

The 7th Asia-Pacific Breast Cancer Summit

By Dr. Jin Whan Huang 2018/3/10-11

The 7th Asia-Pacific Breast Cancer Summit, March 10th – 11th

The APBCS was a two day symposium with a more focused discussion on the medical oncology part of breast cancer in the setting of ER+ patients. The following information will be in chronological order of the event with some highlights of each presentation. The schedule of the symposium as well as information of each speaker is referenced at the end of this paper.

Day 1, March 10th

● **Session I**

Breast Cancer, Today & Tomorrow

1. **Major milestones affecting clinical practice in 2017**

The APBCS symposium was mainly surrounding the CDK4/6 inhibitor in the ER+ breast cancer patients so this part of the talk focused around the findings and molecular pathways that lead to the development of drug. The speaker also gave some examples of use of the CDK4/6 inhibitor in the adjuvant as well as the metastatic setting.

2. **An eye to the future for breast cancer in 2017**

As more researches are enlightening our understanding of the biology of breast cancer, we are not only looking into the genomics of the diseases but further also looking into RNA studies and even proteomes, for example. Single kinase inhibitors are being developed not to mention immuno-checkpoint inhibitors. The role of surgery may be less in the future, but as of now it is still a main part.

● **Session II**

Debate: Is there a role for molecular profiling in treatment of Metastatic Breast Cancer in routine clinical practice?

YES: The argument was to identify one target of molecular profiling that could change the overall outcome in a metastatic breast cancer patient which the debater tried to show.

NO: The argument was: 1) through many evidence base studies, clinical routine practice for molecular profiling was not favored; 2) it is impractical to do molecular profiling in a routine matter.

The consensus was a vote amongst the attending delegates where the vote was about 4:6 in favor of NO

- **Session III**

New Challenges in Pre-& Post Operative Therapy

- 1. Sending the right patient for preoperative systemic therapy – a surgeon's perspective**

Systemic therapy is mainly for TNBC patients. In other settings, like luminal A patients, the primary focus may be neo-adjuvant for de-escalating purposes. Although a surgeon herself, the speaker thought that in this molecular era, as we are coming up with more drugs and understanding the biology more of the diseases, surgery was a mid-evil thing to do. We still need more research for the best treatment, but meanwhile the training to treat breast cancer still should be focused at a multidisciplinary level and adequate training is needed as a surgeon.

- 2. Sending the right patient for preoperative systemic therapy – a medical oncologist's perspective**

The speaker provided logical thinking process as to discuss which patients should consider systemic therapy. You need to make a plan for your treatment according to the type of breast cancer, and purposes of each step of the plan, as well as revision of the plan based upon outcomes and responses. Again, looking at the TNBC patients, who typically need systemic therapy, the speaker showed some studies about adding platinum based drugs to treatments.

- 3. Residual cancer burden (after neoadjuvant systemic therapy) – how to manage T & N residual disease?**

When do we not perform surgery? When do we use breast conserving surgery? And when do we do mastectomy? What about the axilla? The speaker gave examples of each scenario.

- **Session IV**

Preoperative Tumor Board

This tumor board panel composed of radiotherapists, surgeons, and medical oncologists. Attending delegates asked real-life scenarios while the panel gave opinions to the matter. One raised logical thinking about the presentation was that neo-adjuvant therapy was used also to test for drug sensitivity for adjuvant setting since after surgery one may have no means of evidence for drug efficacy.

- **Lunch Symposium – symposium from Pfizer**

Foregoing new frontiers in HR+, HER2- metastatic breast cancer

Of course, this section was about CDK4/6 inhibitors. Comparing the adverse effects of neutropenia between chemo-therapy and CDK4/6 inhibitors, neutropenia from CDK4/6 inhibitors allows faster recovery due to the underlying mechanism of the drug. Chemo-therapy causes neutropenia because of cell death while CDK4/6 inhibitors cause neutropenia due to cell arrest.

- **Session V**

Challenges faced with young women (<40) with breast cancer

1. **Fertility preservation and safety (GnRH, IVF, etc) – a medical oncology perspective.**
2. **Fertility preservation and safety from a gynecologist perspective**
3. **Is there a role for extended germline testing?**
4. **Approaching a young women with BRCA mutation breast cancer**
5. **Endocrine therapy – so many choices, how best to choose?**

This session focused on how to treat young female patient's wishing to preserve their fertility ability. Speakers gave presentations about the different drugs that may induce ovarian function suppression, discussed about germline testing in particular BRCA testing and how it may effect treatment plans, but overall gave assuring aspects in this matter to help young females on their wish to bear children. The best way was to consult with a gynecologist capable and experienced with this matter as soon as possible with hope to start breast cancer treatment without delay.

