

Herzlich Willkommen zum 19. GBG Jahrestreffen 2022

9.-11.03.2022

Frankfurt



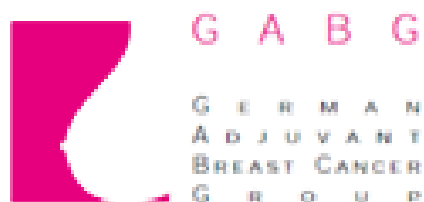
Potential Conflict of Interest

Company/ name	Honoraria/ expenses	Consulting/ad visory board	Funded research	Royalties/ patent	Stock options	Ownership/ equity position	Employee	Other (non-financial – Med. Writing)
Abbvie		X	X					
Amgen		X						
AstraZeneca	X	X	X					
Bayer		X						
Bristol-Myers Squibb		X						
Celgene		X	X					
Daiichi-Sankyo	X	X	X					X
Eirgenix		X						
GlaxoSmithKline		X						
Gilead		X	X					X
Lilly		X						
Merck		X						
Novartis	X	X	X					X
Pfizer	X	X	X					X
Pierre Fabre	X	X						
Prime/Medscape	X	X						
Puma		X						X
Roche	X	X	X					X
Samsung	X							
Seagen		x						X
EP14153692.0				X				
EP21152186.9				X				
EP15702464.7				X				
EP19808852.8				X				
VM Scope GmbH				X				
GBG Forschungs GmbH							X	

All compensations incl royalties paid to institution (GBG Forschungs GmbH)
All patents to GBG

Within the last two years I am/was a member of ESMO, ASCO, BIG, AGO-B, AGO, DKG
Research funding to institution from ABCSG, AFT, NSABP





