

Breast Oncology

Colloquium



OncoAlert Colloquium 2026

Breast Cancer Day

February 3, 2026

Moderators: *Dr. Gilberto Morgan* | *Dr. Elisa Agostinetto*

Comprehensive Scientific Synopsis

Executive Summary

The OncoAlert Colloquium 2026 Breast Cancer Day brought together leading international oncologists, surgeons, radiation oncologists, and pathologists to discuss the rapidly evolving landscape of breast cancer treatment. Spanning ten presentations, the event covered ER+/HER2– metastatic disease, HER2+ early and advanced breast cancer, triple-negative breast cancer (TNBC), early-stage management strategies, fertility preservation, tumor-infiltrating lymphocytes (TILs), surgery, radiotherapy, and global treatment access. Clinical discussions were anchored in the evidence base from a substantial number of landmark and emerging trials, with expert debate on sequencing strategies, biomarker-driven patient selection, and real-world applicability.

Session 1: ER+/HER2– Metastatic Breast Cancer

Presenter: Dr. Erika P. Hamilton

Dr. Hamilton delivered a comprehensive overview of the treatment landscape for ER-positive, HER2-negative metastatic breast cancer (mBC), focusing on the challenges and opportunities that arise after progression on CDK4/6 inhibitors (CDK4/6i). Key themes included the expanding toolkit of targeted agents and the critical but unresolved question of optimal treatment sequencing.

Key Clinical Discussion Points

CDK4/6i beyond CDK4/6i: The panelists debated whether re-challenging with a CDK4/6i using a different partner (switching the endocrine therapy backbone) remains valid. Dr. Hamilton argued that patients without ESR1, AKT, or PI3K alterations – those who derived good benefit from their first CDK4/6i – may be ideal candidates for continued CDK inhibition with a novel endocrine backbone.

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BRCA vs. PIK3CA co-mutations: A question from Dr. Filip Stoyanov raised the sequencing dilemma for HR+ mBC patients harboring both BRCA and PIK3CA mutations. Both Dr. Hamilton and Dr. Agostinetti aligned: BRCA should generally be targeted first. When the competing mutations are PIK3CA and ESR1, Dr. Hamilton described a clinical toss-up – PI3K inhibition offers longer PFS while ESR1-directed therapy is better tolerated – with shared decision-making as the guiding principle.

Fulvestrant control arms: Dr. Entisar Saleh raised a recurring methodological concern: the use of fulvestrant monotherapy as a control arm in modern trials. The panel acknowledged it is a suboptimal comparator by contemporary standards, though Dr. Graff (in the subsequent session) noted it still provides a universal benchmark that enables cross-trial comparisons.

Trials Discussed – Session 1

Trial / Study	Setting	Key Finding / Context Discussed
EMERALD	ER+ mBC, post-CDK4/6i	Elacestrant vs. standard-of-care ET in ESR1-mutated patients; established elacestrant as first oral SERD with OS benefit in ESR1-mutated mBC.
SERENA-4 / SERENA-6	ER+ mBC	Referenced in context of novel SERD combinations and sequencing strategies after CDK4/6i.
INAVO120	PIK3CA-mutated ER+ mBC	Inavolisib + palbociclib + fulvestrant; cited as a key option for PIK3CA-mutated patients.
CAPItello-291	ER+ mBC, post-CDK4/6i + AI	Capivasertib + fulvestrant for AKT pathway-altered patients; discussed in context of AKT/PI3K-targeted sequencing.
EMBER-3	ER+ mBC	Imlunestrant data contributing to the evolving post-CDK4/6i sequencing landscape.

Session 2: HER2+ Breast Cancer – Advanced Disease

Presenter: Dr. Stephanie Graff

Dr. Graff provided an update on the therapeutic landscape for advanced HER2+ breast cancer, with a focus on antibody-drug conjugates (ADCs), maintenance strategies, and the challenge of sequencing in the absence of prospective comparative data.

