

Breakout session

LIVING BEYOND
BREAST CANCER®

Understanding the role of personalized medicine in your cancer journey

Speaker: Elena Michaels, MD



Understanding the Role of Personalized Medicine in Your Cancer Journey

Diagnostic Tools to Deliver Precision-Based Care

Living Beyond Breast Cancer: 2026 Conference on Metastatic Breast Cancer
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Disclosures

No disclosures to report.



Diagnostic Tools for Precision Medicine in Metastatic Breast Cancer

- Estrogen, Progesterone, HER2, and PD-L1 Status
- Methods to test for important biomarkers in metastatic breast cancer
 - Germline genetic testing
 - Next-generation sequencing (NGS)
 - Solid biopsy
 - Liquid biopsy
- Molecular residual disease (MRD)
- Non-genomic tools to personalize cancer care
- Summary, key questions, future directions



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Breast Cancer Treatment Categories

HR+, HER2-	HR+, HER2+	HR-, HER2+	Triple-negative (HR-, HER2-)
HR+, HER2- cancer cells have hormone receptors and make small, or no, amounts of HER2 protein.	HR+, HER2+ cancer cells have hormone receptors and make high levels of the HER2 protein. This type of breast cancer is also called triple-positive because it is positive for estrogen receptors, progesterone receptors, and high levels of the HER2 protein.	HR-, HER2+ cancer cells don't have hormone receptors but do make high levels of HER2 protein.	Triple-negative cancer cells don't have hormone receptors for estrogen or progesterone. They also make low to no amounts of the HER2 protein. This type of cancer grows without the help of estrogen, progesterone, or the HER2 protein, and scientists are working to learn what fuels its growth.