GABG-GBG 40 years of high level BREAST Cancer Research
Made in Germany

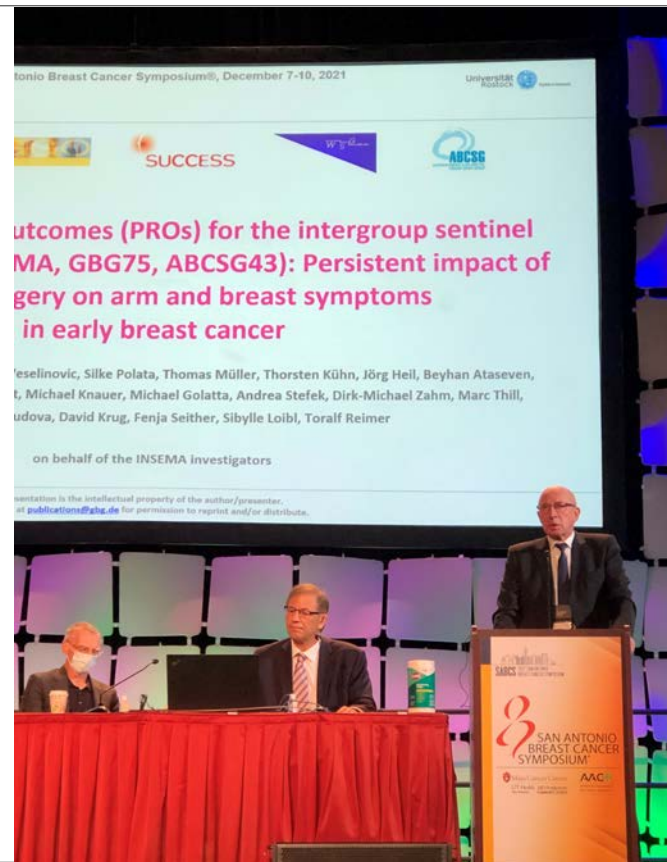




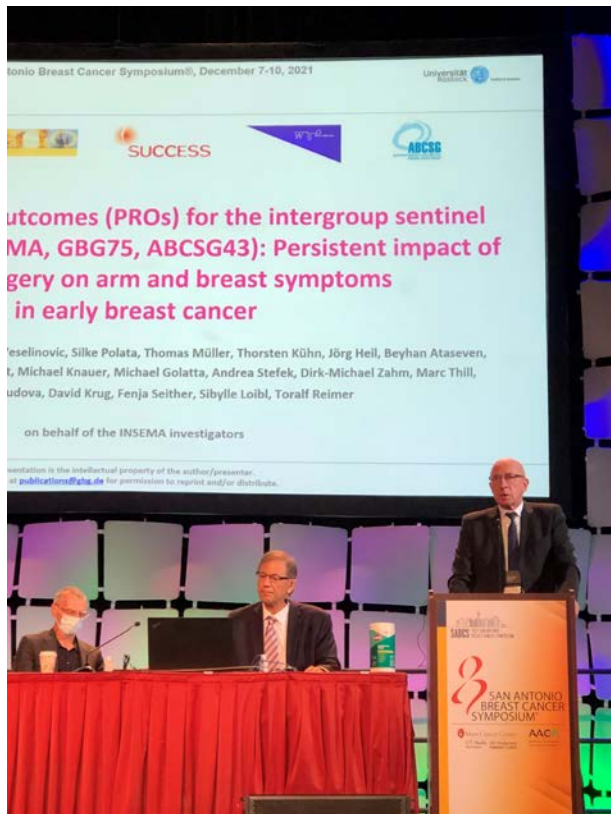




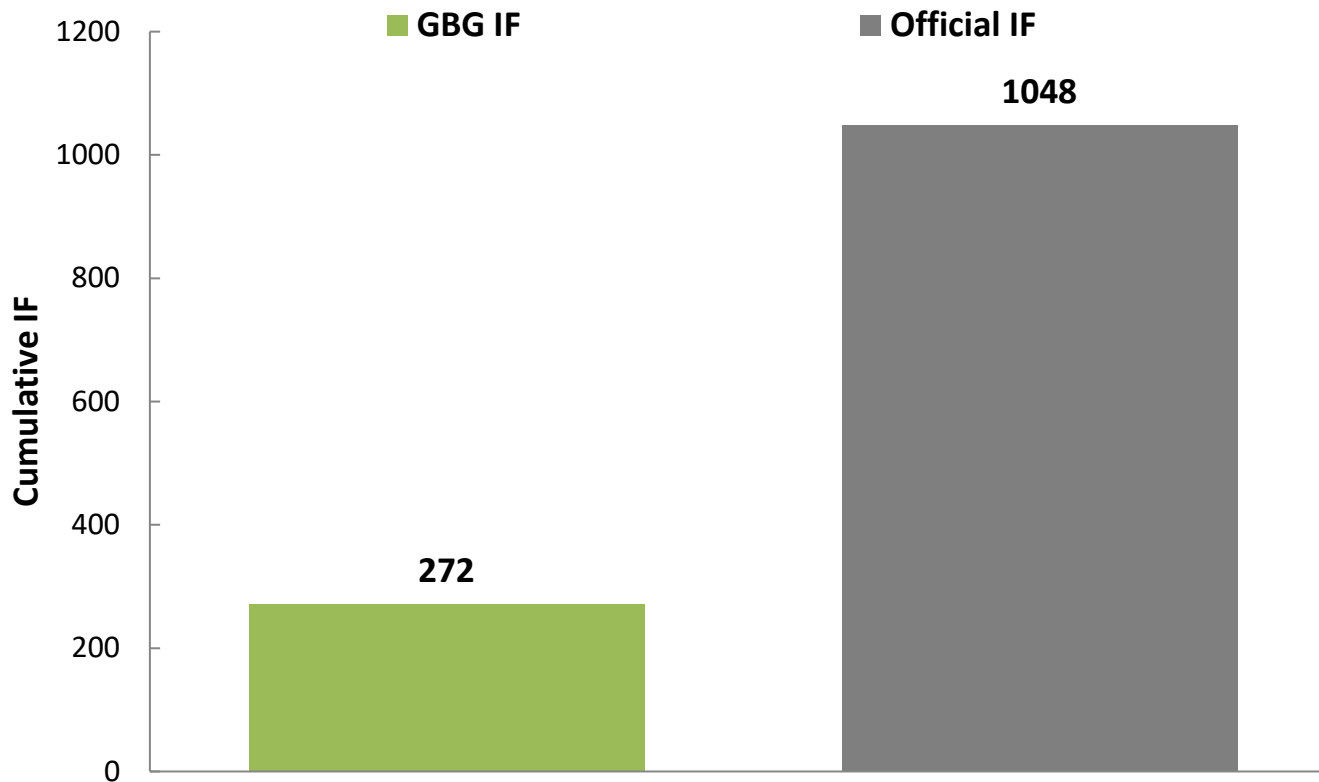
- An 16 Beiträgen direkt und indirekt beteiligt
- 1 eigenen Vortrag (INSEMA QoL)
- 1 Workshop: From Study Design to Scientific Presentation
- 1 Debate was it all OFS
- 4 Vorträge direkt beteiligt (OlympiA QoL, TEXT and SOFT trials Update; EBCTCG; PALLAS)
- 3 Poster Diskussionen (Penelope-B, G3-MDM2, PALLAS)
- 6 Poster (SASCIA, BCP, Penelope-B, DESTINY-Breast05 [TruDy], PALLAS)



