



ASSOCIAZIONE SENONETWORK ITALIA
IL NETWORK DEI CENTRI ITALIANI DI SENOLOGIA



DONNE
prevenzione
senologia
SENO
CURA
centri
qualità
tumore
SALUTE
STANDARD

“Senonetwork: incontro centri di senologia 7.0”

Terapia Neoadiuvante

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Napoli - ITALY

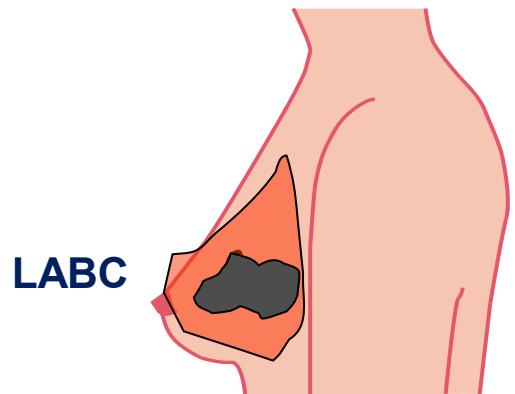
Disclosures

- Fees for Talk or Consultation
 - Astrazeneca, Amgen, Arvinas, Celgene, Daiichi-Sankyo, Eisai, Eli-Lilly, Exact Science, Gilead, Istituto Gentili, Menarini-Stemline, MSD, Novartis, Pfizer, Pierre Fabre, Roche, Sanofi-Aventis, Seagen, Sophos, Veracyte



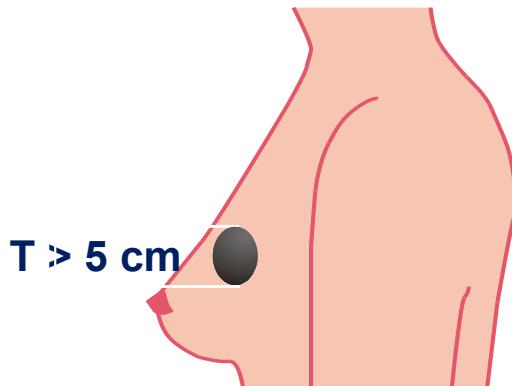
Scopo della Terapia Neoadiuvante

Achieve
Operability



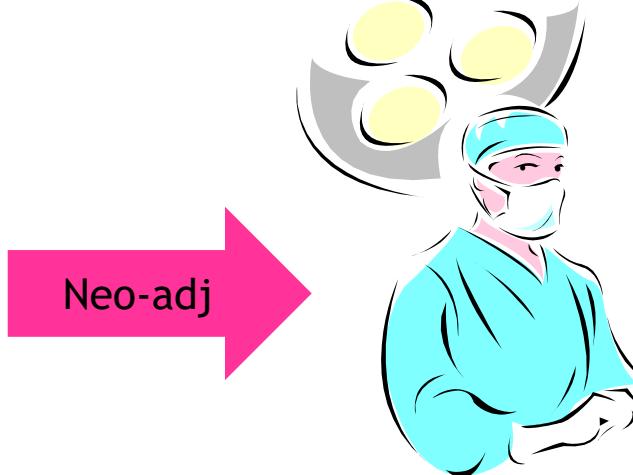
'70s

Improve Breast
Conservation



'80s

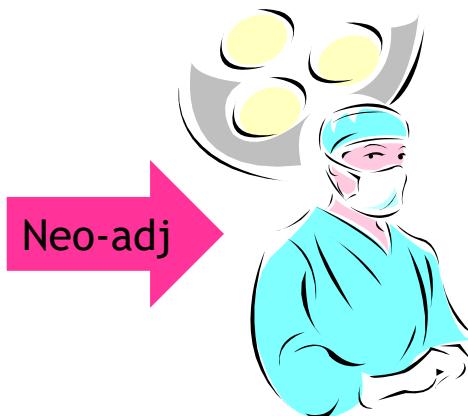
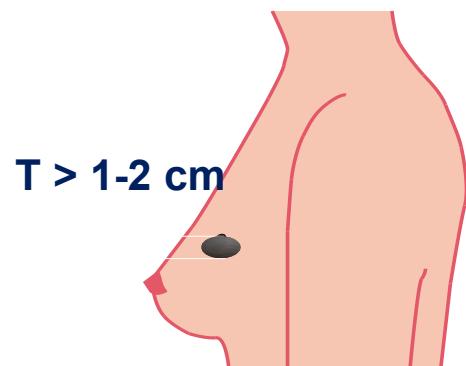
Neo-adj



