Tumor Board Tuesday – Dr. Erika Hamilton & Dr. Mythili Shastry, 7/05/2022:

Neo/Adjuvant Treatment for BRCA Mutated Early Breast Cancer

Posttest Rationale

- 1. What additional biomarker testing would you request before selecting adjuvant therapy for a patient with newly-diagnosed, HR+, HER2- BC?
 - a. *BRCA1/2*
 - b. *NTRK* fusion
 - c. MSI-H/dMMR
 - d. TMB

Rationale: It would be appropriate to order BRCA1/2 testing prior to selecting adjuvant therapy because targeted adjuvant therapy is available for patients with ER+/HER2- disease, germline BRCA1/2 mutation, CPS+EG score \geq 3, and residual disease.

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

- 2. In addition to endocrine therapy, what adjuvant treatment would you select for a patient with HR+, HER2-, BRCA1/2+ BC who underwent resection (R1) and had a CPS+EG of 4?
 - a. Olaparib
 - b. Niraparib
 - c. Talazoparib

Rationale: Only Olaparib is FDA-approved for the adjuvant treatment of adult patients with deleterious or suspected deleterious gBRCAm, HER2-negative high-risk early breast cancer who have been treated with neoadjuvant or adjuvant chemotherapy.

Reference: LYNPARZA® (Olaparib) [prescribing information]. AstraZeneca. Approved 2014. Revised March 2021. https://www.accessdata.fda.gov/drugsatfda docs/label/2021/208558s019s020lbl.pdf