumab (Keytruda) plus chemotherapy. After 5 years, the final results showed an overall survival rate of 86.6% with pembrolizumab compared to 81.7% without it. The event-free survival rate was also higher: 81.2% for pembrolizumab versus 72.2% for chemotherapy alone. However, pembrolizumab comes with risks for side effects, so researchers recommend careful patient selection to balance the potential toxicities with the treatment's benefits.

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Combining ribociclib with an aromatase inhibitor improves survival rates in patients with early HR+, HER2- breast cancer

After four years, 88.5% of patients who received ribociclib (Kisqali) and nonsteroidal aromatase inhibitor (NSAI) remained free of invasive disease, compared to 83.6% for those on NSAI alone. The benefits were consistent across different patient groups, including those with varying disease stages and lymph node involvement. Some patients experienced side effects, like neutropenia, joint pain, and liver issues, with most able to complete their treatment.

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Metastatic

Promising results from ELECTRA trial show clinical benefit in metastatic breast cancer with elacestrant and abemaciclib combo

The ELECTRA trial combines elacestrant (Orserdu) with abemaciclib (Verzenio) to treat estrogen receptor-positive (ER+), HER2-negative (HER2-) metastatic breast cancer. Results from phase 1b/2 showed that about 70% of patients experienced clinical benefit by 16 weeks of receiving this combination. This means that 70% of patients either had stable disease, a reduction in disease (partial response) or no evidence of disease (complete response). Among these patients, 26% had partial or complete responses. The main side effects included diarrhea, neutropenia and nausea, with neutropenia being linked to abemaciclib. No severe grade 4 side effects were observed.

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T-DXd continues to show promise for HER2+ mBC with brain metastases

The DESTINYBreast-12 study investigated trastuzumab deruxtecan (T-DXd, Enhertu) in patients with HER2+ metastatic breast cancer. It included two groups: patients with brain metastases (BM) and those without. Key findings showed that T-DXd was effective in both groups, including in patients with cancer

that spread to the brain. In the BM group, 61.6% of patients had no disease progression (known as progression free survival) after 12 months, and in the non-BM group, 62.7% showed a response to treatment (known as the objective response rate). The most common side effect was lung disease, affecting around 16% of the BM group and 12.9% of the non-BM group.

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Abemaciclib could be a more effective first-line therapy for some HR+, HER2- mBC patients with aggressive disease

The ABIGAIL study found that combining the CDK 4/6 inhibitor abemaciclib (Verzenio) with endocrine therapy (ET) improved early response rates in patients with HR+, HER2- metastatic breast cancer. After 12 weeks, 58.8% of patients receiving the combination therapy responded to treatment, compared to 40.2% of those treated with chemotherapy. The study suggests that this combination could be a better first-line option than chemotherapy for patients with aggressive disease. However, it remains unclear if some patients would still benefit from initial chemotherapy, and further data on progression-free survival is needed.

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Quality of Life

Reduced pain and improved physical function for HR+, HER2-low mBC patients receiving T-DXd

The DESTINY-Breast06 trial showed that trastuzumab deruxtecan (T-DXd, Enhertu) improved physical functioning and reduced pain compared to the treatment of physician's choice (TPC) in patients with HR+, HER2-low or ultralow metastatic breast cancer. Pain worsened in an average of 22 months for patients taking T-DXd compared to 6.3 months for TPC. Although overall quality of life remained stable for both treatments, T-DXd reduced the risk of pain worsening by 49% and had better outcomes in physical and emotional functioning. However, T-DXd caused more nausea, appetite loss, and constipation than TPC.

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Resistance training improves survival rates and quality of life for early-stage breast cancer patients

A recent analysis from the OptiTrain trial found that breast cancer patients who followed a supervised high-intensity exercise program with resistance training had a significantly lower risk of death over 8 years compared to those who did aerobic exercise or received usual care. The trial, which included 240 women undergoing chemotherapy, assigned individuals to either resistance or aerobic exercises for 16 weeks, while a control group received standard care. All patients enrolled in the trial were given prescriptions for physical activity, access to gyms, and regular sessions focused on encouraging and promoting the benefits of exercise. Earlier results from this trial showed overall improvements in cancer-related fatigue, muscle strength, cardiovascular fitness, and quality of life for those who exercised, regardless of the method. The new data further indicates that resistance training was linked to better breast cancer-specific survival rates and fewer recurrences.

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Coaching programs can boost exercise motivation and healthy eating for breast cancer patients

The Breast Cancer Weight Loss (BWEL) trial involved 3,180 women who were divided into two groups: one received a telephone coaching program that encouraged weight loss through exercise and healthy eating, while the other only received health education materials. The aim of the study was primarily to see if a weight loss program reduces the risk of recurrence as well as whether it helps breast cancer patients increase exercise and choose healthy foods. Results showed that after six months, women in the weight loss program increased their weekly exercise by 40 minutes, while those in the education group did not change their activity levels. Overall, those in the program were more likely to report 150 minutes of exercise per week.

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