

Academic Organizing Partners



9th YEAR IN REVIEW BREAST CANCER

The year that was...2023

A Careful Look Back,
As You Begin to
Look Ahead

Fri - 12th, Sat - 13th & Sun - 14th | Jan-2024

**Venue: Prof. R.D. Choksi Auditorium,
Tata Memorial Hospital, Mumbai**

Click the link below to register
<https://www.riverroute.in/yearinreview2024>

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The year that was...2023

Dear Colleagues,

Women's Cancer Initiative - Tata Memorial Hospital and Nag Foundation would like to invite you as our esteemed Partner for the **"9th Edition of Year in Review: Breast Cancer Conference"**. This conference will be held on **Fri 12th to Sun 14th January 2024 at Prof. R.D. Choksi Auditorium, Tata Memorial Hospital, Mumbai**. This meeting will be held in-person.

YIR BC has been one of the most successful annual conference which I am sure you must have witnessed. YIR BC has over 150 faculty + around 250 registration. For YIR BC we also support travel grant for 70 students.

The idea of this conference is to recapitulate the best breast cancer science every year in a Year in Review format. The theme of the meeting is 'Breast Cancer: The Year That Was...2023'. With this meeting we aim to capture the best original scientific abstracts and deliberations covered in the major oncology conferences that took place in the preceding year. In this major conference we aim to cover surgical, radiation, medical, pathology, biomarkers, imaging related abstracts making this meeting truly multidisciplinary.

The meeting will be broadly classified in the following sessions:

- Loco-regional therapy
- Estrogen Receptor Positive disease
- HER2 positive disease
- Triple Negative Breast Cancer
- Translational Science
- State-of-the-Science talk(s)
- Rapid Review Session

We have few scientific engagement and branding opportunities for you as our sponsor. Kindly get in touch with Mr. Nimesh Bafna for further coordination.

We do hope you can join us and be a part of this comprehensive meeting.

With best wishes

Organising Chairs



Dr. Sudeep Gupta

Director, Tata Memorial Centre,
Professor of Medical Oncology,
Mumbai



Dr. Shona Nag

Director-Oncology,
Sahyadri Group of Hospitals,
Pune

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01

India's most comprehensive update on breast cancer

02

10+ International conferences reviewed

03

Four International Speakers

04

More than 100 abstracts to be discussed

05

Exclusive 45 mins panel discussion

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International Faculty



Dr. Hope Rugo
USA



Dr. Giuseppe Curigliano
Italy



Dr. Shaheenah Dawood
Dubai



Dr. Stephen K.L. Chia
Canada

Conferences Reviewed

AACR Annual Meeting

(American Association for Cancer Research)

ASCO Annual Meeting

(American Society of Clinical Oncology)

ESMO Breast Cancer Annual Congress

(European Society for Medical Oncology)

ESMO Annual Congress

(European Society for Medical Oncology)

SABCS Annual Meeting

(San Antonio Breast Cancer Symposium)

ASTRO Annual Meeting

(American Society for Radiation Oncology)

ESTRO Annual Meeting

(European Society for Radiotherapy & Oncology)

Advanced Breast Cancer 6th International Consensus Conference

13th European Breast Cancer Conference

Milan Breast Cancer Conference

ASBS Annual Conference

(American Society of Breast Surgeons)

Miami Breast Cancer Conference

ABS Annual Meeting

(Association of Breast Surgery)

10th Asia-Pacific Breast Cancer Summit

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Journals Reviewed

- New England Journal of Medicine
- Journal of Clinical Oncology
- Annals of Oncology
- Annals of Surgery
- Journal of National Cancer Institute
- JAMA Oncology
- The Lancet
- Lancet Oncology
- Nature
- Nature Genetics
- British Journal of Cancer
- European Journal of Cancer
- The Oncologist
- International Journal of Radiation Oncology, Biology & Physics
- Clinical Cancer Research
- Journal of Experimental & Clinical Cancer Research
- JAMA Cardiology
- PLOS Genetics
- Breast Cancer Research
- Bio Medical Central

~ *And many more*

Websites Reviewed

- Practice Update
- ASCOPOST
- ASCO Reading Room
- Clinical Cancer Options
- Prime Oncology
- Medscape
- Oncolive

~ *And many more*

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Highlights of the Meeting

- » Selected publications shortlisted from 30+ journals
- » Selected abstracts from major cancer conferences
- » State of the art keynote talks
- » Meet National experts
- » Extended rapid review session

”

“

Session Classification

- » Loco-Regional therapies in breast cancer
- » ER+ve Breast Cancer
- » HER2+ve Breast Cancer
- » Triple Negative Breast Cancer
- » Translational Science & Supportive Care
- » Keynote Presentations and Panel Discussions

”

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International Speaker



Dr. Hope Rugo, USA

Clinical Professor, Department of Medicine (Hematology/Oncology); and Director, Breast Oncology Clinical Trials Program, UCSF San Francisco, CA

Dr. Hope Rugo is a medical oncologist and hematologist specializing in breast cancer research and treatment. A Clinical Professor of Medicine, Dr. Rugo joined the Breast Care Center in 1999 after a decade of experience at UCSF in malignant hematology and bone marrow transplantation for a variety of diseases, including breast cancer. She entered the field of breast cancer in order to incorporate novel therapies based on an understanding of the biology of cancer with excellent quality of care into the treatment of women with breast cancer.

Dr. Rugo is the Director of the Breast Oncology Clinical Trials Program, and is the principal investigator of multiple clinical trials focusing on combining novel targeted therapeutics with standard treatment to improve the treatment of both early and late stage breast cancer. In addition, Dr. Rugo is working on studies to evaluate cognitive function in women receiving chemotherapy for breast cancer, as well as novel ways to reduce toxicity from therapy. Dr. Rugo has established collaborations with a number of other large academic medical centers for the purpose of expanding the novel therapies that are available for our patients, including herbal agents that appear to have an antitumor effect in the laboratory. She is an active member of the national cooperative group, CALGB, and is a founding member of the Breast Cancer Research Consortium, as well as serving as an investigator in the UCSF Breast SPORE (the Bay Area Specialized Program of Research Excellence in Breast Cancer).

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International Speaker

Dr. Rugo teaches medical students and physicians, and regularly lectures locally, nationally and internationally on subjects relating to the treatment of breast cancer. At UCSF, Dr. Rugo runs the Breast Forum, an open bimonthly evening educational session for breast cancer patients, families and friends from throughout the bay area.

Dr. Rugo graduated from the University of Pennsylvania School of Medicine in 1983. She completed a residency in internal medicine and primary care followed by a fellowship in hematology and oncology at the University of California San Francisco. She was a post-doctoral fellow in immunology participating in laboratory research at Stanford University from 1988-1990.

In 1990, Dr. Rugo joined the faculty at UCSF in the Division of Hematology and Oncology. Dr. Rugo has been recognized for her excellence in both patient care and in teaching of both medical students and training physicians. She has received several awards including the Bank of America Gianini Foundation Award and a UCSF Clinical Cancer Center Investigator Research Program intramural award. In 2006, she was honored for her work in Breast Cancer Research by the Friends of the Breast Care Center.

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International Speaker



Dr. Giuseppe Curigliano

Associate Professor, Dept. of Medical Oncology,
University of Milan & Head,
Division of Early Drug Development,
European Institute of Oncology, IRCCS, Italy

Dr. Giuseppe Curigliano, MD PhD, is Associate Professor of Medical Oncology at the University of Milano and the Head of the Division of Early Drug Development at the European Institute of Oncology, IRCCS, Italy. He is a clinician and researcher specialising in early drug development for patients with solid tumours with a special commitment to breast cancer. He has been a member of the Italian National Health Council since 2018 and, in 2019, he served as Chair of the Scientific Committee of The Lega Nazionale Lotta ai Tumori. He has served as a Member of the ESMO Breast Cancer Faculty since 2001 and he is currently the Faculty Coordinator. He has also served on the Scientific Committee for the St Gallen Conference since 2011, and was the Scientific Co-Chair in St Gallen 2017 and 2019.

