

My Approach to Metastatic Breast Cancer

Session 2: Year in Review - My Approach to Liver Disease

Yolanda Bryce, MD

Memorial Sloan Kettering Cancer Center

Disclosures

- Consultant — Hologic, Inc.

Outline

- Goals in IO treatment of metastatic breast cancer
- Points to keep in mind

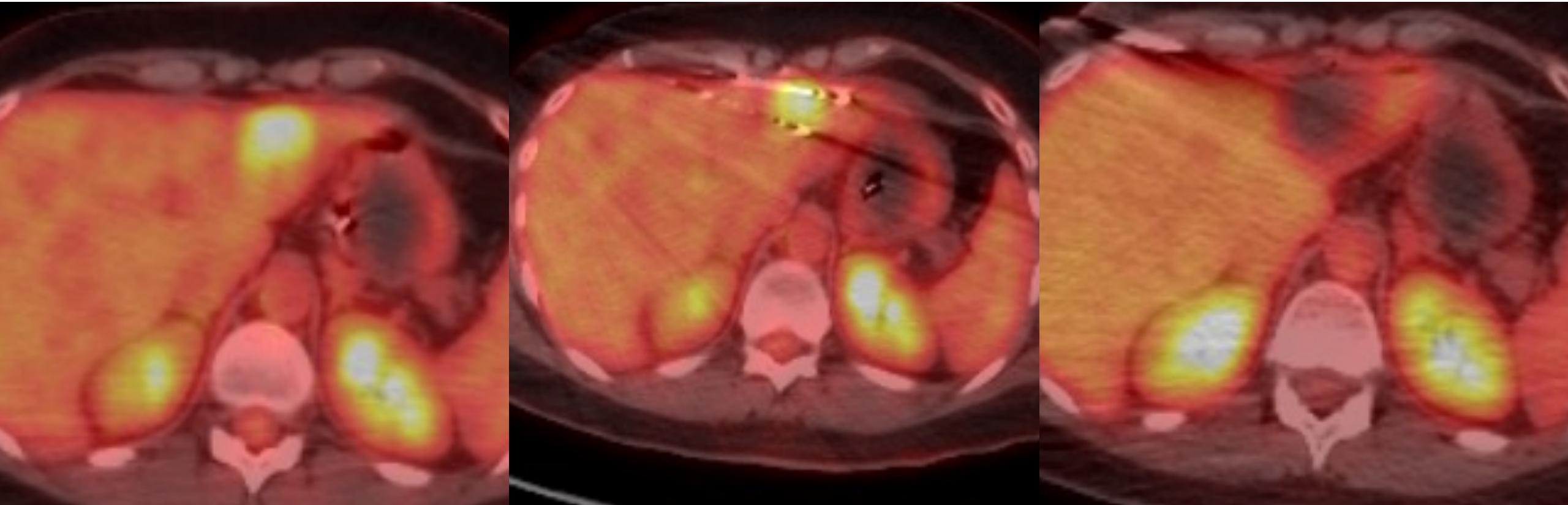
Approach

- Oligometastases
- Multi/poly-metastases – one lesion growing or recurrent
- Multi/poly-metastases – salvage

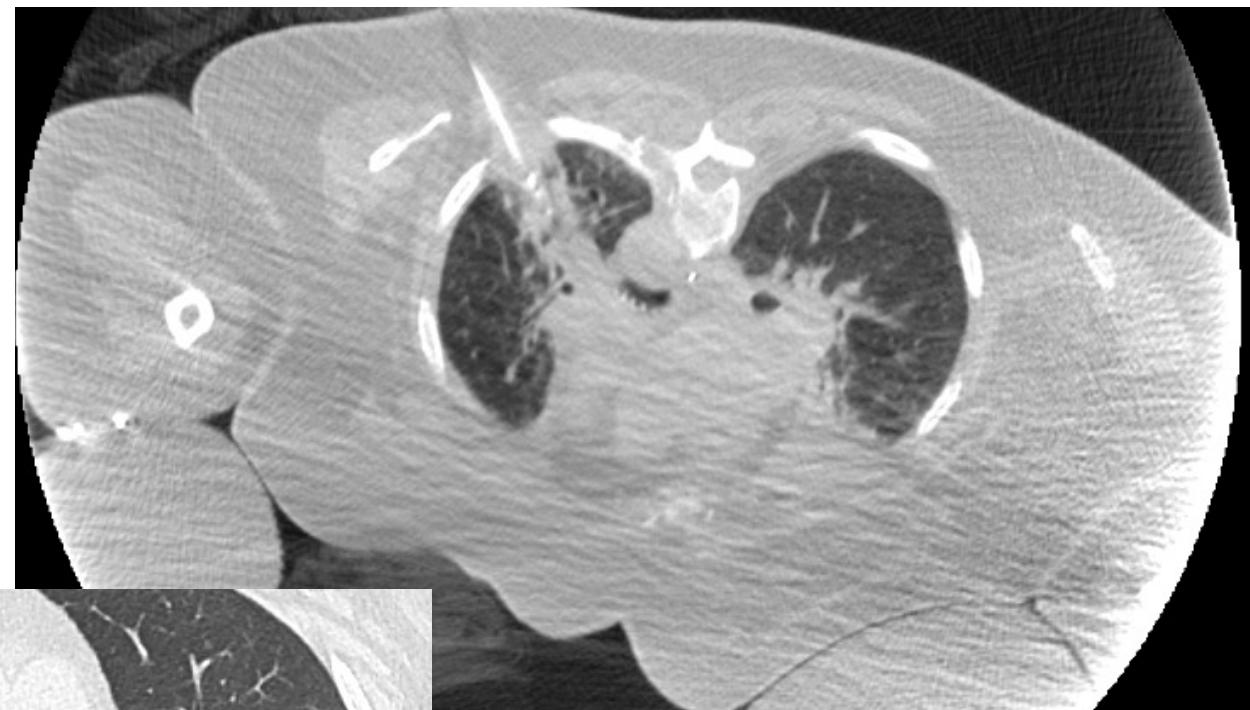
Oligometastases

- ≤ 5 metastases
- 20% of metastatic breast cancer
- Prolonged disease control is possible with aggressive multidisciplinary management
- Sadot, et al. Compared surgery/ablation with no surgery/ablation
→ longer disease-free survival, no difference in overall survival in 167 patients with 73-month median follow up
- Goal: Do my part to achieve remission as part of a multidisciplinary approach

46-y/o Female with Oligometastases



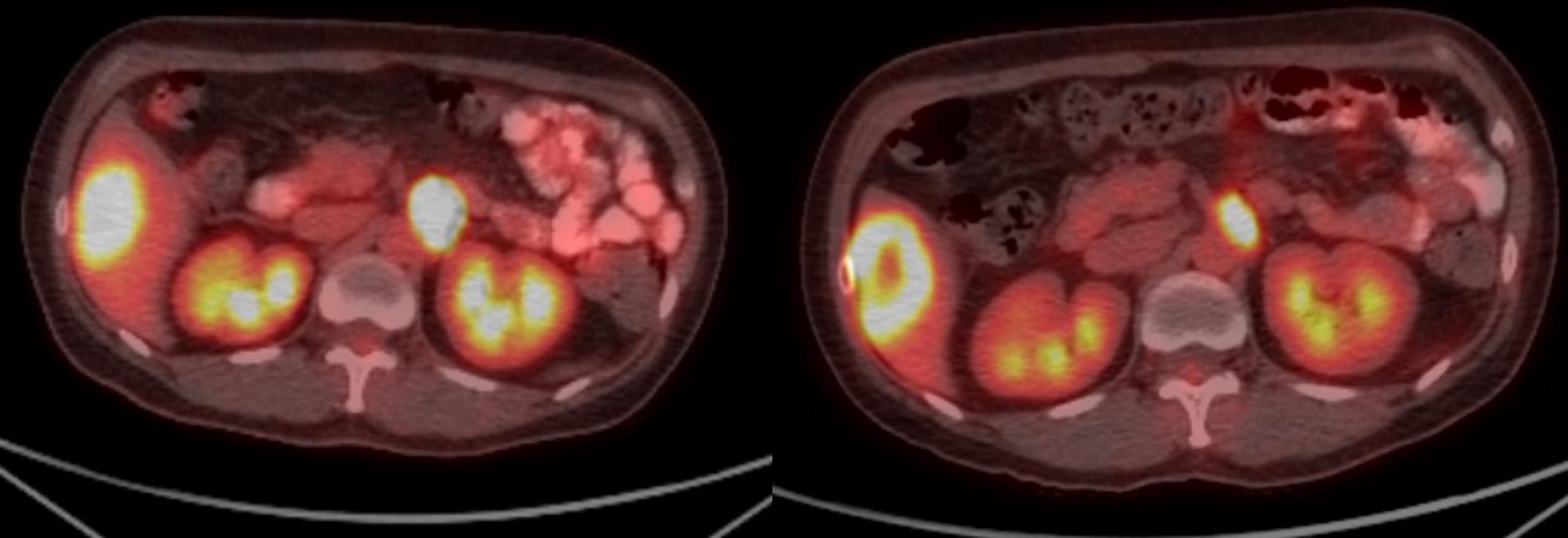
58-y/o Female with Single Metastasis to Lung

