## Tumor Board Tuesday – Dr. Aditya Bardia & Dr. Arielle J. Medford, 08/02/2022:

## BRCA+ TNBC – PARP or I/O in First Line Treatment?

## **Posttest Rationale**

- 1. A 45-year-old female with germline *BRCA1/2* mutated TNBC develops liver metastases while on adjuvant pembrolizumab. What treatment would you choose next?
  - a. Atezolizumab + chemo
  - <mark>b. Olaparib</mark>
  - c. Pembrolizumab + chemo
  - d. Eribulin

**Rationale:** Given the patient was on pembrolizumab at the time of metastatic recurrence, this is an instance where olaparib monotherapy would be indicated, given the germline *BRCA* mutation. This indication is based on results from the OlympiaD trial.

**Reference:** Robson ME, Tung N, Conte P, et al. OlympiAD final overall survival and tolerability results: Olaparib versus chemotherapy treatment of physician's choice in patients with a germline BRCA mutation and HER2-negative metastatic breast cancer. *Ann Oncol.* 2019;30(4):558-566. doi:10.1093/annonc/mdz012

## 2. A 45-year-old female with germline *BRCA1/2* mutated TNBC develops liver metastases 2 years after completion of adjuvant capecitabine for TNBC. What treatment would you choose next?

- a. Olaparib
- b. Pembrolizumab + chemo
- c. Talazoparib
- d. Navelbine

**Rationale:** This answer is contingent upon the CPS score. If CPS ≥10, first line therapy would be pembrolizumab + chemo per the KEYNOTE-355 regimen.

**Reference:** Cortés J, Cescon DW, Rugo HS, et al. LBA16 KEYNOTE-355: Final results from a randomized, doubleblind phase III study of first-line pembrolizumab + chemotherapy vs placebo + chemotherapy for metastatic TNBC. *Ann Oncol.* 2021;32:S1289-S1290. doi:10.1016/j.annonc.2021.08.2089

Cortes J, Cescon DW, Rugo HS, et al. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer (KEYNOTE-355): a randomised, placebo-controlled, double-blind, phase 3 clinical trial. *Lancet.* 2020;396(10265):1817-1828. doi:10.1016/S0140-6736(20)32531-9