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新世代乳癌治療的整合與未來：精準醫療、個人化醫療與全人照護的協同發展

The Integration of Next Generation Breast Cancer Care: Synergizing Precision Medicine, Personalized Therapy, and Holistic Support

時　　間：115 年 6 月 28 日(星期日) 08:30~12:10
地　　點：臺北榮民總醫院 第三門診大樓 9 樓 創意谷

08:30-08:40	***Opening Remarks***	曾令民副院長 Ling-Ming Tseng
	座長：趙祖怡 教授 (Tsu-Yi Chao)	
08:40-09:10	賀爾蒙陽性早期乳癌患者的 CDK4/6 抑制劑之跨族群分析 The Broadest and Most Optimal Cross Ethnic Evaluation of CDK4/6 Inhibitors in HR+/HER2 Early Breast Cancer	鐘奇峰醫師 Chi-Feng Chung
	座長：黃其晟 醫師 (Chi-Cheng Huang)	
09:10-09:40	透過個人化治療策略優化 HER2 陽性早期乳癌患者的預後 Optimizing Patient Outcomes in HER2 Positive Early Breast Cancer Through a Personalized Treatment Strategy	鄭涵方醫師 Han-Fang Cheng
	座長：俞志誠 教授 (Jyh-Cherng Yu)	
09:40-10:10	優化 HER2 陽性乳癌病患之健康及生活品質 Enhancing Health-Related Quality of Life in HER2-Positive Breast Cancer: The Impact of Subcutaneous Dual-Blockade Therapy	廖國秀醫師 Guo-Shiou Liao
10:10-10:30	***Coffee Break***	
	座長：劉峻宇 醫師 (Chun-Yu Liu)	
10:30-11:00	HR+轉移性乳癌治療的最新進展：Inavolisib 的臨床應用前景 The Evolving Treatment Landscape with Novel Therapeutics in Metastatic HR+ BC with Inavolisib	彭夢婷醫師 Meng-Ting Peng
	座長：曾令民 副院長 (Ling-Ming Tseng)	
11:00-11:30	超越傳統治療：從 Giradestrant 看口服 SERD 的未來發展與臨床應用 Beyond the Conventional: Navigating the Future of Oral SERDs with Giradestrant	蔡宜芳醫師 Yi-Fang Tsai

座長：李冠德 教授 (Kuan-Der Lee)

11:30-12:00	TROP2 在轉移性三陰性乳癌的里程碑:以 Sacituzumab Govitecan 推進治療進展 TROP2 Milestones in mTNBC: Advancing Treatment with Sacituzumab Govitecan	陳彥蓁醫師 Yen-Jen Chen
12:00-12:10	***Closing Remarks***	俞志誠教授 Jyh-Cherng Yu

The broadest and most optimal cross ethnic evaluation of CDK4/6 inhibitors in HR+/HER2 early breast cancer

賀爾蒙陽性早期乳癌患者的 CDK4/6 抑制劑之跨族群分析

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The landscape of early breast cancer treatment has evolved significantly with the introduction of CDK4/6 inhibitors for patients with HR+/HER2− disease. As these therapies are increasingly adopted worldwide, understanding their performance across diverse ethnic populations has become a critical clinical priority. Differences in genetics, tumor biology, comorbidities, and treatment patterns have historically raised questions about whether efficacy or tolerability varies by ethnicity, especially in regions with rapidly growing breast cancer incidence.

This presentation delivers the most comprehensive cross-ethnic evaluation to date of CDK4/6 inhibitors in HR+/HER2− early breast cancer. By integrating global clinical trial data with region-specific subgroup analyses, it highlights similarities and distinctions in treatment outcomes among Asian, Western, and other major ethnic cohorts. Key endpoints—including invasive disease-free survival, safety signals, dose-modification patterns, and long-term benefit—are examined to assess whether response consistency is maintained across populations.

Beyond clinical trial findings, the session also explores how factors such as pharmacogenomics, endocrine sensitivity, BMI distribution, and healthcare practice patterns may influence treatment experience across ethnicities. Real-world evidence from multiple regions is incorporated to complement trial data, offering a broader perspective on adherence, tolerability, and treatment sequencing in routine clinical practice.

