

A randomized multicentric phase II trial of  
trastuzumab vs trastuzumab + avelumab in  
HER2+ ER- patients at high risk of relapse  
after neo-adjuvant treatment:  
the TRAVEL study

Keywords: Trastuzumab, Avelumab, Residual disease, TILs

# Background

- Patients with residual disease after neoadjuvant therapy for HER2+/ER- breast cancer have worse prognosis
- Concomitant trastuzumab and immunecheckpoint inhibitors may enhance ADCC and, therefore, improve outcome.

# Objective

- To assess if the addition of different durations of avelumab to trastuzumab improves outcome in the adjuvant setting
- To explore the role of TILs and PD-L1 in predicting response to therapy

# Patient population

- HER2+/ER-
- Residual disease

# Study design

Neoadjuvant  
treatment

surgery

RD

R 1:1:1

Trastuzumab x 1 year  
N=50

Trastuzumab x 1 year +  
avelumab x 1 year  
N=50

Trastuzumab x 1 year +  
avelumab x 6 months  
N=50

# Endpoints

- Primary: DFS
- Secondary: OS, QoL, irAEs
- Stratification factors: TILs, PD-L1, previous chemo, ypN+

# Traslational study

- TILs pre and post
- PD-L1 pre and post
- ctDNA

Thank you on behalf of the  
TRAVEL study steering committee