He has been an Editorial Board Member for Annals of Oncology since 2014, and serves as Co-Editor in Chief of The Breast, Co-Editor in Chief of Cancer Treatment Reviews, Associate Editor of the European Journal of Cancer, Editor of the Journal of Clinical Oncology. He also serves on the European School of Oncology (ESO) faculty committee.

Dr. Curigliano serves ESMO as the Chair of the Guidelines Committee and is a Council Member. He is also the Chair of the Nomination Committee. Since 2016 he has served in the ESMO Women for Oncology Committee, the ESMO Membership Committee, the ESMO Press and Media Affairs Committee, the ESMO Global Policy Committee and the ESMO Translational Research Working Group.

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International Speaker

He served as the Scientific Chair of the IMPAKT ESMO meeting that was held in Brussels in 2014 and as the Breast Cancer (metastatic) Track Chair of the ESMO 2014 meeting in Madrid. He served as Scientific Co-Chair of the ESMO Breast Cancer Congress in 2019 and 2020.

He was awarded with the first ESO Umberto Veronesi Award in Vienna in 2017 and with the Fellowship of the European Academy of Cancer Sciences in Paris in 2017.

He has contributed to over 390 peer-reviewed publications.

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International Speaker



Dr. Stephen K. L. Chia

Professor of Medicine
Head, Division of Medical Oncology,
UBC Department of Medicine,
BC Cancer - Vancouver

Dr. Chia is a Full Professor in the Division of Medical Oncology, Head of the Division of Medical Oncology, UBC and a staff medical oncologist with the BC Cancer, Vancouver Cancer Centre. He has a full-time clinical practice focusing on breast cancer and in new drug development. He is the Chair of the BC Cancer Breast Tumour Group and Head of the Department of Clinical Research. He is also the Co-Chair of the Breast Disease Site for Canadian Cancer Trials Group (CCTG).

Dr. Chia is recognized both nationally and internationally for his research work on breast cancer. His focus is on clinical trials and translational research. He has published over 180 peer-reviewed papers. His publications appear in international peer-reviewed journals including high-impact journals such as the New England Journal of Medicine, Journal of Clinical Oncology, Lancet, Cell, JAMA Oncology, and Nature and Nature Medicine. Dr. Chia has been a Subject Editor for British Journal of Cancer and The Oncologist, and is the current section author for UpToDate™ in the Prognostic/Predictive Markers Section. He holds numerous peer reviewed grants.

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SCIENTIFIC PROGRAM

FRIDAY, 12TH JANUARY, 2024

Pre-Conference Industry Symposium

17:45 - 18:05	<p>This Session is Supported by Novartis Reimagining Treatment of HR+/HER- EBC: Unmet needs and contemporary issues in eBC</p> <p>Speaker: Dr. Adwaita Gore</p>
18:05 - 18:30	<p>This Session is Supported by Eli Lilly Update on Monarch E Clinical Trial - 5 Year data and its implication on clinical practice Breast Cancer talk show</p> <p>Moderator: Dr. Tarini Prasad Sahoo</p> <p>Panellists: Dr. Manasi Shah, Dr. Adwaita Gore</p>
18:30 - 18:45	<p>This Session is Supported by Roche My Experience with dual HER2 blockade in HER2 +ve Breast Cancer</p> <p>Speaker: Dr. Hope Rugo</p>
18:45 - 19:10	<p>Impact of dual HER2 blockade on the lives of HER2 +ve Breast Cancer patients</p> <p>Chairperson: Dr. S. H. Advani</p> <p>Moderator: Dr. Shona Nag</p> <p>Panelists: Dr. Muzammil Shaikh, Dr. Arun Warriar, Dr. Vindhya Vasini, Dr. Itesh Khatwani, Dr. Vinay Deshmane, Dr. Hope Rugo, Dr. Rona Joseph</p>

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SCIENTIFIC PROGRAM

FRIDAY, 12TH JANUARY, 2024

Pre-Conference Industry Symposium

19:10 – 19:30	<p>This Session is Supported by MSD Redefining Treatment Outcomes with Immunotherapy - Early Triple Negative Breast Cancer (TNBC)</p> <p>Speaker: Dr. Prabhat Bhargava</p>
19:30 – 19:55	<p>Role of Immunotherapy and its sequencing strategy in Advanced Triple Negative Breast Cancer</p> <p>Speaker: Dr. Vaibhav Chaudhary</p>
19:55 - 20:40	<p>This Session is Supported by Astrazeneca Updates on HER-2 expressing breast cancer: From High to low</p> <p>Speaker: Dr. Hope Rugo</p>
20:40 - 21:00	<p>This Session is Supported by Novartis Dilemma of Choosing a CDK4/6i in 1L mBC Setting - reality or Myth?</p> <p>Speaker: Dr. Shona Nag</p>

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DAY 1, SATURDAY, 13TH JANUARY, 2024

08:50 – 09:00	Inauguration - Dr. Sudeep Gupta, Dr. Shona Nag
Session 1 : Key Abstracts/Publication on Loco-regional breast cancer	
09:00 – 09:10	Chairpersons : Dr. Paul Augustine, Dr. Ravi Arjunan
	Surgical treatment of women with breast cancer and a BRCA1 mutation: An international analysis of the impact of bilateral mastectomy on survival <i>Citation: SABCS 2023 GS02-04</i> <i>Author: Kelly Metcalfe</i>
09:10 – 09:20	Contralateral breast cancer risk in patients with breast cancer and a germline-BRCA1/2 pathogenic variant undergoing radiation <i>Citation: JNCI, Volume 115, Issue 11, November 2023, Pages 1318–1328</i> <i>Author: Mark van Barele</i> Speaker: Dr. Veda Padma Priya
	Sentinel Lymph Node Biopsy vs No Axillary Surgery in Patients With Small Breast Cancer and Negative Results on Ultrasonography of Axillary Lymph Nodes The SOUND Randomized Clinical Trial <i>Citation: JAMA Oncol. 2023;9(11):1557-1564</i> <i>Author: Oreste Davide Gentilini</i>
	Lymph Node Positivity of Axillary Reverse Mapping Lymph Nodes at the Time of Axillary Lymph Node Dissection: Two-Site Prospective Trial <i>Citation: Ann Surg Oncol. 2023 Oct;30(10):6042-6049.</i> <i>Author: Molly M Benolken</i> Speaker: Dr. Poovamma CU

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09:20 – 09:30	<p>Radiotherapy to regional nodes in early breast cancer: an individual patient data meta-analysis of 14 324 women in 16 trials</p> <p><i>Citation: Lancet., VOLUME 402, ISSUE 10416, P1991-2003, NOVEMBER 25, 2023</i></p> <p><i>Author: EBCTCG</i></p> <p>Radiotherapy or Surgery of the Axilla After a Positive Sentinel Node in Breast Cancer: 10-Year Results of the Randomized Controlled EORTC 10981-22023 AMAROS Trial</p> <p><i>Citation: J Clin Oncol., 2023 Apr 20; 41(12):2159-2165.</i></p> <p><i>Author: Sanne A L Bartels</i></p> <p>Speaker: Dr. Dodul Mondal</p>
09:30 – 09:40	<p>Chairpersons : Dr. Vineeta Goel, Dr. Shekhar Salkar</p> <p>Five-year outcomes of the IDEA trial of endocrine therapy without radiotherapy after breast-conserving surgery for postmenopausal patients age 50-69 with genomically-selected favorable Stage I breast cancer</p> <p><i>Citation: SABCS 2023 GS02-08</i></p> <p><i>Author: Reshma Jagsi</i></p> <p>Development and Validation of a Genomic Profile for the Omission of Local Adjuvant Radiation in Breast Cancer</p> <p><i>Citation: JCO., 2023 Mar 10; 41(8):1533-1540.</i></p> <p><i>Author: Martin Sjöström</i></p> <p>Speaker: Dr. Joy Ghose</p>

