

As the treatment landscape evolves, the question is no longer whether SG works, but rather, when to use it for maximal impact. Should SG be positioned earlier, potentially replacing conventional chemotherapy in appropriate patients? Prof Sherene Loi will discuss practical considerations, and how new evidence may shift frontline approach. Join us as we explore the next chapter of innovation in mTNBC care.

Metastatic triple-negative breast cancer (mTNBC) remains one of the most aggressive and therapeutically challenging breast cancer subtypes, with limited durable treatment options. Sacituzumab Govitecan (SG), a first in class TROP2 directed antibody drug conjugate (ADC) has demonstrated significant survival benefit in heavily pretreated mTNBC as shown in the pivotal ASCENT trial. However, the paradigm is rapidly shifting as we explore SG's potential beyond the later lines of therapy.

In this session, we will examine emerging data that support moving SG earlier in the treatment algorithm. Of particular interest, Asian populations tend to exhibit a more immune-enriched tumor microenvironment, suggesting a biological rationale for greater benefit from combining ADC and Immune check point inhibitor in this region. This immune backdrop may help unlock deeper, more durable responses when leveraging the bystander effect of ADC alongside immune activation.

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