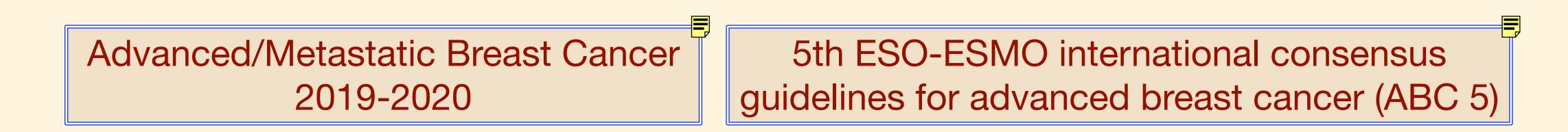
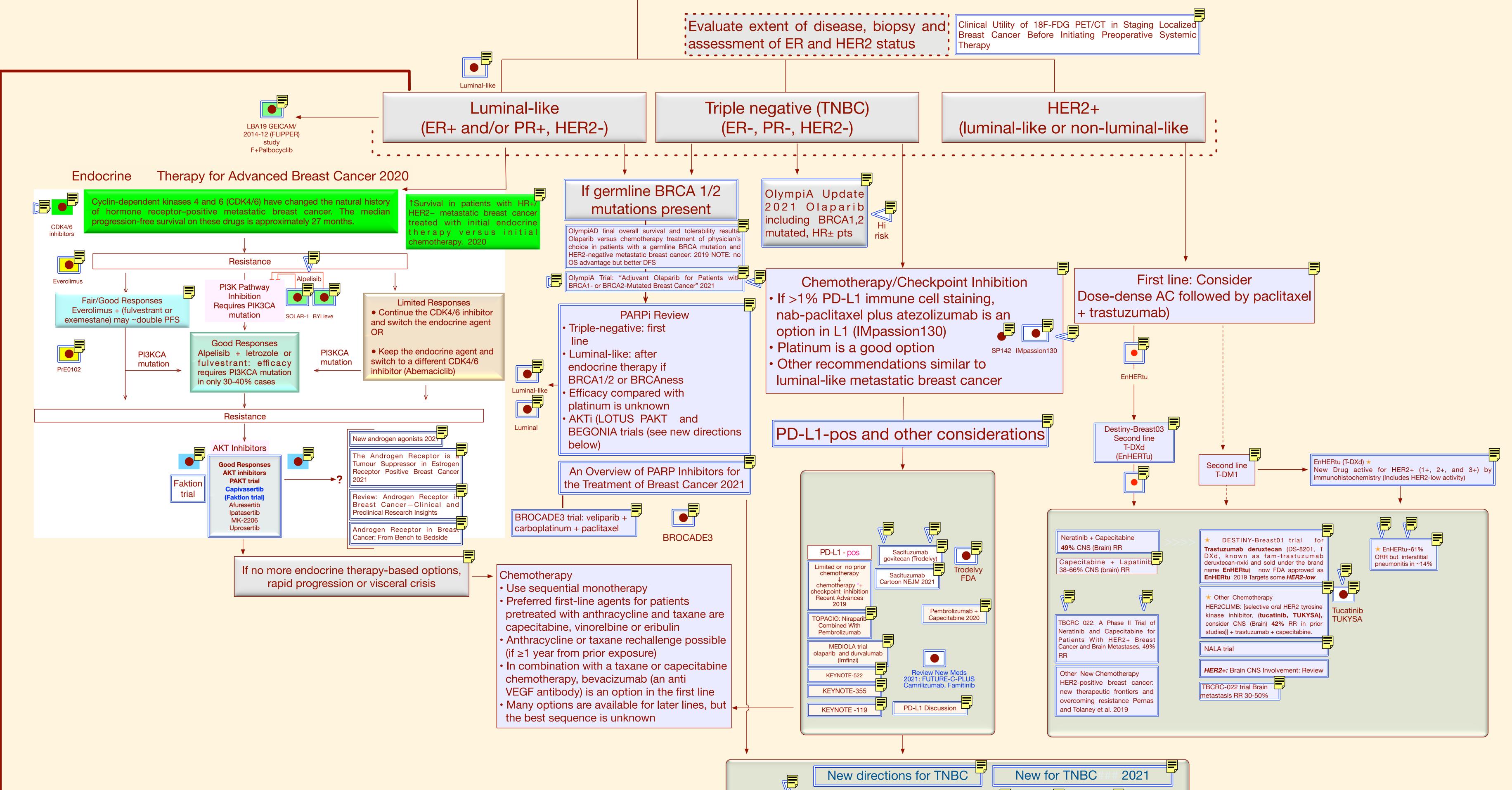
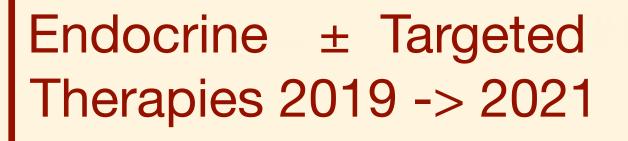
Advanced/Metastatic Breast Cancer 2019-2021