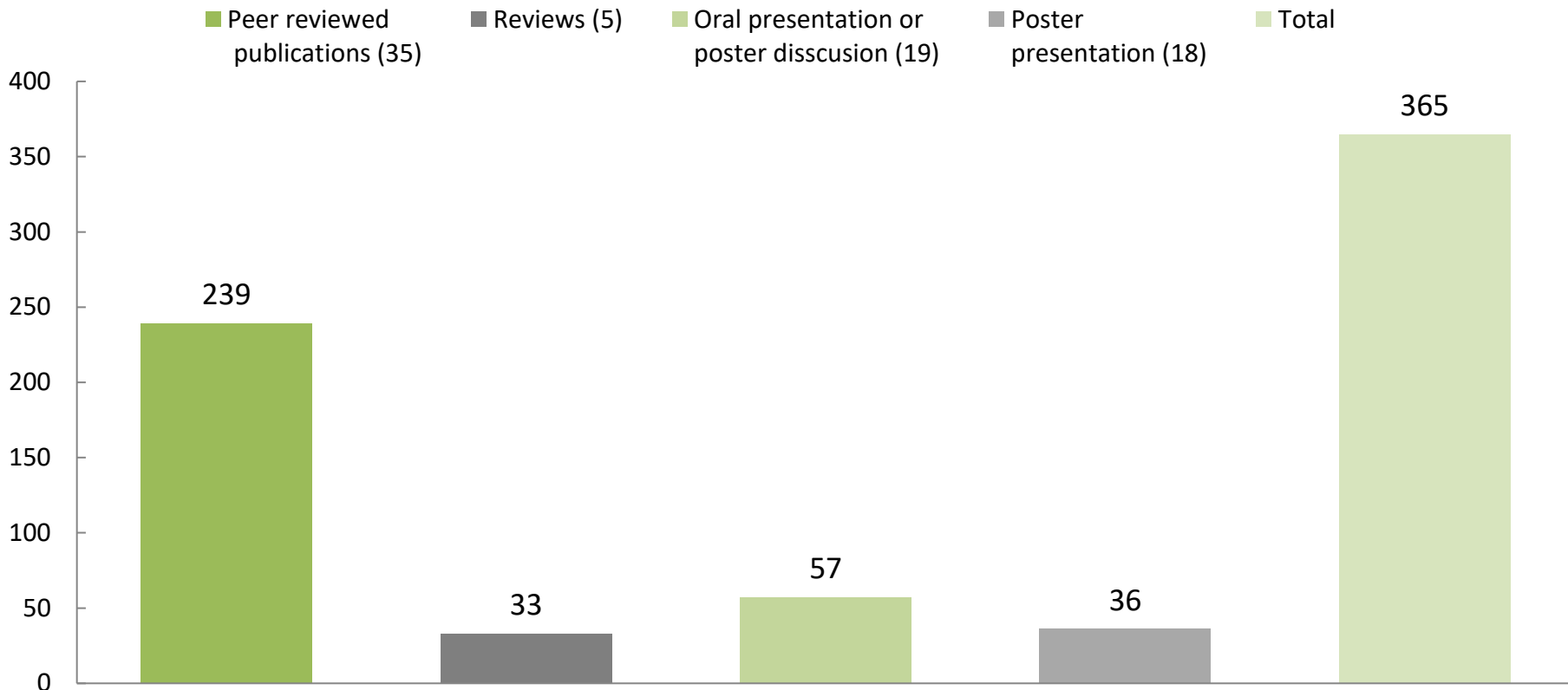
INSEMA QoL Presentation



Publikationen 2021 offizieller IF



Publikationen inhouse Faktor 2021



Publikationen (Ein Ausschnitt)