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09:40 – 09:50	<p>Overview of axillary treatment in early breast cancer: patient-level meta-analysis of long-term outcomes among 20,273 women in 29 randomised trials</p> <p><i>Citation: SABCS 2023 GS02-05</i> <i>Author: Gurdeep S. Mannu</i></p>
	<p>Mammographic surveillance in early breast cancer patients aged 50 years or over: results of the Mammo-50 non-inferiority trial of annual versus less frequent mammography</p> <p><i>Citation: SABCS GS03-02</i> <i>Author: Janet A. Dunn</i></p> <p>Speaker: Dr. Priyanka Singh</p>
09:50 – 10:30	<p>Chairpersons : Dr. Rajiv Sarin, Dr. Arvind Krishnamurthy</p> <p>Panel Discussion on Key Abstracts/Publication in Loco-Regional Breast Cancer</p> <p>Moderators: Dr. Vedant Kabra, Dr. Sanjoy Chatterjee</p> <p>Panelists : Dr. Nita Nair, Dr. Shalaka Joshi, Dr. Arun Goel, Dr. Amish Dalal, Dr. Lakshmi Nair, Dr. Tabasum Wadasadawala, Dr. Asha Arjunan, Dr. Mukul Roy, Dr. Vineeta Goel</p>
10:30 – 10:50	Tea/Coffee Break

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Session 2 : Key Abstracts/Publication in ER+ve Breast Cancer

10:50 – 11:00

Chairpersons : Dr. Ranga Rao, Dr. Sudha Sinha

Efficacy of Oral SERDs in the treatment of ER+, HER2 - metastatic breast cancer, a stratified analysis of the ESR1 wild type and mutant subgroups

Citation: Ann Oncol.,2023 Oct

21:S0923-7534(23)04328-4

Author: NZH Wong

Dynamics and type of ESR1 mutations under aromatase inhibitor or fulvestrant combined with palbociclib after randomization in the PADA-1 trial

Citation: Journal of Clinical Oncology 41, no. 16_suppl (June 01, 2023) 1002-1002

Author: Luc Cabel

Speaker: Dr. Mansi Sharma

11:00 – 11:10

Pooled ctDNA analysis of MONALEESA phase III advanced breast cancer trials

Citation: Ann Oncol.2023 Nov;34(11):1003-1014

Author: F André

Randomized Phase II Trial of Endocrine Therapy With or Without Ribociclib After Progression on Cyclin-Dependent Kinase 4/6 Inhibition in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: MAINTAIN Trial

Citation: J Clin Oncol . 2023 Aug 20;41(24):4004-4013.

Author: Kevin Kalinsky

Speaker: Dr. Akash Jha

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11:10 – 11:20

Invasive disease-free survival (iDFS) across key subgroups from the phase III NATALEE study of ribociclib (RIB) + a nonsteroidal aromatase inhibitor (NSAI) in patients (pts) with HR+/HER2- early breast cancer (EBC)

Citation: Annals of Oncology (2023) 34 (suppl_2): S1254-S1335

Author: Aditya Bardia

Ribociclib and endocrine therapy as adjuvant treatment in patients with HR+/HER2- early breast cancer: Primary results from the phase III NATALEE trial

Citation: ASCO LBA 500

Author: Dennis J. Slamon

Ribociclib (RIB) + nonsteroidal aromatase inhibitor (NSAI) as adjuvant treatment in patients with HR+/HER2- early breast cancer: final invasive disease-free survival (iDFS) analysis from the NATALEE trial

Citation: SABCS GS03-03

Author: Gabriel N. Hortobagyi

Speaker: Dr. Shriniwas Kulkarni

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11:20 – 11:30	<p>Chairpersons : Dr. K Sambasivaiah, Dr. Anand Pathak</p> <p>Effects of ovarian ablation or suppression on breast cancer recurrence and survival: Patient-level meta-analysis of 14,993 premenopausal women in 25 randomized trials</p> <p><i>Citation: 2023 ASCO. Abstract 503</i> <i>Author: Gray RG</i></p> <p>Adding Ovarian Suppression to Tamoxifen for Premenopausal Women With Hormone Receptor-Positive Breast Cancer After Chemotherapy: An 8-Year Follow-Up of the ASTRRA Trial</p> <p><i>Citation: J Clin Oncol. 2023 Nov 1;41(31):4864-4871</i> <i>Author: Soo Yeon Baek</i></p> <p>Speaker: Dr. Bhavesh Poladia</p>
11:30 – 11:40	<p>Neoadjuvant chemotherapy combined with endocrine therapy for hormone receptor-positive breast cancer: A systematic review and meta-analysis</p> <p><i>Citation: Medicine (Baltimore).2023 Nov 17;102(46):e35928</i> <i>Author: Hong Fang Ma</i></p> <p>Adjuvant abemaciclib plus endocrine therapy for high-risk, HR+, HER2-, early breast cancer: results from a preplanned monarchE overall survival interim analysis, including 5-year efficacy outcomes</p> <p><i>Citation: ESMO LBA17</i> <i>Author: Nadia Harbeck</i></p> <p>Speaker: Dr. Vindhya Vasini</p>

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11:40 – 11:50	<p>PARSIFAL-LONG: Extended follow-up of hormone receptor-positive HER2-negative advanced breast cancer patients treated with fulvestrant and palbociclib vs. letrozole and palbociclib in the PARSIFAL study</p> <p><i>Citation: SABCS 2023 RF01-03</i> <i>Author: Antonio Llombart-Cussac</i></p>
	<p>Primary outcome analysis of the phase 3 SONIA trial (BOOG 2017-03) on selecting the optimal position of cyclin-dependent kinases 4 and 6 (CDK4/6) inhibitors for patients with hormone receptor-positive (HR+), HER2-negative (HER2-) advanced breast cancer (ABC)</p> <p><i>Citation: Journal of Clinical Oncology 41, no. 17_suppl (June 10, 2023) LBA1000</i> <i>Author: Gabe S Sonke</i></p> <p>Speaker: Dr. Stalin Bala</p>
11:50 – 12:00	<p>Capivasertib in Hormone Receptor-Positive Advanced Breast Cancer</p> <p><i>Citation: N Engl J Med 2023; 388:2058-2070</i> <i>Author: Nicholas C. Turner</i></p>
	<p>Imlunestrant with or without everolimus or alpelisib, in ER+, HER2- advanced breast cancer (aBC): Results from the Phase 1a/b EMBER study</p> <p><i>Citation: ESMO 383MO</i> <i>Author: Komal Jhaveri</i></p> <p>Speaker: Dr. Kripa Bajaj</p>

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12:00 – 12:20	Chairpersons : Dr. Vinod Raina, Dr. Ganesh D V Post-CDK 4/6 Inhibitor Therapy: Current Agents and Novel Targets in MBC Speaker: Dr. Stephen K. L. Chia
12:20 – 13:05	Moderator: Dr. Senthil Rajappa Panelists: Dr. Bhavna Parikh, Dr. Anita Ramesh, Dr. Rona Joseph, Dr. Avinash Upadhyay, Dr. Hope Rugo, Dr. Suhas Agre, Dr. Itesh Khatwani, Dr. Biswajit Dubashi, Dr. Bhawna Sirohi
13:05 – 14:00	Lunch Break

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Session 3 : Key Abstracts/Publications in Triple Negative Breast Cancer

14:00 – 14:10

**Chairpersons : Dr. Manisha Singh,
Dr. Geeta Narayanan**

Long-term outcomes of neoadjuvant immunotherapy plus chemotherapy in patients with early-stage triple-negative breast cancer: an extracted individual patient data and trial-level meta-analysis

Citation: Br J Cancer. 2023 Nov 27.

Author: Mateus Trinconi Cunha

Anthracycline-containing and taxane-containing chemotherapy for early-stage operable breast cancer: a patient-level meta-analysis of 100 000 women from 86 randomised trials

Citation: Lancet. 2023 Apr 15;401(10384):1277-1292

Author: EBCTCG

Speaker: Dr. Narmadha Rathinasamy

14:10 – 14:20

Randomized trial of fixed dose capecitabine compared to standard dose capecitabine in metastatic breast cancer: The X-7/7 trial

Citation: Asco 2023, Abstract 1007

Author: Qamar J Khan

BRCA-CRISK: A Contralateral Breast Cancer Risk Prediction Model for BRCA Carriers

Citation: J Clin Oncol.2023 Feb 10;41(5):991-999.

