

## Neoadjuvante Studien

Therapielinie	Tumor-biologie	Studie	Incl/Excl	Wo aktiv
Neoadjuvant	<u>HER2pos.</u>	PherGAIN2	Her2positiv (3+!), Tumor > 5-25 mm, cN0	<ul style="list-style-type: none"> <li>• KEM</li> <li>• Ev. Beth. Mgdb</li> <li>• Uni Essen</li> </ul>
	<u>HER2pos</u>	GeparPippa	Her2positiv <b>PIK3CA-Mutation</b> cT1c-cT3	<ul style="list-style-type: none"> <li>• KEM</li> </ul>
	<u>TNBC</u>	NeoMONO	Atezolizumab window followed by a Atezolizumab-CTX therapy with Atezolizumab-CTX therapy.	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• Uni Düsseldorf</li> </ul>
			BREVITY-02 (TRAFO)	RNA Disruption Assay (RDA) - Breast cancer Response Evaluation for Individualized Therapy-02

## Postneoadjuvante/ Adjuvante Studien

Therapielinie	Tumor-biologie	Studie	Incl/Excl	Wo aktiv
(Neo)-adjuvant	<u>HR+/Her2-</u>	<b>ADAPTcycle</b> (Ribociclib + Antihormon vs. Standard-CTX)	-weiblich -intermediäres Risiko -kein MammaCa in der Anamnese -lokaler Ki67 ≥20%	<ul style="list-style-type: none"> <li>• Uni Düsseldorf</li> <li>• Ev. Beth. Mgdb.</li> <li>• KEM</li> <li>• UK Münster</li> <li>• Uni Essen</li> <li>• Marienkrankenhaus Schwerte</li> <li>• Ev. Kliniken Gelsenkirchen</li> <li>• St. Barbara-Klinik Hamm</li> <li>• Helios Universitätsklinikum Wuppertal</li> <li>• MVZ Velbert</li> <li>• Marien Hospital Witten</li> <li>• GynOnco DUS</li> <li>• Kath. Kliniken Kleve</li> </ul>

	Tumor-biologie	Studie	Incl/Excl	Wo aktiv
	<u>ER+/Her2-</u>	<b>ADAPTLate</b>	ED 2-6 Jahre ODER 12 Monate nach Start AHT; klinisches, genom. oder intermediäres Risiko lt. Protokoll <b>Therapie:</b> Abemaciclib + AH ± GnRH vs. Antihormon	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• KEM Essen</li> <li>• UKM Brustzentrum Münster</li> <li>• Marien Hospital Witten</li> <li>• GynOnco DUS</li> </ul>
	<u>ER+/Her2-</u>	<b>lidERA/ GO42784<sup>^</sup></b>  (aktuell gestoppt)	(neo)adjuvanter CTX, OP  Giredestrant (oraler SERD) 5 J. vs TPC= AI / Tam	<ul style="list-style-type: none"> <li>• MVZ Velbert</li> <li>• Ev. Beth. Mgdb.</li> <li>• KEM</li> </ul>
	<u>TNBC</u>	<b>IMpassion030</b> (Standard-CTX ± Atezolizumab)	-Stage II-III -Therapiestart max. 8 Wochen nach letzter kurativer OP (R0)	<ul style="list-style-type: none"> <li>• Ev. Bethesda KH Mönchengladbach</li> <li>• Marien Hospital Witten</li> </ul>
	<u>Her2neg.</u>	<b>SASCIA</b>	non-pCR, bei HR- → >ypT1mic , bei HR + → CPS EG Score ≥3 oder bei ypN+ mit CPS-EG Score 2 ≥ 16 Wochen CTX mit Taxane, RTX abgeschlossen <b>Therapie:</b> Sacituzumab Govitecan vs. Capecitabine vs. Carboplatin vs. Observation	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• Uni DUS</li> <li>• Oncologianovova Recklinghausen</li> <li>• KEM</li> <li>• UK Münster</li> </ul>
	<u>Her2 neg.</u>	<b>ZEST</b>	Niraparib to Placebo in Participants with either HER2-Negative BRCA-Mutated or Triple-negative Breast Cancer with Molecular Disease Based on Presence of Circulating Tumor DNA after Definitive Therapy	<ul style="list-style-type: none"> <li>• KEM</li> </ul>
	<u>HER2pos</u>	<b>Astefania / WO42633</b>	cT4/anyN/M0 + non-pCR invasiv <b>ODER</b> any cT/N2-3/M0 + non-pCR invasiv <b>ODER</b> cT1c-cT3/N0-1/M0 + non-pCR invasiv im Lymphknoten <b>Therapie:</b> 14x Atezolizumab/Placebo + T-DM1 q3w	<ul style="list-style-type: none"> <li>• KEM</li> <li>• GynOnco DUS</li> </ul>
	<u>HER2pos</u>	<b>DESTINY-Breast05 / TRUDY</b>	T-DXd vs. T-DM1 in high risk HER2-positive patients with residual invasive breast cancer following neoadjuvant therapy	<ul style="list-style-type: none"> <li>• Marien Hospital Witten</li> <li>• Uni Essen</li> <li>• Uni Düsseldorf</li> <li>• KEM</li> <li>• Oncologianova Recklinghausen</li> <li>• Ev. Beth. Mgdb.</li> <li>• EVK Gelsenkirchen</li> </ul>