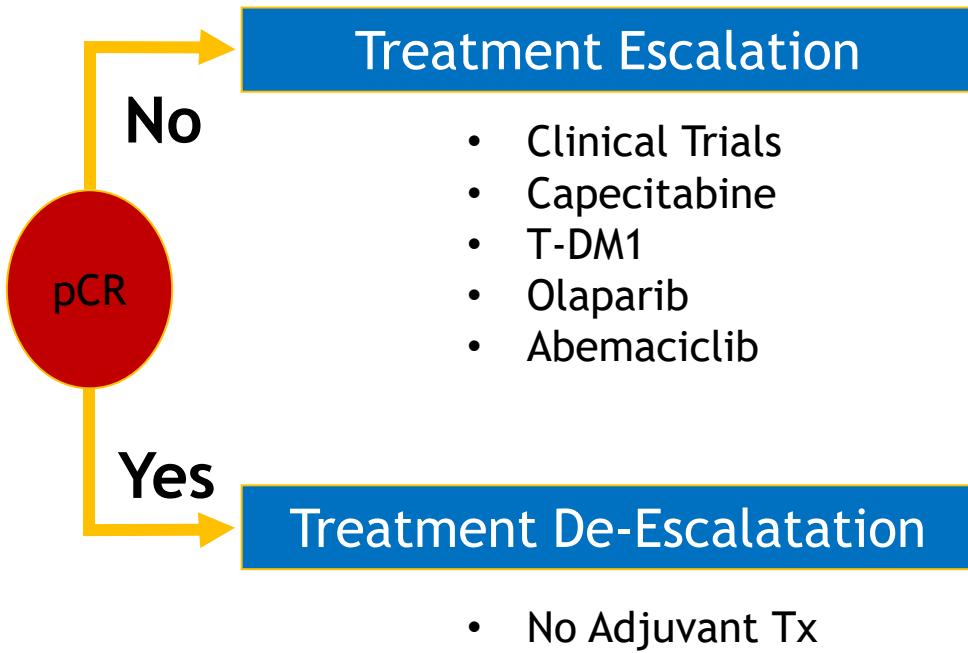


Scopo della Terapia Neoadiuvante

➤ Evaluate Treatment sensitivity



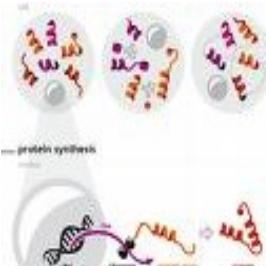
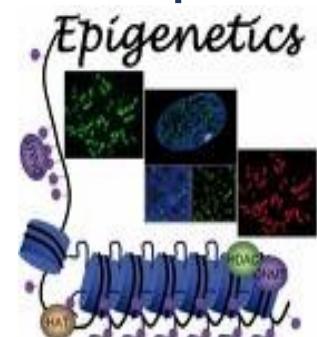
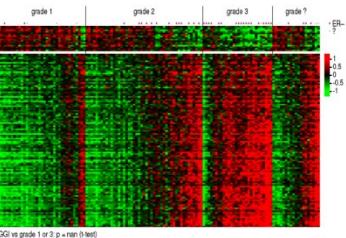
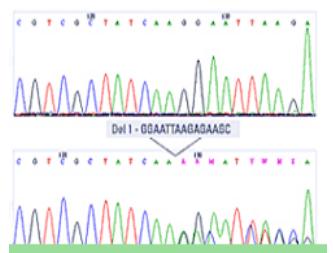
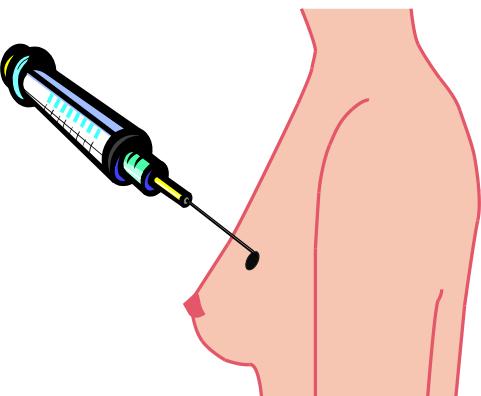
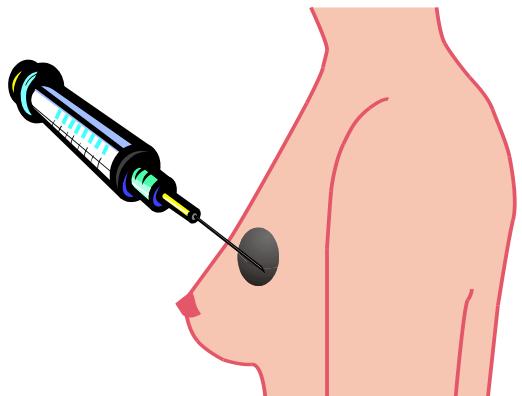
'90s



