Applications for Community Oncology

Nurse Symposium

October 26, 2023

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wellCORNER™

A Cornerstone Specialty Network Company

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70%

Patients indicated they use complementary or alternative medicines as part of their cancer care; of them 42% use it to manage their symptoms

70%

Of patients learned of complementary and alternative medicines from sources *other than* their health care providers

30%

indicated that they did not inform their treating oncologist about complementary and alternative medicines they are taking

Patients are utilizing complementary and alternative medicines, and over 80% view their health care providers as a trustworthy source of information

Hutten RJ, Weil CR, King AJ, et al. Multi-institutional analysis of cancer patient exposure, perceptions, and trust in information sources regarding complementary and alternative medicine. *JCO Oncol Pract*. Published online September 18, 2023. doi:10.1200/OP.23.00179

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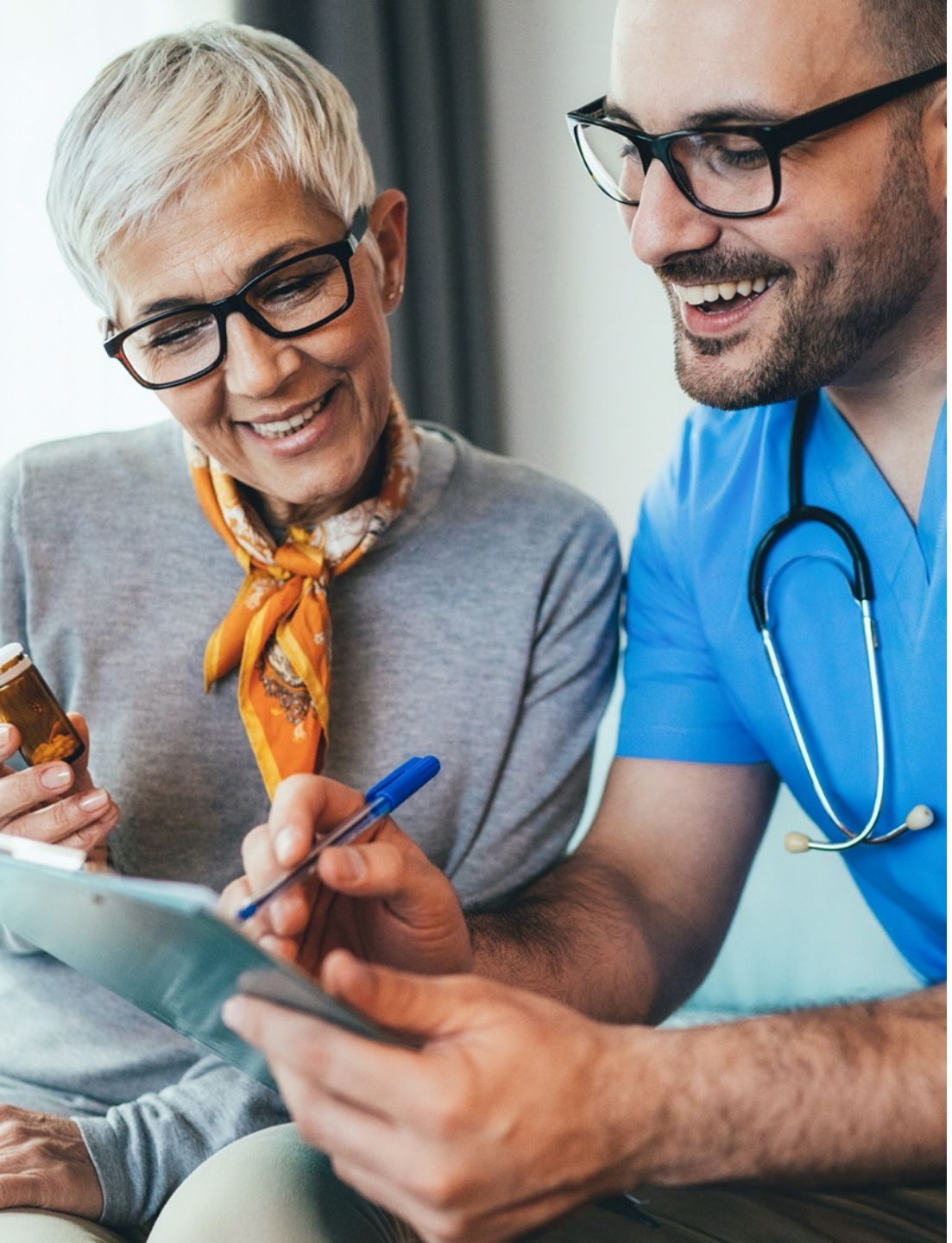

wellCORNER provides a solution. A website with medically reviewed products and education to which HCPs can refer their patients

wellCORNER's mission is to provide access to science-based, high-quality products that are specifically designed to help cancer patients and their caregivers.

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KEY BENEFITS for Patients

- ✓ Access to natural, high-quality products that are scientifically formulated for cancer patients
- ✓ Products available through wellCORNER offer patients a lower retail price
- ✓ Receive medically reviewed education about products and their purpose

KEY BENEFITS for Practices

Medically Reviewed Products and Education

- Aromatherapy
- Cold therapy
- Multivitamins
- Skincare
- Nausea Relief Bracelets

Provided to patients at point-of-care

- Website accessible via all mobile devices
- Marketing materials provided to oncology practices for distribution

Turn-key Solution for Practice

- Products shipped direct to patient, practice does not house inventory
- wellCORNER team connects with practice advocates

KEY BENEFITS for Patients

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Product Lines

Product Line	Supplier	Products	
Aromatherapy	Wyndmere Naturals	• Essential Oils • Inhalers • Patches • Diffusers	
Cold Therapy	ReliefGenius	• Cold Glove Bundle • Cold Sock Bundle	
Skincare	LindiSkin	• Lotions • Washers • Cooling wraps / rolls	
Multi-vitamins	4CancerWellness	• SafeVite multi-vitamin • 4Bones	
Nausea Relief Bracelets	Blisslets	• Stylish acupressure bracelets	

www.wellCORNER.com

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Breast Cancer Overview And Health Related Disparities