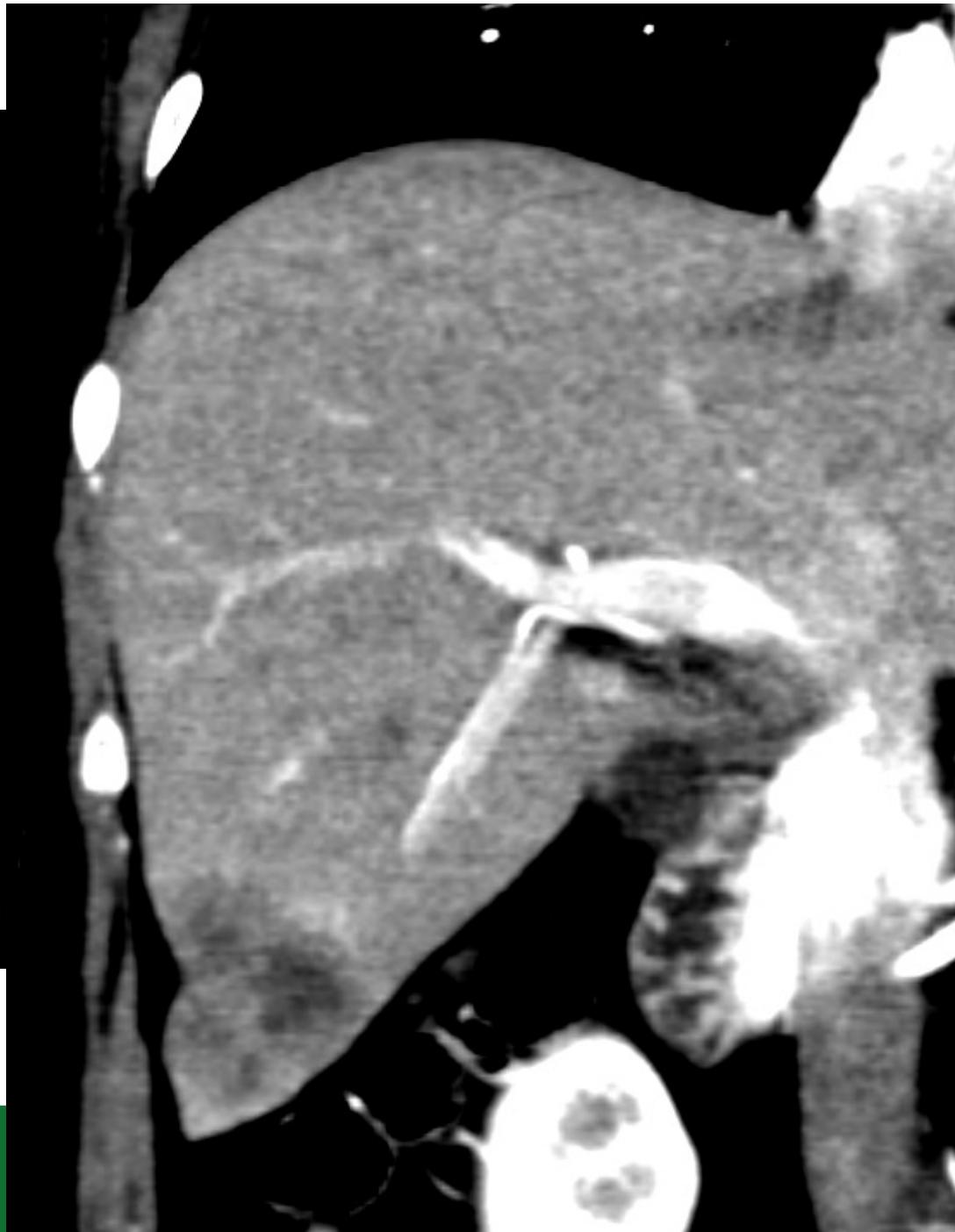
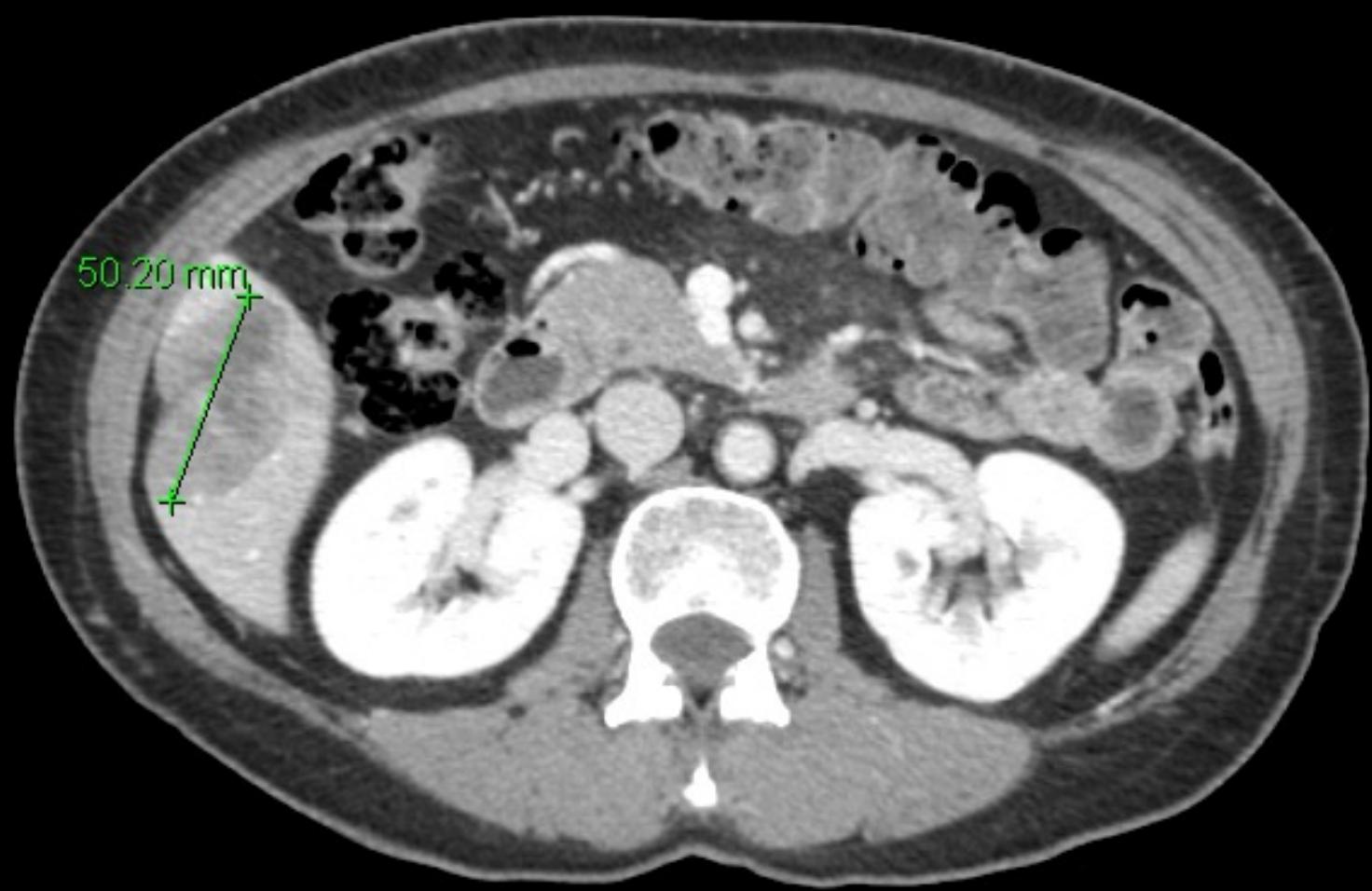


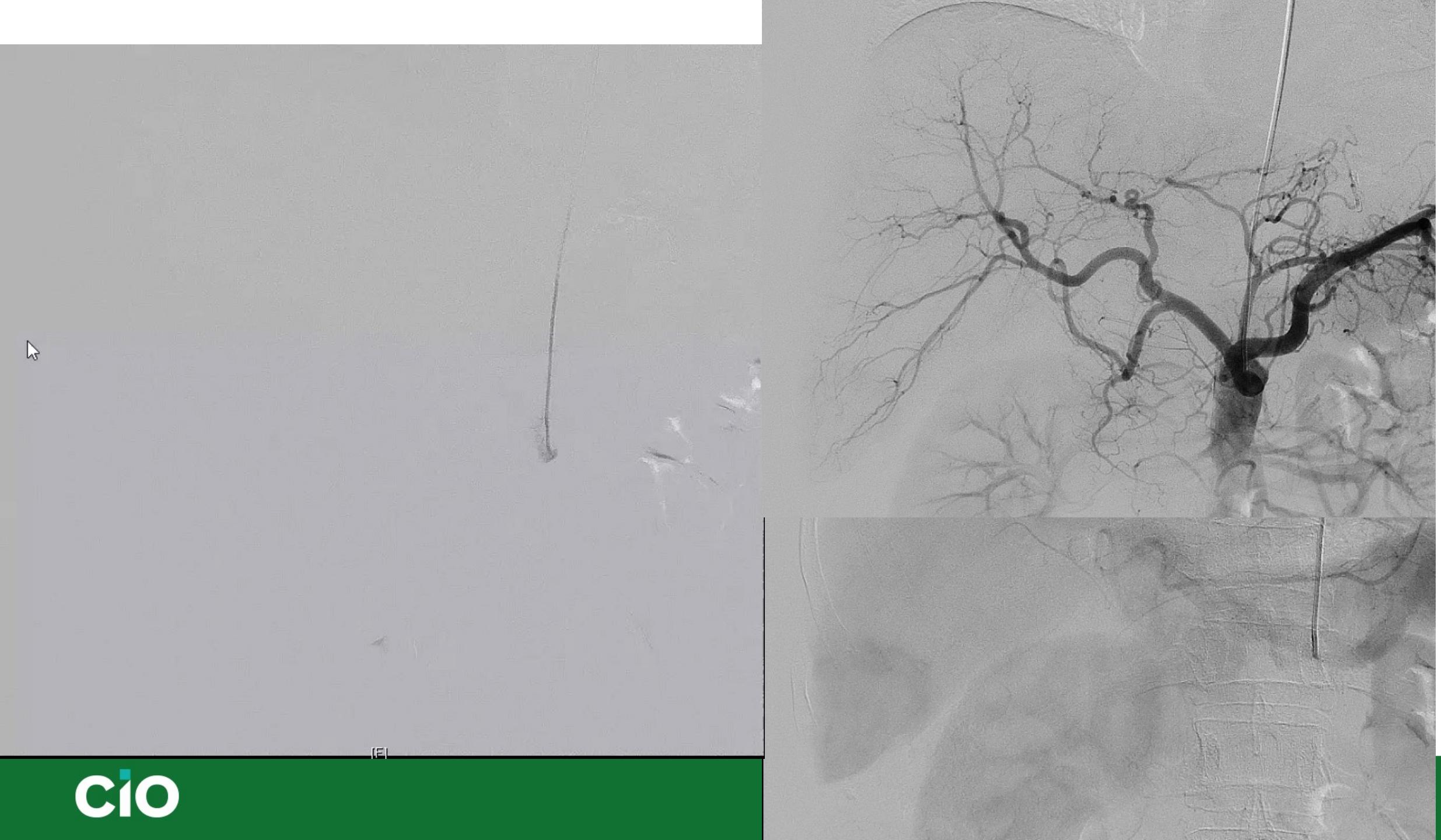
Multi/Poly-Metastases – One Lesion Growing Or Recurrent

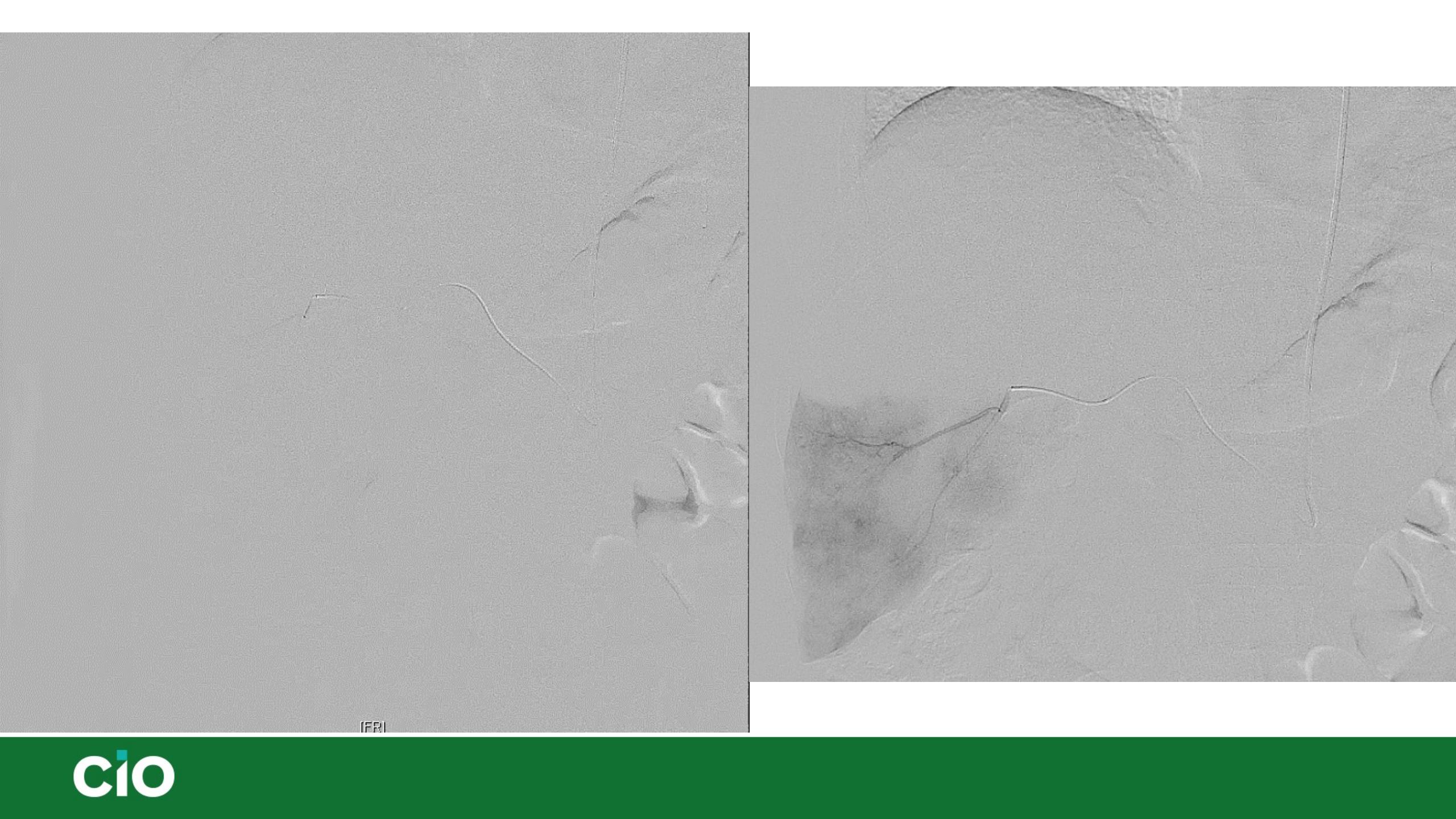
- “Escape” lesion is growing or recurring while other lesions are responding
- IO allows delay in change of systemic therapy
- Goal: Treat escape lesion so that patient does not have to change systemic therapy and exhaust options too soon