Author: Jie Sun

Speaker: Dr. Deenadayalan T.

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14:20 – 14:30	<p>Patient characteristics and real-world outcomes in HER2 negative/ ER zero and ER low patients treated as triple-negative breast cancer in Sweden 2008-2020</p> <p><i>Citation: ESMO MO 241</i> <i>Author: Irma Fredriksson</i></p>
	<p>Risk factors for the development of triple-negative breast cancer versus non-triple-negative breast cancer: a case-control study</p> <p><i>Citation: Sci Rep. 2023 Aug 20;13(1):13551.</i> <i>Author: Shona Nag</i></p> <p>Speaker: Dr. Sujay Srinivas</p>
14:30 – 15:00	<p>Chairpersons : Dr. Rakesh Taran, Dr. Kajal Shah</p> <p>IO and IO combinations across all breast cancer subtypes are here to stay</p> <p>Speaker: Dr. Shaheenah Dawood</p>
15:00 – 15:45	<p>Chairpersons : Dr. Shekhar Patil, Dr. Chandrashekhar Tamane</p> <p>Panel discussion on key abstracts in TNBC</p> <p>Moderator: Dr. Ashish Bakshi</p> <p>Panelists: Dr. Shaheenah Dawood, Dr. Aparna Sreevastva, Dr. Priya Tiwari, Dr. Vamshi Krishna, Dr. Satish Sharma, Dr. Reshma Puranik, Dr. Jogamaya Pattnaik, Dr. Arun Warriar, Dr. S P Shrivastava</p>
15:45 – 16:05	<p>Tea/Coffee Break</p>

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Session 4 : Key Abstracts/publication in Supportive Care

16:05 – 16:15

Chairpersons :

Dr. Raghunadharao Digumarti, Dr. Bharat Parikh

A randomized, open-label phase III trial evaluating low- dose vs standard-dose olanzapine with triple antiemetic therapy for prevention of highly emetogenic chemotherapy- induced nausea and vomiting in solid tumors (OLAnzaPiNE).

Citation: SABCS 2023.,RF01-08.

Author: Bajpai J

Efficacy and safety of mirogabalin for chemotherapy-induced peripheral neuropathy: a prospective single-arm trial (MiroCIP study)

Citation: BMC Cancer. 2023; 23: 1098

Author: Sonoko Misawa

Speaker: Dr. Mansi Shah

16:15 – 16:25

International Pooled Analysis of Leisure-Time Physical Activity and Premenopausal Breast Cancer in Women From 19 Cohorts

Citation: Journal of Clinical Oncology

Published online December 11, 2023

Author: Iain R. Timmins

Vaginal Estrogen Therapy Use and Survival in Females With Breast Cancer

Citation: JAMA Oncol.,2023 Nov 2:e234508.

Author: Lauren McVicker

Speaker: Dr. Sushmita Rath

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16:25 – 16:35	<p>Randomized Trial of Exercise and Nutrition on Chemotherapy Completion and Pathologic Complete Response in Women With Breast Cancer: The Lifestyle, Exercise, and Nutrition Early After Diagnosis Study</p> <p><i>Citation: Journal of Clinical Oncology 41, no. 34 (December 01, 2023) 5285-5295</i></p> <p><i>Author: Tara Sanft</i></p>
	<p>Psychological interventions during breast cancer rehabilitation: a randomized controlled trial comparing structured short-term psychotherapy versus non-specific group discussion</p> <p><i>Citation: BMC Cancer.2023 Nov 21;23(1):1133.</i></p> <p><i>Author: David Fauser</i></p> <p>Speaker: Dr. M. V. Chandrakanth</p>
16:35 – 16:45	<p>Pregnancy After Breast Cancer in Young BRCA Carriers: An International Hospital-Based Cohort Study</p> <p><i>Citation: JAMA.2023 Dec 7:e2325463.</i></p> <p><i>Author: Matteo Lambertini</i></p>
	<p>Interrupting Endocrine Therapy to Attempt Pregnancy after Breast Cancer</p> <p><i>Citation: N Engl J Med 2023; 388:1645-1656</i></p> <p><i>Author: Ann H. Partridge</i></p> <p>Speaker: Dr. Rahul Kulkarni</p>

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16:45 – 16:55

Mepitel Film for the Prevention of Acute Radiation Dermatitis in Breast Cancer: A Randomized Multicenter Open-Label Phase III Trial

Citation: J Clin Oncol. 2023 Feb 20;41(6):1250-1264.

Author: Tara Behroozian

Association of Staphylococcus aureus Colonization With Severity of Acute Radiation Dermatitis in Patients With Breast or Head and Neck Cancer

Citation: JAMA Oncol.,2023 Jul 1;9(7):962-965.

Author: Yana Kost

Bacterial Decolonization for Prevention of Radiation Dermatitis: A Randomized Clinical Trial

Citation: JAMA Oncol.,2023 Jul 1;9(7):940-945.

Author: Yana Kost

Speaker: Dr. Chandrani Mallick

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**Session 5 : Key abstracts/publication in Loco-Regional Breast Cancer
Part 2**

16:55 – 17:05

Chairpersons :

Dr. Arun Goel, Dr. Vani Parmar

Recurrence-free survival following sentinel node-positive breast cancer without completion axillary lymph node dissection – first results from the international randomized SENOMAC trial.

Citation: SABCS 2023 GS02-06

Author: Jana de Boniface

Local Recurrence After Breast Conserving Therapy in Patients with Multiple Ipsilateral Breast Cancer : Results from ACOSOG Z11102 (Alliance)

Citation: JCO. 2023 July 10;41(17):3184-3193

Author: Judy C Boughey

Speaker: Dr. Akshita Singh

17:05 – 17:15

Omitting Radiotherapy after Breast-Conserving Surgery in Luminal A Breast Cancer

Citation: N Engl J Med.,2023 Aug 17;389(7):612-619.

Author: Timothy J Whelan

Breast-Conserving Surgery with or without Irradiation in Early Breast Cancer

Citation: NEJM.2023 Feb 16;388(7):585-594

Author: Ian H Kunkler

Speaker: Dr. Mansi Munshi

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17:15 – 17:25	<p>Proton FLASH Radiotherapy for the Treatment of Symptomatic Bone Metastases: The FAST-01 Nonrandomized Trial</p> <p><i>Citation: JAMA Oncol. 2023 Jan 1;9(1):62-69.</i> <i>Author: Anthony E Mascia</i></p> <p>Dose-escalated simultaneous integrated boost radiotherapy in early breast cancer (IMPORT HIGH): a multicentre, phase 3, non-inferiority, open-label, randomised controlled trial</p> <p><i>Citation: Lancet. 2023 Jun 24;401(10394):2124-2137</i> <i>Author: Charlotte E Coles</i></p> <p>Speaker: Dr. Sanjay M H</p>
17:25 – 17:35	<p>Chairpersons : Dr. Shilpa Rao, Dr. Ranjit Bajpai</p> <p>Effect of Peritumoral Infiltration of Local Anesthetic Before Surgery on Survival in Early Breast Cancer</p> <p><i>Citation: J Clin Oncol.2023 Jun 20;41(18):3318-3328.</i> <i>Author: Rajendra A Badwe</i></p> <p>Impact of 18F-Labeled Fluorodeoxyglucose Positron Emission Tomography-Computed Tomography Versus Conventional Staging in Patients With Locally Advanced Breast Cancer</p> <p><i>Citation: Journal of Clinical Oncology 41, no. 23 (August 10, 2023) 3909-3916</i> <i>Author: Ian S Dayes</i></p> <p>Speaker: Dr. Purvi Thakkar</p>