Ultimately, the analysis provides clinicians with a clearer understanding of how CDK4/6 inhibitors perform globally and whether ethnicity meaningfully impacts outcomes. These insights aim to support more confident, precise, and individualized decision-making for patients with HR+/HER2− early breast cancer, ensuring that treatment strategies remain both evidence-based and broadly applicable across diverse populations.

Optimizing patient outcomes in HER2 positive early breast cancer through a personalized treatment strategy

透過個人化治療策略優化 HER2 陽性早期乳癌患者的預後

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The therapeutic landscape for HER2-positive early breast cancer has evolved from a standardized protocol to a highly sophisticated, personalized treatment strategy. With the primary goal of maximizing cure rates while minimizing long-term toxicity, modern clinical management now emphasizes risk-stratified decision-making. This approach leverages the power of dual HER2 blockade, specifically the combination of Trastuzumab and Pertuzumab, to achieve superior outcomes in both neoadjuvant and adjuvant settings. A critical component of personalization is the shift toward dual HER2 inhibition as the foundational backbone for high-risk patients.

In the neoadjuvant setting, achieving a pathologic complete response (pCR) serves as a vital prognostic marker. This allows clinicians to implement response-guided therapy: escalating treatment with Trastuzumab Emtansine (T-DM1) for those with residual disease, established by the KATHERINE trial, or maintaining standard dual blockade for those achieving pCR. Furthermore, clinical data from the APHINITY trial have demonstrated that the addition of Pertuzumab to adjuvant Trastuzumab and chemotherapy significantly improves invasive disease-free survival (iDFS) and overall survival (OS) in the node-positive subgroup.

Beyond clinical efficacy, optimizing patient outcomes now encompasses quality of life and healthcare efficiency. The introduction of Phesgo—a fixed-dose combination of Pertuzumab and Trastuzumab for subcutaneous injection—represents a major milestone in patient-centric care. Results from the FeDeriCa and PHranceSCa studies confirm that Phesgo maintains non-inferior efficacy and safety compared to intravenous administration while drastically reducing treatment time from hours to minutes. This transition not only improves the patient experience by reducing chair time and injection-related discomfort but also optimizes clinic workflows and resource allocation. By integrating potent dual blockade with the convenience of subcutaneous delivery and response-based adjustments, clinicians can deliver a truly optimized, precision-medicine approach that balances oncological rigor with the daily realities of patient life.

Enhancing health-related quality of life in HER2-positive breast cancer: The impact of subcutaneous dual-blockade therapy

優化 HER2 陽性乳癌病患之健康及生活品質

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HER2-positive breast cancer represents a subset of breast cancer with distinct biological characteristics and clinical behaviors. The advent of targeted therapies has revolutionized the management of this disease, shifting the focus toward integrating personalized medicine approaches. Modern treatment goals have expanded beyond survival to include the enhancement of health-related quality of life (HRQoL) through innovative delivery methods.

Targeted Therapy Integration: Emphasizing the role of monoclonal antibodies like trastuzumab and pertuzumab, combined with chemotherapy, as the cornerstone of treatment for HER2-positive breast cancer.

Biomarker-Driven Treatment: Discussing the utilization of subcutaneous (SC) formulations as a personalized delivery method to optimize patient convenience and therapy adjustments.

Combination Strategies: Evaluating the potential of combining HER2-targeted therapies with other modalities, such as hormonal therapy and immunotherapy, to enhance therapeutic outcomes.

Optimizing Quality of Life: Evaluating strategies to minimize toxicity and manage adverse effects, thereby improving the quality of life for patients undergoing intensive therapy.

Clinical Trials and Emerging Therapies: Highlighting the importance of ongoing clinical trials and exploring novel agents that show promise in further improving patient outcomes.

Ultimately, the goal is to provide a comprehensive treatment plan that ensures each individual receives optimized care, maximizing health benefits and maintaining superior quality of life throughout the treatment journey.

The evolving treatment landscape with novel therapeutics in metastatic HR+ BC with Inavolisib

HR+ 轉移性乳癌治療的最新進展：Inavolisib 的臨床應用前景

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The treatment landscape of metastatic hormone receptor–positive breast cancer (HR+ BC) has evolved significantly with the emergence of targeted therapies addressing key resistance pathways. Despite the clinical benefits of endocrine therapy combined with CDK4/6 inhibitors, we seek to cooperate new strategy to maximize the benefits of endocrine therapy. The success of a phase III trial, INAVO120, highlights the importance of the activation of the PI3K/AKT/mTOR signaling pathway in endocrine therapy after failure to aromatase inhibitors. Around 40% HR+ BC patients can be identified to have the signal activation in this pathway by gain-of-function mutations on PIK3CA gene.