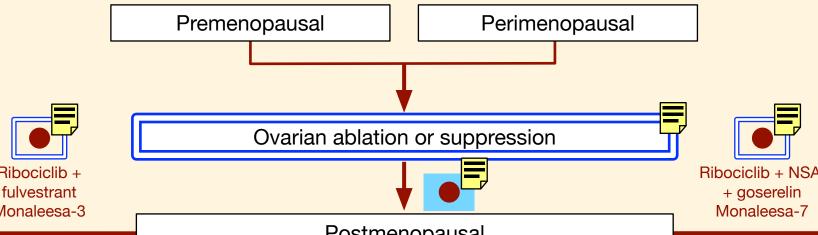






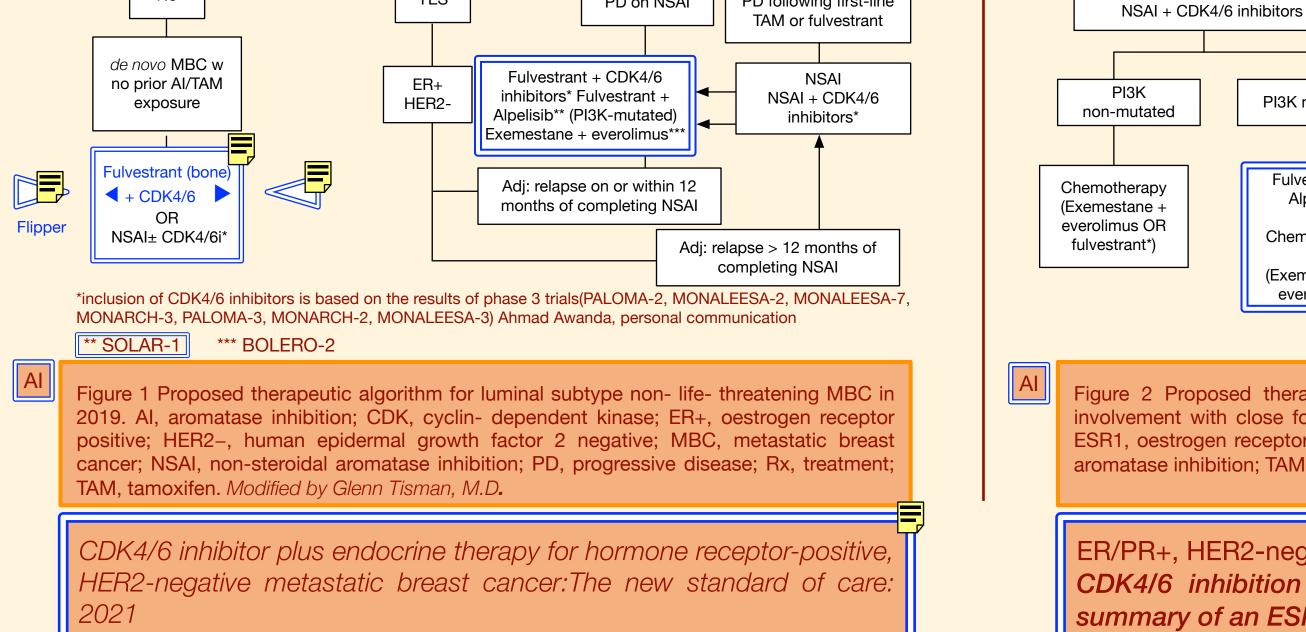
Treatment approach to metastatic hormone receptor-positive, HER2-negative breast cancer: Endocrine therapy and targeted agents