~75% of cases

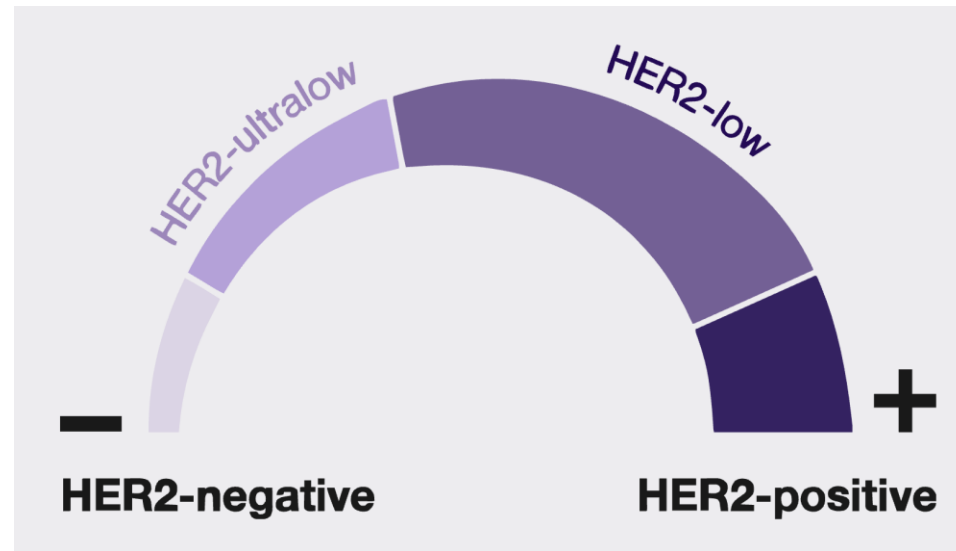
~15% of cases

~10% of cases

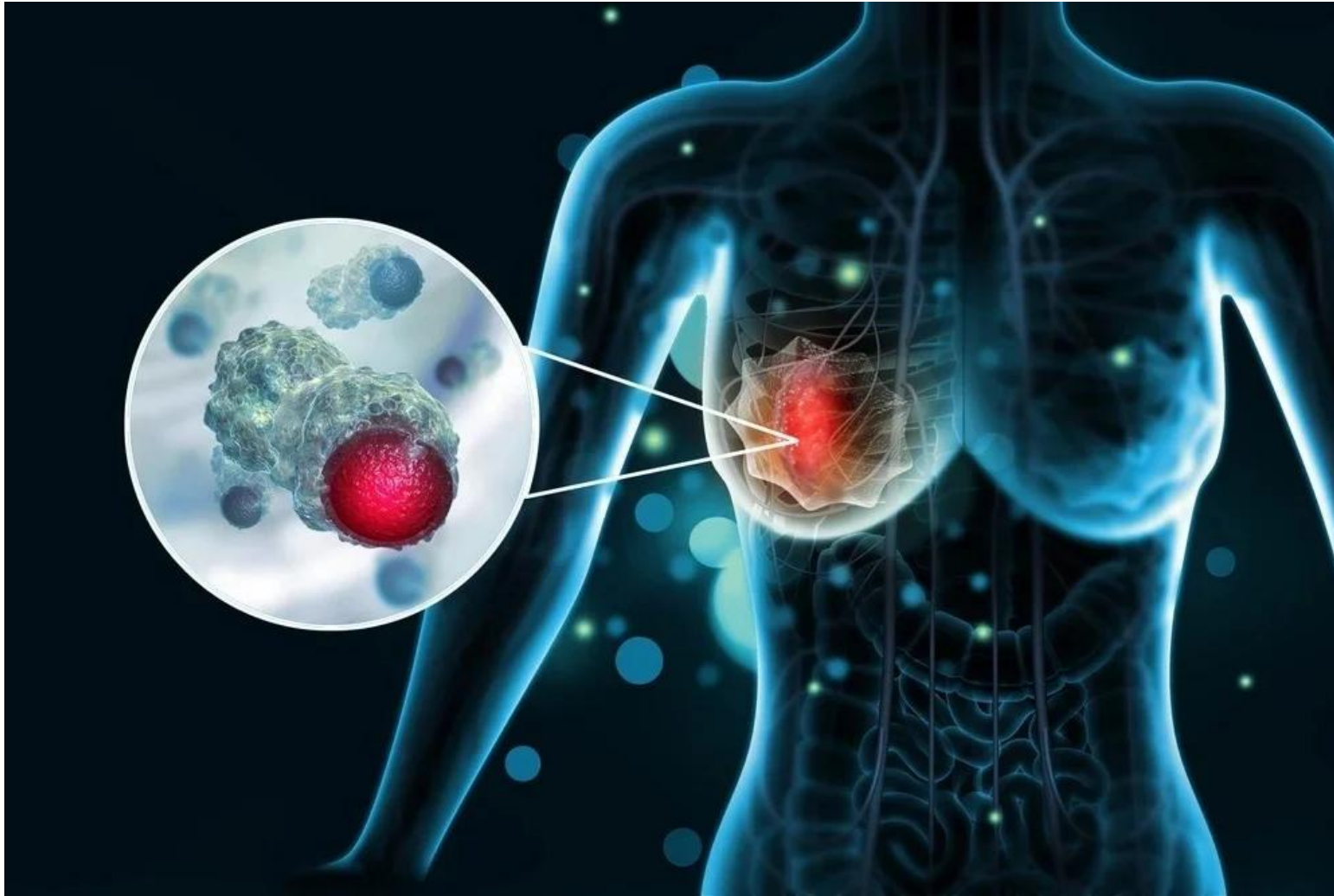


HER2-Low and -Ultralow Disease in Metastatic Breast Cancer

- Terminology used for HER2 negative metastatic breast cancer, assesses candidacy for trastuzumab deruxtecan AKA T-DXd (**Enhertu**)
 - **HER2-low:** low but detectable levels of HER2 (IHC 1-2+)
 - **HER2-ultralow:** very low levels of HER2 (IHC 0 but faint HER2 staining on cell membrane in a some cells)



PD-L1 in Triple-Negative Breast Cancer



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What is a biomarker?

