ESMO Preceptorship Programme

Tumor Type – Location – Date

Dr Prinitha Pillay, University of Witwatersrand

APHINITY for More
DISCLOSURE OF INTEREST

- None
A 49-year-old women was referred for biopsy after routine mammography showed a 2.4-cm diameter spiculated mass in the left breast, clinically revealed a well-circumscribed, non-tender firm mass in the lower-outer quadrant of the left breast; singular palpable nodal enlargement in the left axilla = cT2N1M0

- Excisional biopsy of the breast and axillary lymph nodes showed high grade ductal carcinoma, ER-/PR-; HER2 IHC 3+; Ki-67, 20%
- She underwent right mastectomy and lymph node dissection = pT2N1M0 (3/14 nodes)
- The patient was started on adjuvant chemotherapy with 12 months of trastuzumab + pertuzumab
APHINITY
San Antonio Breast Cancer Symposium
6 year outcomes update 10-14 Dec 2019

- <1% improvement in OS (NS - not statistically significant).

- 2.8% iDFS benefit for adj pertuzumab; 4.5% if LN+ but <0.1% iDFS in LN neg where baseline iDFS is 95%

- Locoregional breast cancer recurrence was reported in 1.2% of those on pertuzumab and 2.0% of those on placebo.

- No cardiac toxicity signals, >Grade 3 Diarrhoea 9.8% in the dual blockade group vs. 3.7% in the placebo arm
Financial toxicities for LMIC?

- In South Africa 20 million women are over 15 years of age with a 1 in 26 chance of developing breast cancer, approximately 300 HER 2+ patients would be eligible for treatment.

- A vial of trastuzumab costs R6 531 and pertuzumab vial costs R39 608,

- Thus for a modest 0.9% IDFS the cost difference for one-year treatment for a patient is **SEVEN** times higher (R876 641 for the dual blockade vs. R124 089 for trastuzumab alone)

Any adjuvant treatment is meaningful only when it improves ultimate outcomes that matter the most to patients – living longer, living well, without an extra financial burden.

QUESTIONS:
- Should she have gotten NAC?
- Should she have gotten dual blockade in either/both Neo and adjuvant setting?

Conclusion: ????
- Pertuzumab for stage 2? Or stage 3 only?
- Mostly N+ only?
- ONLY If they "need" neoadjuvant then they should get pertuzumab?
- And ONLY if can afford and patient choice …otherwise not