- **Session VI**

Challenges in ER+ MBC

1. **Introduction to issues for discussion in MBC ER+**
2. **ER+ MBC mini tumor board**

Metastatic breast cancer usually means palliative treatment; treatment in which is aimed for to palliate a symptom and not improve survival. In the case of ER+ patients, the use of CDK4/6 inhibitors seems to have the same efficacy for the 3 FDA approved CDK4/6 inhibitors (Ribociclib, Palbociclib, Abemaciclib) on the market now and more studies should be warranted. It is also important to keep in mind that the risk of infection due to the adverse effects of these drugs because of neutropenia.

- **AstraZeneca Symposium**

Novel treatment strategies for first-line endocrine treatment of advanced breast cancer

The fact that we see resistance for hormonal therapy in ER+ patients means that we should sub-group the patients into more precise categories to allow better treatment and this asks for more studies. The use of CDK4/6 drugs is a novel treatment and to use it as fist line endocrine treatment for advance breast cancer should give use more insights into this group of patients.

Day 2, March 11th

- **Breakfast Symposium – symposium from Pfizer**

Challenge the Experts: Real-world HR+ HER2- mBC case studies perspectives

The presenter gave some insights into different settings, including the elderly, metastatic to bone only, patient with visceral crisis, bilateral breast cancer with BRCA mutation, and the addition of PARP inhibitor.

- **Session VIII**

Advanced Breast Cancer Mini Tumor Board

1. **Challenging cases in mHER2+**
2. **Challenging cases in mTNBC**

This session the chair was able to present different cases to the panel and allowed the

panel to discuss their logical thinking behind each case. In light of the new medicine that is rapidly being commercialized, many trials are on the way with hopes of allowing us to better understand the biology giving us more practice based discussions.

● **Session IX**

Taking it all in

1. Sequencing for dummies

To understand sequencing, you need to understand the limitations of each sequencing machine from different commercialized product on the market now as they each have their pros and cons. This being said, there would be differences amongst the results, which leads to the next part of understanding a molecular report.

2. Understanding a molecular report

The molecular report is sometimes used in helping us guide our treatment options but prior to understanding a molecular report we need to have some brief knowledge of how sequencing is done and the different results each machine will give as well as their pros and cons of each machine.

3. Some new nanotechnologies for liquid biopsies

This part showed how liquid biopsy seems promising with insights into future developments, like using urine as a potential source of liquid biopsy.

The symposium ended with a summary of the best from the San Antonio Breast Cancer Symposium.

SCIENTIFIC PROGRAM



APBCS 2018 | DAY 1

10 MARCH 2018 | GRAND HYATT, GRAND BALLROOM

08:00 – 08:30 Registration & Coffee

08:30 – 08:45 Welcome Address

Rebecca Dent

Session I: Breast Cancer: Today and Tomorrow

Chairs: Khoo Kei Siong and Lim Siew Eng

ER⁺, CDK4/6, HER2, TNBC

08:45 – 09:05 Major milestones affecting clinical practice in 2017

adjuvant setting, meta setting

Shaheenah Dawood UAE

09:05 – 09:35 An eye to the future for breast cancer in 2020?

RNA, ER⁺, genome variations!
NF1

immunohistochemistry study

Matthew Ellis

single kinase inhib - in a difficult variant genomic disease

Session II: Debate

Chairs: Joline Lim and Paul Mainwaring

09:35 – 10:05 Is there a role for molecular profiling in treatment of Metastatic Breast Cancer in routine clinical practice?

Yes – Peter Schmid | No – Javier Cortes

I target

EBU says NO, still more studies

10:05 – 10:15 Q & A

I target with whole team? routine?

10:15 – 10:45 Coffee Break & Poster View

Session III: New Challenges in Pre- & Post-Operative Therapy

Chairs: Benita Tan and Mohammad Jahanzeb

10:45 – 11:00 Sending the right patient for preoperative systemic therapy – A surgeon's perspective

chem, TNBC
HR, luminal A

surgery medevit in a molecular era

international training
Fiona Mc Neil

11:00 – 11:15 Sending the right patient for preoperative systemic therapy – A medical oncologist's perspective

platinum (TNBC)

Lee Soo Chin
group, plan
PCR, deescalate
FA...

11:15 – 11:30 Residual cancer burden (after neoadjuvant systemic therapy) – how to manage T & N residual disease? no surgery, BCS, mastectomy, axilla

Masakazu Toi

11:30 – 11:45 Q & A

SCIENTIFIC PROGRAM

Day 1 - Continuation...