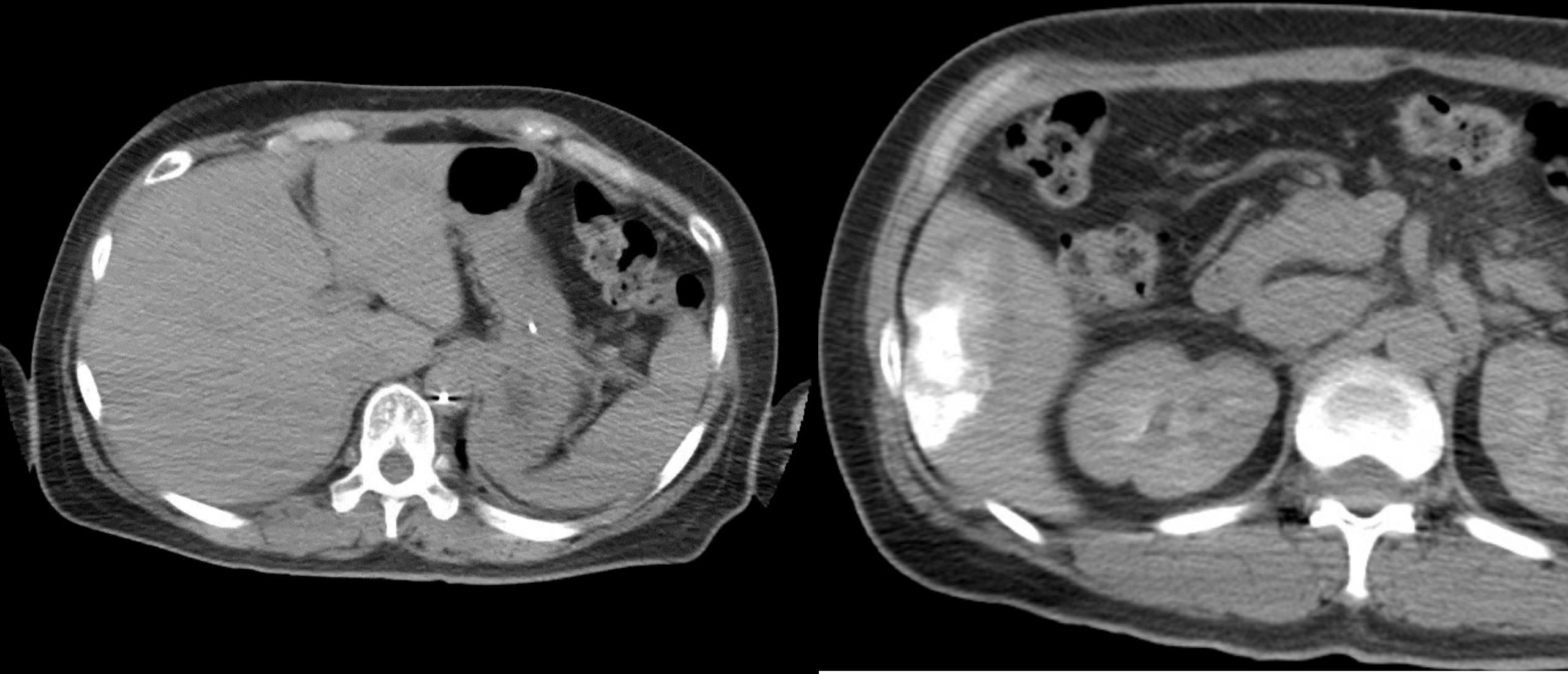
53 y/o Female with Metastatic Disease in
Multiple Regions Responding Except for
Growing Liver Lesion

