Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/treatment-selection-strategies-for-metastatic-breast-cancer-patients/26819/

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Treatment Selection Strategies for Metastatic Breast Cancer Patients

Announcer:
Welcome to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Sarah Sammons, who's an Associate Director of the Metastatic Breast Cancer Program at Dana-Farber Cancer Institute in Boston, Massachusetts, and an Assistant Professor at Harvard Medical School. She'll be discussing how we can select an appropriate treatment option for patients with metastatic breast cancer. Here's Dr. Sammons now.

Dr. Sammons:
So the treatment of metastatic breast cancer is highly variable and highly patient dependent. The major pathways that we go down to determine which treatment is going to be best for the particular patient are first to understand what is the subtype of breast cancer that the patient has. So does the patient have a hormonally driven estrogen-positive breast cancer? Do they have a HER2-positive breast cancer? If they don't have either of those, then by default they have a triple-negative breast cancer. And so those are the first three things that we look at. And then amongst those subtypes, there are also other variable things that we think about to determine what's the best treatment for the patient.

Many treatments now, especially in hormone-receptor positive HER2-negative breast cancer, are dependent on biomarkers or genomic changes within the breast tumor and breast cancer cells; and so usually, we're getting genomic sequencing of the tumors or the circulating tumor DNA to understand what the mutations in the patient are. For example, does the patient have an estrogen receptor gene mutation? Do they have a PIK3CA mutation? Do they have other variable mutations that we can target? Are they HER2-low, which is a new category of treatment? For triple-negative patients, it's important to understand their PD-L1 status. So as the first treatment of triple-negative breast cancer, it's generally chemotherapy with or without immunotherapy, and only patients whose tumors are PD-L1 positive drive any benefit from immunotherapy, and so it's important for us to know that.

So I guess what I would say is that treatment is highly variable. It's dependent on subtype. It's dependent on testing biomarkers within the tumor. It's dependent on the patient and how healthy they are and what treatments they've had in the past. And so it's very variable depending on the patient.

Announcer:
That was Dr. Sarah Sammons talking about treatment selection for patients with metastatic breast cancer. To access this and other episodes in our series, visit *Project Oncology* at ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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