bjclub breast Journal club

L'IMPORTANZA DELLA RICERCA IN ONCOLOGIA

20 - 21 APRILE
2023 ROMA

THE HIVE HOTEL

Via Torino, 6

THE OXFORD DEBATE EDITION

Tavola Rotonda: Terapia radiante e farmaci innovativi

Moderatori: S. De Placido, P. Pronzato

Radiation Oncologists	and	Medical Oncologists
P. Franco		L. Biganzoli	G. Ricciardi
L. Visani		A. Fabi	A. Orlandi

Outline

- Adjuvant setting: New drugs with standard radiotherapy
  - L. Biganzoli and discussion

- Metastatic setting: New drugs, with standard radiotherapy or SBRT
  - A. Fabi, clinical cases (G. Ricciardi/A.Orlandi) and discussion

Medical history

51 years old female postmenopausal patient with IDC, G3. ER 80%, PgR 70%, Ki67 25%, HER2 1+.
cT2 cN1M1 (bone: D7-D9 osteolytic lesions). NS 7/10.

What is the optimal timing of treatment?

A) Radiotherapy and then started 1° line therapy with CDK4/6i + ET.

B) Start CDK4/6i and then (in the week off?) started RT

C) Concomitant RT and CDK4/6i inhibitor treatment

D) Discontinuation of CDK4/6i during radiotherapy (five half-lives before to five half-lives after) and the use of short fractionation regimen should be considered.

What if It was

Medical history

51 years old female postmenopausal patient with IDC, G3. ER 80%, PgR 70%, Ki67 25%, HER2 1+.
cT2 cN1M1 ~~(bone: D7-D9 osteolytic lesions).~~ NS 7/10.

bone: lumbosacral and pubic symphysis

What is the optimal treatment?

A) Radiotherapy and then started 1° line therapy with CDK4/6i + ET.

B) Start CDK4/6i and then (in the week off?) started RT

C) Concomitant RT and CDK4/6i inhibitor treatment

D) Discontinuation of CDK4/6i during radiotherapy (five half-lives before to five half-lives after) and the use of short fractionation regimen should be considered.

Medical history

60 years old femal postmenopausal patient with IDC, G3. ER neg, PgR neg, Ki67 40%, HER2 3+.
cT2 cN1M1 (liver, lung, lymph nodes)
1° line: dual HER2 blockage + Paclitaxel
2° line : T-DM1
3° line: T-DXd

PD lymph nodes (hilar lymph nodes of left lung)

What is the optimal treatment?

A) Start a new systemic therapy.

B) Continue T-DXd with concomitant RT on oligoprogressive disease (hilar lymph nodes)

C) T-DXd stop, radiotherapy and then T-DXd resume (High risk of drug-related interstitial lung disease or pneumonitis rate)

What if It was

Medical history

60 years old femal postmenopausal patient with IDC, G3. ER neg, PgR neg, Ki67 40%, HER2 3+.
cT2 cN1M1 (liver, lung, lymph nodes)
1° line: dual HER2 blockage + Paclitaxel
2° line : T-DM1
3° line: T-DXd

PD lymph nodes (hilar lymph nodes of left lung) and bone (two lesions: D7 and D12)

What is the optimal treatment?

A) Start a new systemic therapy.

B) Continue T-DXd with concomitant RT on oligoprogressive disease (hilar lymph nodes)

C) T-DXd stop, radiotherapy and then T-DXd resume (High risk of drug-related interstitial lung disease or pneumonitis rate)

Medical history

49 years old femal postmenopausal patient with IDC, G3. ER neg, PgR neg, Ki67 40%, HER2 3+.
cT2 cN1M1 (lung)
1° line: dual HER2 blockage + Paclitaxel

During maintenence period: Oligoprogression with brain lesions (2 lesions 12 mm) in asymptomatic patient

What is the optimal treatment?

A) SRS and change of systemic therapy.

B) SRS continuing dual HER2 blockage.

C) Change of systemic therapy without locoregional treatment

What if It was

Medical history

49 years old femal postmenopausal patient with IDC, G3. ER neg, PgR neg, Ki67 40%, HER2 3+.
cT2 cN1M1 (lung)
1° line: dual HER2 blockage + Paclitaxel

at least twenty lesions with the largest diameter in

During maintenence period: Oligoprogression with brain lesions (2 lesions 12 mm) in asymptomatic patient.

What is the optimal treatment?

A) SRS and change of systemic therapy.

B) SRS continuing dual HER2 blockage.

C) Change of systemic therapy without locoregional treatment