Dr. Maya Leiva

Breast Cancer Overview

1 in 8 AFAB in the United States will be diagnosed with breast cancer in their lifetime
When caught in its earliest, localized stages, **the 5-year relative survival rate is 99%**

EARLY DETECTION

- Breast Lump
- Breast Pain
- Breast Cyst
- Breast Self-Exam
- Clinical Breast Exam
- Mammogram

DIAGNOSIS

- Diagnostic Mammogram
- Ultrasound
- MRI
- Breast Biopsy
- Lab Tests

STAGES

- Stages 0 & 1
- Stage 2 (II) And Stage 2A (IIA)
- Stage 3 (III) A, B, And C
- Stage 4 (IV) Breast Cancer

TYPES OF BREAST CANCER

- Ductal Carcinoma In Situ (DCIS)
- Invasive Ductal Carcinoma (IDC)
- Lobular Carcinoma In Situ (LCIS)
- Invasive Lobular Cancer (ILC)
- Triple Negative Breast Cancer
- Inflammatory Breast Cancer (IBC)
- Metastatic Breast Cancer
- Breast Cancer During Pregnancy
- Other Types

TREATMENT

- Surgery
- Lumpectomy
- Mastectomy
- Lymph Node Removal & Lymphedema
- Breast Reconstruction
- Chemotherapy
- Radiation Therapy
- Hormone Therapy
- Targeted Therapy
- Standard Treatment vs. Clinical Trials

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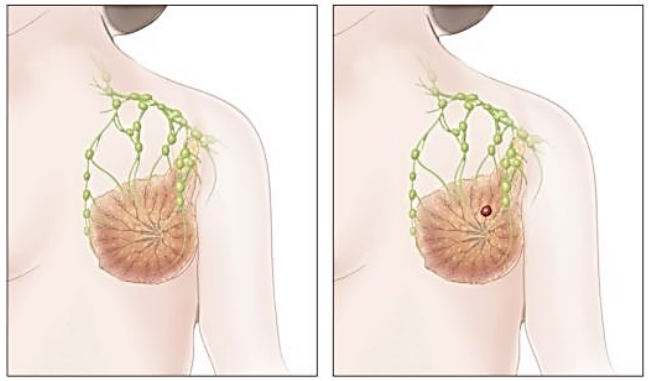
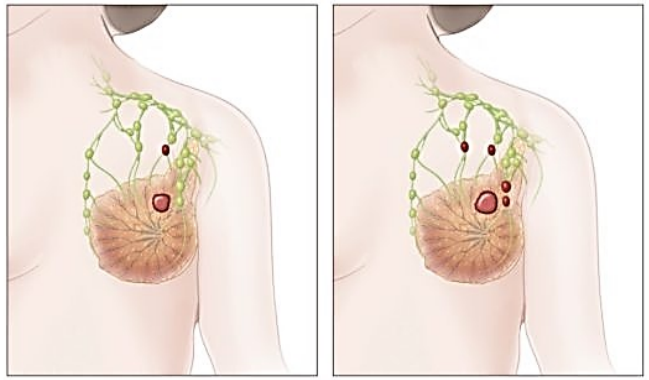
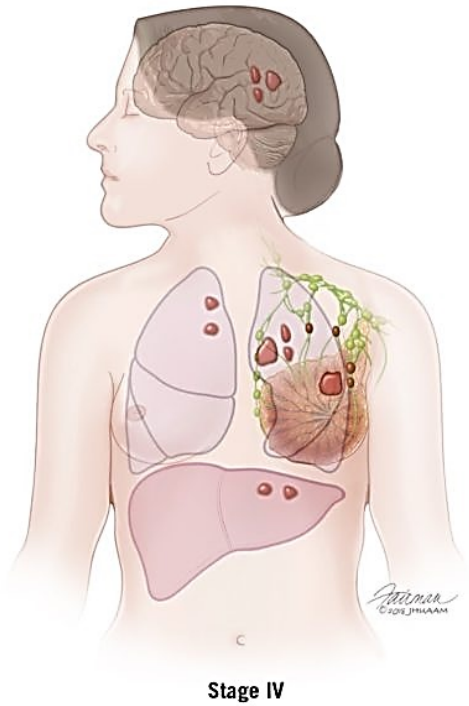
Stages of Breast Cancer







[Staging & Grade - Breast Pathology | Johns Hopkins Pathology (jhu.edu)]

Characteristics of Breast Cancer Molecular Subtypes

Molecular subtype	Luminal A	Luminal B	HER2	TNBC
ER/PR	+			–
HER2	–		+	–
Frequency [a]	50–60%	30%	10%	10–20%
Grade [b]	Low			High
Prognosis [c]	Good			Poor
5–y survival rate [d]	94.3%	90.5%	84.0%	76.9%
Treatment	Endocrine therapy			
		Anti-HER2 therapy		
	Chemotherapy			

Burguin, A.; Diorio, C.; Durocher, F. Breast Cancer Treatments: Updates and New Challenges. J. Pers. Med. 2021, 11, 808.