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17:35 – 17:45	<p>Hormonal Contraception and the Risk of Breast Cancer in Women of Reproductive Age: A Meta-Analysis <i>Citation: Cancers (Basel). 2023 Nov 28;15(23):5624.</i> <i>Author: Luz Angela Torres-de la Roche</i></p> <p>Global Stage Distribution of Breast Cancer at Diagnosis: A Systematic Review and Meta-Analysis <i>Citation: JAMA Oncol. 2023 Nov 9:e234837.</i> <i>Author: Javier David Benitez Fuentes</i></p> <p>Speaker: Dr. Aditi Chaturvedi</p>
17:45 – 18:25	<p>Chairpersons : Dr. Nikhilesh Borkar, Dr. Shyam Shrivastava</p> <p>Panel Discussion</p> <p>Moderators: Dr. Geeta K , Dr. Anusheel Munshi</p> <p>Panelists: Dr. Vikram Maiya, Dr. Rima Pathak, Dr. Monica Malik, Dr. Tanveer Shahid, Dr. Garvit Chitkara, Dr. Anupama Mane, Dr. Shabnam Bashir, Dr. V Sridevi, Dr. Deepak Jha, Dr. Palak Popat</p>

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DAY 2 - SUNDAY, 14TH JANUARY, 2024

Session 6 : Key publications in Translational Science

09:00 - 09:20

Chairpersons :

Dr. Shona Nag, Dr. Aparna Dhar

Predicting early breast cancer recurrence from histopathological images in the Carolina Breast Cancer Study

Citation: ORIGINAL ARTICLE | VOLUME 34, ISSUE 1, P111-120, JANUARY 2023

Author: Z.R. Reichert

Prognostic value of plasma circulating tumor DNA fraction across four common cancer types: A real-world outcomes study Annals of Oncology

Citation: NPJ Breast Cancer. 2023 Nov 11;9(1):92.

Author: Yifeng Shi

Molecular classification of hormone receptor-positive HER2-negative breast cancer

Citation: Nat Genet.2023 Oct;55(10):1696-1708

Author: Xi Jin

Associations of a Breast Cancer Polygenic Risk Score With Tumor Characteristics and Survival

Citation: J Clin Oncol. 2023 Apr 1;41(10):1849-1863.

Author: Josephine M N Lopes Cardozo

Contralateral Breast Cancer Risk Among Carriers of Germline Pathogenic Variants in ATM, BRCA1, BRCA2, CHEK2, and PALB2

Citation: J Clin Oncol.2023 Mar 20;41(9):1703-1713.

Author: Siddhartha Yadav

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Overall Survival With Circulating Tumor Cell
Count-Driven Choice of Therapy in Advanced Breast
Cancer: A Randomized Trial

Citation: J Clin Oncol.,2023 Nov 6

Author: François-Clément Bidard

Detection of circulating tumor DNA following
neoadjuvant chemotherapy and surgery to anticipate
early relapse in ER positive and HER2 negative breast
cancer: Analysis from the PENELOPE-B trial

Citation: ASCO 2023, Abstract 502

Author: Nicholas C Turner

Speaker: Dr. Bhawna Sirohi

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Session 7 : Key abstracts/publications in HER2+ve Breast Cancer

09:20 - 09:30

Chairpersons :

Dr. Shyam Agrawal, Dr. S D Banavali

Re-Evaluation of Pathologic Complete Response as a Surrogate for Event-Free and Overall Survival in Human Epidermal Growth Factor Receptor 2-Positive, Early Breast Cancer Treated With Neoadjuvant Therapy Including Anti-Human Epidermal Growth Factor Receptor 2 Therapy

Citation: J Clin Oncol.,2023 Jun 1;41(16):2988-2997

Author: Pierre Squifflet

Pathologic Complete Response and Individual Patient Prognosis After Neoadjuvant Chemotherapy Plus Anti-Human Epidermal Growth Factor Receptor 2 Therapy of Human Epidermal Growth Factor Receptor 2-Positive Early Breast Cancer

Citation: J Clin Oncol.,2023 Jun 1;41(16):2998-3008.

Author: Marion T van Mackelenbergh

Speaker: Dr. Shruti Kate

09:30 - 09:40

Phase III study of adjuvant ado trastuzumab emtansine vs trastuzumab for residual invasive HER2-positive early breast cancer after neoadjuvant chemotherapy and HER2-targeted therapy: KATHERINE final IDFS and updated OS analysis

Citation: SABCS 2023 GS03-12

Author: Sibylle Loibl

HER2CLIMB-02: Randomized, double blind phase 3 trial of tucatinib and trastuzumab emtansine for previously treated her2-positive metastatic breast cancer

Citation: SABCS 2023 GS01-10

Author: Sara Hurvitz

Speaker: Dr. Manuprasad A

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09:40 - 09:50	<p>A phase III study comparing trastuzumab emtansine with trastuzumab, pertuzumab, and docetaxel in older patients with metastatic HER2 positive breast cancer (JCOG1607 HERB TEA study)</p> <p><i>Citation: SABCS RF02-04</i> <i>Author: Akihiko Shimomura</i></p> <p>Pyrotinib versus placebo in combination with trastuzumab and docetaxel as first line treatment in patients with HER2 positive metastatic breast cancer (PHILA): randomised, double blind, multicentre, phase 3 trial</p> <p><i>Citation: BMJ, 2023 Oct 31;383:e076065</i> <i>Author: Fei Ma</i></p> <p>Speaker: Dr. Prabhat Bhargava</p>
09:50 - 10:00	<p>Pertuzumab plus high-dose trastuzumab for HER2-positive breast cancer with brain metastases: PATRICIA final efficacy data</p> <p><i>Citation: npj Breast Cancer, volume 9, Article number: 94 November 2023</i> <i>Author: Nancy U. Lin</i></p> <p>A pooled analysis of trastuzumab deruxtecan (T-DXd) in patients (pts) with HER2-positive (HER2+) metastatic breast cancer (mBC) with brain metastases (BMs) from DESTINY-Breast (DB) -01, -02, and -03</p> <p><i>Citation: ESMO 3770</i> <i>Author: Sara Hurvitz</i></p> <p>Speaker: Dr. Amit Kumar</p>

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10:00 - 10:10	<p>Do tumor infiltrating lymphocytes (TILs) predict benefits from trastuzumab therapy for HER2 positive breast cancer? Meta-analysis of individual patient data from 4097 women in 5 trials</p> <p><i>Citation: ASCO Abstract 508</i> <i>Author: Robert Kerrin Hills</i></p> <p>HER2 amplification level by in situ hybridization predicts survival outcome in advanced HER2-positive breast cancer treated with pertuzumab, trastuzumab, and docetaxel regardless of HER2 IHC results</p> <p><i>Citation: Breast Cancer Res. 2023; 25: 154.</i> <i>Author: Jeongmin Seo</i></p> <p>Speaker: Dr. Priya Tiwari</p>
10:10 - 10:40	<p>Chairpersons : Dr. S H Advani, Dr. Ramesh Nimmagadda</p> <p>ADCs in the treatment of breast cancer – Present status and future developments. Is breast cancer leading the way</p> <p>Speaker: Dr. Hope Rugo</p>
10:40 - 11:25	<p>Chairpersons : Dr. Soumya Panda, Dr. Tejinder Singh</p> <p>Panel discussion on key abstracts in HER2+ve Breast Cancer</p> <p>Moderator : Dr. Nitish Rohatgi</p> <p>Panelists: Dr. Hope Rugo, Dr. Chetan Deshmukh, Dr. Boman Dhabhar, Dr. Adwaita Gore, Dr. Atul Batra, Dr. Saurabh Kumar, Dr. Seema Gulia, Dr. Priti Agarwal, Dr. Rohit Rebello</p>
11:25 - 11:45	<p>Tea/Coffee Break</p>

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Session 8 : Precision Oncology in Breast Cancer

11:45 - 12:05	<p>Chairpersons : Dr. Shyam Aggarwal, Dr. Shailesh Bondarde</p> <p>The era of precision oncology in breast cancer: Novel Targets and treatments</p> <p>Speaker: Dr. Giuseppe Curigliano</p>
12:05 - 12:50	<p>Molecular Tumor Board in Breast Cancer</p> <p>Moderator : Dr. B K Smruti</p> <p>Panelists: Dr. Amrit Kaler, Dr. Mosuhmi Suryavanshi, Dr. G Arun Kumar, Dr. Bhawna Sirohi, Dr. Bhuvan Chugh, Dr. Ashish Singh, Dr. Hope Rugo, Dr. Amol Akhade, Dr. Sandeep Goyle, Dr. Jyoti Wadhwa</p>
12:50 - 13:05	<p>Chairpersons : Dr. B A Krishna, Dr. Sanjay Sharma</p> <p>Digital Oncology: Progress and Future Outlook</p> <p>Speaker: Dr. Nikesh R. Shah</p>
13:05 - 13:25	<p>Did you know ?</p> <p>Speaker: Dr. Sudeep Gupta</p>
13:25 - 13:30	<p>Vote of thanks</p>