Inavolisib, a next-generation, highly selective PI3Kα inhibitor, has been proved to enhance efficacy while relatively minimized toxicity compared with earlier PI3K inhibitors. Recent clinical studies demonstrate that inavolisib, when combined with endocrine therapy and CDK4/6 inhibition, provides promising improvements in progression-free survival and tumor response rates in patients with PIK3CA-mutated metastatic HR+ BC. Its improved pharmacologic profile may also contribute to better tolerability and patient adherence.

This review explores the evolving role of inavolisib within the current treatment paradigm, examining its mechanism of action, clinical efficacy, and safety profile. As precision medicine continues to shape oncology practice, integrating biomarker-driven therapies such as inavolisib represents a critical step toward optimizing outcomes in metastatic HR+ breast cancer.

Beyond the conventional: Navigating the future of oral SERDs with Giradestrant

超越傳統治療：從 Giradestrant 看口服 SERD 的未來發展與臨床應用

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The landscape of endocrine therapy for hormone receptor(HR)-positive, HER2-negative breast cancer is undergoing a fundamental transformation. For decades, clinicians have relied on intramuscular fulvestrant and aromatase inhibitors as the cornerstones of treatment. However, the limitations of administration and suboptimal pharmacokinetics have created a critical need for therapeutics beyond conventional strategies.

Giredestrant, a highly potent, next-generation oral selective estrogen receptor degrader (SERD), is engineered to achieve sustained receptor inhibition, maintaining efficacy even in the presence of ligand-independent receptor activation. In addition to superior ability to achieve near-complete estrogen receptor occupancy, the consistent bioavailability by transitioning from parenteral to oral delivery makes its robust activity against endocrine resistance, which is often driven by ESR1 mutations.

Recent clinical evidence across both early and advanced disease settings suggests that giredestrant may redefine the standard of care.

The favorable safety profile and sustained drug exposure represents a significant leap toward more personalized, patient-centric strategies. Beyond monotherapy, the integration of Giredestrant into combination regimens, such as CDK4/6 inhibitors, PI3K inhibitors, or AKT inhibitors lead us to a future where endocrine therapy is more effective and better tolerated. This session will focus on how to navigate a strategic roadmap for a patient-centric approach that balances the tumor response and quality of life.

TROP2 milestones in mTNBC: Advancing treatment with Sacituzumab Govitecan

TROP2 在轉移性三陰性乳癌的里程碑：以 Sacituzumab Govitecan 推進治療進展

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Metastatic triple-negative breast cancer (mTNBC) is characterized by its aggressive nature and historically limited therapeutic options. The near-universal expression of TROP2 in TNBC has led to the development of Sacituzumab govitecan (SG), a first-in-class TROP2-directed antibody-drug conjugate (ADC). Engineered with a high drug-to-antibody ratio and a potent bystander effect, SG addresses tumor heterogeneity more effectively than conventional chemotherapy.

The landmark phase III ASCENT trial provided definitive evidence for SG, demonstrating statistically significant improvements in both progression-free survival (PFS) and overall survival (OS) compared to single-agent chemotherapy. These robust outcomes have redefined the standard of care. Notably, SG is currently the only ADC designated as a “Preferred Category 1” intervention by the NCCN Guidelines for pretreated mTNBC. Furthermore, it achieved the maximum score of 5 on the ESMO Magnitude of Clinical Benefit Scale (ESMO-MCBS), affirming its status as a high-value therapeutic option with profound clinical benefit.

Strategically integrating SG into the second-line setting is essential for optimizing the therapeutic sequence. Utilizing the most potent evidence-based options early in the metastatic trajectory ensures that clinical outcomes are maximized and not compromised by disease progression or treatment attrition. This evolution toward precision TROP2-targeted therapy represents a major milestone in breast oncology, reshaping the treatment landscape and providing a more promising outlook for patients with mTNBC.