Key Clinical Discussion Points

PATINA vs. HER2CLIMB maintenance: Dr. Agostinetti posed a clinically pressing question: for patients eligible for maintenance after THP (trastuzumab, pertuzumab, and a taxane), how should one choose between the PATINA strategy (palbociclib + endocrine therapy + anti-HER2) versus the HER2CLIMB approach (tucatinib-based)? Dr. Graff highlighted that ER status weighs heavily in the decision, alongside CNS involvement and patient tolerability preferences.

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ILD monitoring: Frequency of interstitial lung disease (ILD) screening was debated. Dr. Graff reported scanning approximately every 9 weeks, aligning with Q3-week treatment schedules, referencing a key JCO Oncology Practice ILD review co-authored by Dr. Hope Rugo.

DB-09 (datopotamab deruxtecan) and post-protocol therapy: Dr. Dimo Manov raised a pointed methodological critique: in the DB-09 trial, among patients who received subsequent therapy (~45%), only 10% received T-DXd and 12% received T-DM1 – agents representing the actual standard of care. He questioned whether the PFS benefit observed simply reflected the potency of the study drug against suboptimally treated comparators. Dr. Graff agreed that evidence gaps after ICI and ADC therapy are a major field-wide problem, while cautioning against withholding effective therapies solely due to sequencing uncertainty.

Real-world evidence: Consensus emerged that RWE will serve as the critical bridge until prospective trials and novel therapeutics clarify optimal sequencing and biomarker-based patient selection.

Trials Discussed – Session 2

Trial / Study	Setting	Key Finding / Context Discussed
PATINA	HR+/HER2+ mBC, maintenance post-THP + chemo	Palbociclib + ET + anti-HER2 maintenance vs. ET + anti-HER2; central to the post-THP maintenance debate. ER-positive patients favored for this strategy.
HER2CLIMB	HER2+ mBC, post-trastuzumab	Tucatinib + trastuzumab + capecitabine; CNS-active regimen. Brain metastasis status a key differentiating factor in PATINA vs. HER2CLIMB decision.
HER2CLIMB-05	HER2+ mBC, HR-negative subgroup	Referenced as potentially preferred strategy for ER-negative patients in the post-maintenance sequencing debate.
DB-09 (Datopotamab Deruxtecan)	HER2+ mBC	Discussed critically: PFS benefit noted, but post-protocol therapy was suboptimal (low rates of T-DXd and T-DM1 crossover), raising questions about the true magnitude of benefit.
Tropion-Breast 02	HR+/HER2- mBC	Referenced alongside ASCENT03 to illustrate the PFS impact of appropriate crossover design on trial interpretation.
ASCENT-03	TNBC / mBC	Cited as a comparative example of crossover-adjusted methodology, showing the magnitude of benefit difference when appropriate post-protocol therapy is included.

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Session 3: Advanced Triple-Negative Breast Cancer and Trop-2 ADCs

Presenter: Dr. Hope Rugo

Dr. Rugo presented on the rapidly shifting landscape of advanced TNBC, with Trop-2 directed ADCs now occupying front and later lines of treatment, and PD-L1 status driving important treatment decisions.

Key Clinical Discussion Points

ASCENT vs. TROPION-Breast 02 – practical differentiation: Dr. Agostinetto requested Dr. Rugo's practical guidance for choosing between sacituzumab govitecan (SG, ASCENT) and datopotamab deruxtecan (Dato-DXd, TROPION-Breast 02) in the first-line setting for PD-L1-negative TNBC. Dr. Rugo framed this as a balancing act between schedule, toxicity profile, and patient preference, underscoring that head-to-head comparative data are lacking. Dr. Agostinetto referenced a prior ESMO debate between these agents led by Dr. Ana Garrido Castro as essential viewing.

G-CSF prophylaxis with SG: A detailed practical exchange followed between Dr. Manov and Dr. Agostinetto on G-CSF strategy with sacituzumab govitecan (days 1 and 8 schedule):

- Dr. Agostinetto uses non-pegylated G-CSF (filgrastim) on days 2–4 and days 9–11 for most patients.
- She advises against pegfilgrastim before day 8, citing the short interval between infusions and the risk of day-8 neutropenia.
- Pegfilgrastim is acceptable only after the day-8 infusion (i.e., long-acting G-CSF only post-second infusion).
- Dr. Manov noted patient preference for day-9 pegfilgrastim due to logistics, but reported occasional grade 3 neutropenia on day 8 with this approach.