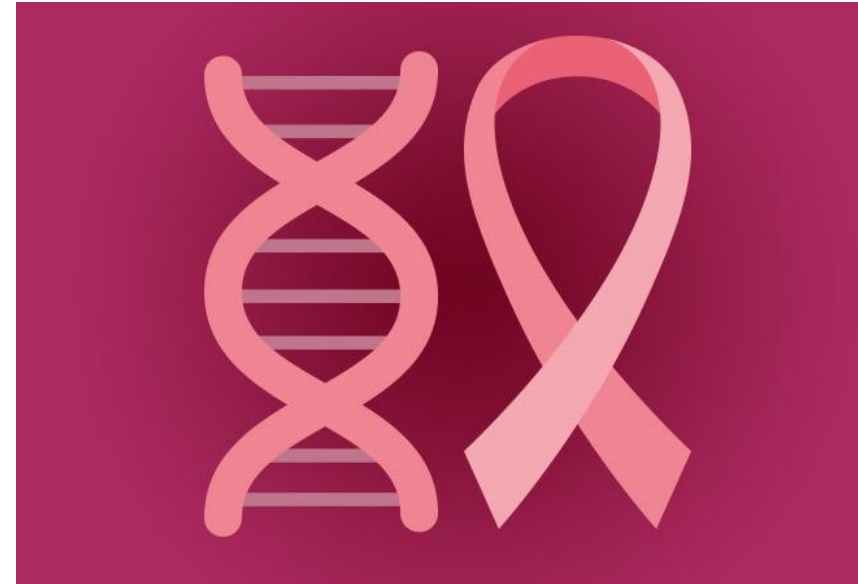
Protein, hormone, gene, genetic mutation, or molecule that provides information about a disease.

Biomarkers are used in breast cancer to: estimate prognosis, understand cancer biology, determine breast cancer subtype (estrogen, progesterone, HER2), consider candidacy for certain treatments and clinical trials (PD-L1), monitor response to treatment



Germline Genetic Testing

- Assesses for mutations in a panel of **inherited** cancer-related genes
- Certain mutations are associated with an increased risk of breast cancer
- Treatments are available for patients with metastatic breast cancer who have specific germline mutations
- Who should be tested?
 - Breast cancer <50
 - Male breast cancer
 - Triple-negative breast cancer
 - Family history
 - Ashkenazi Jewish ancestry



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Next-Generation Sequencing (NGS)

- Technology that analyzes the DNA/RNA of cancer cells to identify genetic mutations that drive cancer growth
- Medications and/or clinical trials may be available for certain mutations, allows oncologists to tailor treatment to a tumor's unique genetic profile
- Testing can be performed on tumor tissue (*solid biopsy*) or a blood sample (*liquid biopsy*), often repeated over the course of treatment



Solid Biopsy

- **Benefits**
 - Comprehensive analysis of tumor biology, allows for simultaneous estrogen, progesterone, HER2, PD-L1 testing
 - Can test older samples
 - Preferred for *PTEN* loss, assessing tumor mutational burden (TMB)
- **Limitations**
 - Invasive
 - Cost/time constraints
 - Anatomical limitations
 - Insufficient samples
 - Limited insight into tumor heterogeneity



https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Turner et al, Lancet Oncol 2020.

Vasan et al, JCO 2024.



Liquid Biopsy

- **Benefits**
 - Minimally invasive
 - Reflects tumor heterogeneity
 - Serial monitoring of treatment response, detection of new resistance mutations
 - Preferred for *ESR1* mutations
- **Limitations**
 - Unable to assess estrogen, progesterone, HER2, PD-L1 (for now)
 - May not be able to detect mutations in tumors with low circulating tumor cells



