In the evolving landscape of metastatic breast cancer (MBC), especially in HER2-negative patients, the rise of novel therapies such as antibody-drug conjugates (ADCs) and targeted agents for HR+ mutations have reshaped the clinical strategies. While these therapies represent significant advances, they also shifted the role of traditional chemotherapy. In Taiwan, treatment gaps may arise not only from reimbursement limitations, but also from unmet clinical needs among specific patient populations—such as those with unique disease characteristics, limited response to newer agents, or different treatment goals. These gaps highlight the need to reassess the value and positioning of existing therapies like Eribulin.

Eribulin remains one of the few chemotherapeutic agents with proven overall survival (OS) benefits in pretreated MBC patients. Despite being often reserved for later lines, it may offer meaningful clinical value when used at the right time. This presentation will focus on identifying the optimal use of Eribulin in real-world clinical practice in Taiwan, considering both treatment trends and the constraints of the NHI system in HER2-negative MBC patients.

We will examine key evidence from studies such as the EMBRACE trial (post hoc analysis), EMPOWER, ERIGE, ENHANCE-1, ESMERALDA, and GIM11 to evaluate where Eribulin fits within the modern treatment algorithm. These findings will be discussed in the context of prior treatment exposures, sequencing considerations, and the decision-making factors that influence therapy selection in daily practice.

As novel therapies continue to expand, the role of conventional chemotherapy becomes increasingly nuanced. Halaven may serve as a critical bridge where newer agents are not reimbursed, not suitable, or have been exhausted. By addressing practical gaps in care, Eribulin can support better patient outcomes. This session aims to help clinicians reevaluate Halaven’s strategic role in optimizing individualized treatment under real-world and policy-driven constraints.