Trials Discussed – Session 3

Trial / Study	Setting	Key Finding / Context Discussed
ASCENT	Metastatic TNBC, ≥2 prior lines	Sacituzumab govitecan (SG) vs. chemotherapy. Established SG as standard of care. Discussed in context of first-line vs. later-line use and G-CSF management.
TROPION-Breast 02	Metastatic TNBC / HR+, earlier lines	Datopotamab deruxtecan (Dato-DXd) vs. chemotherapy. Key comparator to ASCENT for PD-L1-negative first-line TNBC; crossover design highlighted as strength.
KEYNOTE-522	Early TNBC, neoadjuvant	Pembrolizumab + chemo in early TNBC; foundational for immunotherapy integration, referenced in overall TNBC landscape.

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Session 4: Early-Stage Breast Cancer – Post-Neoadjuvant Strategies

Presenter: Dr. Rebecca Dent

Dr. Dent reviewed post-neoadjuvant strategies across breast cancer subtypes, with particular attention to risk-adapted escalation and de-escalation approaches based on pathological response.

Key Clinical Discussion Points

Brain metastasis screening in early TNBC: Dr. Filip Stoyanov raised the question of routine CNS screening. Dr. Agostinetto described a dedicated clinical trial at her institution ('Brainstorm') designed to evaluate systematic brain screening in patients with and without known brain metastases. She acknowledged significant center-to-center heterogeneity in this practice and directed attendees to a 2024 editorial by Dr. Sarah Sammons and Dr. Nancy Lin in PubMed (PMID: 41162212).

Post-neoadjuvant olaparib + CDK4/6i sequencing: Dr. Manov raised whether olaparib (post-neoadjuvant, for BRCA-mutated early ER+ BC) and a CDK4/6i (e.g., ribociclib) could be sequenced. He noted emerging data suggesting lower CDK4/6i efficacy in BRCA-mutated patients. Dr. Agostinetto confirmed that when both agents are indicated, sequential administration is preferred at her institution, with priority given to olaparib if simultaneous delivery is not feasible.

Trials Discussed – Session 4

Trial / Study	Setting	Key Finding / Context Discussed
OlympiA	Early HER2-, BRCA-mutated, residual disease post-NACT	Olaparib adjuvant therapy; foundational for PARP inhibitor use in early-stage BRCA-mutated breast cancer. Sequencing with CDK4/6i debated.
monarchE	High-risk early HR+/HER2- BC	Abemaciclib adjuvant; discussed in context of CDK4/6i sequential or combination strategies post-neoadjuvant.
NATALEE	Early HR+/HER2- BC	Ribociclib adjuvant; referenced alongside monarchE as the current CDK4/6i adjuvant evidence base.
Brainstorm (ongoing)	Early TNBC, CNS screening trial	Institutional trial referenced by Dr. Agostinetto; evaluates systematic brain MRI surveillance in early breast cancer regardless of metastatic status.

Session 5: Fertility Preservation and Extended Endocrine Therapy in Early HR+ BC

Presenter: Dr. Matteo Lambertini

Dr. Lambertini addressed the intersection of reproductive health and oncological outcomes in premenopausal women with HR+ early breast cancer, reviewing evidence on ovarian function

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suppression (OFS), fertility preservation, and the optimal duration and composition of extended endocrine therapy.

Key Clinical Discussion Point

Extended ET after 5 years of LHRHa: Dr. Agostinetti asked Dr. Lambertini to comment on the optimal endocrine therapy for patients transitioning out of 5 years of LHRH agonist-based suppression. The discussion centered on whether to continue OFS beyond 5 years, switch to tamoxifen, or transition to an aromatase inhibitor, depending on menopausal status confirmed after cessation of LHRHa.

Trials Discussed – Session 5

Trial / Study	Setting	Key Finding / Context Discussed
SOFT / TEXT	Premenopausal HR+ early BC	Landmark trials establishing OFS + exemestane or tamoxifen benefit; foundational to the extended ET discussion.
POSITIVE	Premenopausal HR+ early BC, fertility	Dr. Lambertini's own trial evaluating temporary ET interruption for pregnancy; contextualizes the fertility-oncology interface.

