

Filling The Gap After CDK4/6 Inhibitor: The Evolving Treatment Landscape of Patients with HR+/HER2-mBC

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CDK4/6 inhibitors (CDK4/6i) with endocrine therapy are the established first-line treatment for metastatic and advanced hormone receptor-positive breast cancer. The introduction of CDK4/6i has dramatically improved progression free survival and, in some cases, overall survival. However, there are limited treatment options beyond chemotherapy for patients with hormone receptor positive metastatic breast cancer after progression on first line therapy with CDK4/6 inhibitor. Recently, encouraging evidence has emerged from multiple drugs in this space with the potential to delay chemotherapy and improve outcomes. The most promising agents include the AKT inhibitor capivasertib, the oral selective estrogen receptor degrader (SERD) and PARP inhibitors for patients harboring pathogenic germline BRCA1/2 mutations. In this session, we will review the evolving treatment landscape of patients with HR+/HER2-mBC after CDK4/6i and discuss how to approach a patient who has progressed on 1L CDK4/6i and endocrine therapy in the future.