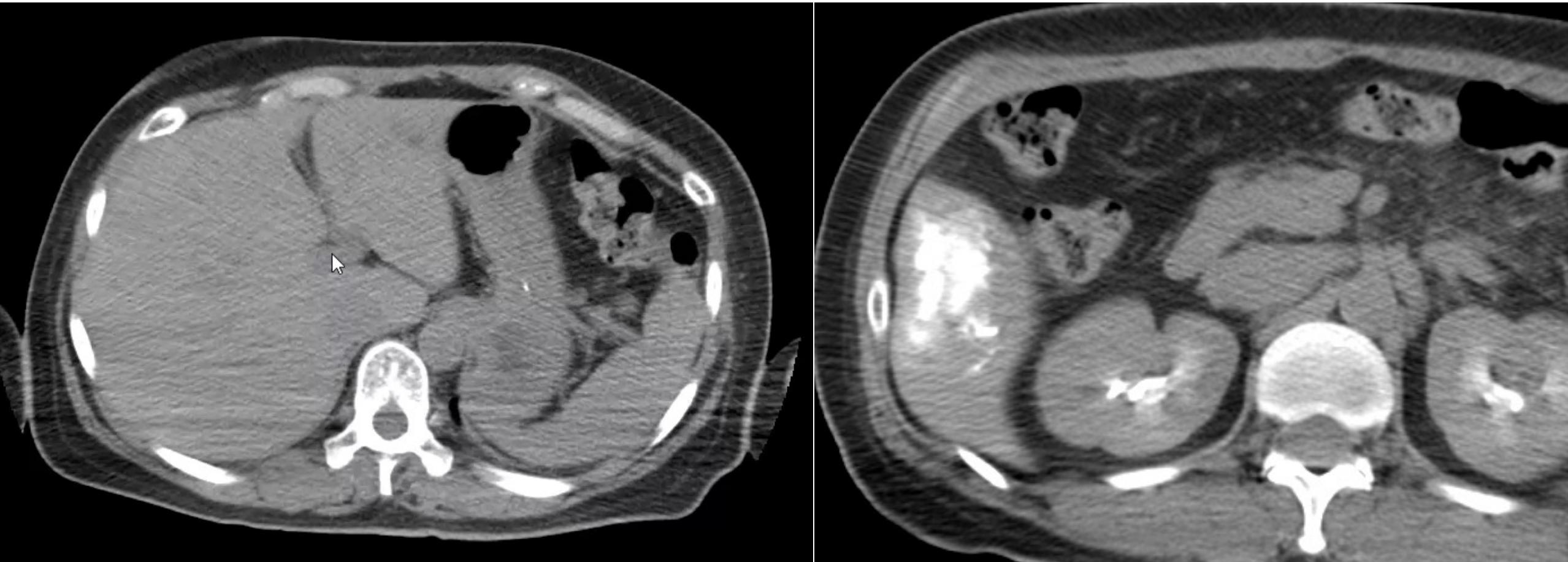


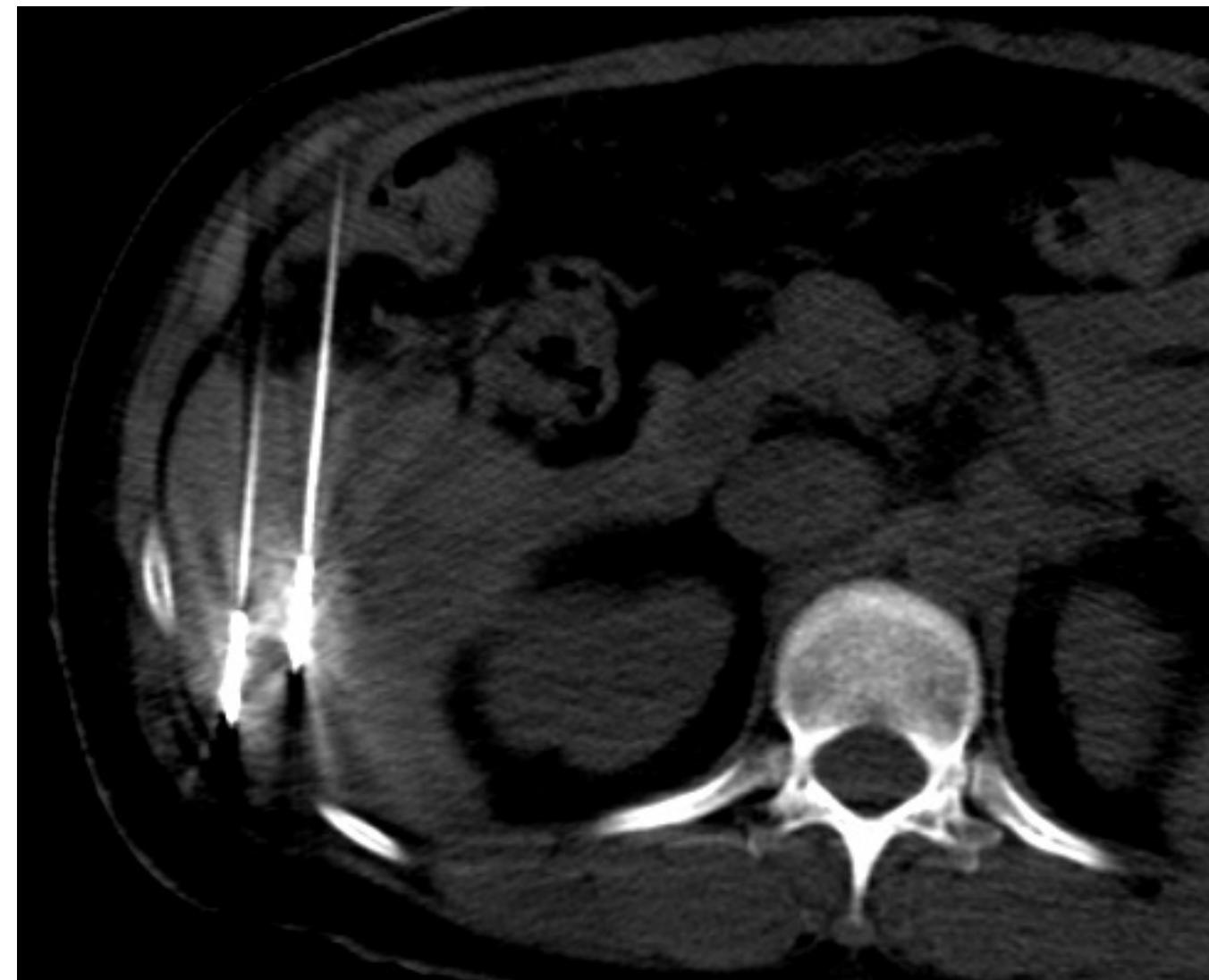


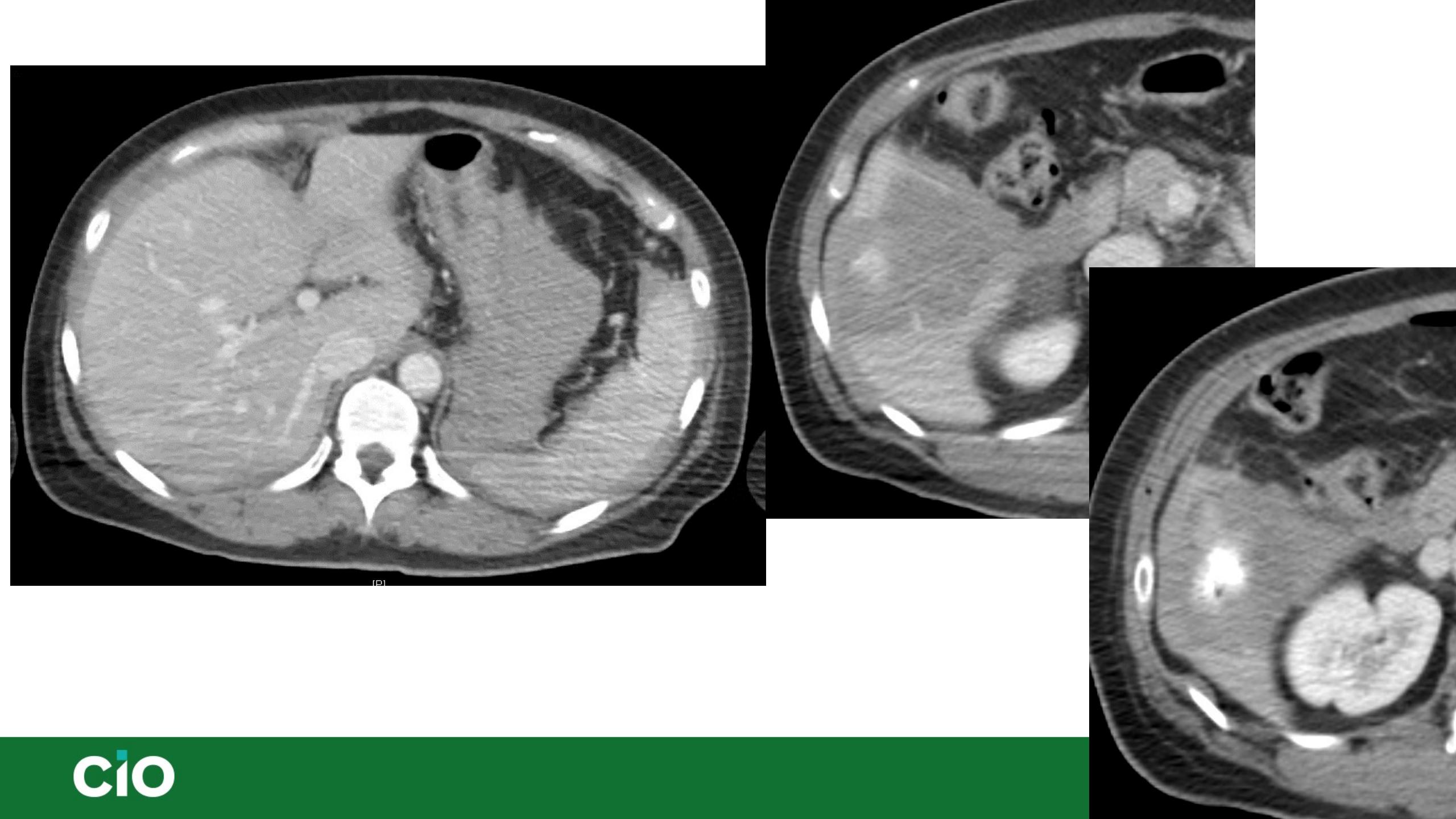




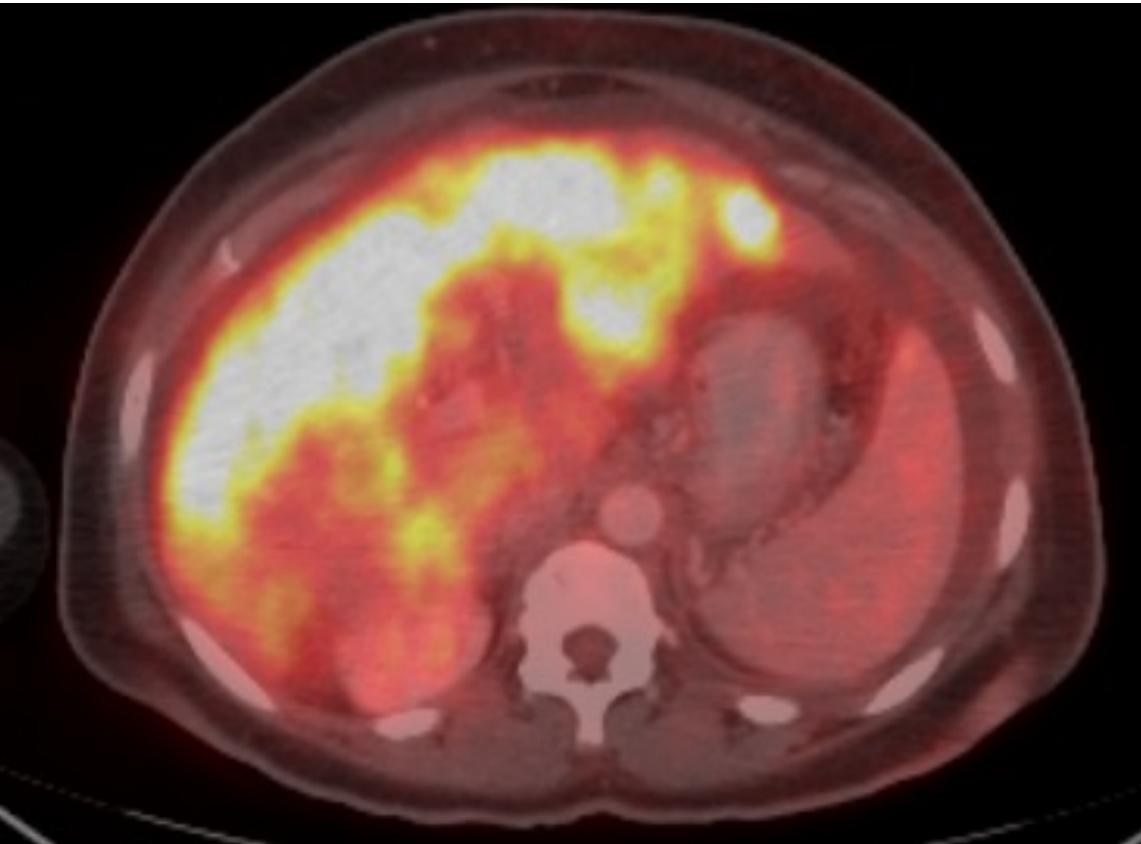








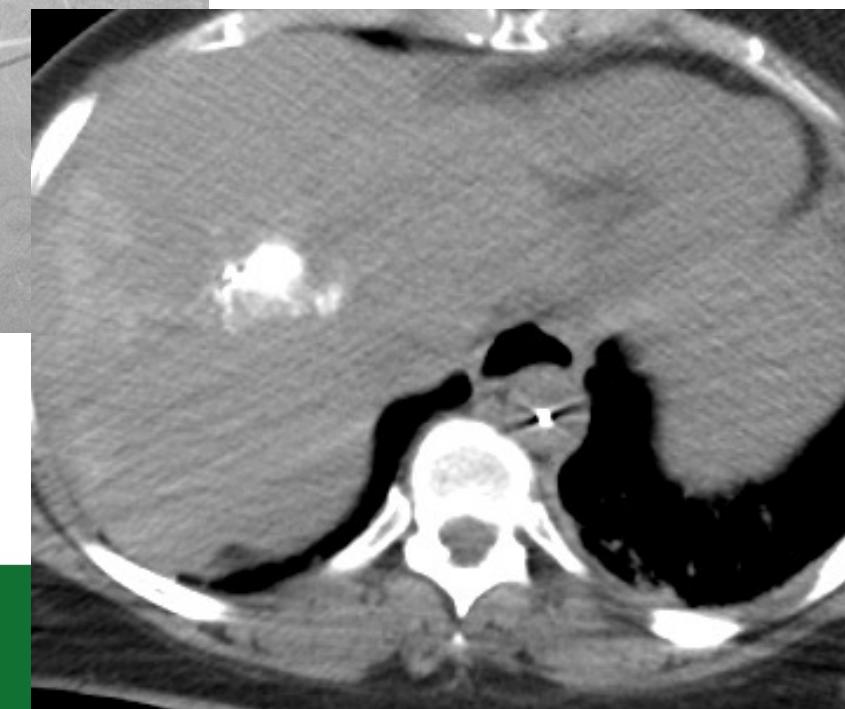
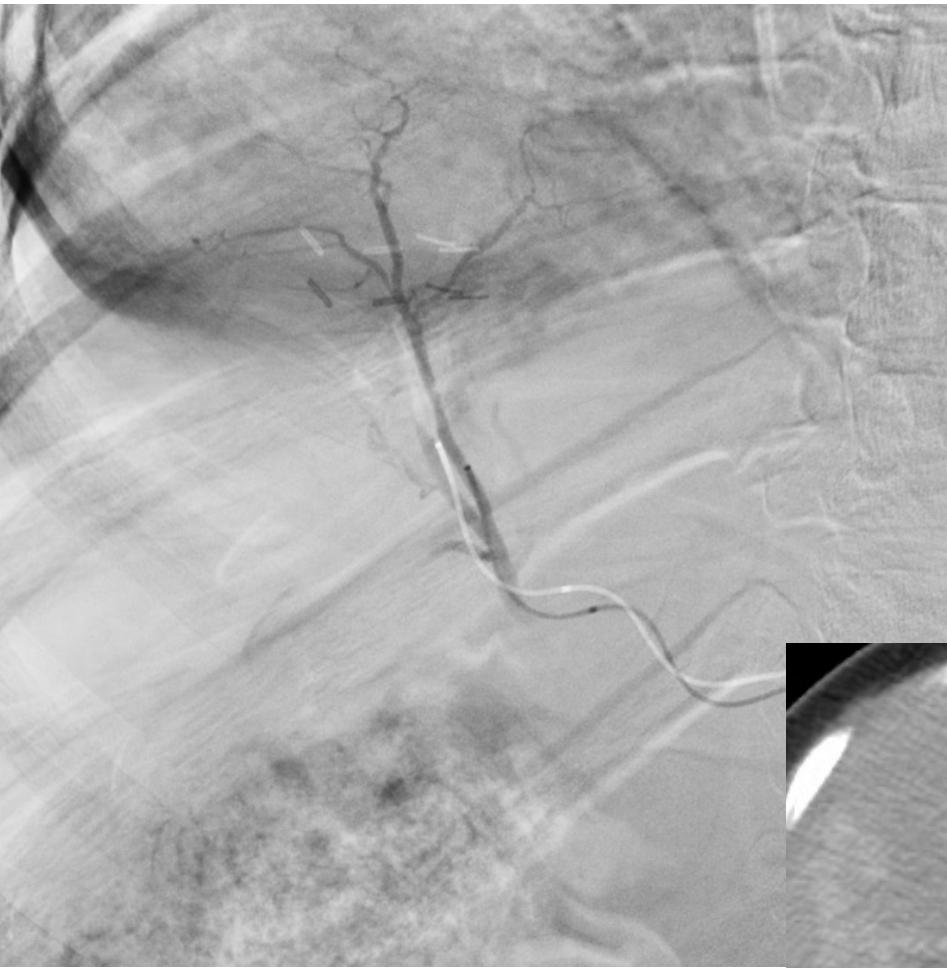
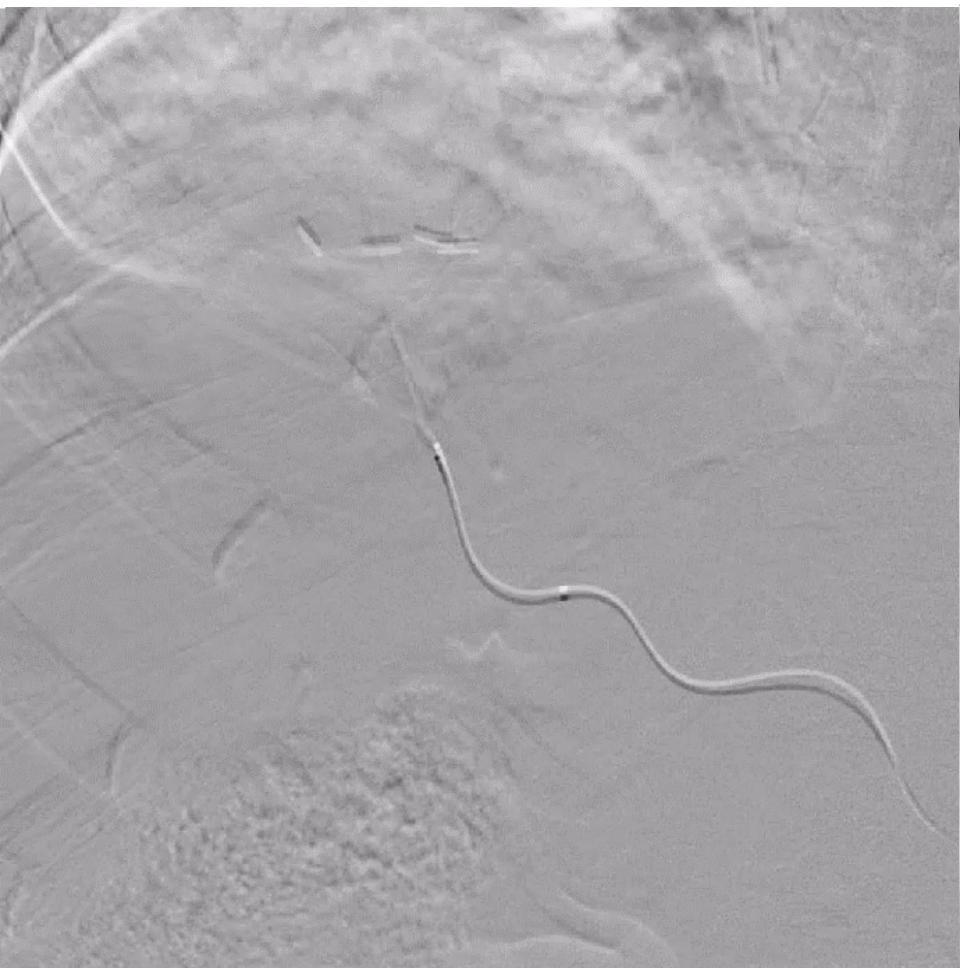
46 y/o Female with Previous Response to Systemic Therapy