① neoadjuvant ! test sensitivity ! after surgery x/2

team
Session IV: Preoperative Tumor Board
 Chairs: Elaine Lim and Veronique Tan

11:45 – 12:30 **Panel:** *med oncologist* Javier Cortes | Cheng Har Yip | Wong Nan Soon | Sung Bae Kim
RT Wong Fuh Yong | *sur.* Fiona McNeil | Janice Tsang

12:30 – 13:30 **Lunch – Satellite Symposium Pfizer** - *CDK4/6* - *ciclib*
neutropenia @ chemo: cell death Forging new frontiers in *HR+* HER2- metastatic breast cancer
② CDK4/6: cd(arrest (fast recovery) **Mohammad Jahanzeb**
Shani Paluch Shimon

Session V: Challenges faced with a young woman (< 40) with Breast Cancer
 Chairs: Lee Guek Eng and Ava Kwong

13:30 – 13:45 Fertility preservation and safety (GnRH, IVF, etc) **Shani Paluch Shimon**
medical oncology perspective reassuring.

13:45 – 14:00 Fertility preservation and safety from a **Hemashree Rajesh**
gynaecologist perspective

14:00 – 14:15 *variation of unknown signif. counts* Is there a role for extended germline testing? *BRCA3. But next step?*
BRCA (familial), hereditary (unknown) **Joanne Ngeow**
 14:15 – 14:30 Approaching a young woman with BRCA mutation *to ? threshold?*
 breast cancer *better seen on MRI, most ER+, more local* **Shani Paluch Shimon**

14:30 – 14:45 Endocrine therapy – so many choices, how best to choose? **Peter Schmid**
Ovarian function suppression (pre-menopause)

14:45 – 15:10 Q & A

15:10 – 15:30 **Coffee Break & Poster View**

Session VI: Challenges in ER + MBC
 Chair: Shaheenah Dawood

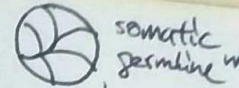
15:30 – 15:45 Intro to issues for discussion in MBC ER + MBC **Javier Cortes**

15:45 – 16:15 ER + MBC Mini Tumor Board *palliate*
Panel: Shani Paluch-Shimon | Javier Cortes | Peter Schmid
 Matthew Ellis | Anita Ramesh

16:15 – 17:15 **AstraZeneca Symposium** **Matthew Ellis** *UK → USA*
 Novel Treatment Strategies for First-line *Endocrine*
 Treatment of Advanced Breast Cancer
why resistance? further subgroups, sensitive?

ASCO, NCCN guidelines

SCIENTIFIC PROGRAM



7th Asia-Pacific Breast Cancer Summit
Reaching New Heights in Breast Cancer Care

infection

APBCS 2018 | DAY 2

11 MARCH 2018 | GRAND HYATT, GRAND BALLROOM

07:30 - 08:30
elder bone only
pre-menopausal
visceral crisis? bilateral → BRCA? ⇒ PARP PARP inhibitor

Breakfast - Satellite Symposium Pfizer

Challenge the Experts: Real-world HR+ HER2 - mBC case studies perspective

Sandeep Goyle
HR+, HER2+, TNBC
70% 20% 10%

Session VII: Novel Discoveries in Breast Cancer

Chairs: Tan Puay Hoon and Lee Soo Chin

08:30 - 09:00 Novel agent in ER+ Breast Cancer
phosphopeptide in cancer? kinase

Matthew Ellis

09:00 - 09:30 Novel agents in hard to treat TNBC

*garbage can
TRP for clinical trial*

Paul Mainwaring

Session VIII: Advanced Breast Cancer Mini Tumor Board

09:30 - 10:05 Challenging cases in mHer2 +

Chair: Samuel Ow

Panel: See Hui Ti | Shaheenah Dawood | Sing Huang Tan | Matthew Flook

10:05 - 10:45 Challenging cases in mTNBC
new meds → many trials → practice / setting based decisions

Chairs: Peter Schmid and Jack Chan

Panel: Shani Paluch-Shimon | Wong Nan Soon | Sung Bae Kim

10:45 - 11:15 Coffee Break & Poster View
need more knowledge on biology

Session IX: Taking it all in

Chairs: Steve Tucker and Tan YO *not much concenses b/w diff panels commercial*

11:15 - 11:35 Sequencing for dummies
Next Generation Sequencing, Next Sequencing Genomics, civic database (interpretation)

Darren Korbie

11:35 - 11:55 Understanding a molecular report

Paul Mainwaring

11:55 - 12:15 Some new Nanotechnologies for liquid biopsies
blood

Matt Trau

12:10 - 12:30 Q & A
mutation w/ drop

12:15 - 13:30 Lunch
phosphorylation of proteins

Best of San Antonio Breast Cancer Symposium (SABCS)

Chair: Wong Nan Soon

16:00 - 16:15 Closing Remarks

Shaheenah Dawood