Social Determinants of Health

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Social Determinants of Health - Healthy People 2030 | health.gov

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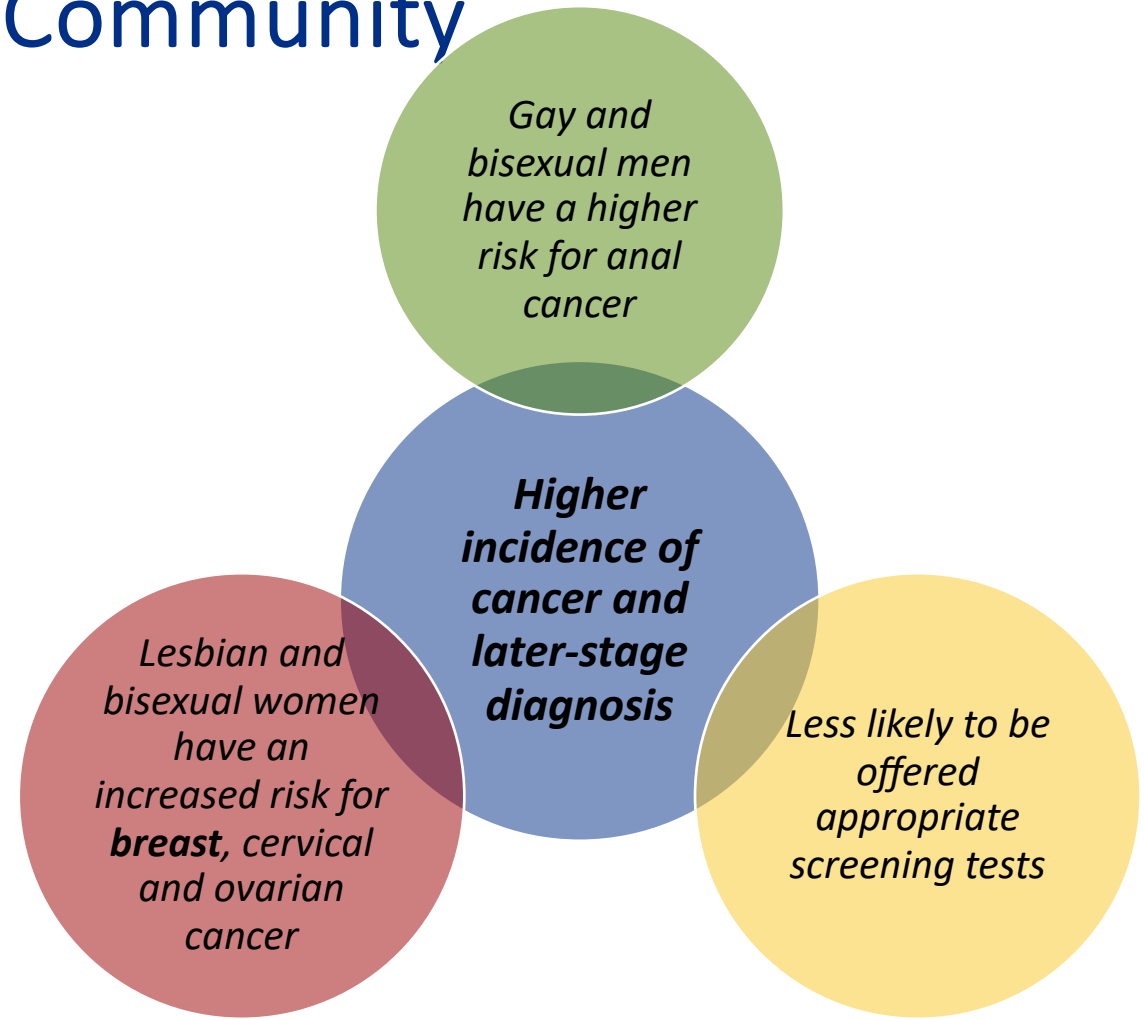
Cancer and Health Related Disparities in the LGBTQ+ Community



Collect sexual orientation and gender identity (SOGI) data

- *Promote patient centered care*
- *Ask all patients how they identify*

Advise cancer screening based on organs

- *Provide education on organ based screening and not gender identity or sexual orientation*

Don't make assumptions

- *Gender affirming surgery does not mean that they have or do not have certain organs*

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Breast Cancer in the LGBTQ+ Community

Breast Cancer has no gender

- Smoking, alcohol consumption, obesity, and fewer pregnancies increase risk
- Trans women are at higher risk for breast cancer due to receiving hormone therapy
- A mammogram cancer screening can be very emotionally, mentally, and physically distressing
- After a mastectomy there is still some breast tissue, a lump or bump should still be worked up

LGBTQ+ clinical competency training resources:

Home » LGBTQIA+ Health Education Center

Home - GLMA: Health Professionals Advancing LGBTQ Equality

- National LGBT Cancer Network (cancer-network.org)

Welcoming Spaces | Society of Gynecologic Oncology (sgo.org)

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Breast Cancer in the LGBTQ+ Community

Be inclusive

- Pronoun badges on IDs, rainbow pins or ribbons, or sharing our pronouns when entering a room before asking a patient's
- Recognize LGBTQ+ individuals form strong "families of choice" beyond their families of origin
- Awareness of language and color association is key when communicating with LGBTQ+ patients in order to provide a comfortable environment
- Provide education and resources to team members on cancer risks, prevention, screening, and treatment unique to LGBTQ+ patients

"I'm your nurse, Jennifer, and my pronouns are she/her," followed by asking the patient, "And you are?"

Instead of asking, "Is this your mother?," it is less presumptive to ask, "Who is here with you today?"

"Have you had gender-affirming surgery?"
(often referred to as "top" or "bottom" surgery)

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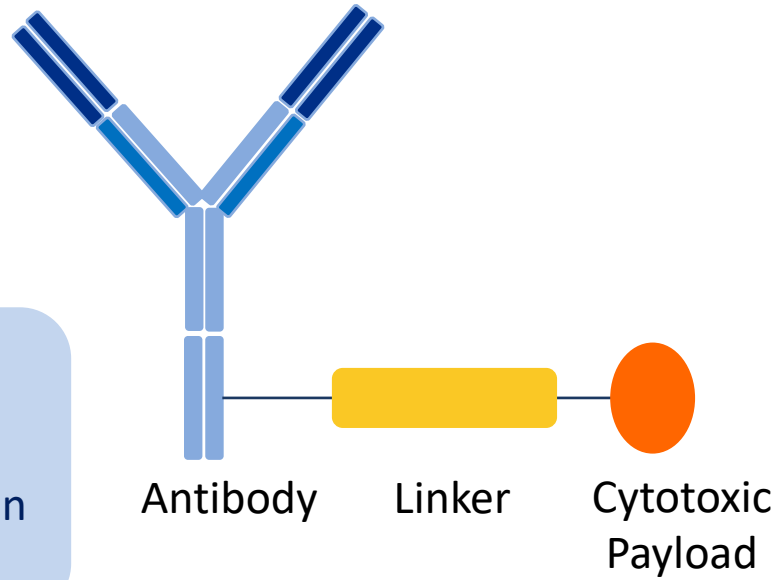
Antibody Drug Conjugates And Managing Side Effects