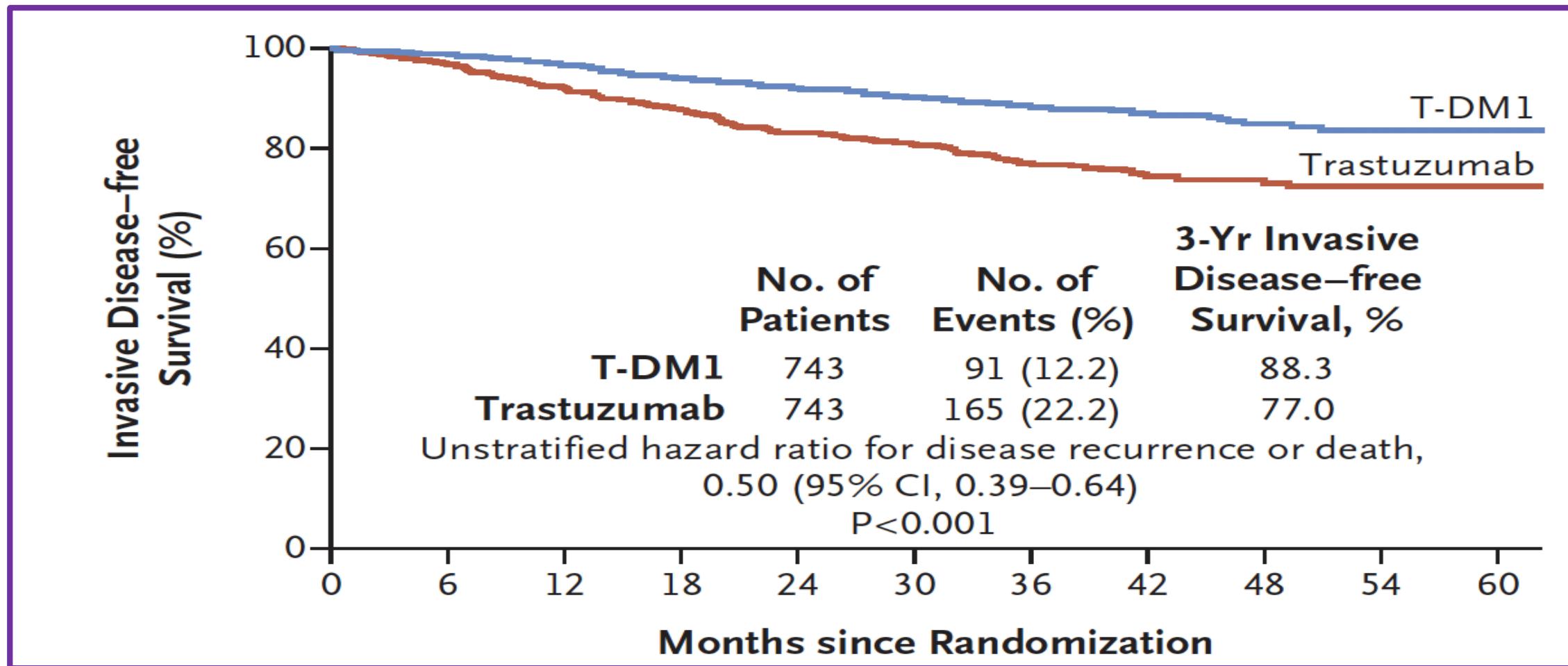


Scopo della Terapia Neoadiuvante

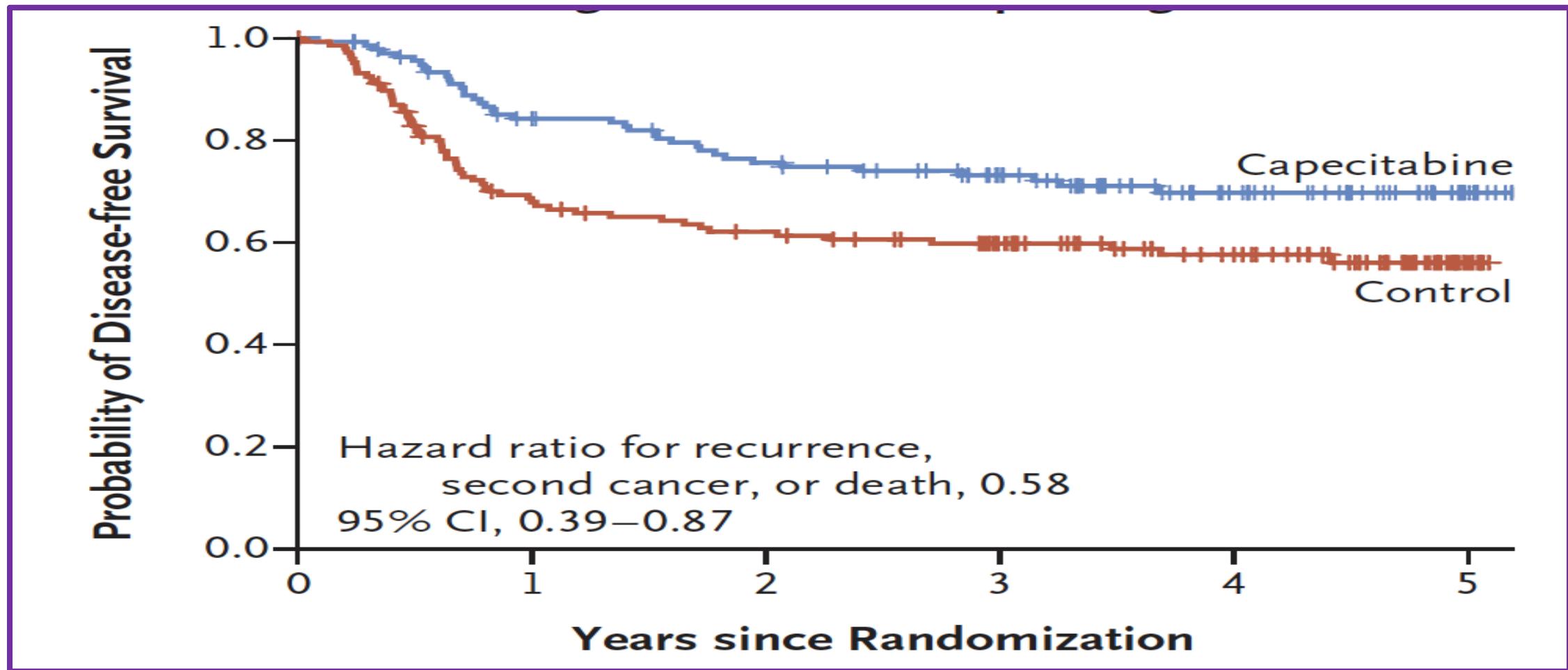
- Identification of early markers of response
- Understanding mechanisms of resistance



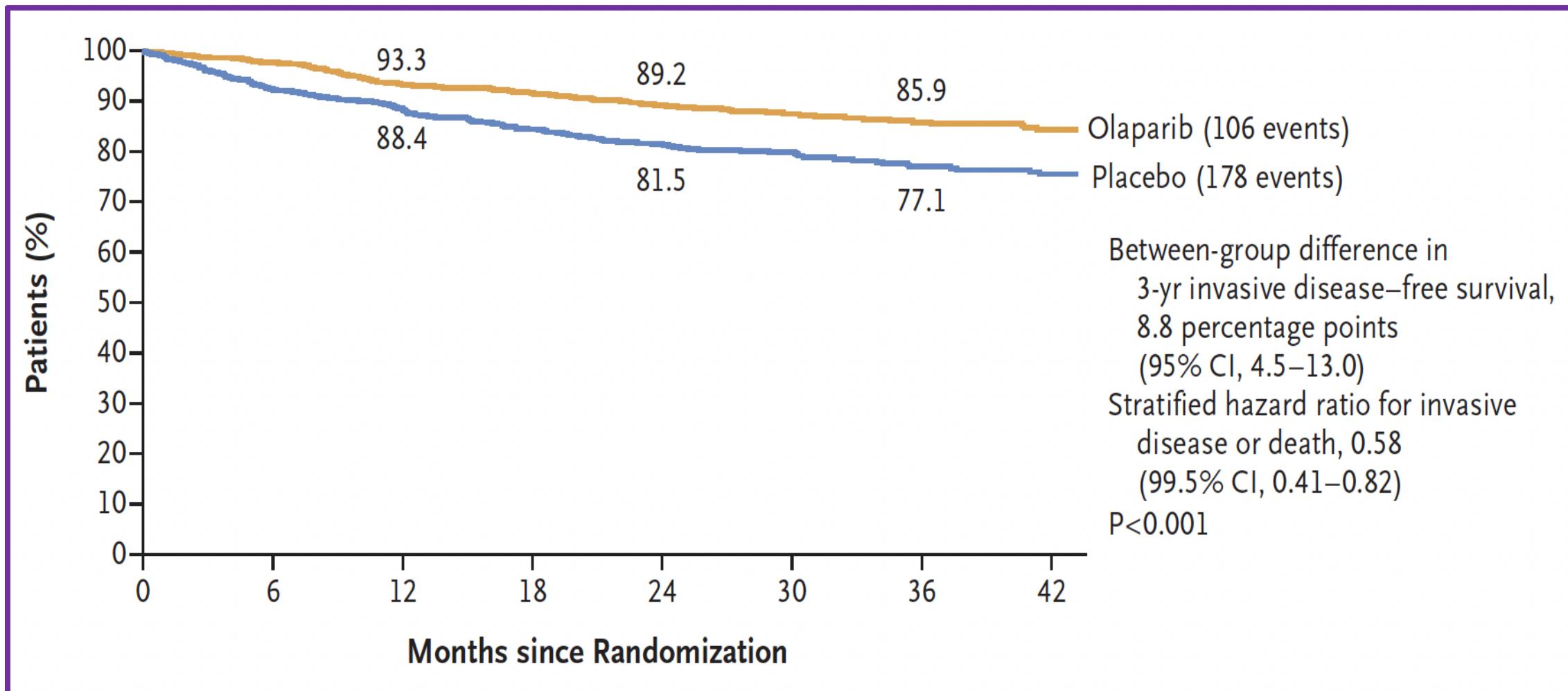
Treatment Escalation in Non-pCR HER2+ EBC



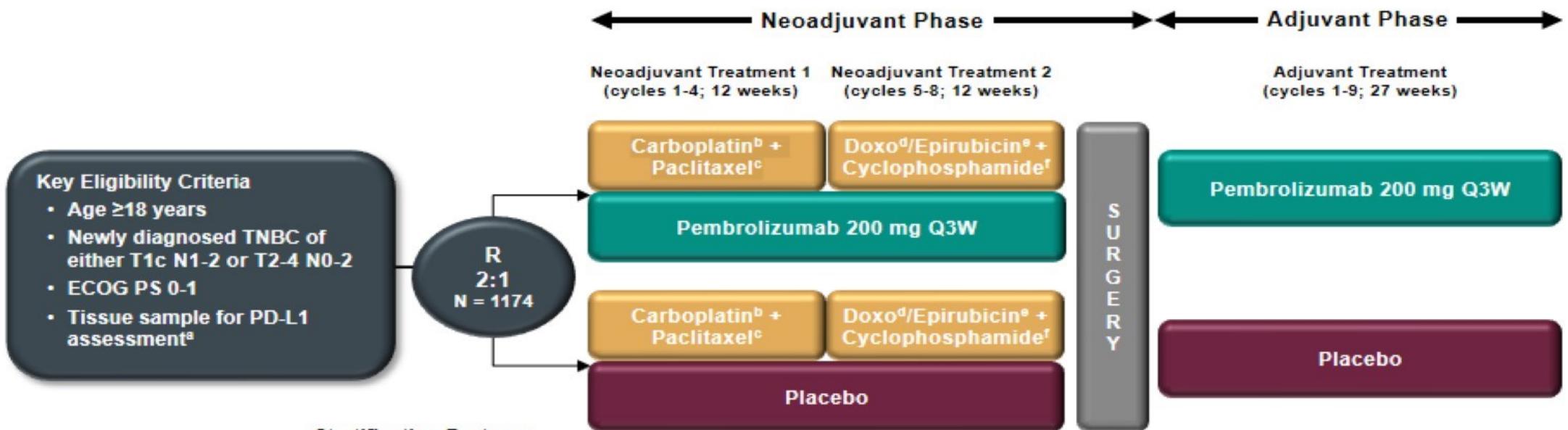
Treatment Escalation in Non-pCR TNBC



Treatment Escalation in Non-pCR BRCAm



KEYNOTE-522 Study Design (NCT03036488)



Neoadjuvant phase: starts from the first neoadjuvant treatment and ends after definitive surgery (post treatment included)

Adjuvant phase: starts from the first adjuvant treatment and includes radiation therapy as indicated (post treatment included)

^aMust consist of at least 2 separate tumor cores from the primary tumor.

^bCarboplatin dose was AUC 5 Q3W or AUC 1.5 QW.

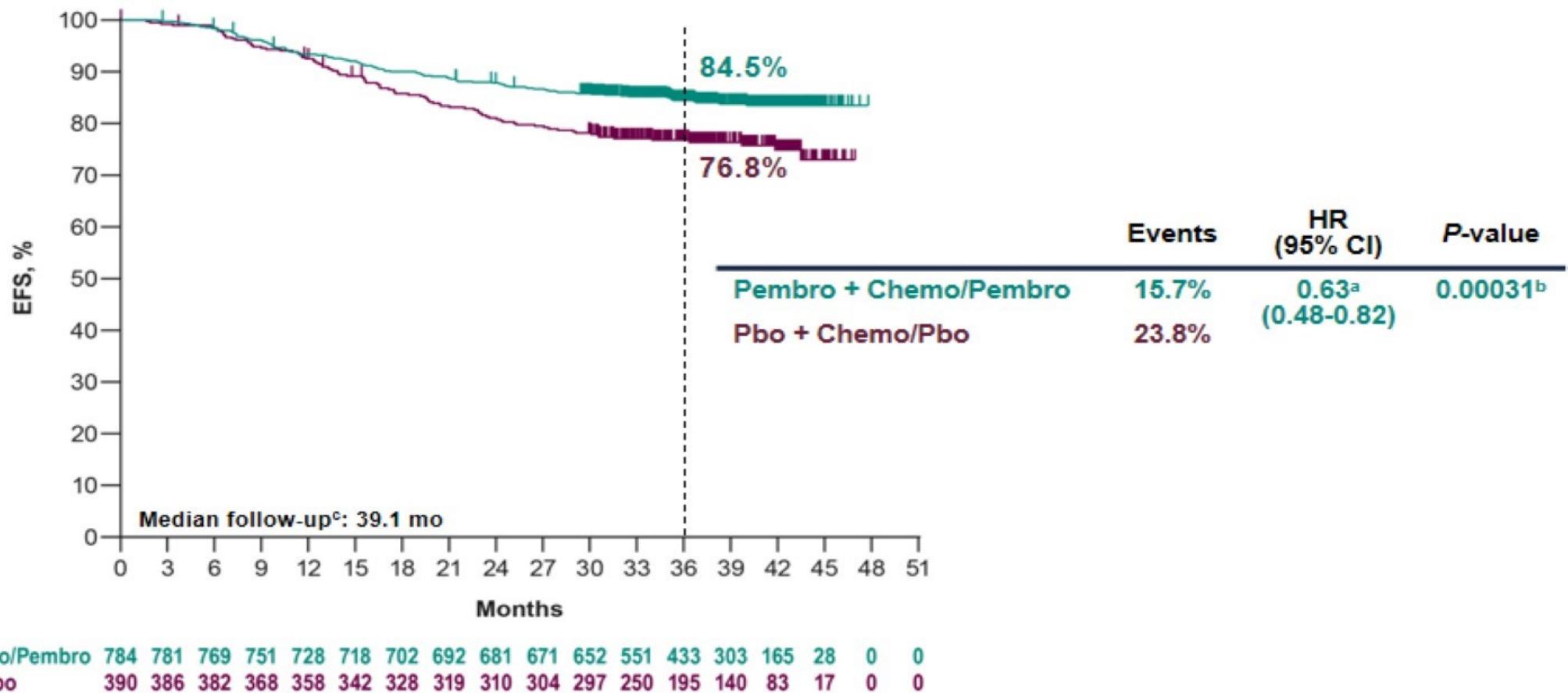
^cPaclitaxel dose was 80 mg/m² QW.