Special Article: 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5)



Metaplastic## Everolimus Rx PAKT Trial LOTUS Capivasertib Paclitaxel TNBC BEGONIA Capivasertib, # Metaplastic## pembrolizumab + PI3K/AKT Lotus Trilaciclib plus Capivasertib Paclitaxel TNBC †OS Biomarkers chemotherapy govitecannab-paclitaxel IV CDK4/6i + hziy Trodelvy paclitaxel, and Response! **Durvalumab** for gemzar+carbo OS encouraging some. Ê Sacituzumab govitecan-hziy Trodelvy Biomarkers Ascent Trial Review New Meds 2021: FUTURE-C-PLUS Camrilizumab, Famitinib Datopotamab deruxtecan (Dato-DXd) HRD in TNBC PARPi Leronlimat Sacituzumab govitecan-hziy Trodelvy

Ribociclib + Ribociclib + NSAI fulvestrant Monaleesa-3 Postmenopausal non-life-threatening MBC in 2019 Endocrine Therapy for Metastatic Breast Cancer Guideline ASCO Update 2021 non-life-threatening MBC w Visceral Involvement 2019 non-life-threatening MBC w //o Visceral Involvement PIK3CA mutation testing Postmenopausal ER+ MBC Postmenopausal ER-positive MBC with non-life-threatning Visceral Involvement 2019 **Chemo- and Endocrine therapy Protocols** Postmenopausal patients, and PIK3CA mutation testing male patients, with HR-pos, PIK3CA mutation testing - HER2-neg, advanced or metastatic breast cancer Tamoxifen, Prior endocrine therapy as Prior endocrine therapy for MBC aromatase inhibitor, NCCN Protocols [Chemo- and Endocrine therapies] for de novo MBC adjuvant only PD on TAM or relapse > 12 months of YES Fulvestrant plus C D K 4 / 6 OR fulvestrant plus Relapse on (or within 12 months of YES PIK3CA regional adjuvant and neoadjuvant Rx from Cancer Therapy completing adjuvant NSAI alpelisib* as secondcompleting) adjuvant NSAI Treated with → mutation? Tamoxifen**, aromatase inhibitor as firstline therapy Advisor adjuvant AI? inhibitor, OR fulvestrant line therapy NO | ___ (with targeted therapy if No PD on NSAI PD following first-line YES