Katie Alexander

The ABCs of ADCs

Antibody specific targeting delivers the cytotoxic payload or drug to the site of the tumor cells; increased efficacy and reduced systemic exposure and toxicity

Bystander effect occurs where cells within close proximity of the targeted cancer cells are exposed to the antitumor effects of ADCs, irrespective of antigen expression



Cleavage of the linker occurs once internalized in the tumor cell and releases the cytotoxic payload, promoting tumor cell death; drug–antibody ratio (DAR), defined as the number of payload molecules that can be attached to the antibody, influences the potency and therapeutic index of ADCs

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Current FDA Approved Antibody Drug Conjugates (ADCs)

ADCs consist of a monoclonal antibody linked to a biologically active cytotoxic payload or drug

SOLID TUMOR ADCs

- Trastuzumab emtansine (KADCYLA®)
- Trastuzumab deruxtecan (ENHERTU®)
- Enfortumab vedotin (PADCEV®)
- Sacituzumab govitecan (TRODELVY®)
- Mirvetuximab soravtansine-gynx (ELAHERE™)

Breast Cancer

Non-Small Cell Lung Cancer (NSCLC)

Gastric or Gastroesophageal Junction Adenocarcinoma

Urothelial Cancer

FRα positive, platinum-resistant epithelial Ovarian, Fallopian tube, or Primary Peritoneal Cancer

HEMATOLOGICAL ADCs

- Gemtuzumab ozogamicin (MYLOTARG®)
- Brentuximab vedotin (ADCETRIS®)
- Inotuzumab ozogamicin (BESPONSA®)
- Polatuzumab vedotin (POLIVY®)
- Loncastuximab tesirine-lpyl (ZYNLONTA®)

Acute Myeloid Leukemia

classical Hodgkin lymphoma

Anaplastic Large Cell Lymphoma

Diffuse Large B-Cell Lymphoma, not otherwise specified, DLBCL arising from low-grade lymphoma, and high-grade B-cell lymphoma

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Box Warnings* and Warnings and Precautions

ENHERTU®
- **Interstitial lung disease (ILD) and pneumonitis***
- Neutropenia
- Left ventricular dysfunction

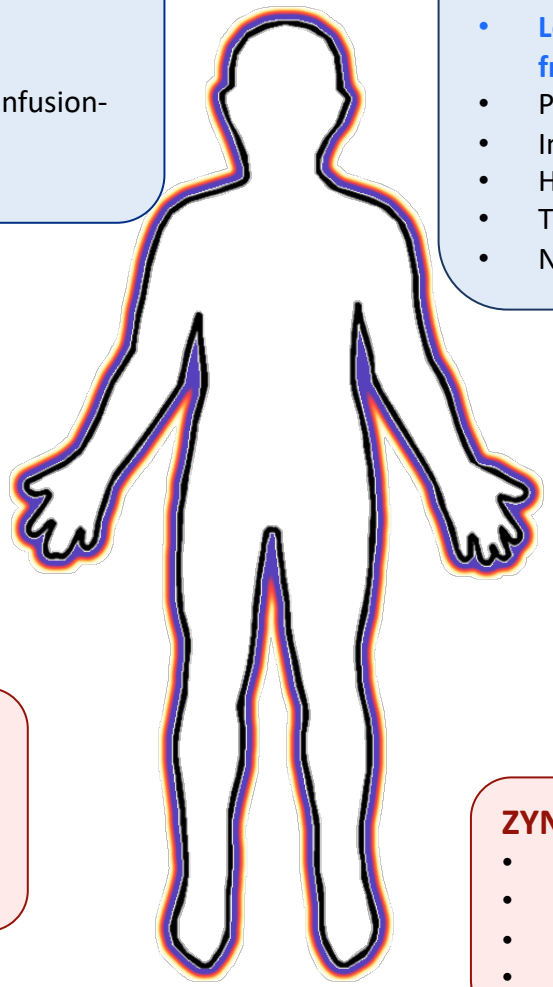
TRODELVY®
- **Neutropenia***
- **Diarrhea***
- Hypersensitivity and Infusion-related reactions
- Nausea/Vomiting

KADCYLA®
- **Hepatotoxicity***
- **Left ventricular ejection fraction***
- Pulmonary toxicity
- Infusion-Related Reactions
- Hemorrhage
- Thrombocytopenia
- Neurotoxicity

PADCEV®
- **Severe cutaneous adverse reactions, including Stevens-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN)***
- Hyperglycemia
- Pneumonitis/Interstitial Lung Disease (ILD)
- Peripheral Neuropathy
- Ocular Disorders
- Infusion Site Extravasation

ADCETRIS®
- **Progressive multifocal leukoencephalopathy (pml)***
- Peripheral neuropathy
- Anaphylaxis and infusion reactions
- Hematologic toxicities
- Serious infections and opportunistic infections
- Tumor lysis syndrome
- Hepatotoxicity
- Pulmonary toxicity
- Serious dermatologic reactions
- Gastrointestinal complications
- Hyperglycemia

ELAHERE™
- **Severe ocular toxicities***
- Pneumonitis
- Peripheral Neuropathy



BESPONSA®
- **Hepatotoxicity***
- Myelosuppression
- Infusion related reactions
- QT interval prolongation

MYLOTARG®
- **Hepatotoxicity***
- Infusion related reactions
- Hemorrhage

ZYNLONTA®
- Effusion and Edema
- Myelosuppression
- Infections
- Cutaneous Reactions