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DESTINY-Breast03, the **first and only head-to-head** study vs trastuzumab emtansine (T-DM1), demonstrated

UNPARALLELED PFS

THE NEW STANDARD OF CARE FOR 2L HER2+ METASTATIC BREAST CANCER¹



ENHERTU demonstrated:

**72%
reduction**

in risk of disease progression or death

HR: 0.28 (95% CI: 0.22, 0.37; P<0.000001)¹

(Primary endpoint: PFS assessed by BICR)

**Ground
breaking
PFS**

HR: 0.26 (95% CI: 0.20, 0.35)¹

(Secondary endpoint: PFS assessed by investigator)

**Consistent
safety and
tolerability**

was observed with ENHERTU even with a longer treatment duration

There were no grade 4 or 5 adjudicated drug-related ILD/pneumonitis events³

**>2X
confirmed
ORR**

vs TDM-1 (**79.7 vs 34.2%**; P<0.0001)¹

Around 1 in 5 patients achieved complete response in the ENHERTU arm¹

NCCN Guidelines recommend Trastuzumab deruxtecan as Category 1, preferred regimen for 2L HER2+ mBC⁴

References:

- Hurvitz SA, Hegg R, Chung WP, et al; on behalf of the DESTINY-Breast03 investigators. Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: Updated results of the randomized, phase 3 study DESTINY-Breast03. Presented at: San Antonio Breast Cancer Symposium, December 6-10, 2022.
- Hurvitz SA, Hegg R, Chung WP, et al. Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: updated results from DESTINY-Breast03, a randomised, open-label, phase 3 trial [published correction appears in Lancet. 2023 Feb 18;401(10376):556]. Lancet. 2023;401(10371):105-117. doi:10.1016/S0140-6736(22)02420-5.
- Enhertu, summary of the product characteristics, 2022.
- NCCN Guidelines Version 5.2023 Invasive Breast Cancer



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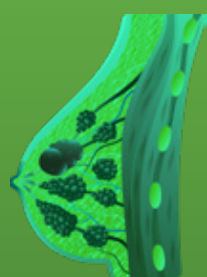
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Cervical Cancer

- ▶ KEYTRUDA® (pembrolizumab), in combination with chemotherapy with or without bevacizumab, is indicated for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express PD-L1 with a CPS ≥ 1.

CPS: Combined Positive Score; **PD-L1:** Programmed death-ligand 1 **Reference:** KEYTRUDA (pembrolizumab) Prescribing Information MSDIN 06/23

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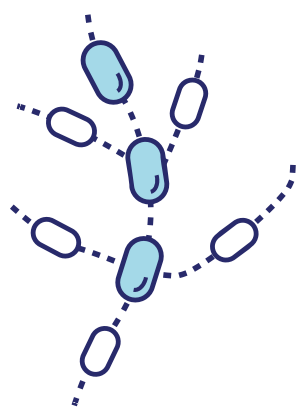
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twice a day

Although the prognosis for HR+, HER2- early breast cancer (EBC) is generally positive¹

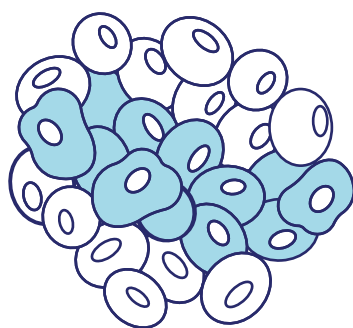
20-30% of patients could progress to incurable metastatic disease¹



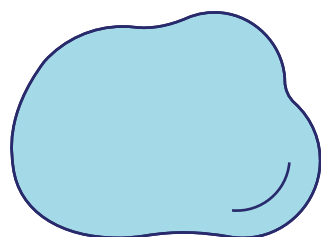
Factors associated with high risk of recurrence can include²:



Positive nodal status



High tumour grade



Large tumour size

References: 1. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005;365(9472):1687-1717. doi:10.1016/S0140-6736(05)66544-0. 2. Cheng L, Swartz MD, Zhao H, et al. Hazard of recurrence among women after primary breast cancer treatment—a 10-year follow-up using data from SEER-Medicare. *Cancer Epidemiol Biomarkers Prev*. 2012;21(5):800-809.

RAMIVEN[®] ABRIDGED PRESCRIBING INFORMATION

PRODUCT DESCRIPTION: • Abemaciclib (Ramiven[®]) • Film coated tablets [available in 50mg, 100mg, 150mg and 200mg]. **INDICATION AND USAGE:** **Early Breast Cancer -** Ramiven[®] in combination with endocrine therapy is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. (High risk of recurrence is defined by clinical and pathological features: either ≥ 4 pALN (positive axillary lymph nodes), or 1-3 pALN and at least one of the following criteria: tumor size ≥ 5 cm or histological grade 3.). In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. **Advanced or Metastatic Breast Cancer -** Ramiven[®] is indicated for the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine-based therapy, or in women who have received prior endocrine therapy. In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. As monotherapy for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting. **Dose and method of administration -** The recommended dose of Abemaciclib is 150 mg twice daily when used in combination with endocrine therapy. Recommended starting dose in combination with fulvestrant or an aromatase inhibitor: 150 mg twice daily. Recommended starting dose as monotherapy: 200 mg twice daily orally. **Duration of treatment -** Early Breast Cancer. Ramiven[®] should be taken continuously for two years, or until disease recurrence or unacceptable toxicity occurs. Advanced or Metastatic Breast Cancer. Ramiven[®] should be taken continuously as long as the patient is deriving clinical benefit from therapy or until unacceptable toxicity occurs. If a patient vomits or misses a dose of Ramiven[®], the patient should be instructed to take the next dose at its scheduled time; an additional dose should not be taken. **Method of Administration -** Ramiven[®] is for oral use. The dose can be taken with or without food. It should not be taken with grapefruit or grapefruit juice (See section Interaction with other medicinal products and other forms of interaction in full Pack Insert). Patients should take the doses at approximately the same times every day. The tablet should be swallowed whole (patients should not chew, crush, or split tablets before swallowing). **Contra-indications -** Hypersensitivity to the active substance or to any of the excipients. **Undesirable effects -** The most commonly occurring adverse reactions are diarrhoea, infections, neutropenia, anaemia, fatigue, nausea, vomiting and decreased appetite. **Overdose -** In the event of an abemaciclib overdose, fatigue and diarrhoea may occur. General supportive care should be provided. Summary of use in specific populations - **Elderly:** No dose adjustment is required based on age. **Renal impairment:** No dose adjustments are necessary in patients with mild or moderate renal impairment. There are no data regarding abemaciclib administration in patients with severe renal impairment, end stage renal disease, or in patients on dialysis. Abemaciclib should be administered with caution in patients with severe renal impairment, with close monitoring for signs of toxicity. **Hepatic impairment -** No dose adjustments are necessary in patients with mild (Child Pugh A) or moderate (Child Pugh B) hepatic impairment. In patients with severe (Child Pugh C) hepatic impairment, a decrease in dosing frequency to once daily is recommended. **Paediatric population -** The safety and efficacy of abemaciclib in children and adolescents aged less than 18 years has not been established. No data are available. **SPECIAL WARNING AND PRECAUTION: Neutropenia:** Neutropenia was reported in patients receiving abemaciclib. Dose modification is recommended for patients who develop Grade 3 or 4 neutropenia. Fatal events occurred in <1% of patients. Patients should be instructed to report any episode of fever to their healthcare provider. **Infections/infestations:** Infections were reported in patients receiving abemaciclib plus endocrine therapy at a higher rate than in patients treated with placebo plus endocrine therapy. Lung infection was reported in patients receiving abemaciclib without concurrent neutropenia. Fatal events occurred in < 1% of patients. Patients should be monitored for signs and symptoms of infection and treated as medically appropriate. **Venous thromboembolism:** Venous thromboembolic events were reported in 5.3% of patients treated with abemaciclib plus fulvestrant or aromatase inhibitors, compared to 0.8% of patients treated with placebo plus fulvestrant or aromatase inhibitors. Patients should be monitored for signs and symptoms of deep vein thrombosis and pulmonary embolism and treated as medically appropriate. **Increased aminotransferases:** Increases in ALT and AST were reported in patients receiving abemaciclib. Based on the level of ALT or AST elevation, abemaciclib may require dose modification. **Diarrhoea:** Diarrhoea is the most common adverse reaction. Across clinical studies, median time to onset of the first diarrhoea event was approximately 6 to 8 days, and median duration of diarrhoea was 7 to 12 days (Grade 2) and 5 to 8 days (Grade 3). Diarrhoea can be associated with dehydration. Patients should start treatment with antidiarrhoeal agents such as loperamide at the first sign of loose stools, increase oral fluids and notify their healthcare provider. Dose modification is recommended for patients who develop \geq Grade 2 diarrhoea. **Interstitial Lung Disease (ILD)/Pneumonitis:** ILD/pneumonitis was reported in patients receiving abemaciclib. Monitor patients for pulmonary symptoms indicative of ILD/pneumonitis and treat as medically appropriate. Based on the grade of ILD/pneumonitis, abemaciclib may require dose modification (Posology and method of administration). Permanently discontinue abemaciclib in patients with Grade 3 or 4 ILD/pneumonitis. **Concomitant use of inducers of CYP3A4:** Concomitant use of CYP3A4 inducers should be avoided due to the risk of decreased efficacy of abemaciclib. **Visceral crisis:** There are no data on the efficacy and safety of abemaciclib in patients with visceral crisis. **Lactose:** Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