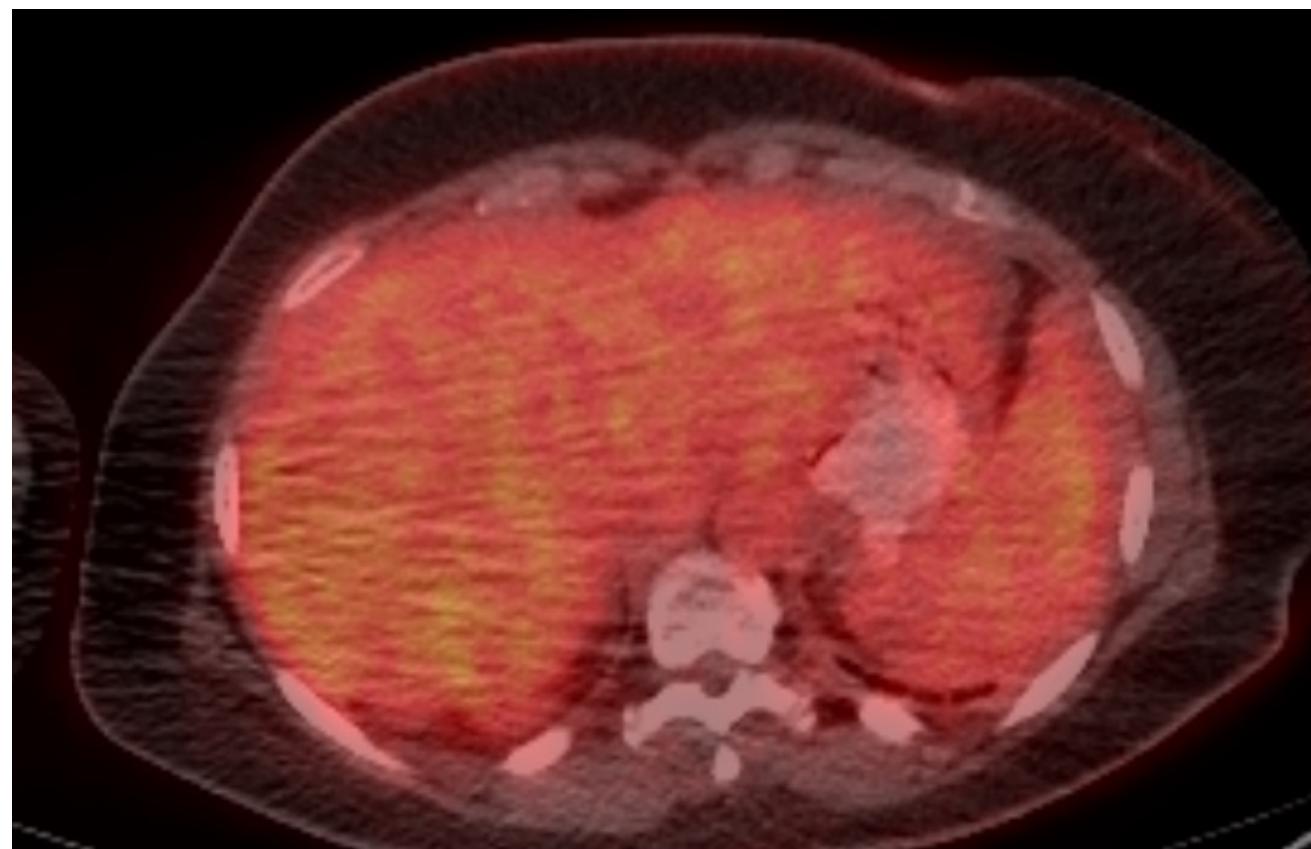
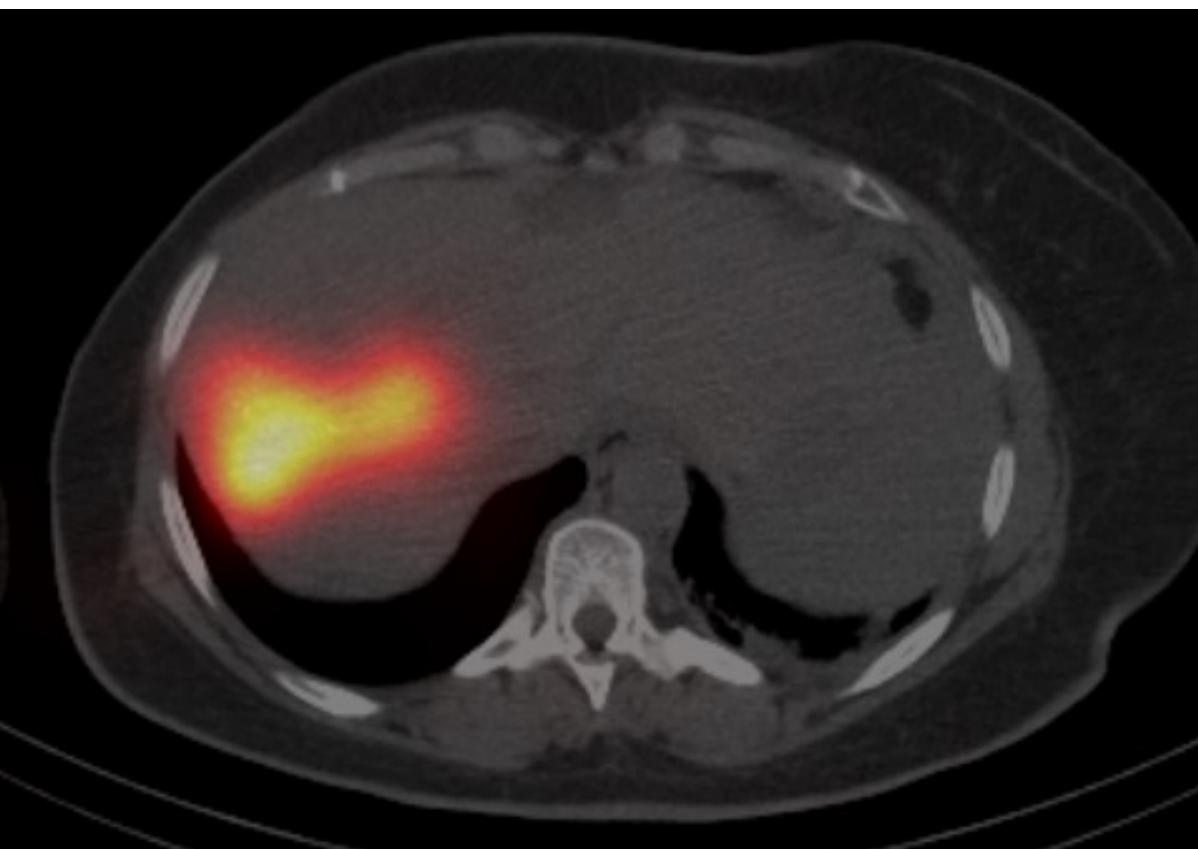