^dDoxorubicin dose was 60 mg/m² Q3W.

^eEpirubicin dose was 90 mg/m² Q3W.

^fCyclophosphamide dose was 600 mg/m² Q3W.

Statistically Significant and Clinically Meaningful EFS at IA4



^aHazard ratio (CI) analyzed based on a Cox regression model with treatment as a covariate stratified by the randomization stratification factors. ^bPrespecified P-value boundary of 0.00517 reached at this analysis.

^cDefined as the time from randomization to the data cutoff date of March 23, 2021.

C Confidential

CLINICAL PRACTICE GUIDELINES

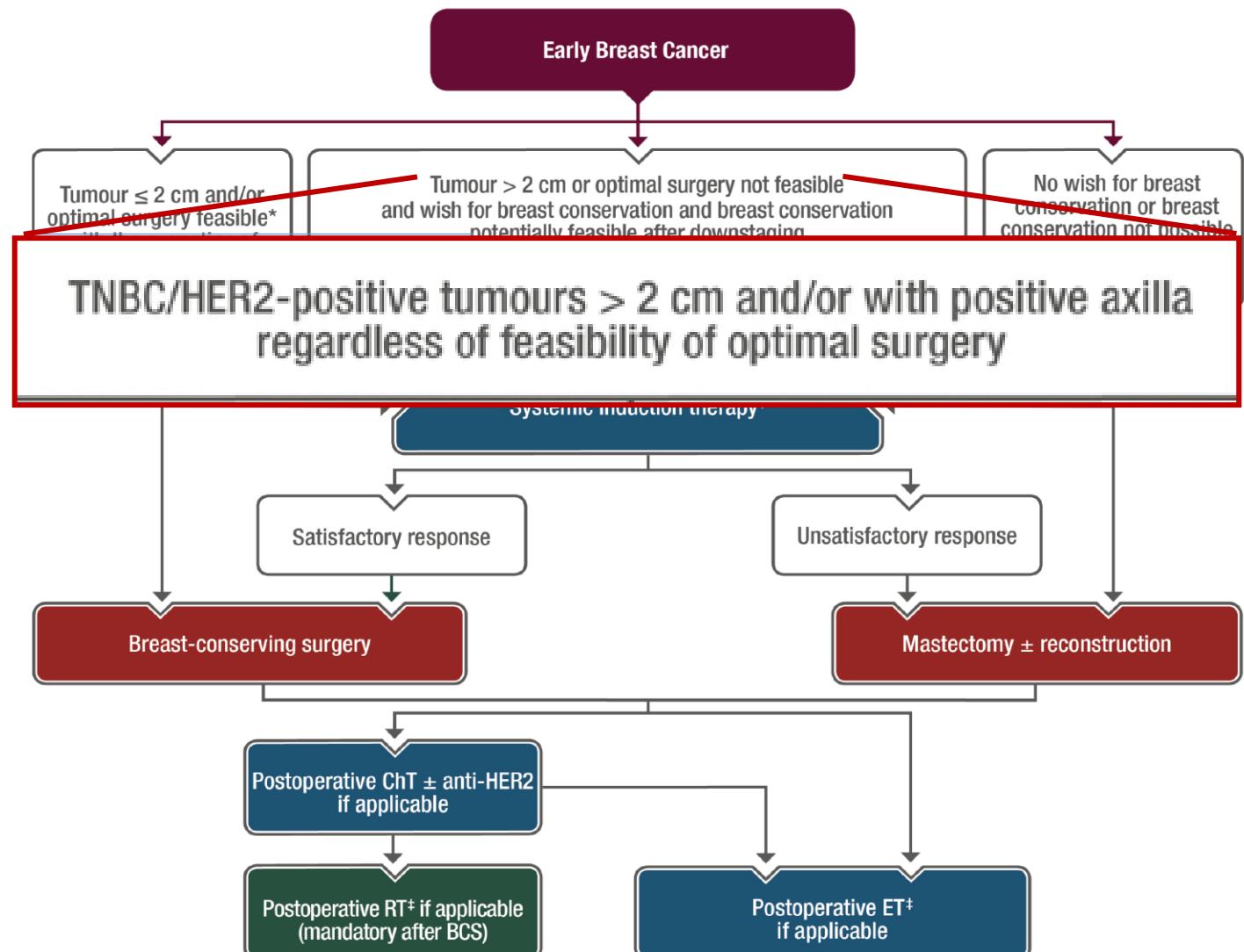
Treatment

* Biology that requires ChT (TNBC, HER2-positive, luminal B-like), to assess response and prognosis and eventually decide on postoperative therapies, should preferentially receive preoperative ChT