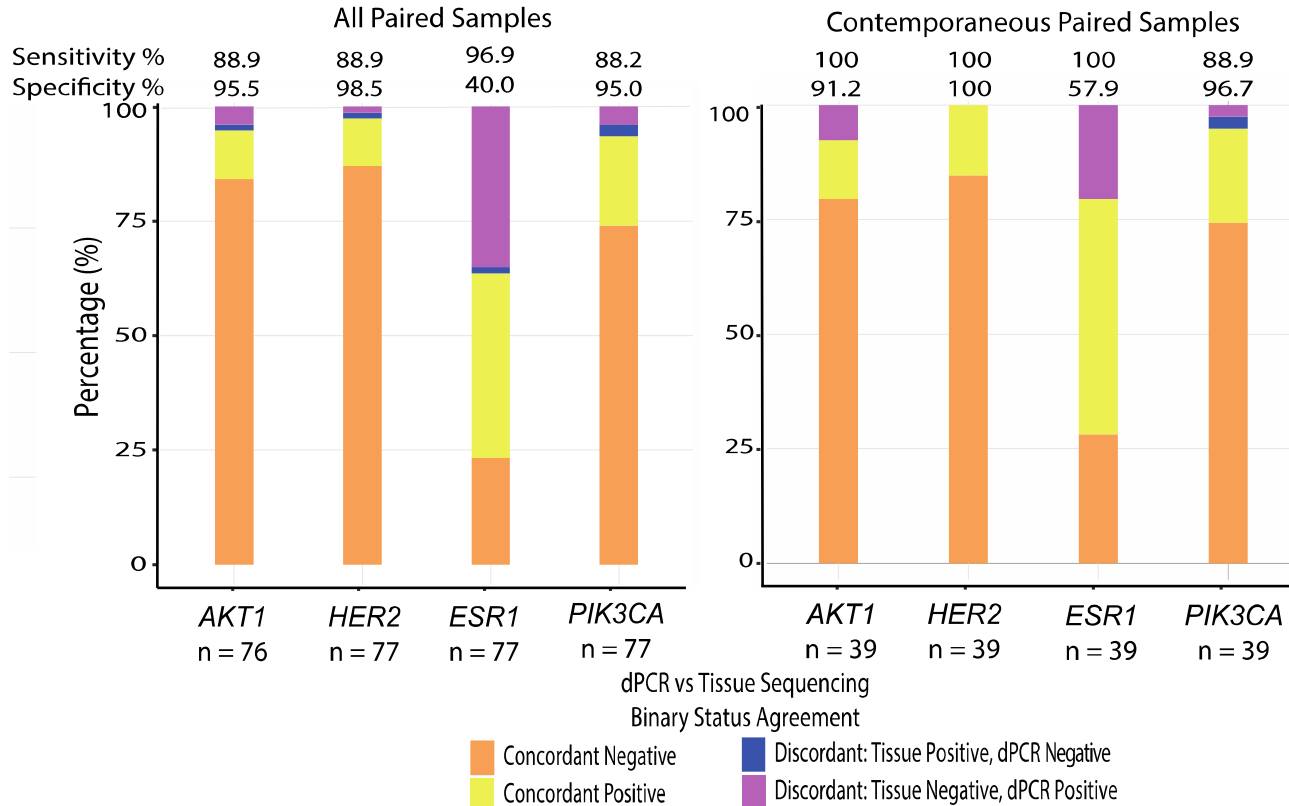
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Solid vs Liquid Biopsy Concordance (plasmaMATCH)



plasmaMATCH Study Samples:

- Generally high concordance between solid and liquid NGS samples
 - ~75-100% in contemporaneous samples
- Differences noted by gene
 - *ESR1* with highest divergence
 - More often discordant ctDNA (+) and tissue (-)



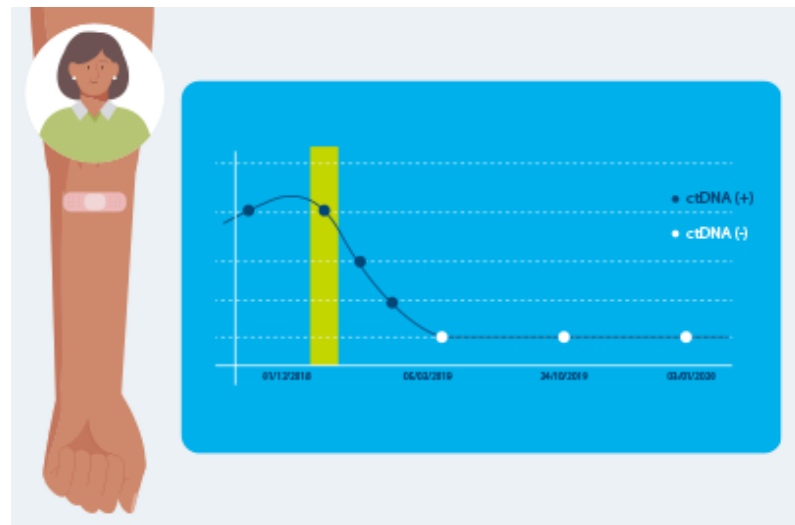
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Molecular/Minimum Residual Disease (MRD)