2018

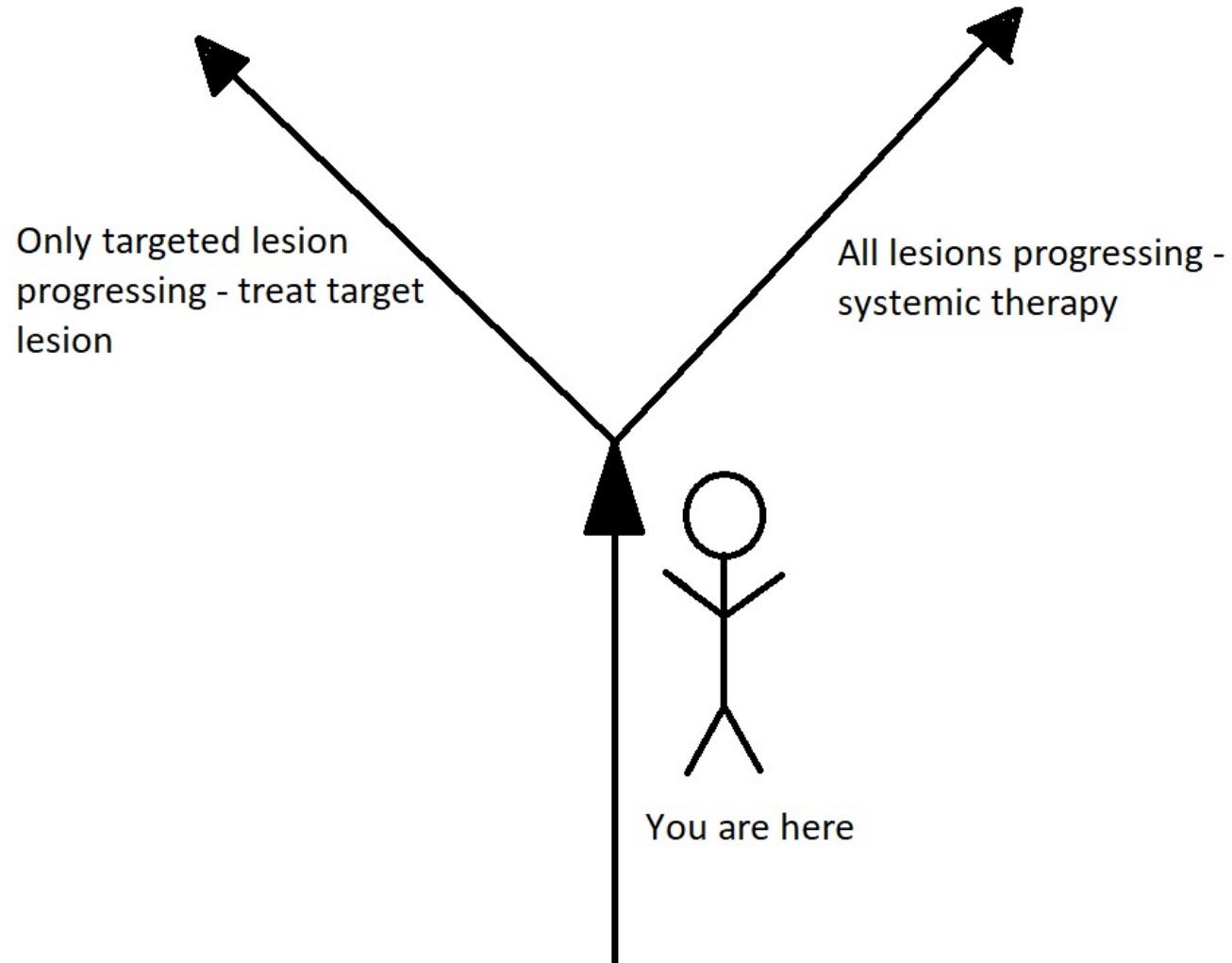


Current



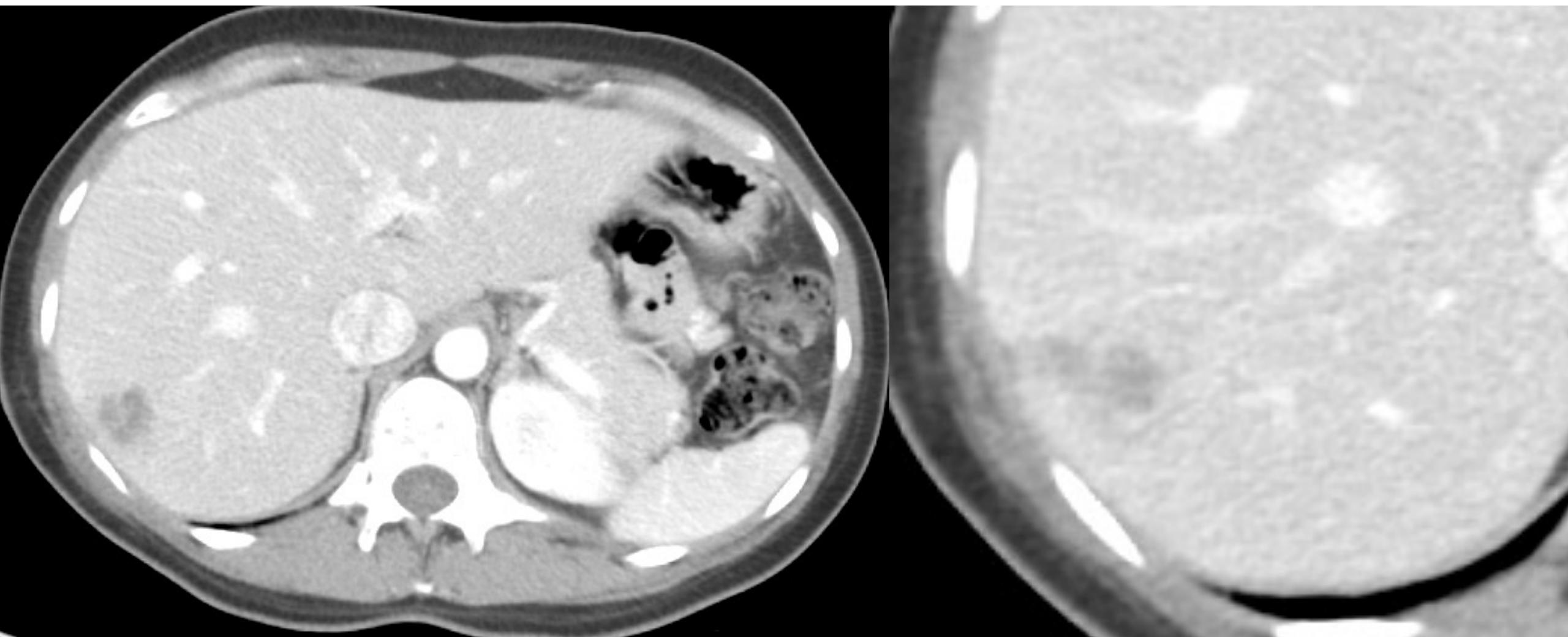


Keep in Mind

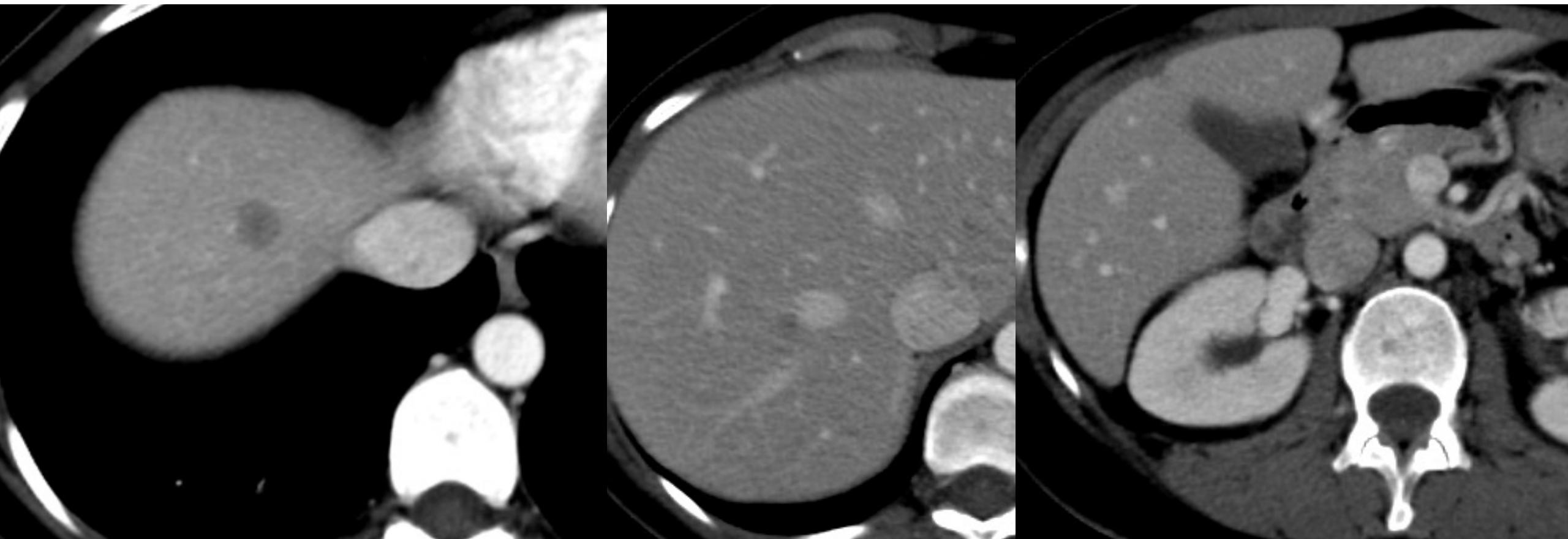


- Imaging should be within 30 days
- Consider f/u in 2 months to see how other lesions are doing before deciding to treat

52 y/o Female with One Recurrent Site of Disease



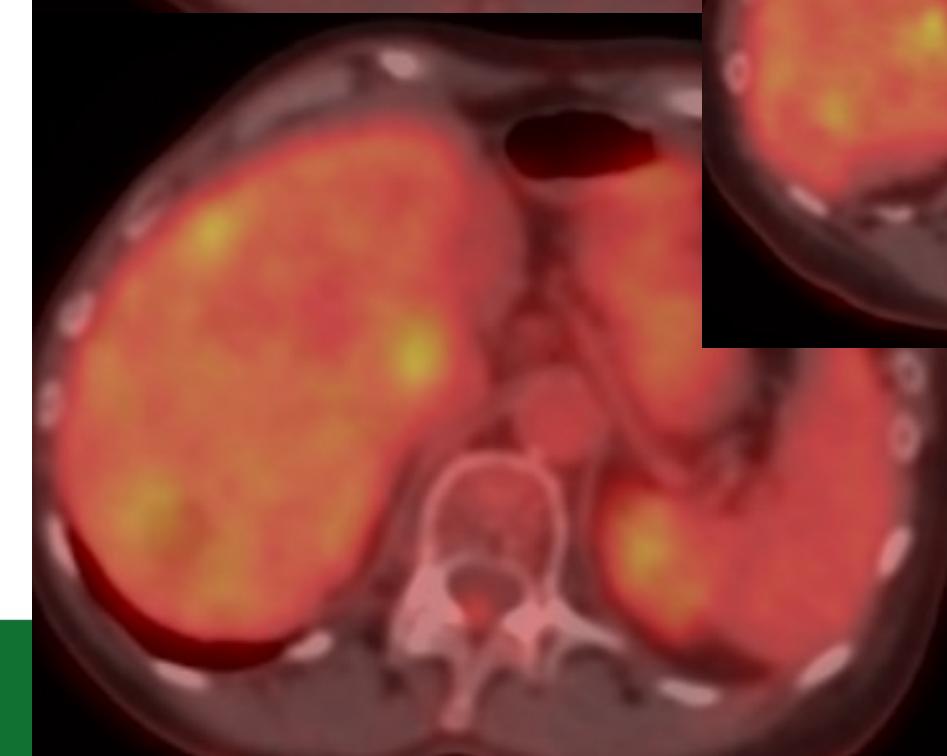
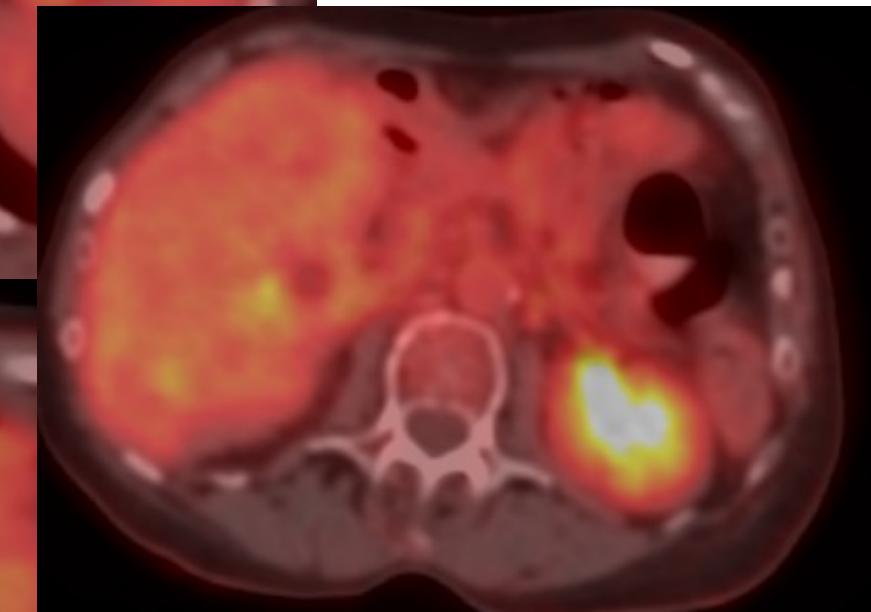
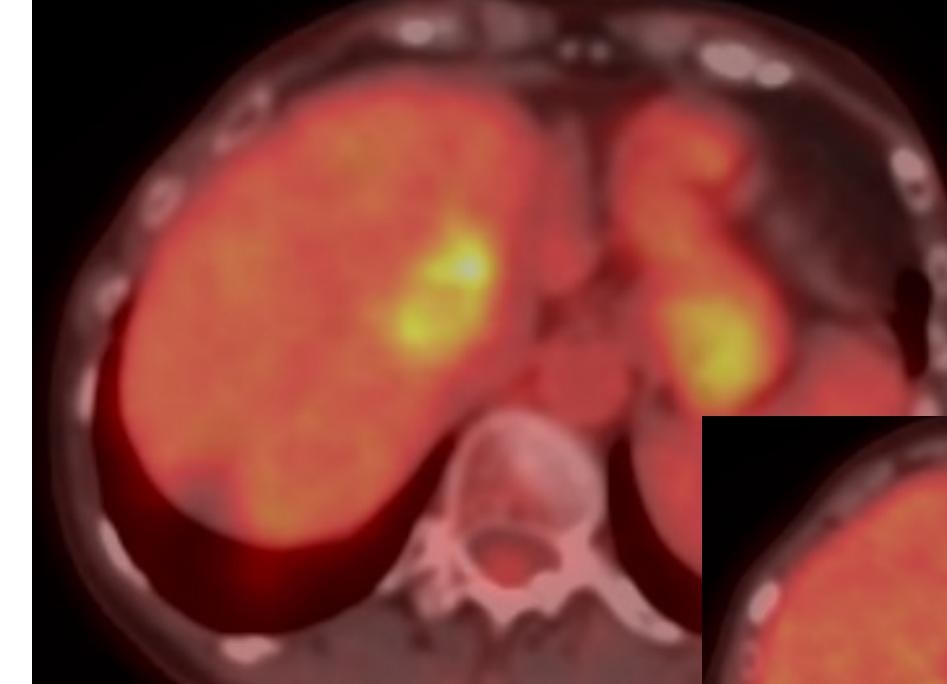
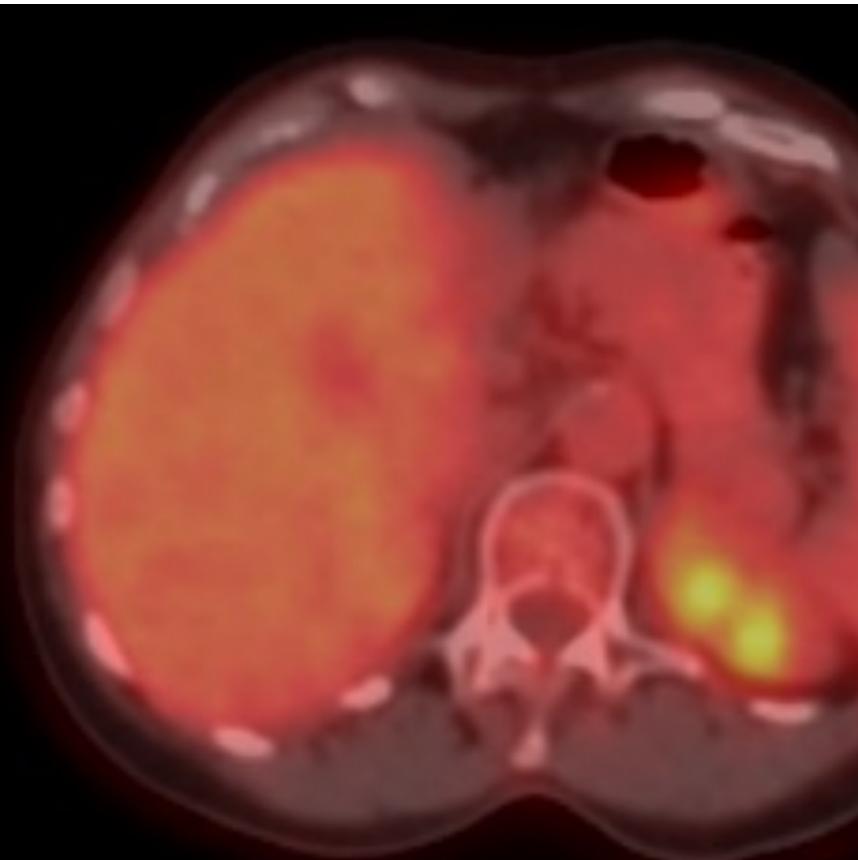
Imaging > 30 Days Old, CT Repeated



