

**Tumor Board Tuesday – Dr. Rebecca Shatsky, 6/28/2022:**

**Early-Stage, High-Risk TNBC Given Neoadjuvant IO Treatment**

**Posttest Rationale**

**1. What biomarker testing would you request before selecting neoadjuvant treatment for a patient with stage III TNBC?**

- a. *BRCA1/2*
- b. PD-L1
- c. *NTRK*
- d. No additional testing

**Rationale:** There is insufficient evidence to support the use of biomarkers other than ER, PR, and HER2 to guide the clinical decision to pursue neoadjuvant therapy.

**Reference:** Korde LA, Somerfield MR, Carey LA, et al. Neoadjuvant Chemotherapy, Endocrine Therapy, and Targeted Therapy for Breast Cancer: ASCO Guideline. *J Clin Oncol.* 2021;39(13):1485-1505.  
doi:10.1200/jco.20.03399

**2. According to most up to date data, what neoadjuvant regimen would you select for a patient with stage II TNBC?**

- a. AC or EC & paclitaxel
- b. Pembrolizumab + chemo
- c. Docetaxel + carboplatin

**Rationale:** Guidelines now recommend the use of neoadjuvant therapy with a pembrolizumab-containing regimen (neoadjuvant pembrolizumab + carboplatin + paclitaxel, followed by neoadjuvant pembrolizumab + cyclophosphamide + doxorubicin or epirubicin, followed by adjuvant pembrolizumab) for patients with high-risk, early-stage (stage II or III) TNBC based on results from the KEYNOTE-522 study, wherein the event-free survival at 36 months was 84.5% with pembrolizumab-chemotherapy vs 76.8% with placebo-chemotherapy.

**Reference:** National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Breast Cancer (v2.2022). Updated December 20, 2021. Accessed April 13, 2022.  
[https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf)