

Breast Oncology

Colloquium



OncoAlert Colloquium 2026

Breast Cancer Day — February 3, 2026

Moderators: Dr. Gilberto Morgan & Dr. Elisa Agostinetto

Session 1: ER+ Metastatic Breast Cancer

Presenter: Dr. Erika P. Hamilton

Dr. Elisa Agostinetto [Moderator]

Thank you for this nice overview Dr. Hamilton! It's great to see many new treatment strategies after CDK4/6i – in many countries unfortunately there is a real issue in terms of drug access, including many European countries. How do you see the sequencing of CDK4/6i after CDK4/6i (perhaps changing both ET partner and CDK agent)? Is there still a role for this strategy?

Dr. Erika P. Hamilton [Presenter]

I think there is. Especially for patients with no other alterations – that don't have ESR1, that don't have an AKT, or PI3 – those are the patients who got good benefit on their first CDK that I think continued CDK with a novel ET backbone could make really good sense!

Dr. Filip Stoyanov [Participant]

What is your opinion on sequencing treatment lines in HR+ mBC with BRCA and PIK3CA co-mutations?

Dr. Erika P. Hamilton [Presenter]

Great question – I would probably favor targeting BRCA before PIK3CA. Curious for others to weigh in.

Dr. Elisa Agostinetto [Moderator]

Great question, and I believe we don't have much data on that. I would perhaps give priority to BRCA. What about PIK3CA and ESR1, Dr. Hamilton?

Dr. Erika P. Hamilton [Presenter]

It's a toss-up. PI3K gives us longer PFS, ESR1 is better tolerated. I would present both options to the patient.

Dr. Entisar Saleh [Participant]

How do you handle trials that still use fulvestrant monotherapy as a control arm, and how do you apply the data, especially when patients need to purchase the treatment?

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Dr. Elisa Agostinetto [Moderator]

Excellent question. Clearly fulvestrant monotherapy is a suboptimal control arm nowadays.

Session 2: HER2+ Breast Cancer

Presenter: *Dr. Stephanie Graff*

Dr. Elisa Agostinetto [Moderator]

Dr. Graff, for patients eligible for maintenance after THP, how would you choose between the PATINA vs HER2CLIMB strategy?

Dr. Stephanie Graff [Presenter]

Great question. Right now it is a lot of shared decision making. Obviously ER status weighs heavily in my decision, but other variables like brain metastases and AE preference are still considerations.

Dr. Elisa Agostinetto [Moderator]

Another question for daily clinical practice: how often do you screen patients for ILD?

Dr. Stephanie Graff [Presenter]

I am doing scans approximately every 9 weeks, which both aligns with the Q3 week schedule and feels like splitting the difference between Q6 and the traditional Q12 week scans. There's a great ILD review in JCO Oncology Practice – Dr. Hope Rugo is an author.

Dr. Entisar Saleh [Participant]

Do you agree with using PATINA for HR-positive, HER2CLIMB-05 for HR-negative, and reserving DB-09 for high-risk patients?

Dr. Stephanie Graff [Presenter]

I think that is probably a simplistic take – but sort of. I don't think it will really end up being that simple. I am not convinced that all 'high risk' patients need DB-09 indefinitely.

Dr. Dimo Manov [Participant]

How is DB-09 supposed to inform current standards of care with such poor post-protocol therapy? Among the ~45% of patients who received subsequent therapy, 10% got T-DXd and only 12% got T-DM1, which has been the standard of care for more than a decade. It was quite obvious that PFS would be better with such an active agent. We saw the magnitude of difference that appropriate crossover can have in Tropion-Breast 02 and ASCENT03. What are your thoughts?

Dr. Stephanie Graff [Presenter]

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I think a huge problem in our field is the universal absence of data for any therapy after ICI and after ADC. Anything we do is not evidence-based at this time point. That said, I don't think 'saving' highly effective therapy because we don't know what we will do next is a logical approach to best care either. I think real-world evidence data will need to be the stop-gap that helps inform our practice until prospective data and new therapeutics can help us determine optimal sequence and best biomarkers for patient identification.

Session 3: Advanced Triple-Negative Breast Cancer

Presenter: *Dr. Hope Rugo*

Dr. Elisa Agostinetto *[Moderator]*

Excellent presentation Dr. Rugo, great insights. I remember a great discussion by Dr. Ana Garrido Castro at ESMO about ASCENT vs TROPION-Breast02, I really recommend it for all interested to further dive into the topic.

Dr. Dimo Manov *[Participant]*

Have you switched to giving preemptive G-CSF for sacituzumab govitecan (SG) in everyone? If so, do you prefer long-acting G-CSF on day 9 or filgrastim for 3–5 days after each infusion?

Dr. Elisa Agostinetto *[Moderator]*

I personally do give it to most patients. I use non-pegylated G-CSF on days 2–4 and on days 9–11. I would suggest long-acting (i.e., pegylated) G-CSF only after day 8. Due to the short interval between day 1 and day 8, pegfilgrastim is not my favorite choice in this context.

Dr. Dimo Manov *[Participant]*

Pegfilgrastim on day 9 is usually preferred by patients in my experience due to logistics, but I do occasionally see some grade 3 neutropenia on day 8 with this approach.

Dr. Elisa Agostinetto *[Moderator]*

Yes, that is why we use filgrastim on days 2–4 too. Long-acting is of course possible after day 8, after the second infusion.

Dr. Hope Rugo *[Presenter]*

How do we decide which Trop-2 ADC to use in first line? We have to balance schedule, toxicity and patient preference. Tough choices!

Dr. Elisa Agostinetto *[Moderator]*

I will take advantage of the presence of Dr. Rugo to ask if she can provide some practical tips on how to choose between ASCENT vs TropionBreast-02 strategy in first line for patients with PD-L1-negative disease.

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Session 4: Early-Stage Breast Cancer

Presenter: *Dr. Rebecca Dent*

Dr. Filip Stoyanov [Participant]

Do you regularly screen for brain metastases in patients with early TNBC?

Dr. Elisa Agostinetto [Moderator]

At our institution we have a clinical trial called 'Brainstorm' where we can include patients (also without brain metastases) and they can receive regular screening for brain mets in the context of this study. I know there is large heterogeneity on this topic across centers. I recommend reading a very nice editorial by Sarah Sammons and Nancy Lin (PMID: 41162212).

Dr. Dimo Manov [Participant]

On the topic of early ER+ BC, would you ever consider sequencing post-neoadjuvant olaparib and a CDK4/6i (e.g., ribociclib after 1 year of olaparib)? There has been some data on the lower efficacy of CDK4/6i in BRCA-mutated patients. What is your practice?

Dr. Elisa Agostinetto [Moderator]

In patients who are candidates for both, we tend to sequence them. If not possible, I would probably give priority to olaparib.

Session 5: Fertility Preservation and Early HR+ BC

Presenter: *Dr. Matteo Lambertini*

Dr. Elisa Agostinetto [Moderator]

Dr. Lambertini, what do you suggest as optimal endocrine therapy for patients who are candidates for extended ET after 5 years of LHRHa? Do you prolong LHRH after 5 years or switch to tamoxifen?

Session 6: Early HER2+ Breast Cancer and Post-Neoadjuvant Strategies

Presenter: *Dr. Evandro de Azambuja*

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Dr. Elisa Agostinetto [Moderator]

I find the post-neoadjuvant approach with T-DXd for high-risk patients so interesting – especially the CNS protection that was missing with T-DM1. Great presentation Dr. de Azambuja, thank you so much.

Session 7: Tumor-Infiltrating Lymphocytes (TILs) in Breast Cancer

Presenter: *Dr. Roberto Salgado*

Dr. Elisa Agostinetto [Moderator]

Dr. Salgado, how important is the spatial distribution of TILs? Does the distribution pattern matter?

Dr. Roberto Salgado [Presenter]

Very important, but quantity matters first and most.

Dr. Elisa Agostinetto [Moderator]

You can certainly comment on the role of TILs in residual disease!

Session 8: Surgical Oncology in Breast Cancer

Presenter: *Dr. Isabel Rubio*

Dr. Elisa Agostinetto [Moderator]

I love the point of active listening – 'no decision about me without me' – very much applicable to most medical decisions.

Session 9: Radiotherapy in Breast Cancer

Presenter: *Dr. Icro Meattini*

Dr. Elisa Agostinetto [Moderator]

Great presentation Dr. Meattini, as always! Do you apply the 'EUROPA' approach in your daily clinical practice?

Dr. Icro Meattini [Presenter]

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The EUROPA trial was based on the fact that we applied this approach in our clinical practice outside of a clinical trial. The need was so strong in order to give a clinically robust answer to an unanswered question. In our clinical practice, fit patients still receive combined treatment (ET+RT); discussion is open for de-escalation on a case-by-case basis.

Dr. Elisa Agostinetto [Moderator]

Now there is increasing evidence about iSBRT to convert 'cold' tumors into 'hot' ones – what is your opinion on that? How do you see SBRT as an 'immune-priming' strategy?

Dr. Icro Meattini [Presenter]

Currently I see this option in an experimental context, but data is strong in the preoperative setting. I do believe that RT might be used as a 'drug' in the near future in more aggressive or resistant biology tumors. The synergy in immune system modulation is a fact – it is not the abscopal effect, but rather priming of the immune system based on radiobiology knowledge. Both trials (P-RAD and NeoCheckRay) are extremely important.

Dr. Elisa Agostinetto [Moderator]

I find data from P-RAD and NeoCheckRay so intriguing in this context. Absolutely, your presentation was great – impossible to cover everything! But I was curious to hear your opinion.

Dr. Icro Meattini [Presenter]

You are so right in pointing out this topic, Elisa.

Session 10: Access to Cancer Treatments – Global Perspectives

Presenter: *Dr. Lazar Popovic*

Dr. Elisa Agostinetto [Moderator]

Dr. Popovic, what do you think of the ESMO Magnitude of Clinical Benefit Scale? Is it a good tool to help understand the value of different anticancer therapies?

Dr. Lazar Popovic [Presenter]

Dear Elisa, yes, a very good tool. I will mention it later during my talk.

Dr. David Calsina Quispe [Participant]

Thank you so much for these masterclasses. In my country, in the Peruvian jungle region, there is difficulty accessing several basic cancer treatments. In metastatic luminal cancer, we have had a very good experience in postmenopausal women with capecitabine plus aromatase inhibitor. Greetings from Peru.

Moustafa Sabbah [Participant]

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The shortage of ER, PR, and HER2 testing in Gaza critically compromises accurate cancer diagnosis and appropriate treatment planning. What are the recommended approaches for breast cancer care when ER, PR, and HER2 testing is unavailable?

Dr. Elisa Agostinetti [Moderator]

I don't think there are specific recommended approaches – testing for ER, PR, and HER2 is crucial to guide treatment decisions. Perhaps epidemiological considerations may help (ER-positive BC represents approximately 70% of all breast cancers). For chemotherapy, disease stage may help guide decisions. Clearly there is no optimal approach in such a situation, I am afraid.

End of Breast Cancer Day Chat Transcript