- Blood test to detect cancer circulating in the blood (circulating tumor DNA)
- May be used in metastatic breast cancer to monitor treatment response
- Types of MRD tests:
 - **Tumor-informed:** personalized blood test created using the genetic signature from a patient's tumor i.e. Signatera, Personalis NeXT Dx
 - **Tumor-agnostic:** assesses for alterations in a panel of common breast cancer genes in the blood i.e. Guardant Reveal



<https://www.natera.com/oncology/signatera-advanced-cancer-detection/>
<https://www.personalis.com/next-dx-patients/>
<https://www.guardantcomplete.com/hcp/solutions/guardant-reveal>

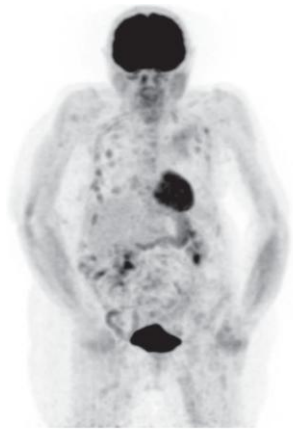
Medford et al, CCR 2023.

Diagnostic Tools for Precision Medicine in Metastatic Breast Cancer

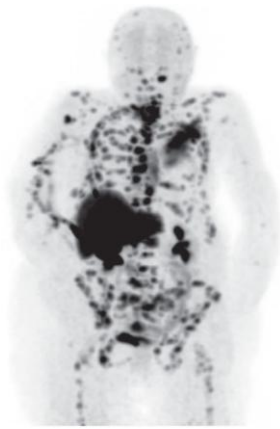
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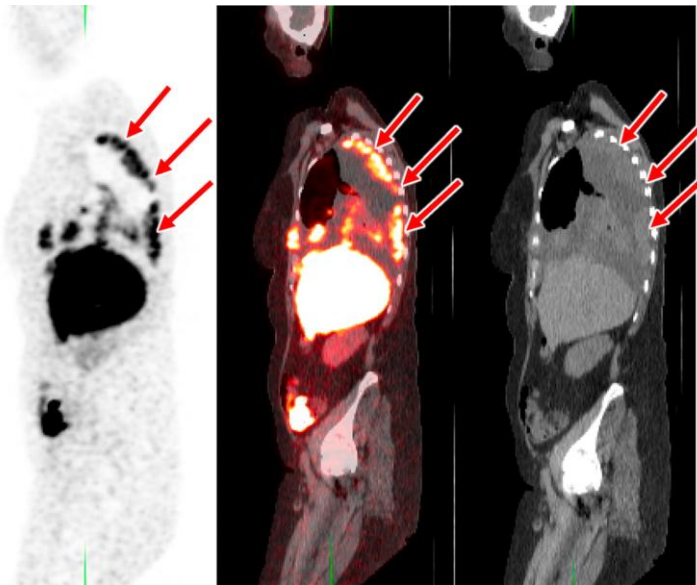
Precision Imaging: FES-PET for ER+ Breast Cancer



¹⁸F-FDG PET/CT



¹⁸F-FES PET/CT 1 day after
¹⁸F-FDG PET/CT



- **Benefits:**
 - Useful when: biopsy is not feasible/safe, mixed biopsy results (ER+ and ER- disease), lobular breast cancers, inconclusive imaging
 - Can predict response to antiestrogen therapy
- **Limitations:**
 - Certain medications require washout periods prior to imaging
 - Tamoxifen – 8-week washout
 - Fulvestrant – 28-week washout
 - Cannot reliably assess liver lesions
 - Not widely available, long wait times

<https://www.onclive.com/view/fes-pet-ct-expands-precision-imaging-potential-in-er-positive-breast-cancer>

https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Grabher BJ, Journal of Nuclear Medicine Technology 2023

O'Brien et al, Nuclear Medicine 2023.