Gesamtimpaktfaktor 1048

Topic	Titel	Journal	IF
Penelope-B	Palbociclib for Residual High-Risk Invasive HR-Positive and HER2-Negative Early Breast Cancer-The Penelope-B Trial	J Clin Oncol	44.54
OlympiA	Adjuvant Olaparib for Patients with BRCA1- or BRCA2-Mutated Breast Cancer	N Engl J Med	91.25
PALLAS	Palbociclib with adjuvant endocrine therapy in early breast cancer (PALLAS): interim analysis of a multicentre, open-label, randomised, phase 3 study	Lancet Oncol	41.32
HER2-low-positive	Clinical and molecular characteristics of HER2-low-positive breast cancer: pooled analysis of individual patient data from four p	Lancet Oncol	41.32
AURORA	Genomic an Internation	Cancer Discov	39.40
KATHERINE	Adjuvant T-DM1 versus Trastuzumab in Patients with Residual Invasive Disease after Neoadjuvant Therapy for HER2-Positive Breast Cancer: Subgroup Analyses from KATHERINE	Ann Oncol	32.98
GeparSixto	Association of RAD51 with homologous recombination deficiency (HRD) and clinical outcomes in untreated triple-negative breast cancer (TNBC): analysis of the GeparSixto randomized clinical trial.	Ann Oncol	32.98
BrighTNess	Association of Immunophenotype With Pathologic Complete Response to Neoadjuvant Chemotherapy for Triple-Negative Breast Cancer: A Secondary Analysis of the BrighTNess Phase 3 Randomized Clinical Trial	JAMA Oncol	31.78
GeparNuevo	Immune-related gene expression predicts response to neoadjuvant chemotherapy but not additional benefit from PD-L1 inhibition in women with early triple-negative breast cancer	Clin Cancer Res	12.53
GAIN-2	Phase III randomised trial comparing intense dose-dense chemotherapy to tailored dose-dense chemotherapy in high-risk early breast cancer (GAIN-2)	Eur J Cancer	9.16
GeparOcto survival	Survival analysis of the randomised phase III GeparOcto trial comparing neoadjuvant chemotherapy of intense dose-dense epirubicin, paclitaxel, cyclophosphamide versus weekly paclitaxel, liposomal doxorubicin (plus carboplatin in triple-negative breast cancer) for patients with high-risk early breast cancer	Eur J Cancer	9.16

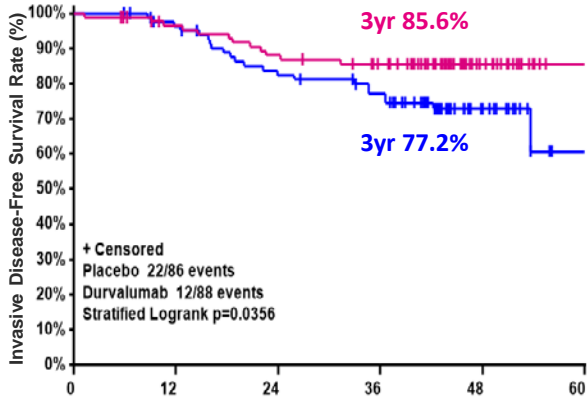
Was haben wir aus den Daten gemacht?

Studie	primär	sekundär	Biomarker
PenelopeB	√	√ √ √	√ √
DESIREE	√	√	
OlympiA	√	√	
Brightness		√	
GeparNuevo		√	
INSEMA		√	
BMBC		√	
BCP		√	√
PALLAS	√	√	
AURORA		√	
TEXT and SOFT		√	
APHINITY		√	

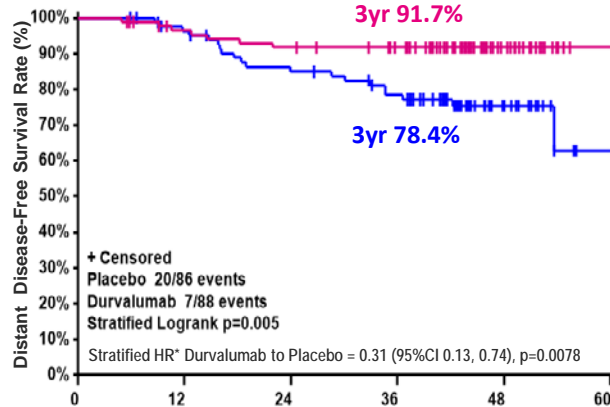
iDFS, DDFS and OS Between Treatment Arms