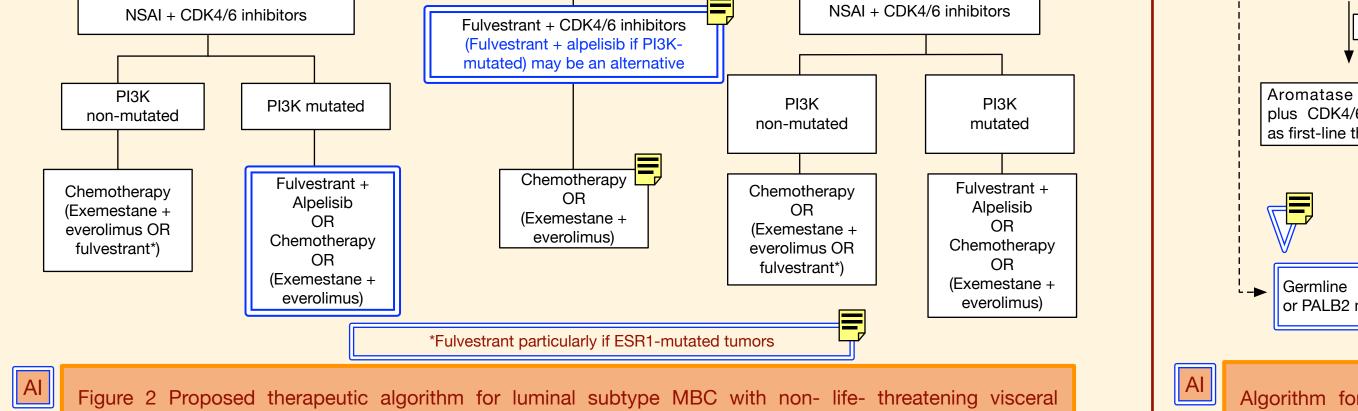
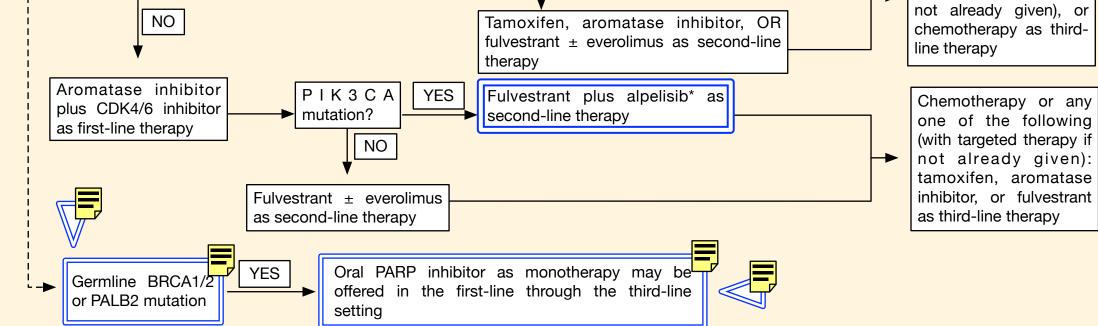


Figure 2 Proposed therapeutic algorithm for luminal subtype MBC with non-life- threatening visceral involvement with close follow- up of the patient. CDK, cyclin- dependent kinase; ER, oestrogen receptor; ESR1, oestrogen receptor 1; MBC, metastatic breast cancer; PD, progressive disease; NSAI, non- steroidal aromatase inhibition; TAM, tamoxifen. *Modified by Glenn Tisman, M.D.*

ER/PR+, HER2-neg and *Visceral crisis* at Presentation

CDK4/6 inhibition in low burden and extensive metastatic breast cancer: summary of an ESMO Open—Cancer Horizons pro and con discussion



Al Algorithm for endocrine treatment and targeted therapy for HR-positive, HER2-negative MBC. * Patients receiving alpelisib should have laboratory and symptom monitoring weekly for the first 4 weeks of therapy to avoid serious toxicity. CDK, cyclin-dependent kinase; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; MBC, metastatic breast cancer. ** **NOTE tamoxifen + a CDK4/6 inhibitor is associated with and increase in QT interval and not recommended.** Modified by Glenn Tisman, M.D.

*Management of toxicity to isoform a-specific PI3K inhibitors

Extensive Listing of Breast Cancer Chemotherapy Protocols for [Recurrent or Metastatic Disease] from Chemotherapy Advisor April 2020 c/w NCCN 3.2020
2020 San Antonio Breast Cancer Symposium Abstracts
17th St. Gallen/Vienna 2021: A Brief Summary of the Consensus Discussion on Customizing Therapies for Women with Early Breast Cancer
New FDA: Hematology/Oncology (Cancer) Approvals & Safety Notifications
FDA approved drugs for CaBr