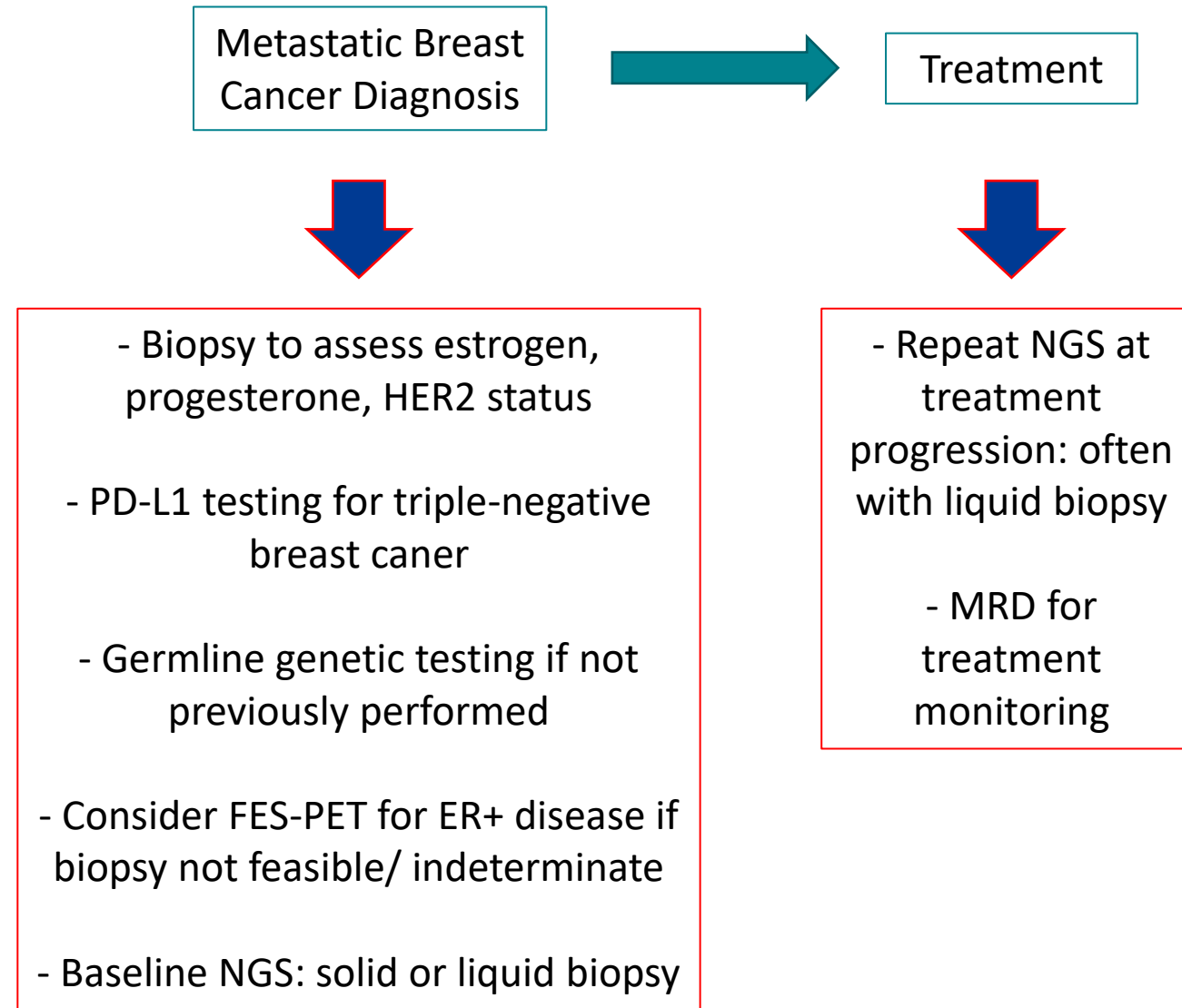


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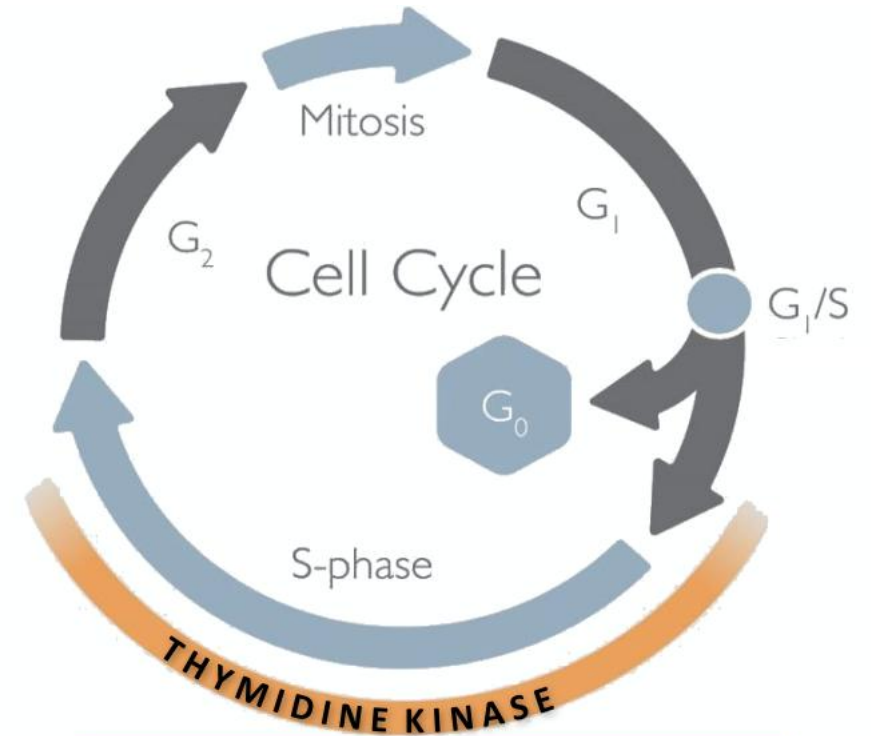


Tools to Consider in Your Breast Cancer Journey



DiviTum TKa

- FDA-approved test that measures thymidine kinase activity (TKa) in the blood, an enzyme that plays a key role in cell growth and proliferation
- TKa is often elevated in blood samples from patients with metastatic breast cancer and declines when started on effective cancer treatment
- Can be used in combination with scans and tumor markers (CEA, CA15-3) to monitor treatment response
- Rising TKa can suggest the development of treatment resistance weeks to months prior to imaging