** Aggressive phenotypes: TNBC or HER2-positive breast cancer

† If ChT is planned, it should all be given as neoadjuvant

‡ Concomitant postoperative RT, postoperative ET and anti-HER2 therapy



Allegato 3

RETE ONCOLOGICA REGIONE CAMPANIA VOLUmi MINIMI CHIRURGICI SEDI SPECIFICI INDICATI PER LA PARTECIPAZIONE ALLA RETE ONCOLOGICA REGIONE CAMPANIA - FASE DI TRANSIZIONE

	VOLUmi CHIRURGICI DI RIFERIMENTO - n° pazienti		VOLUmi MINIMI FASE DI TRANSIZIONE *** n.° pazienti		
	CUT OFF RIFERIMENTO *	CUT OFF ridotto (+ 20%) **	1° anno - 2022	2° anno - 2023	3° anno - 2024
SEDE TUMORALE			50% - n°	70% - n°	100% - n°
MAMMELLA	150	120	60	84	120

Centri di Senologia:

n.22 individuati dalla Regione
n.7 aderenti a Senonetwork



PDTA Regionale ca Mammaro Operabile

Tumore della mammella localizzato, operabile

NB: i tumori HER2+ e Triplo-negativi ≥ 2 cm seguono percorso della malattia localmente avanzata (Figura 5)