POLIVY®
- Peripheral Neuropathy
- Infusion-Related Reactions
- Myelosuppression
- Serious and Opportunistic Infections
- Progressive Multifocal Leukoencephalopathy (PML)
- Tumor Lysis Syndrome
- Hepatotoxicity

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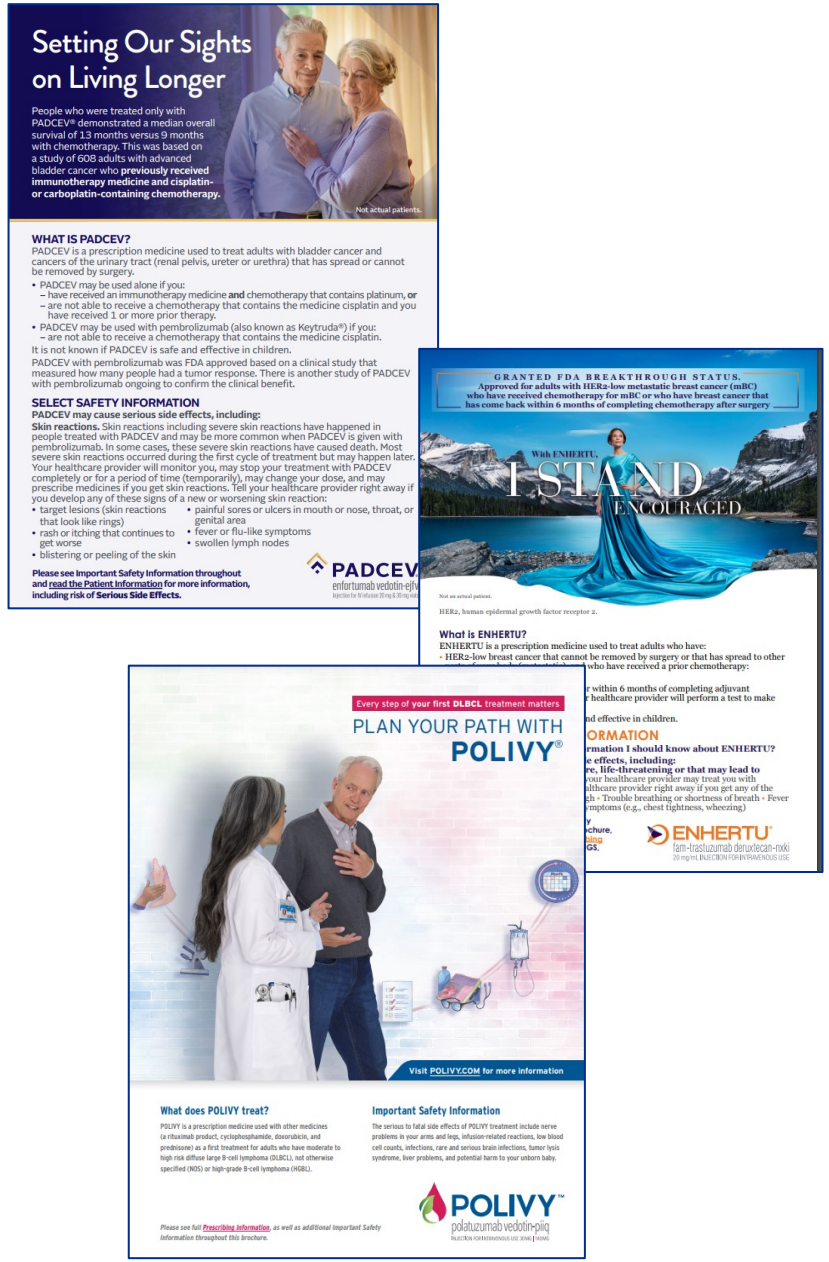
ADC Patient Education

Prior to initiating treatment, counsel patients and caregivers on the warning signs and symptoms.
Inform patients of existing educational resources:

- Support and Resources for Patients and Caregivers | ENHERTU® (fam-trastuzumab deruxtecan-nxki) (enhertuhcp.com)
- Resources for TRODELVY® (sacituzumab govitecan-hziy) | Official HCP Site (trodelvyhcp.com)
- KADCYLA® (ado-trastuzumab emtansine) Printable Resources (kadcyla-hcp.com)
- PADCEV® (enfortumab vedotin-ejfv) Resources
- Practice and Patient Support | ELAHERE™ (mirvetuximab soravtansine-gynx) (elaherehcp.com)

- Resources for You & Your Patients - ADCETRIS® (brentuximab vedotin) HCP Site (adcetrispro.com)
- Materials (pfizerpro.com) - BESPONSA®
- POLIVY® (polatuzumab vedotin-piiq) Practice Printable Resources (polivy-hcp.com)
- Patient Support | ZYNLONTA® (loncastuximab tesirine-lpyl) HCP Site (zynlontahcp.com)



Checklist for Oncology Nurses

Communication between all HCPs will help ensure that the most appropriate care is received

- Monitor and track any new signs or symptoms
- Any new signs or symptoms developed should be reported to the oncology team
- Prompt evaluation and management of symptoms are very important
- Note that AEs can occur at any time after the start of therapy
- Most AEs are mild to moderate in severity but are reversible if detected early and promptly addressed

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Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0