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

Presenter: Dr. Evandro de Azambuja

Dr. de Azambuja reviewed the current evidence base for perioperative management of early HER2+ breast cancer, including the shift toward T-DXd (trastuzumab deruxtecan) for patients with residual disease after neoadjuvant therapy, and the ongoing questions around T-DM1 sequencing and CNS protection.

Key Clinical Discussion Points

T-DXd for residual HER2+ disease: Dr. Agostinetti highlighted the particular significance of T-DXd's CNS penetration – a limitation of T-DM1 that had long been a concern, especially given the propensity of HER2+ disease for brain metastases. The post-neoadjuvant T-DXd approach was described as both an escalation strategy and a potential CNS-protective intervention.

AI and HER2 diagnostics: OncoAlert Network noted AI as an emerging topic permeating all domains of oncology, including HER2 assessment and pathological evaluation.

Trials Discussed – Session 6

Trial / Study	Setting	Key Finding / Context Discussed
KATHERINE	HER2+ early BC, residual	T-DM1 adjuvant improved outcomes vs. trastuzumab; standard of care now being challenged by T-DXd data.

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Trial / Study	Setting	Key Finding / Context Discussed
	disease post-NACT	
DESTINY-Breast06 (DB-06) / DESTINY-Breast11 (DB-11)	HER2+ early BC, post-neoadjuvant	T-DXd in the post-neoadjuvant residual disease setting; noted for CNS penetration advantage over T-DM1.
APHINITY	HER2+ early BC, adjuvant	Pertuzumab + trastuzumab adjuvant; referenced as the THP maintenance backbone.

Session 7: Tumor-Infiltrating Lymphocytes (TILs) as Biomarkers

Presenter: Dr. Roberto Salgado

Dr. Salgado presented on the role of TILs as prognostic and potentially predictive biomarkers across breast cancer subtypes, with emphasis on standardized assessment methods and the ongoing evolution of spatial TIL analysis.

Key Clinical Discussion Points

TIL quantity vs. spatial distribution: Dr. Agostinetti asked whether the spatial distribution of TILs matters beyond overall quantity. Dr. Salgado's reply was unambiguous: quantity matters first and most. Spatial considerations remain scientifically important but secondary to absolute TIL burden in current clinical practice.

TILs in residual disease: Dr. Agostinetti invited Dr. Salgado to weigh in on TILs in post-neoadjuvant residual disease – an area of growing interest where high TIL levels may identify patients who could benefit from immunotherapy despite incomplete pathological response.

Trials and Frameworks Discussed – Session 7

Trial / Study	Setting	Key Finding / Context Discussed
ISPY-2 / NeoTRIP / GeparNuevo	Early TNBC and HER2+, neoadjuvant	TIL levels predictive of pCR and survival in neoadjuvant immunotherapy trials; foundational data for TIL assessment guidelines.
International TILs Working Group Guidelines	Pan-breast cancer	Standardized scoring framework for stromal TILs referenced by Dr. Salgado as the established methodology.

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Session 8: Surgical Oncology in Breast Cancer

Presenter: Dr. Isabel Rubio (Past President, European Society of Surgical Oncology)

Dr. Rubio addressed contemporary surgical decision-making in breast cancer, with a focus on patient-centered approaches, shared decision-making frameworks, and the evolving role of surgery in the era of effective systemic therapy.

Key Clinical Discussion Points

Active listening and patient autonomy: Dr. Agostinetti highlighted the principle of 'no decision about me without me' as paradigmatic not only in surgical oncology but across all medical decisions in oncology. This shared decision-making framework was endorsed as broadly applicable to modern cancer care.

Session 9: Radiotherapy in Breast Cancer – De-escalation and Immune Priming

Presenter: Dr. Icro Meattini

Dr. Meattini delivered a comprehensive review of contemporary radiotherapy in breast cancer, covering hypofractionation, partial breast irradiation, the EUROPA trial (combined ET+RT), and the emerging concept of stereotactic body radiotherapy (SBRT) as an immunological 'primer' to sensitize tumors to immunotherapy.