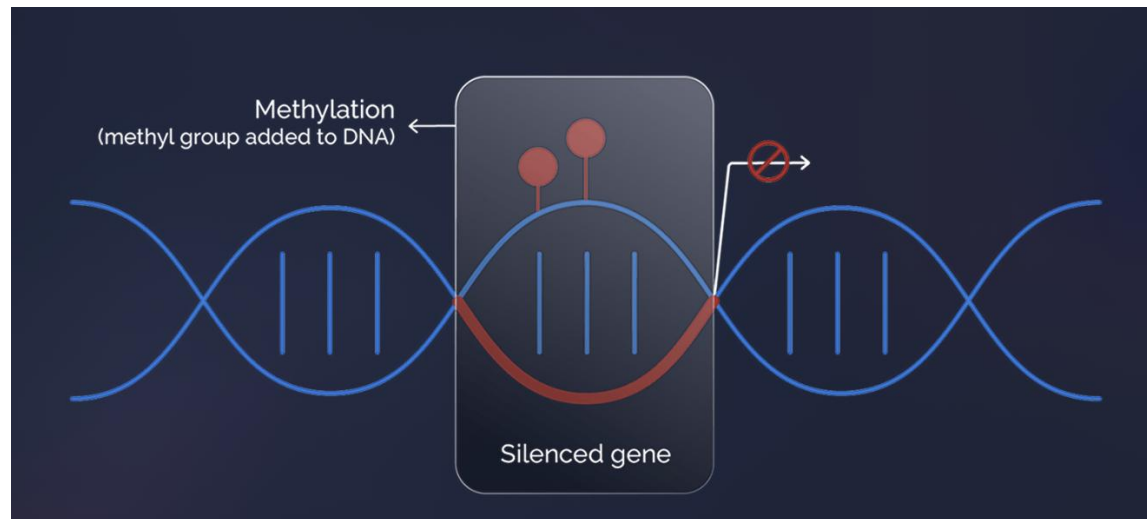


- Thymidine Kinase (TK) is a key enzyme required for cell division
- TK is synthesized ONLY during S-phase and then is degraded in M.
- Proliferating cells release TK into circulation



Methylation-Based Sequencing

- New form of blood test that provides a comprehensive, multidimensional understanding of a tumor
- Performs **genomic profiling** to look for mutations in tumor DNA, combines this information with **epigenomic profiling** to look for *methylation* - chemical tags on DNA that alter gene activation
- Multiple potential uses: guides treatment selection, assesses MRD, provides longitudinal treatment monitoring



Thank You!