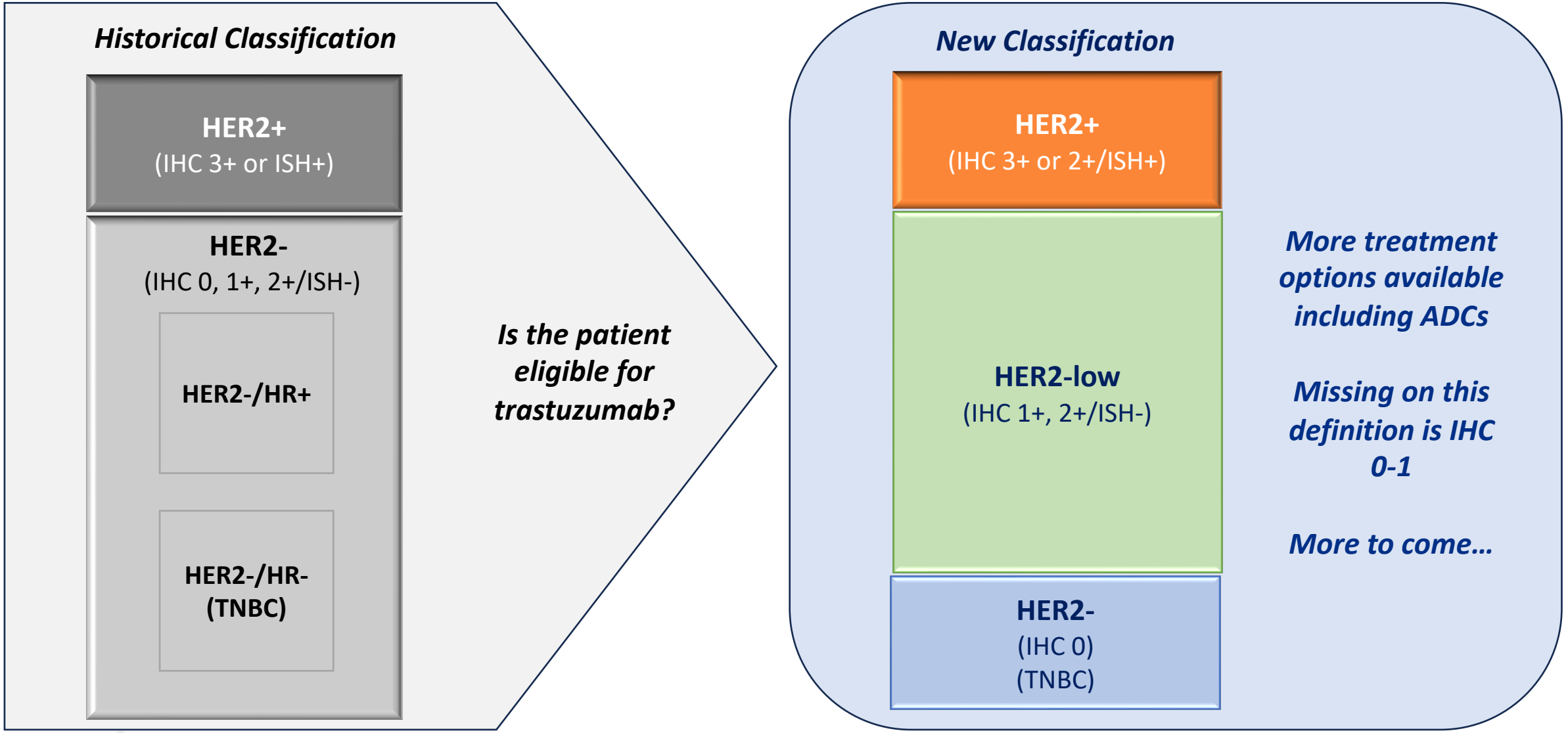
GRADE 1	Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
GRADE 2	Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental activities of daily living.
GRADE 3	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care activities of daily living.
GRADE 4	Life-threatening consequences; urgent intervention indicated.
GRADE 5	Death related to AE. Grade 5 (Death) is not appropriate for some AEs and therefore is not an option.

Common Terminology Criteria for Adverse Events (CTCAE) (cancer.gov)

Antibody Drug Conjugates And Breast Cancer

Angela Brakhop, PhD

HER2 Testing



Breast Cancer: ADC Clinical Trials Comparison of HR+

	DESTINY-Breast03		DESTINY-Breast04		TROPiCS-02	
Indication	*Unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen either in the metastatic setting, or in the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy*		*Unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer, as determined by an FDA-approved test, who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.*		*Unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease*	
Study Design	**T-DXD vs T-DM1 (N=524)**		**T-DXd vs TPC (N=557)**		**Sacituzumab Govitecan vs TPC (N=543)**	
Inclusion Criteria	• Unresectable or metastatic HER2+ BC • **Previously treated with trastuzumab and a taxane** in advanced or metastatic setting • Could have clinically stable, treated brain metastases		• HER2-low (IHC 1+ or IHC 2+/ISH-) unresectable or metastatic BC • ≥1 ET if HR+ • **1-2 lines of chemotherapy** in the metastatic setting or recurrence ≤6 mo after adjuvant CT • Treated, stable brain metastases eligible		• Metastatic or locally recurrent, inoperable HR+/HER2- breast cancer with disease progression • At least 1 ET, taxane, and CDK4/6 inhibitor in any setting • **2-4 previous lines of CT** for metastatic disease (neo/adjuvant therapy qualified as a prior line of CT if disease recurred within 12 mo)	
N of HR+ pts	131	134	331	163	272	271
Median PFS, months	**28.8**	6.8	**10.1**	5.4	**5.5**	4.0
Median OS, months	**Not reached**	Not reached	**23.9**	17.5	**13.9**	12.3
ORR, %	**78.5**	35.0	**52.6**	16.3	**21**	14
Median DoR, months	**36.6**	23.8	**10.7**	6.8	**7.4**	5.6

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HER2-positive metastatic Breast Cancer

ADCs as treatment options for metastatic HER2-positive breast cancer:

- **Fam-trastuzumab deruxtecan-nxki (ENHERTU)**
- **Ado-trastuzumab emtansine (KADCYLA)**

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NCCN Guidelines Version 4.2023
Invasive Breast Cancer

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SYSTEMIC THERAPY REGIMENS FOR RECURRENT UNRESECTABLE (LOCAL OR REGIONAL) OR STAGE IV (M1) DISEASE[k]