Key Clinical Discussion Points

EUROPA approach in clinical practice: Dr. Agostinetti asked whether the EUROPA trial findings (combined ET+RT) are routinely applied. Dr. Meattini confirmed that the EUROPA protocol emerged from pre-existing clinical practice at his institution. Fit patients still receive ET+RT combination; de-escalation is discussed on a case-by-case basis.

iSBRT as immune-priming strategy: Dr. Agostinetti raised increasing evidence for stereotactic body radiotherapy (iSBRT) to convert immunologically 'cold' tumors into 'hot' ones. Dr. Meattini described this as currently experimental but with strong data in the preoperative setting. He emphasized that the mechanism is immune priming – not the abscopal effect – representing a distinct radiobiological rationale. He envisions RT being used as a 'drug' in the future for aggressive or treatment-resistant tumor biology.

P-RAD and NeoCheckRay: Both trials were highlighted by Dr. Agostinetti and Dr. Meattini as particularly intriguing examples of SBRT-immunotherapy combinations in the neoadjuvant breast cancer setting.

Trials Discussed – Session 9

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Trial / Study	Setting	Key Finding / Context Discussed
EUROPA	Early HR+ breast cancer, RT context	Combined endocrine therapy + RT strategy. Trial emerged from real-world practice; Dr. Meattini confirmed ongoing application for fit patients with case-by-case de-escalation discussion.
P-RAD	Early breast cancer, neoadjuvant SBRT + immunotherapy	SBRT as immune-priming agent prior to systemic therapy; cited as a leading example of the abscopal/priming concept in breast cancer.
NeoCheckRay	Early TNBC, neoadjuvant SBRT + durvalumab	Evaluates SBRT + anti-PD-L1 before surgery; highlighted alongside P-RAD as an intriguing immune-priming strategy.
FAST-Forward / IMPORT LOW	Early breast cancer, hypofractionated RT	Background evidence for hypofractionation and partial breast irradiation; foundational to de-escalation RT discourse.

Session 10: Global Access to Cancer Treatments

Presenter: Dr. Lazar Popovic (University of Novi Sad; Chair, Novi Sad Oncology Congress – NSOC)

Dr. Popovic addressed systemic disparities in access to cancer therapies across different healthcare systems and geographic regions. This session generated significant audience engagement from clinicians in resource-limited settings, including participants from Gaza and Peru.

Key Clinical Discussion Points

ESMO Magnitude of Clinical Benefit Scale (ESMO-MCBS): Dr. Agostinetti asked Dr. Popovic to comment on the ESMO-MCBS as a tool for evaluating the value of anticancer therapies, particularly in resource-constrained settings. Dr. Popovic affirmed it as a very good tool and indicated he would address it during his presentation.

Resource-limited settings – practical experience: Moustafa Sabbah (Head Nurse, Gaza Cancer Center) raised the acute challenge of conducting breast cancer care in the absence of ER, PR, and HER2 testing infrastructure. Dr. Agostinetti responded that while no formal guidelines exist for this scenario, epidemiological data (approximately 70% of breast cancers are ER-positive) and clinical stage may guide empirical treatment decisions. She acknowledged that no optimal approach exists in the absence of biomarker testing.

Dr. David Calsina Quispe (Peru) shared his experience using capecitabine plus an aromatase inhibitor in postmenopausal women with metastatic luminal breast cancer in the Peruvian jungle region – an approach adapted to the drug access realities of his setting.

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Social media and advocacy: The panel endorsed the use of social media and public-facing communication as tools to exert pressure on healthcare systems and policymakers regarding drug access inequities.

Frameworks Discussed – Session 10

Trial / Study	Setting	Key Finding / Context Discussed
ESMO-MCBS	Policy / regulatory	Magnitude of Clinical Benefit Scale; tool for grading the clinical value of anticancer drugs. Discussed in context of informing access decisions in lower-resource settings.

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Master Trial Reference Table

All clinical trials, studies, and frameworks referenced during the OncoAlert Colloquium 2026 Breast Cancer Day are compiled below.