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FOR DETAILS, PLEASE SEE FULL PRESCRIBING INFORMATION

Literature revised: 14 July 2023; Version Control No.: PA008SPIN05; PP-AL-IN-0707

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References: 1. Data on file. Novartis Pharmaceuticals Corp; 2017. | 2. Harbeck N, Franke F, Villanueva-Vazquez R, et al. Health-related quality of life in premenopausal women with hormone-receptor positive, HER2-negative advanced breast cancer treated with ribociclib plus endocrine therapy: results from a phase III randomized clinical trial (MONALEESA-7). *Ther Adv Med Oncol.* 2020;12:1758835920943065. doi:10.1177/1758835920943065. | 3. Fasching PA, Beck JT, Chan A, et al. Ribociclib plus fulvestrant for advanced breast cancer: health-related quality-of-life analyses from the MONALEESA-3 study. *Breast.* 2020;54:148-154. doi:10.1016/j.breast.2020.09.008. | 4. Hortobagyi GN, Stemmer SM, Burris HA, et al. *N Engl J Med* 2022;386:942-50. | 5. Im SA, et al. *N Engl J Med.* 2019;381(4):307-316. | 6. Slamon DJ, et al. *N Engl J Med.* 2020;382(6):514-524. | 7. Finn RS, et al. Overall survival (OS) with first-line palbociclib plus letrozole (PAL+LET) versus placebo plus letrozole (PBO+LET) in women with estrogen receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer (ER+/HER2-ABC): Analyses from PALOMA-2. Presented at American Society of Clinical Oncology Annual meeting 2022. LBA-1003. Available at <https://meetings.asco.org/abstracts-presentations/208020> Accessed on 12 Dec 2023. | 8. M Goetz. MONARCH 3: Final overall survival results of abemaciclib plus a nonsteroidal aromatase inhibitor as first-line therapy in patients with HR+, HER2- advanced breast cancer. Presented at San Antonio Breast Cancer Symposium, December 5-9, 2023. GS01-12.1643629. | 9. Lilly to present final overall survival analysis from the MONARCH 3 study of verzenio® (abemaciclib) and Additional results from its breast cancer portfolio at the 2023 San Antonio Breast Cancer Symposium. Lilly.com. 2023. Available from: <https://investor.lilly.com/node/49971/pdf> Accessed on 7 Dec 2023. | 10. Kim S, et al. *Oncotarget.* 2018;9:35226-35240 | 11. Chen P, et al. *Mol Cancer Ther.* 2016;15(10):2273-2281. | 12. Infante JR et al. *Clin Cancer Res.* 2016;22(23):5696-5705 | 13. Turner NC et al. *N Engl J Med.* 2018;379(20):1926-36.

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PHARMACEUTICAL FORM AND COMPOSITION: UJVIRA™ Injection is lyophilized powder for concentrate for solution for infusion, 160 mg single dose lyophilized powder for infusion & 100 mg single dose lyophilized powder for infusion. **THERAPEUTIC INDICATION:** UJVIRA™ is indicated for the treatment of patients with HER2-positive, unresectable locally advanced or metastatic breast cancer who had previously received trastuzumab and a taxane, separately or in combination. It is also indicated for the adjuvant treatment of patients with HER2-positive early breast cancer with residual invasive disease in the breast and/or lymph nodes after receiving neo-adjuvant taxane-based and HER2-targeted therapy. **POSOLGY AND METHOD OF ADMINISTRATION:** UJVIRA™ should be administered as an intravenous infusion. Do not administer as an intravenous push or bolus. It should be given at a dose of 3.6 mg / kg body weight with 3 weekly intervals (21 Day cycle). The first dose should be administered over 90 minutes intravenous infusion. Patients should be observed for fever and chills or other symptoms related to infusion. **SUBSEQUENT DOSES:** If the previous dose was well tolerated, the 3.6 mg / kg body weight dose can be administered over 30 minutes intravenous infusion. If dose reduction is done due to drug related adverse effect, then the dose should not be re-escalated in subsequent cycles. **CONTRAINDICATIONS:** There are no known contraindications to UJVIRA™. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Infusion-related reactions and hypersensitivity characterized by one or more of the following symptoms have been reported with trastuzumab emtansine- flushing, chills, pyrexia, dyspnoea, hypotension, wheezing, bronchospasm and tachycardia. It is recommended to monitor serum transaminases and bilirubin prior to initiate the treatment with UJVIRA™ as hepatotoxicity risk is associated. UJVIRA™ administration may lead to reductions in left ventricular ejection fraction. Evaluate left ventricular function in all patients prior to and during treatment with UJVIRA™. It is recommended that platelet counts are monitored prior to each trastuzumab emtansine dose. Patients with significant thrombocytopenia should be monitored closely while on trastuzumab emtansine treatment. **PREGNANCY:** UJVIRA™ should be avoided during pregnancy as it can cause fetal harm when administered to a pregnant woman. **NURSING MOTHERS:** Women should discontinue breast-feeding prior to initiating treatment with trastuzumab emtansine. Women may begin breast-feeding 7 months after concluding treatment. **ADVERSE EVENTS:** Some reported adverse events included vomiting, pyrexia, cough, thrombocytopenia, aspartate aminotransferase increased and pain. **STORAGE:** Store vials between +2°C and +8°C. **RECONSTITUTED SOLUTION:** It is recommended to use immediately. If not used, it can be stored between +2°C and +8°C up to 24 hours. Do not freeze. Please refer to the full Prescribing Information before using UJVIRA™

[#]Based on analysis from R&D batches

IV: Intravenous, ADC: Antibody-Drug Conjugate, MoA: Mode of Action HER2+: Human Epidermal growth factor Receptor 2 positive, EBC: Early Breast Cancer, MBC: Metastatic Breast Cancer, Reference: 1. Data on file.