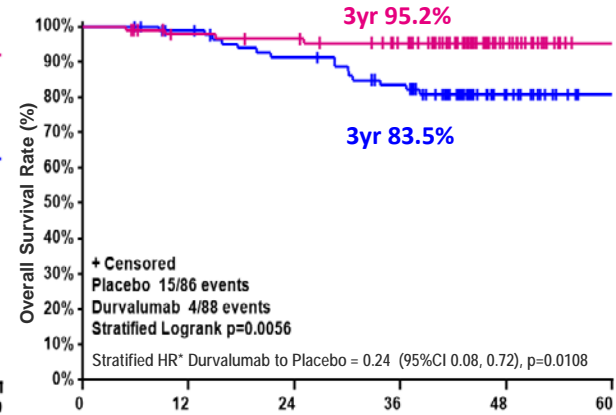
iDFS



DDFS



OS



Patients at risk:

	0	12	24	36	48	60
Placebo	86	78	65	58	16	0
Durvalumab	88	80	73	66	18	0

	0	12	24	36	48	60
Placebo	86	78	67	59	16	0
Durvalumab	88	80	76	70	20	0

	0	12	24	36	48	60
Placebo	86	80	72	63	16	0
Durvalumab	88	81	79	71	20	0

* Stratified by sTILs

RCT Efficacy of Endocrine Therapy for the Treatment of Breast Cancer in Men

POPULATION

56 Men



Men with hormone receptor-positive breast cancer

Median age, 61.5 y
(range 37-83 y)

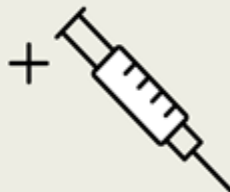
SETTINGS / LOCATIONS



24 Breast units or
medical centers,
Germany

INTERVENTION

50 Men randomized and analyzed for primary outcome



17 Tamoxifen alone:
Oral tamoxifen 20 mg daily

15 Tamoxifen + GnRHa: Oral tamoxifen 20 mg daily and subcutaneous gonadotropin-releasing hormone analogue (GnRHa) every 3 mo

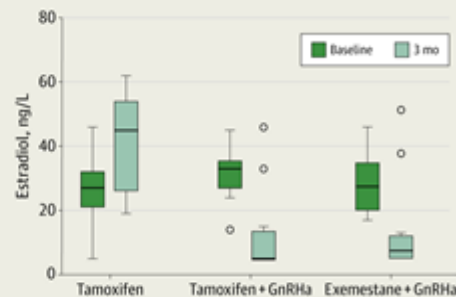
18 Exemestane + GnRHa: Oral exemestane 25 mg daily and subcutaneous GnRHa at baseline and after 3 mo

PRIMARY OUTCOME

The primary outcome was the change of estradiol levels after 3 months of therapy (normal range of estradiol was between 27-52 ng/L, the threshold of detection was below 5 ng/L)

FINDINGS

Estradiol levels significantly decreased in men receiving either tamoxifen + GnRHa or exemestane + GnRHa but significantly increased in men receiving tamoxifen alone



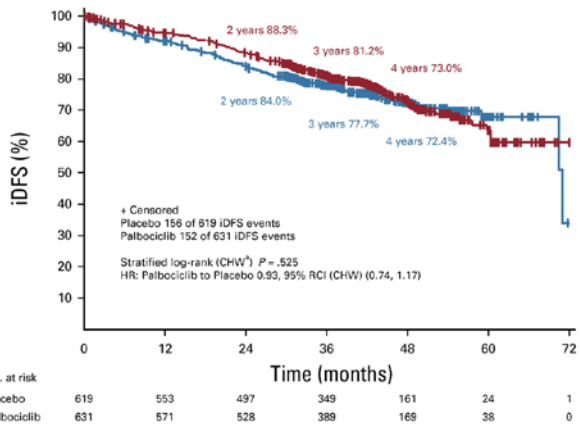
% Change in median estradiol level, baseline to 3 mo

Tamoxifen alone: 67% increase (+17.0 ng/L)