HR-Positive or -Negative and HER2-Positive[j,k]	
Setting	**Regimen**
First Line[l]	Pertuzumab + trastuzumab + docetaxel (Category 1, preferred)
	Pertuzumab + trastuzumab + paclitaxel (preferred)
Second Line[n]	Fam-trastuzumab deruxtecan-nxki[m] (Category 1, preferred)
Third Line	Tucatinib + trastuzumab + capecitabine[n] (Category 1, preferred)
	Ado-trastuzumab emtansine (T-DM1)[o]
Fourth Line and Beyond (optimal sequence is not known)[p]	Trastuzumab + docetaxel or vinorelbine
	Trastuzumab + paclitaxel ± carboplatin
	Capecitabine + trastuzumab or lapatinib
	Trastuzumab + lapatinib (without cytotoxic therapy)
	Trastuzumab + other chemotherapy agents[q,r]
	Neratinib + capecitabine
	Margetuximab-cmkb + chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine)
	Additional Targeted Therapy Options see BINV-Q (6)

1st line metastatic

- Pertuzumab + trastuzumab + docetaxel (Category 1, preferred)
- Pertuzumab + trastuzumab + paclitaxel (preferred)

2nd line metastatic

- Fam-trastuzumab deruxtecan-nxki (Category 1, preferred)

3rd line metastatic

- Tucatinib + trastuzumab + capecitabine (Category 1, preferred)
- Ado-trastuzumab emtansine (T-DM1)

4th line metastatic

Trastuzumab + docetaxel or vinorelbine
Trastuzumab + paclitaxel ± carboplatin
Capecitabine + trastuzumab or lapatinib
Trastuzumab + lapatinib (without cytotoxic therapy)
Trastuzumab + other chemotherapy agents
Neratinib + capecitabine
Margetuximab-cmkb + chemotherapy
Additional Targeted Therapy Options

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HR-positive, HER2-negative metastatic Breast Cancer

ADCs as treatment options for metastatic HER2-negative breast cancer:

- **Fam-trastuzumab deruxtecan-nxki (ENHERTU)**
  - *HER2 IHC 1+ or 2+/ISH negative*
- **Sacituzumab govitecan (TRODELVY)**

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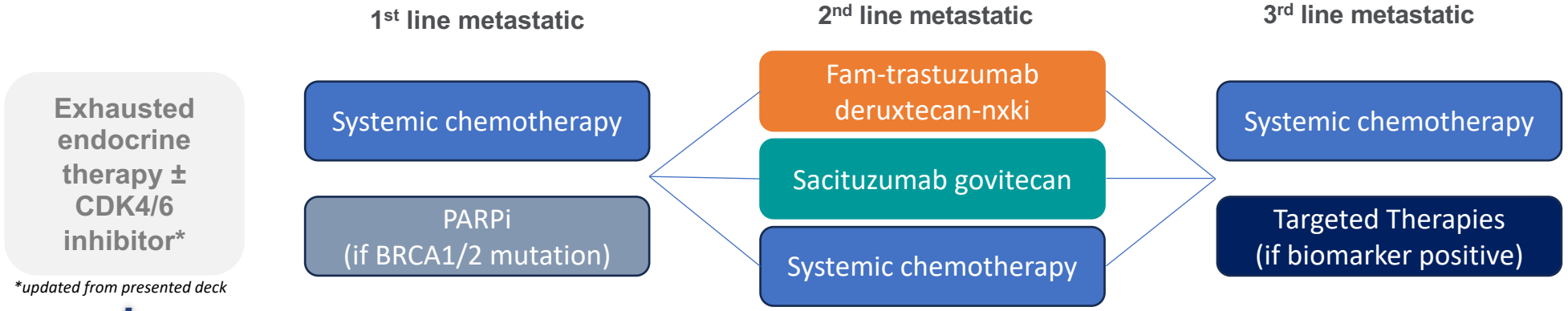
SYSTEMIC THERAPY REGIMENS FOR RECURRENT UNRESECTABLE (LOCAL OR REGIONAL) OR STAGE IV (M1) DISEASE[a]

HR-Positive and HER2-Negative with Visceral Crisis[†] or Endocrine Refractory		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	No germline *BRCA1/2* mutation[b]	Systemic chemotherapy see BINV-Q (5)
	Germline *BRCA1/2* mutation[b]	PARPi (olaparib, talazoparib)[c] (Category 1, preferred)
Second Line	HER2 IHC 1+ or 2+/ISH negative[d]	Fam-trastuzumab deruxtecan-nxki[e] (Category 1, preferred)
	Not a candidate for fam-trastuzumab deruxtecan- nxki	Sacituzumab govitecan[f] (Category 1, preferred)
		Systemic chemotherapy see BINV-Q (5)
Third Line and beyond	Any	Systemic chemotherapy see BINV-Q (5)
	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents see BINV-Q (6)

[†] According to the 5th ESO-ESMO international consensus guidelines (Cardoso F, et al. Ann Oncol 2020;31:1625) for advanced breast cancer visceral crisis is defined as: "severe organ dysfunction, as assessed by signs and symptoms, laboratory studies and rapid progression of disease. Visceral crisis is not the mere presence of visceral metastases but implies important organ compromise leading to a clinical indication for the most rapidly efficacious therapy."



*updated from presented deck

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HR-negative, HER2-negative metastatic Breast Cancer

ADCs as treatment options for metastatic HER2-negative breast cancer:

- **Fam-trastuzumab deruxtecan-nxki (ENHERTU)**
  - *HER2 IHC 1+ or 2+/ISH negative*
- **Sacituzumab govitecan (TRODELVY)**

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HR-Negative and HER2-Negative (Triple-Negative Breast Cancer; TNBC)		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	PD-L1 CPS ≥10[g] regardless of germline *BRCA* mutation status[b]	Pembrolizumab + chemotherapy (albumin-bound paclitaxel, paclitaxel, or gemcitabine and carboplatin)[h] (Category 1, preferred)
	PD-L1 CPS <10[g] and no germline *BRCA1/2* mutation[b]	Systemic chemotherapy see BINV-Q (5)
	PD-L1 CPS <10[g] and germline *BRCA1/2* mutation[b]	• PARPi (olaparib, talazoparib) (Category 1, preferred) • Platinum (cisplatin or carboplatin) (Category 1, preferred)
Second Line	Germline *BRCA1/2* mutation[b]	PARPi (olaparib, talazoparib) (Category 1, preferred)
	Any	Sacituzumab govitecan[i] (Category 1, preferred)
		Systemic chemotherapy see BINV-Q (5)
	No germline *BRCA1/2* mutation[b] and HER2 IHC 1+ or 2+/ISH negative[d]	Fam-trastuzumab deruxtecan-nxki[e] (Category 1, preferred)
Third Line and beyond	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents see BINV-Q (6)
	Any	Systemic chemotherapy see BINV-Q (5)