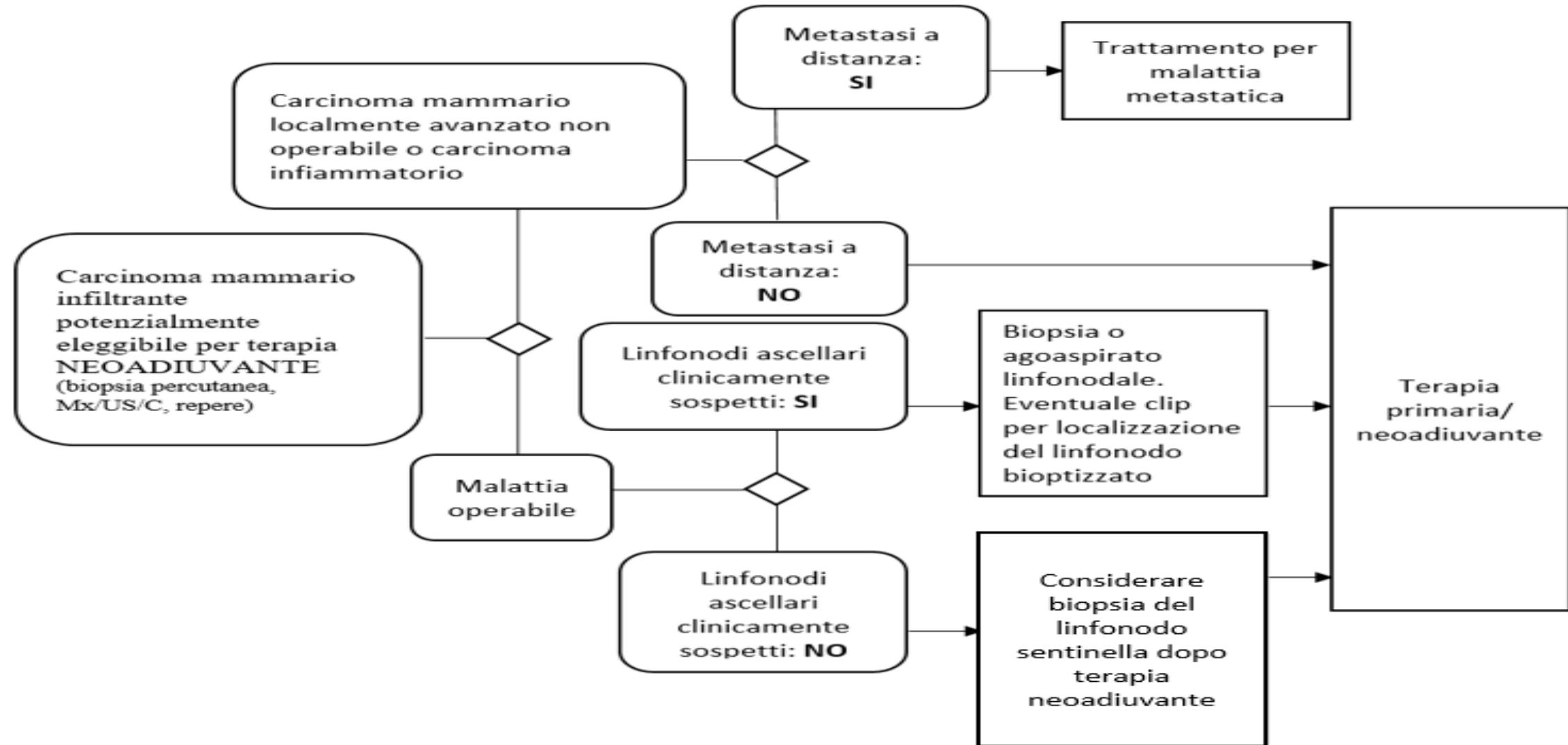
Chirurgia radicale*

Radioterapia adiuvante, secondo le linee guida

Chemioterapia/ Terapia target/
Ormonoterapia adiuvante, secondo le linee guida

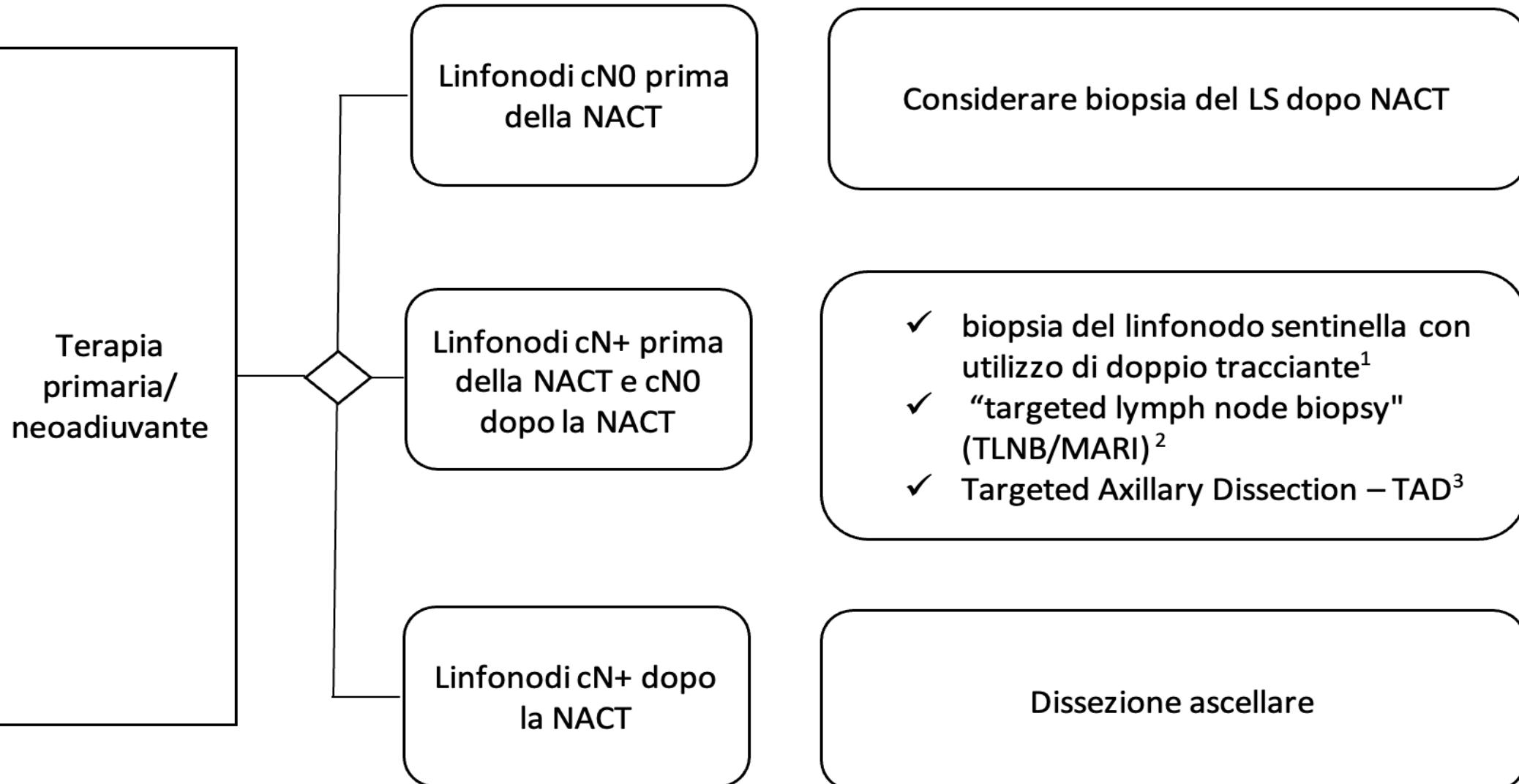


PDTA Regionale ca Mammario Operabile





PDTA Regionale ca Mammario Operabile





Aderenza al PDTA Regionale x Neoadiuvante



INT IRCCS Pascale

100% Ca Mammario Precoce valutati al GOM Pre-Operatorio



80% Ca Mammario Precoce valutati al GOM Pre-Operatorio
(autodichiarazione dei centri)