Trial / Study	Setting	Key Point Discussed
EMERALD	ER+ mBC	Elacestrant vs. standard ET; first oral SERD with OS benefit in ESR1-mutated mBC
SERENA-4 / SERENA-6	ER+ mBC	Novel SERD combinations and sequencing after CDK4/6i
INAVO120	PIK3CA-mutated ER+ mBC	Inavolisib + palbociclib + fulvestrant for PIK3CA-mutated patients
CAPItello-291	ER+ mBC, post-CDK4/6i + AI	Capivasertib + fulvestrant for AKT pathway-altered disease
EMBER-3	ER+ mBC	Imlunestrant data contributing to post-CDK4/6i sequencing landscape
PATINA	HR+/HER2+ mBC, maintenance	Palbociclib + ET + anti-HER2 maintenance post-THP; ER-positive patients prioritized
HER2CLIMB	HER2+ mBC	Tucatinib + trastuzumab + capecitabine; CNS-active regimen; key in PATINA vs HER2CLIMB decision
HER2CLIMB-05	HER2+ mBC, HR-negative	Preferred strategy for ER-negative patients in post-maintenance sequencing
DB-09 (Datopotamab Deruxtecan)	HER2+ mBC	PFS benefit observed; critically discussed due to suboptimal post-protocol therapy rates (T-DXd 10%, T-DM1 12%)
Tropion-Breast 02	HR+/HER2- or TNBC mBC	Dato-DXd vs. chemo; cited for crossover-adjusted methodology
ASCENT-03	mBC	SG data; cited alongside Tropion-Breast 02 re: impact of crossover design on PFS benefit interpretation
ASCENT	Metastatic TNBC, $\geq 2L$	Sacituzumab govitecan (SG) vs. chemo; established SG as standard; G-CSF management discussed in detail
KEYNOTE-522	Early TNBC, neoadjuvant	Pembrolizumab + chemo; referenced in TNBC treatment landscape context

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Trial / Study	Setting	Key Point Discussed
OlympiA	Early HER2-, BRCA-mutated, residual disease	Olaparib adjuvant; discussed re: sequencing with CDK4/6i in BRCA-mutated early ER+ BC
monarchE	High-risk early HR+/HER2-	Abemaciclib adjuvant; part of CDK4/6i adjuvant evidence base
NATALEE	Early HR+/HER2-	Ribociclib adjuvant; discussed alongside monarchE
Brainstorm (ongoing)	Early TNBC, CNS screening	Institutional trial: systematic brain MRI in early BC patients
KATHERINE	HER2+ early, residual disease	T-DM1 adjuvant; standard now being challenged by T-DXd data
DESTINY-Breast06 / DB-11	HER2+ early, post-neoadjuvant	T-DXd for residual disease; CNS penetration advantage over T-DM1 highlighted
APHINITY	HER2+ early, adjuvant	Pertuzumab + trastuzumab adjuvant; THP maintenance backbone
SOFT / TEXT	Premenopausal HR+ early	OFS + exemestane/tamoxifen; foundational extended ET evidence
POSITIVE	Premenopausal HR+ early, fertility	Temporary ET interruption for pregnancy; fertility-oncology interface
ISPY-2 / NeoTRIP / GeparNuevo	Early TNBC / HER2+, neoadjuvant	TIL levels predictive of pCR and survival; foundational biomarker data
EUROPA	Early HR+, RT context	Combined ET + RT; Dr. Meattini applies in fit patients with case-by-case de-escalation
P-RAD	Early BC, neoadjuvant SBRT + IO	SBRT as immune-priming strategy; leading example in breast cancer
NeoCheckRay	Early TNBC, neoadjuvant SBRT + IO	SBRT + durvalumab; highlighted alongside P-RAD
FAST-Forward / IMPORT LOW	Early BC, RT	Hypofractionation and partial breast irradiation evidence base
ESMO-MCBS	Policy / regulatory	Magnitude of Clinical Benefit Scale; endorsed for resource-limited access decision-making

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*Document compiled from the OncoAlert Colloquium 2026 Breast Cancer Day live chat transcript. February 3, 2026.
Moderators: Dr. Gilberto Morgan | Dr. Elisa Agostinetti. All clinical statements are attributed to the respective speakers.*