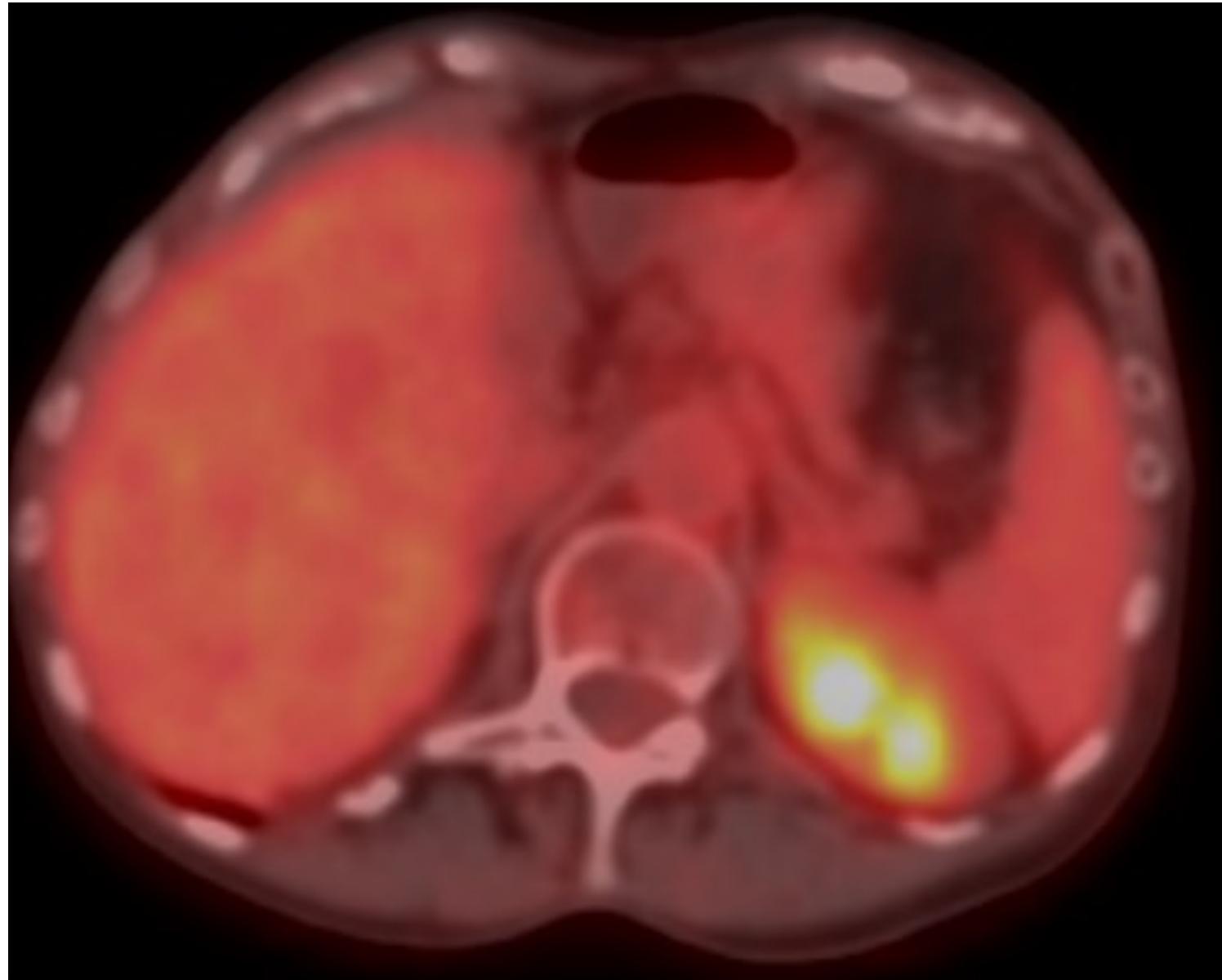
Multi/Poly-Metastases – Salvage

- Patient with progression in the liver despite systemic therapy
- Systemic therapy may be limited due to toxicity (eg, severe peripheral neuropathy)
- Lines of chemotherapy/clinical trials are being exhausted
- Already a poor prognosis: median overall survival after liver metastasis was 20.0 months in the SEER database
- Goal: Treat liver disease to delay change in systemic therapy



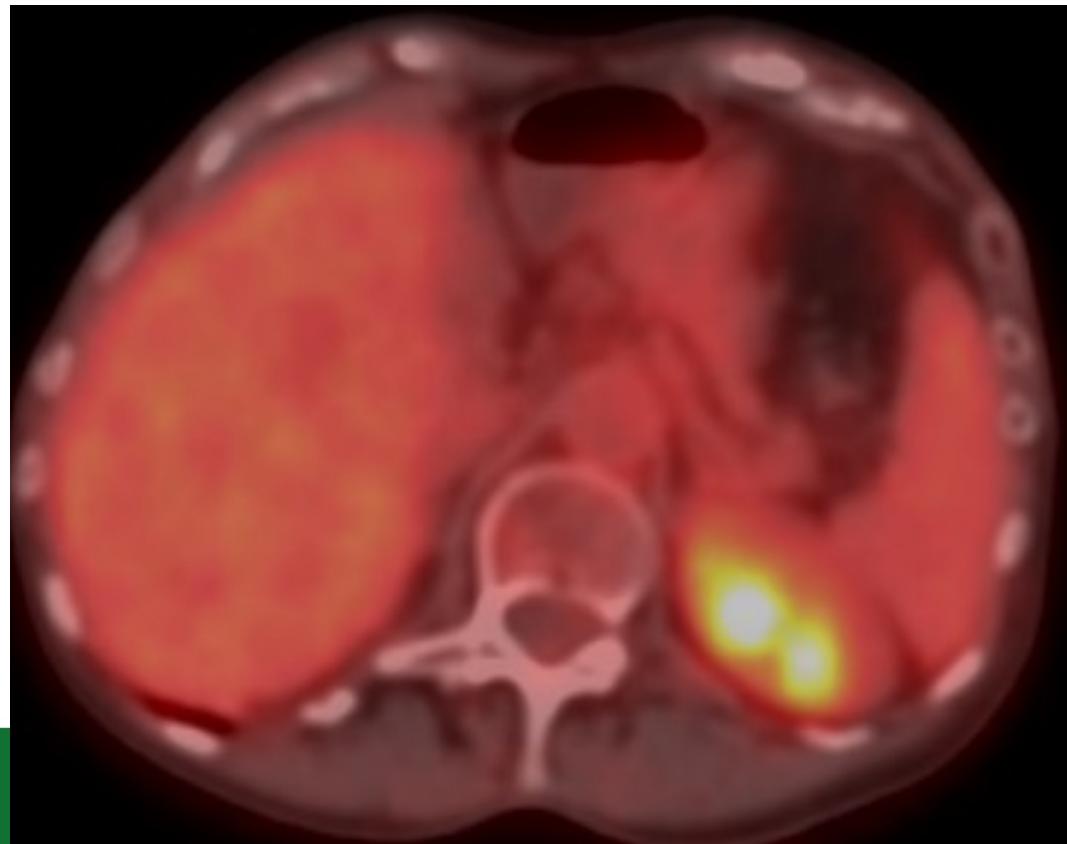






Keep in Mind

- Tumor shrinkage occurs 3-6 months after radioembolization
- Metabolic imaging is more sensitive to response earlier
- F/u with PET



MSKCC Data for Radioembolization for Metastatic Breast Cancer

- Overall survival post Y90: 11 months
- Responders live longer: 32 months (responders) vs. 9 months (non-responders)

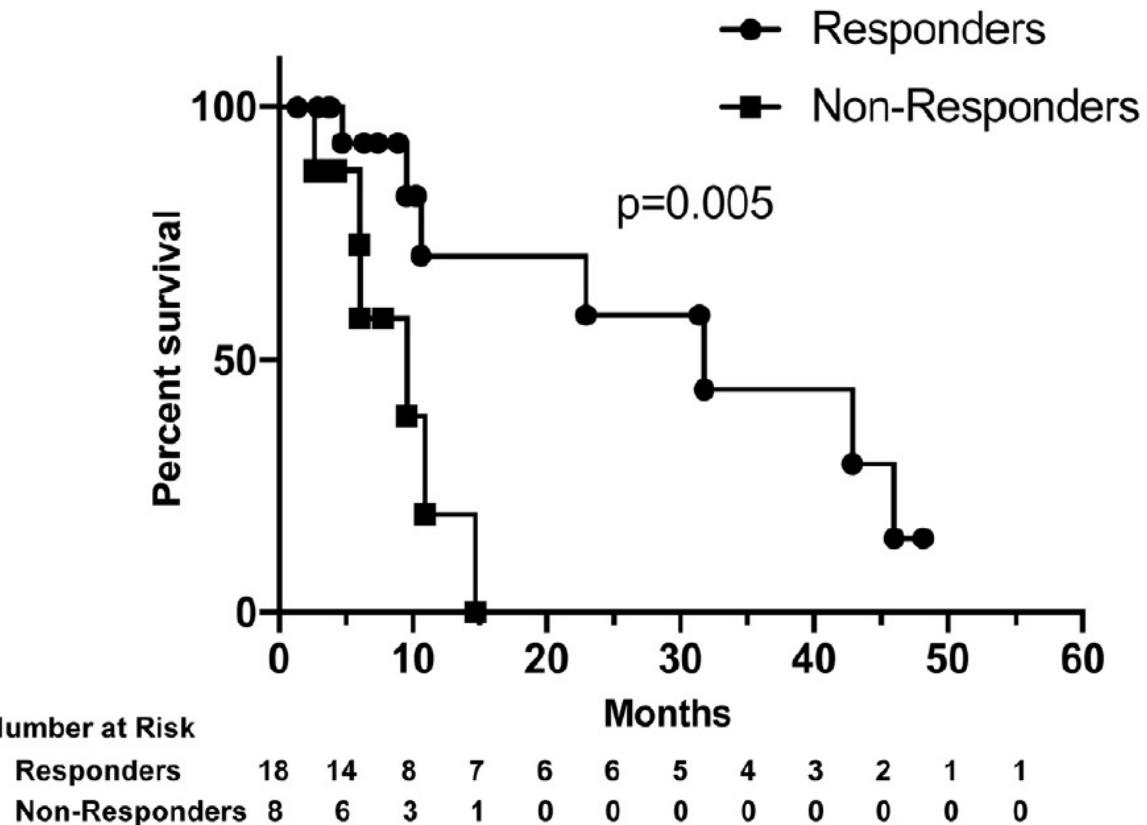


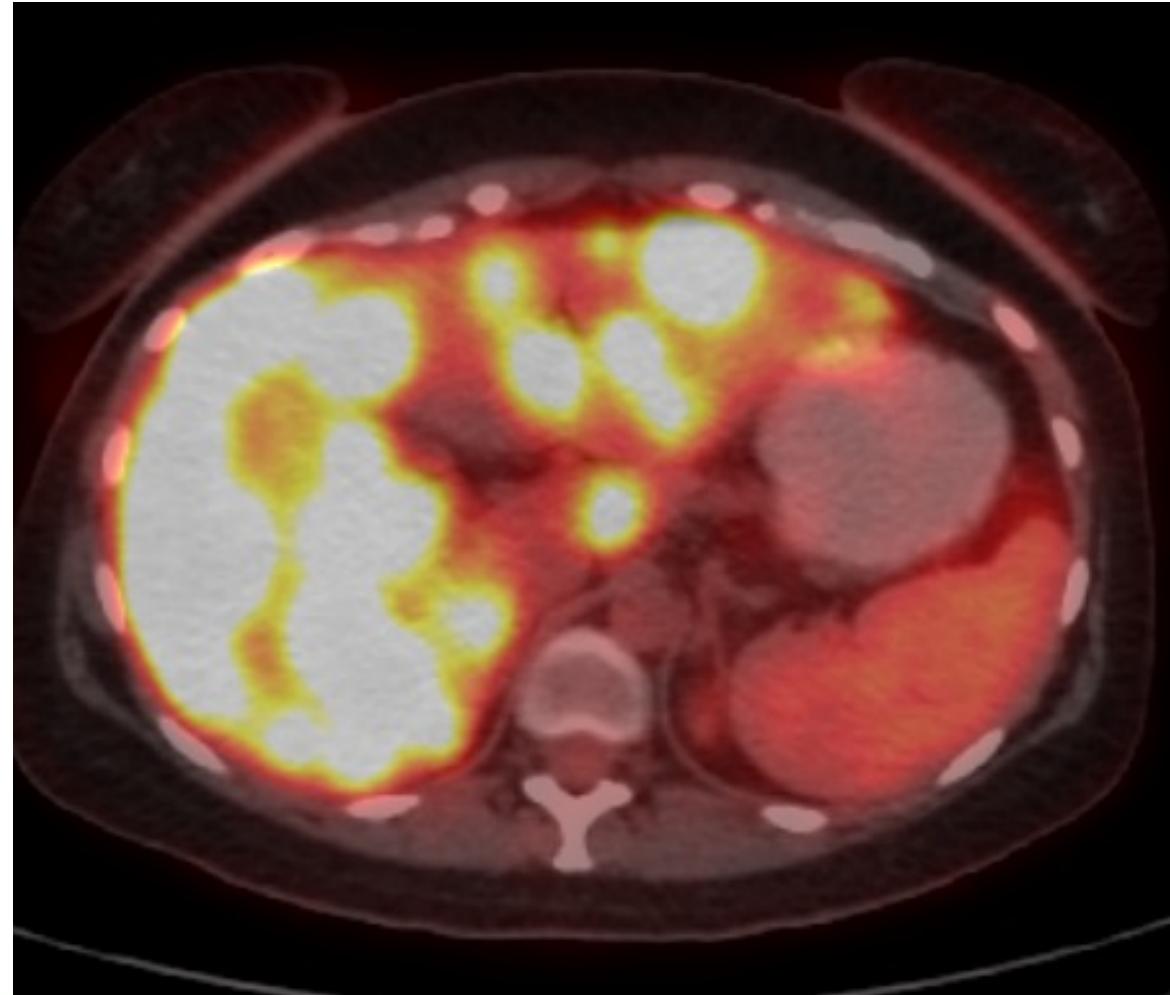
Figure 5. Impact of imaging response on survival after radioembolization. Kaplan-Meier survival analysis showed that response on 2–4-month PET/CT was associated with improved survival.