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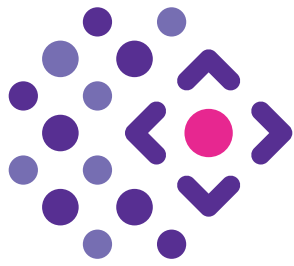
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mBC: Metastatic Breast cancer

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Ref.: 1. World J Clin Oncol 2020; 11(8): 510-678 | 2. Vaswani, B., Dattatreya, P.S.et al. The effectiveness of NEPA in the prevention of chemotherapy-induced nausea vomiting among chemo naive patients in an Indian setting. BMC Cancer 21, 601 (2021)
3. Data on file | * Includes published and to be published Data

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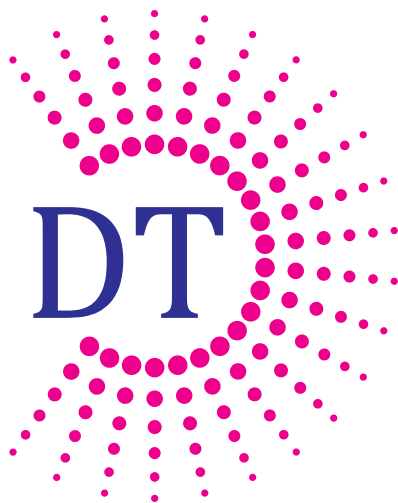
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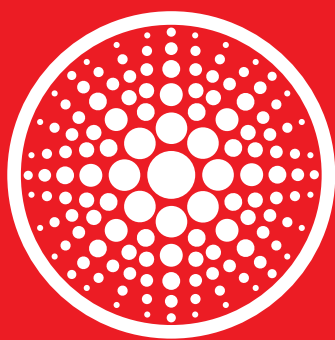
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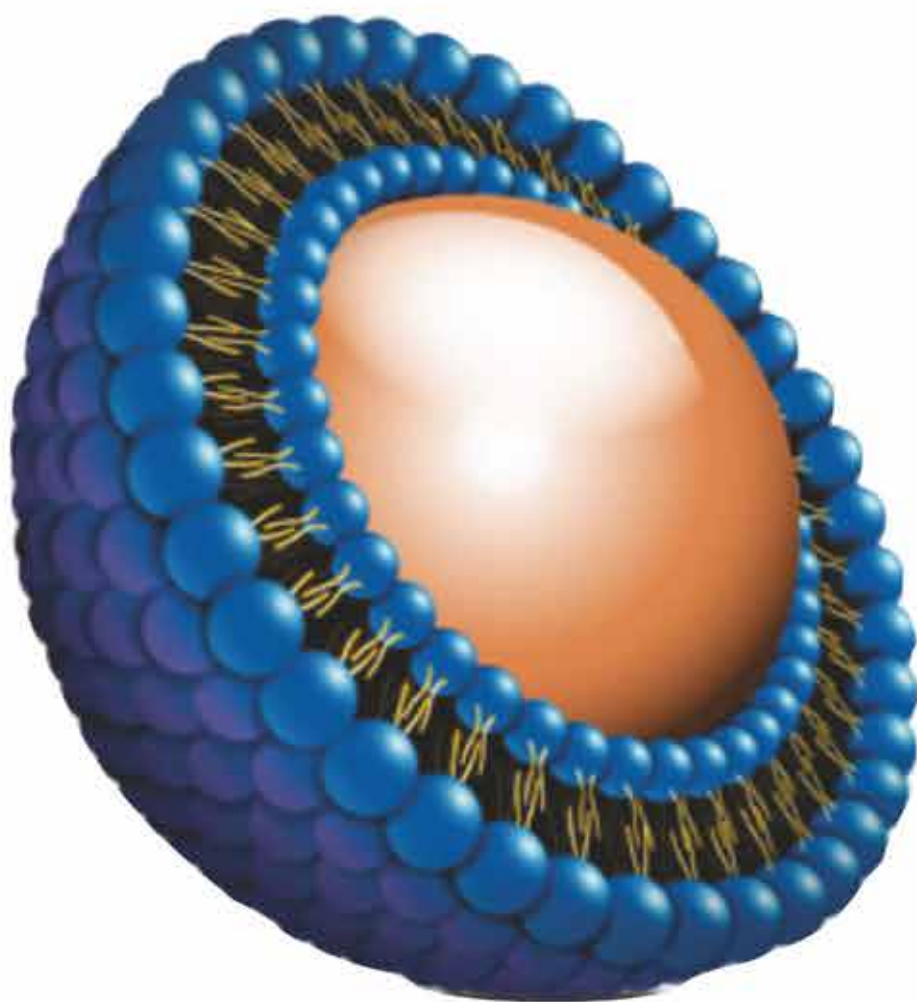
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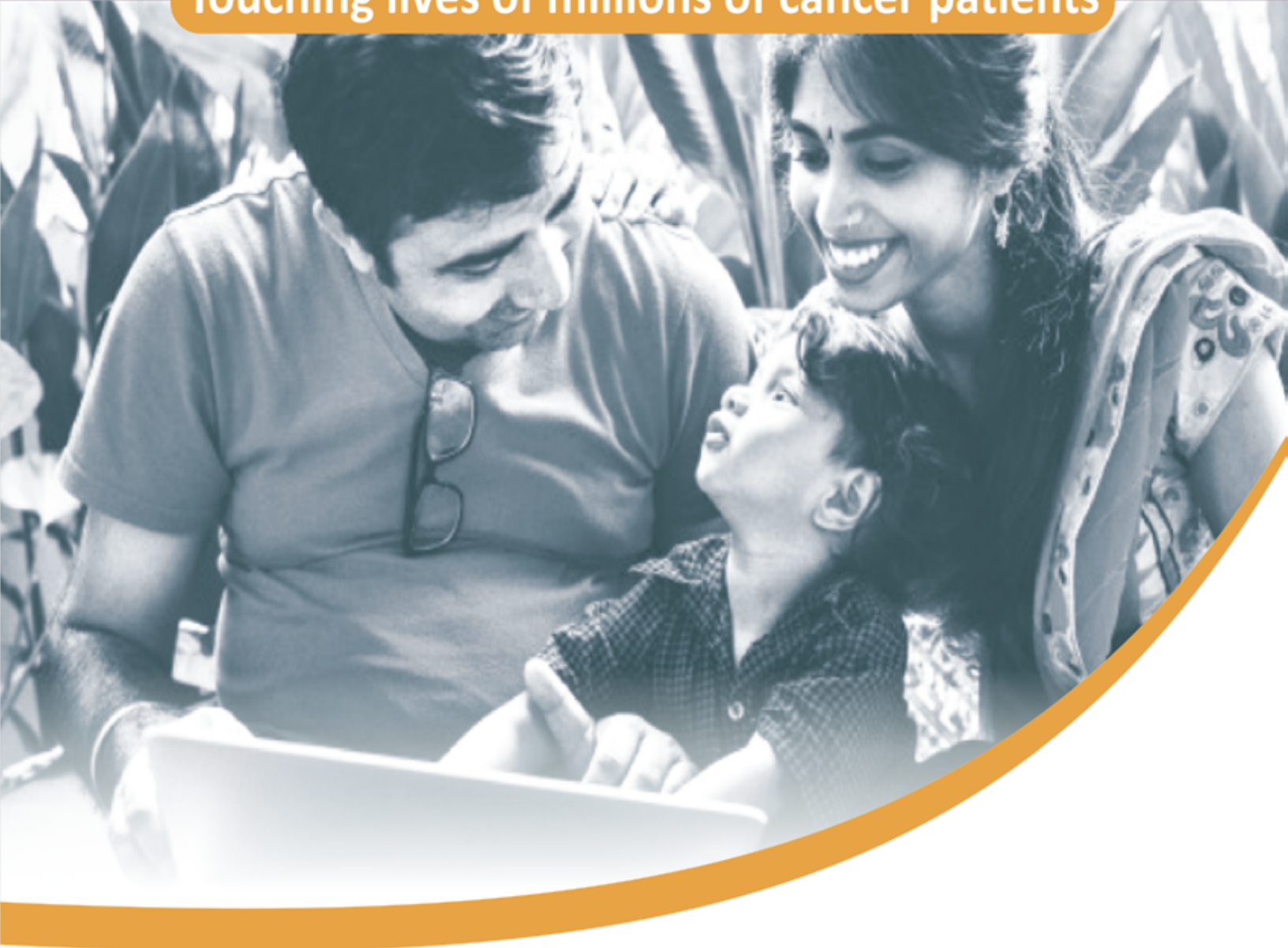
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