1st line metastatic

- Pembrolizumab + Chemotherapy (if PD-L1 CPS≥10[9])
- Systemic chemotherapy
- PARPi (if BRCA1/2 mutation)

2nd line metastatic

- Fam-trastuzumab deruxtecan-nxki
- Sacituzumab govitecan
- Systemic chemotherapy
- PARPi (if BRCA1/2 mutation)

3rd line metastatic and beyond

- Systemic chemotherapy
- Targeted Therapies (if biomarker positive)

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HR+ Breast Cancer Patient Case Study

Katie Alexander

37 year old female, HR+ Breast Cancer

History: *Pt was originally diagnosed while living in a South American Country. PMH is negative; PSH is positive for c-sections x3 and b/l breast augmentation in 2013; presents on no home medications.*

Diagnostic information

- **Aug 2018**: Pt self-palpated a left breast mass. Underwent left breast partial mastectomy plus axillary lymph node dissection. Pathology returned at 1.5 cm invasive ductal carcinoma; grade 3. Six (6) lymphatic nodes and two (2) lymph node conglomerate were found, all positive for metastatic disease.
  - Staged at pT1cN3Mx
  - ER + 20%; PR + 50%; ***HER2/neu negative.***

- **Feb 2019:** NGS showed no TMB; PD-L1 negative; ***HER2/neu 3+*** and androgen receptor of 3+.

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37 year old female, HR+ Breast Cancer

Aug 2018:

Received 4 cycles of **cisplatin plus paclitaxel**

followed by 2 cycles **doxorubicin plus cyclophosphamide**.

Nov 2018:

Clinical recurrence in the left axillary region.

Surgical resection showed HER2 IHC 3+.

Received **trastuzumab plus RT**.

Feb 2019:

Tolerated 2 cycles of **taxotere, cytoxan and Herceptin (TCH)** but did not proceed, reasoning unknown.

Maintained on oral adjuvant **capecitabine** for six cycles until Oct of 2019.

Received **bicalutamide** in Oct 2019 (off label use).

Sept 2020:

Recurrent malignancy.

Received **docetaxel, pertuzumab and trastuzumab**.

Worsening anasarca and left pleural effusion. Thoracentesis was complete but negative for malignancy.

May 2021:

Progression: brain metastases.

Underwent whole brain radiation; received **lapatinib plus trastuzumab and pertuzumab**; developed grade 2/3 diarrhea.

Last cycle of trastuzumab and pertuzumab late June 2021; moved to the US in July 2021.

Aug 2021:

Progression: bone lesions

Started on **ado-trastuzumab/ TDM-1 (Kadcyla)**.

Jan 2022:

Increased brain lesions, underwent **cyberknife**, continued **TDM-1**.

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37 year old female, HR+ Breast Cancer

August 2021:

Progression: bone lesions

Pt was started on **ado-trastuzumab/ TDM-1 (Kadcyla)**

Jan 2022: Increased brain lesions, underwent **cyberknife** and continued **TDM-1**.

July 2022:

MRI brain shows increased in right frontal lesion; confirmed activity in T5

Received **fam-trastuzumab deruxtecan/T-DXd (Enhertu).**

Developed grade 3 neutropenia prior to cycles 3 and 4, which lead to treatment delays.

October 2022:

MRI of the brain shows excellent response with significant improvement.

April 2023:

CT C/A/P shows continued stable disease

May 2023:

MRI brain shows minor increase in left cerebellar lesion; plan to continue to on therapy with **Enhertu**.

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HR-, HER2- Breast Cancer Patient Case Study

Katie Alexander

63 year old male

History: *PMH of CVA; HTN; hyperlipidemia; DM; SCC and Basal cell of the skin and syrinx in the thoracic spine. PSH is significant for basal cell and SCC removed from skin and brain aneurysm stent. Pt is also noted to carry the MTFR mutation. Family history is significant for five sisters all with hypertension, high cholesterol. One sister with breast cancer, and one sister with melanoma. Pt had a stroke in October 2008 which lead to dysphagia. Prior to his CVA, he did have a breast biopsy for a mass in his breast that returned with atypical cells only, no concerns for malignancy.*

Diagnostic information

July 2017: Pt reports pain for a year and half. Ultrasound showed left axilla mass. CT scan of the chest showed axillary adenopathy with extension into the pectoral muscles; lytic lesions in the left scapula and questionable abnormalities in left adrenal gland. Fine needle biopsy of left axillary node consistent with breast primary tissue. Pathology shows ***ER/PR (-); Her2/neu (-) with a Ki-67 of 80%.*** Staged at pT1cN3Mx.

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63 year old male, treatment history

July 2017:

Received weekly ***Taxol*** with some improvement in metastasis.

Taxol was held and pt underwent ***radiation therapy*** for pain control.

Received a total of 15 cycles of chemo.

October 2017-October 2020:

Decision to hold on treatment initiation and continue to monitor.

Scans every 3 months show minimal progression.

November 2020:

NGS shows high tumor mutation burden.

Started on ***pembrolizumab (Keytruda)***.

Scans remained stable until July 2021.

July 2021:

CT scan shows progression.

Keytruda was stopped.

Received ***palliative radiation*** for pain control.

Completed 10 treatments XRT.

July 2021-April 2022:

Stable scans.

April 2022:

Progression with significant destruction of bone.

Started on ***sacituzumab govitecan (Trodelvy)***.

Remains on **Trodelvy** with stable scans and tolerable pain regimen.

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