Keep in Mind

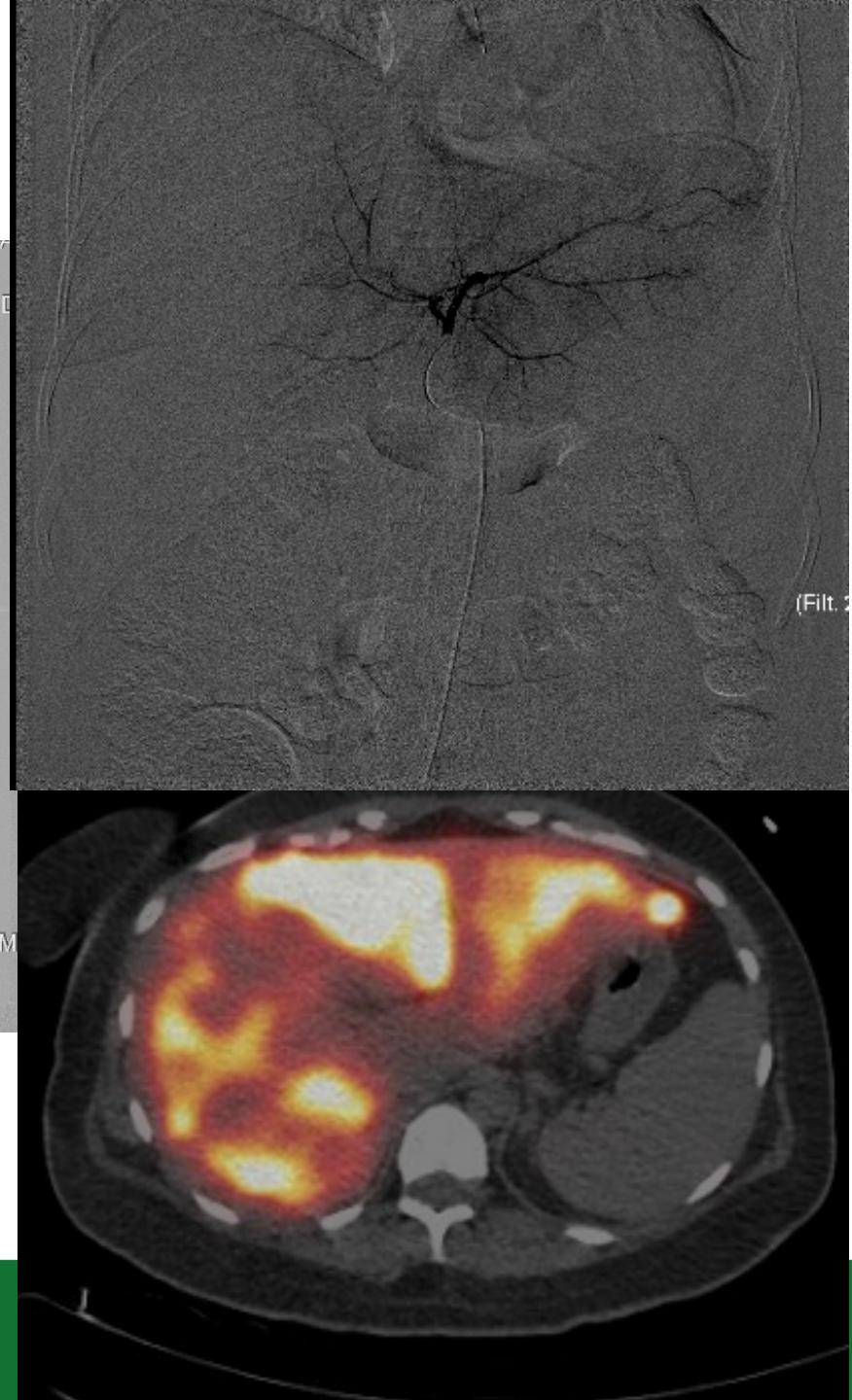
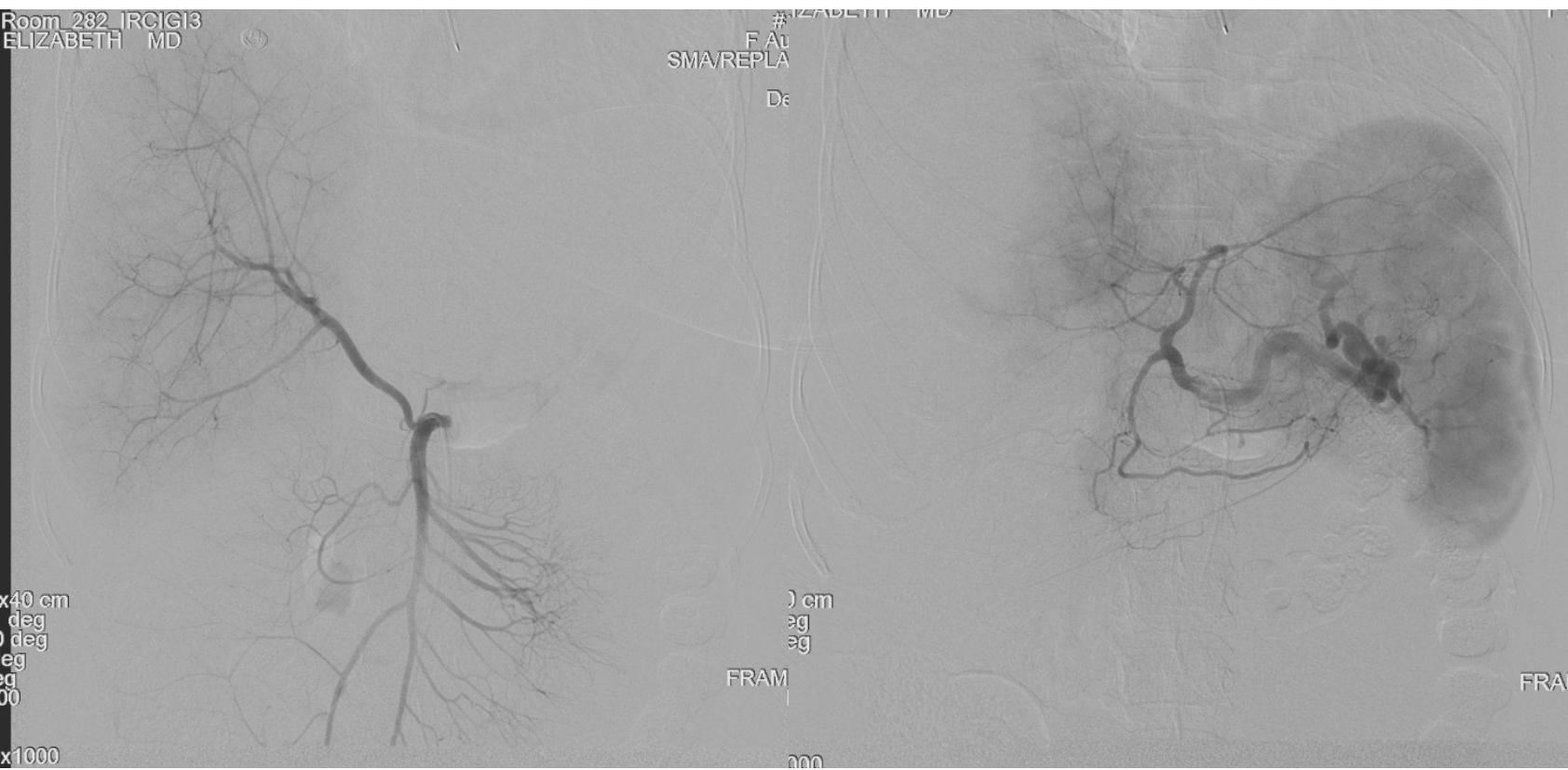
- Liver Function Tests are not truly representative of liver function in pre-treated patients
- Liver damage likely has occurred with systemic therapy

44 y/o Female ER+ Metastatic Breast Cancer

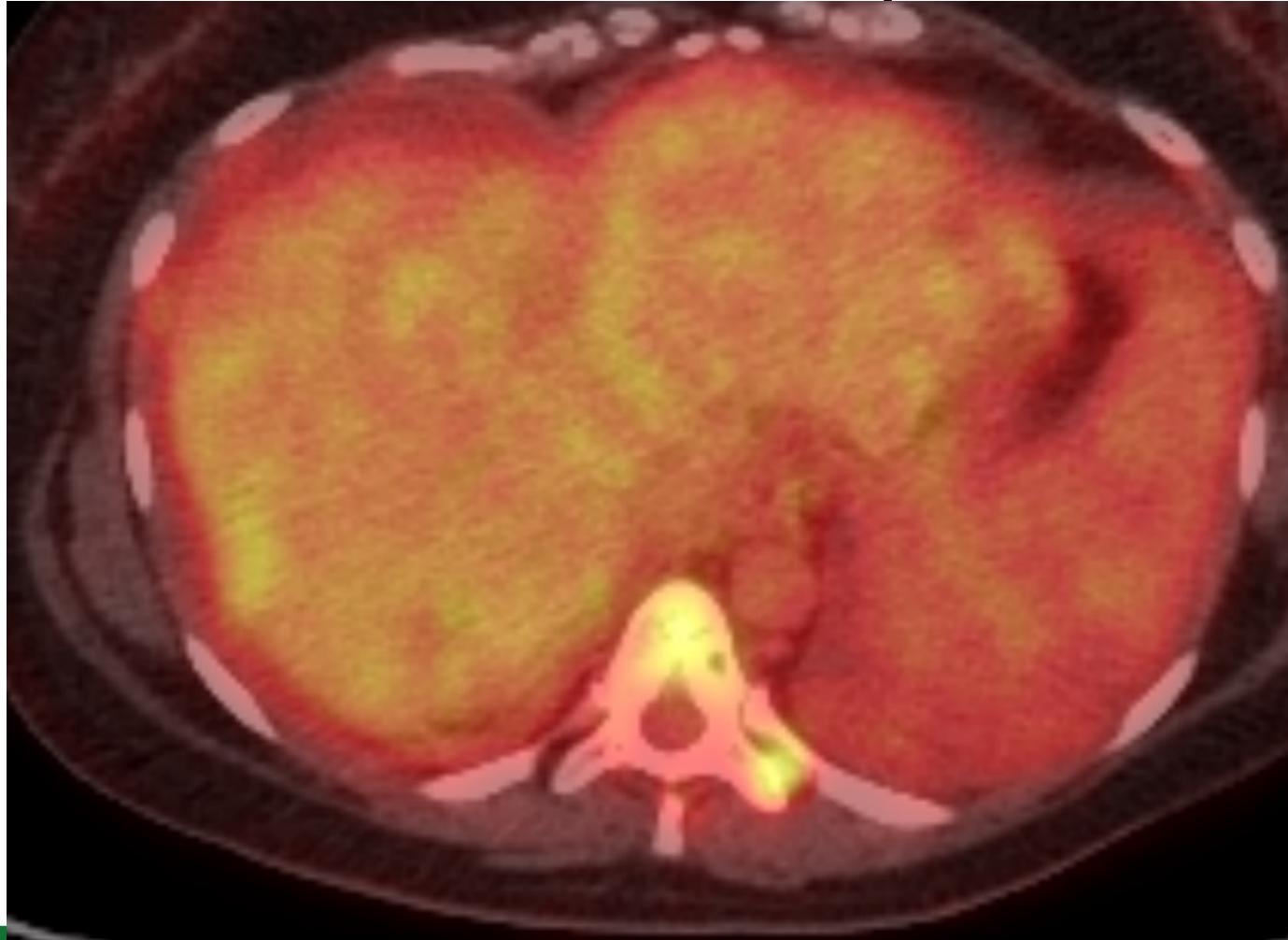
- ECOG 1
- LFTs stable: Alb 3.5, AST 116, ALT 128, Alk phos 502, T bili 1.4



12/7/2017



6/19/2018 (Treatments on 12/29/2017 and
2/23/2018)



Died 10/15/2018 from Liver Failure, \approx 8-month Survival



Conclusion

- Goal is remission (oligometastases) vs. progression-free survival (multi/poly-metastases)
- Keep in mind:
 - A growing tumor may be a flag that there is a wider progression that should be treated with systemic therapy
 - Follow up with PET after radioembolization
 - LFTs may NOT be a true representation of liver function in pre-treated disease