Speech Abstract

Topic:
The Sustainable Efficacy of CDK4/6 Inhibitor therapy in HR+/Her2- Node+ High Risk Early Breast Cancer
Abstract
Since the introduction of aromatase inhibition in the early 2000s, there have been limited advancements to the standard (neo)adjuvant therapies for patients with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) early breast cancer (EBC). Many patients with HR+, HER2- EBC will not experience recurrence or have distant recurrence with currently available standard therapies. However, up to 30% of patients with high-risk clinical and/or pathologic features may experience distant recurrence, many in the first few years. Better treatment options are needed to prevent early recurrence and development of metastases for this group of patients. MonarchE is open-label, phase III study included patients with HR+, HER2-, high-risk EBC, who had surgery and, as indicated, radiotherapy and/or adjuvant/neoadjuvant chemotherapy. Patients with four or more positive nodes, or one to three nodes and either tumor size ≥ 5 cm, histologic grade 3, or central Ki-67 ≥ 20%, were eligible and randomly assigned to standard-of-care adjuvant endocrine therapy (ET) with or without abemaciclib. The results shown that abemaciclib when combined with ET is the first CDK4/6 inhibitor to demonstrate a significant improvement in IDFS in patients with HR+, HER2- node-positive EBC at high risk of early recurrence. Moreover, the benefit is sustained beyond the completion of treatment with an absolute increase at 7 years, further supporting the use of abemaciclib in patients with high-risk hormone receptor-positive, HER2-negative node-positive early breast cancer.