



# THEME 1

## THEME #1—TRIPLE-NEGATIVE BREAST CANCER: IMPROVING OUTCOMES

- 42-year-old premenopausal woman with right breast cancer, no concomitant diseases
- Invasive ductal carcinoma, grade 3, T = 1.5 cm, ER 0%, PR 0%, 1/12 lymph nodes positive, HER2 negative
- Treatment: Breast conserving surgery; breast irradiation; adjuvant chemotherapy FEC-100 x 3 followed by docetaxel x 3
- Disease progression confirmed in lung and liver 1.5 years after completing anthracycline and taxane-based therapy
- Symptoms: Cough, weight loss.
- ECOG performance status = 1

### FIRST VARIATION—HOW CHEMOSENSITIVE IS TRIPLE-NEGATIVE (BASAL-LIKE) BREAST CANCER?

*Discussant: Ian Smith, MD, FRCP, FRCPE*

Which of the following best describes your opinion of the role of chemotherapy for triple-negative (basal-like) breast cancer?

1. Choice of chemotherapy should be the same as for other molecular subtypes
2. Triple-negative tumors are relatively resistant to standard regimens and I would favor novel regimens (eg, platinum-based chemotherapy)
3. These patients do so poorly with standard chemotherapy that I would favor a combination of chemotherapy and targeted agent

### SECOND VARIATION—INCORPORATING TARGETED AGENTS: WHEN AND IN WHAT SEQUENCE?

*Discussant: Lisa Carey, MD*

Which of the following approaches would you choose for this patient?

1. Bevacizumab + chemotherapy
2. Clinical trial of an oral anti-angiogenic agent + chemotherapy
3. Clinical trial of cetuximab + chemotherapy
4. Clinical trial of PARP inhibitor + chemotherapy