## Palliative Studien

Therapie- linie	Tumor- biologie	Studie	Incl/Excl	Wo aktiv
<b>Palliativ</b>				
<b>1st and/or 2nd line</b>	<u>TNBC</u>	<b>EPIK-B3</b>	1st +2nd line, PIK3 Mutation in Zentralpatho, Taxane ≥ 12 Monate beendet (Alpelisib/Placebo + Nab-Paclitaxel)	<ul style="list-style-type: none"> <li>• KEM Essen</li> </ul>
	<u>TNBC</u>	<b>ATRACTIB Study</b>	Phase 2 clinical trial to evaluate the efficacy and safety of first line atezolizumab in combination with paclitaxel and bevacizumab in patients with advanced or metastatic triple-negative breast cancer	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• GynOnco DUS (in Vorbereitung)</li> </ul>
	<u>HR+/Her2-</u>	<b>BO41843 persevERA</b>	A phase III randomized, double blind, placebo controlled, multicenter study valuating the efficacy and safety of GDC-9545 combined with palbociclib compared with letrozole cominded with palbociclib in women with estrogen receptor positive, HER2-negative locally advanced or metastatic breast cancer.	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• Brustzentrum Witten</li> </ul>
	<u>ER+/Her2-</u>	<b>PADMA</b>	-Indikation zur Monochemotherapie vs. CDK4/6-Inhibitor + Antihormon - (Palbociclib + Antihormon vs. Monochemotherapie)	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• UK Münster</li> <li>• Ev. Beth. Mgdb.</li> <li>• Helios Universitätsklinikum Wuppertal</li> <li>• Brustzentrum Witten</li> </ul>
	<u>ER+/Her2-</u>	<b>INAVO120 (PIK3-Mut.)</b> (GDC0077/Placebo + Palbociclib + Fulvestrant)  <b>(aktuell gestoppt)</b>	Adjuvanz ≤ 12 Monate beendet, PIK3-Mutation im Blut durch Zentralpathologie	<ul style="list-style-type: none"> <li>• KEM</li> <li>• Oncologianova Recklinghausen</li> </ul>
	<u>HR+/Her2-</u>	<b>MK 3475-Keynote: B49 Pd-L1 positiv</b>	Pembrolizumab Plus Chemotherapy Versus Placebo Plus Chemotherapy for the Treatment of Chemotherapy	<ul style="list-style-type: none"> <li>• KEM Essen</li> </ul>
	<u>HR+/Her2-</u>	<b>J2J-OX-JZLC (Ember3)</b>	Phase 3 Study of LY3484356 vs Investigator's Choice of Endocrine Therapy, in Patients with ER+/ HER2 neg. MBC Previously Treated with Endocrine Therapy	<ul style="list-style-type: none"> <li>• KEM</li> </ul>

<p><b>1<sup>st</sup> and/or 2<sup>th</sup>- 3<sup>th</sup> line</b></p>	<p><u>HR+/Her2-</u></p>	<p><b>SERENA-4</b></p>	<p>Prä- oder Postmenopausal Primär metastasiert oder adjuvant AI für mindestens 24 Monate, dann 12 Monate progressionsfrei ODER 24 Monate TAM adjuvant AZD9833 (oral) plus Palbociclib vs. Anastrozol vs. Palbociclib</p>	<ul style="list-style-type: none"> <li>• Uni Düsseldorf</li> <li>• KH Beth. Mgldb.</li> <li>• KEM Essen</li> <li>• MVZ für Onkologie Velbert</li> <li>• GynOnco DUS (in Vorbereitung)</li> </ul>
	<p><u>HR+/Her2-</u></p>	<p><b>SERENA-6</b></p>	<p>AI (Letrozol/ Anastrozol) + CDK 4/6 (Palbo oder Abemaciclib) → PreSCREENING auf Mutation ctDNA / ESR1 → wenn Nachweis: Umstellung auf <b>Therapie:</b> AZD9833 (SERD)+CDK4/6 vs. Fortführung Vortherapie</p>	<ul style="list-style-type: none"> <li>• KEM</li> </ul>
	<p><u>HR+/Her2-</u></p>	<p><b>EPIK-B5 CBYL719C2303</b></p>	<p>PIK3CA Mutation Progress nach AI + CDK4/6 Inhibitor (maximal 1 Linie CTX in M1) postmenopausal <b>Therapie:</b> Alpelisib/Placebo + Fulvestrant</p>	<ul style="list-style-type: none"> <li>• KEM</li> </ul>
	<p><u>HR+/ Her2 pos.</u></p>	<p><b>DETECT V</b></p>	<p>-weiblich, keine ZNS-Metastasen -≤ 2 Chemotherapielinien -Keine Vortherapie mit mTOR oder CDK4/6-Inhibitoren</p>	<ul style="list-style-type: none"> <li>• Uni Essen</li> <li>• Uni Düsseldorf</li> <li>• UKM Brustzentrum Münster</li> <li>• Helios Klinikum Krefeld</li> <li>• Helios Universitätskliniku m Wuppertal</li> </ul>
	<p><u>HER2 pos.</u></p>	<p><b>Destiny Breast 012</b></p>	<p>Progress auf Trastuzumab +/- Pertuzumab oder T-DM-1 in postneo(adjuvanter) - oder metastasierter Situation, keine Tucatinib-Vorbehandlung, Nicht mehr als 2 Linien in metastasierter Situation, Hirnmetastasen erlaubt (aktiv + stabile)  <b>Therapie: T-DXd</b></p>	<ul style="list-style-type: none"> <li>• UK Münster</li> <li>• KEM</li> </ul>
	<p><u>HER2 pos</u></p>	<p><b>heredERA (WO43571)</b></p>	<p>GIREDESTRANT IN COMBINATION WITH PHESGO VERSUS PHESGO AFTER INDUCTION THERAPY WITH PHESGO + TAXANE</p>	<ul style="list-style-type: none"> <li>• KEM</li> </ul>