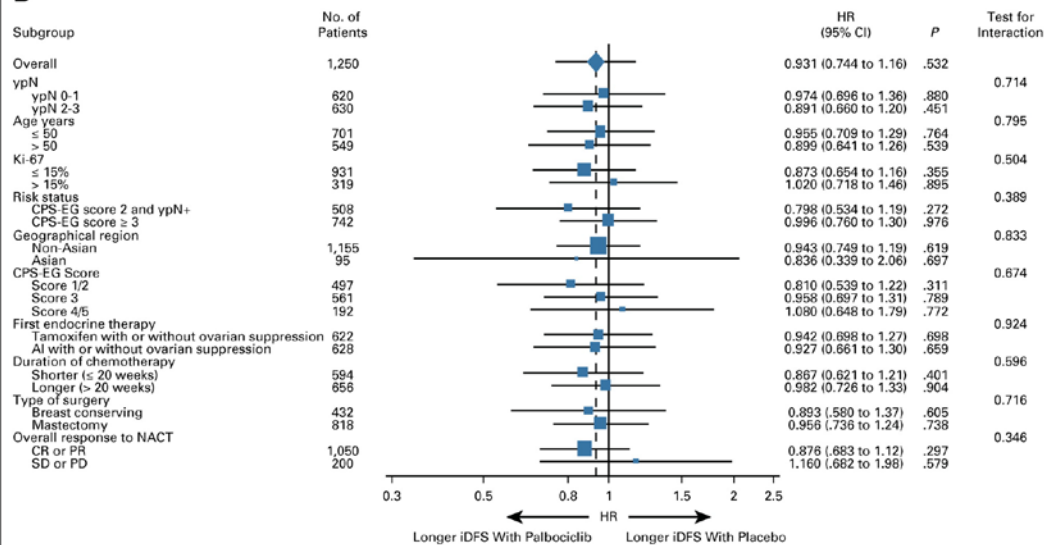
Tamoxifen + GnRHa: 85% decrease (-23.0 ng/L)

Exemestane + GnRHa: 72% decrease (-18.5 ng/L)

A



B



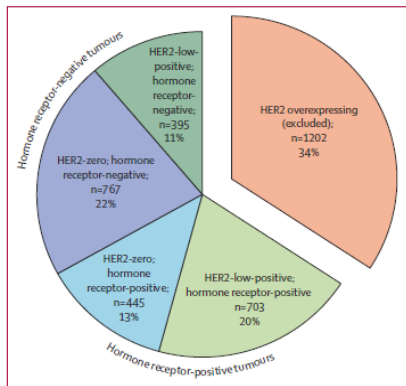
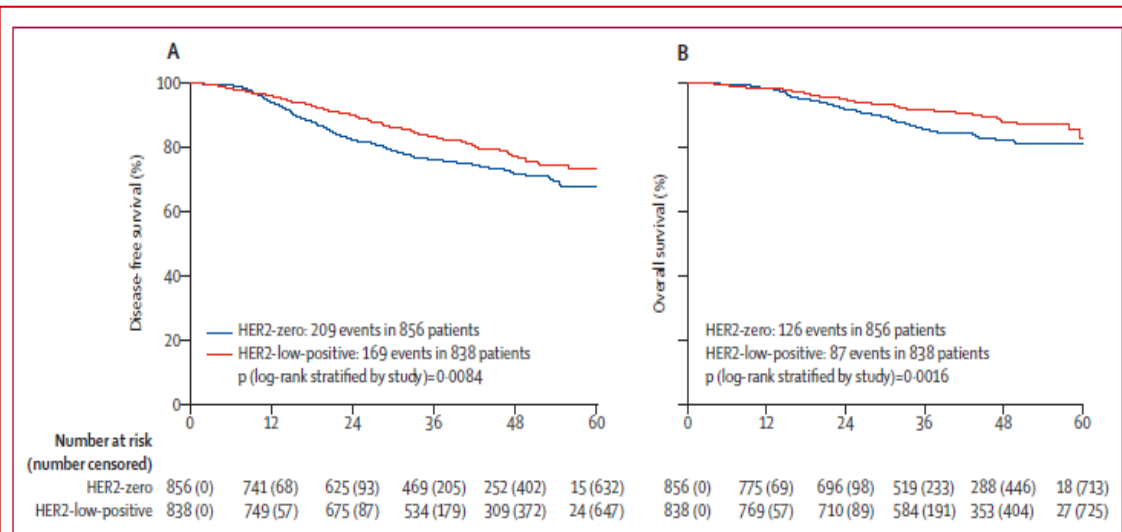
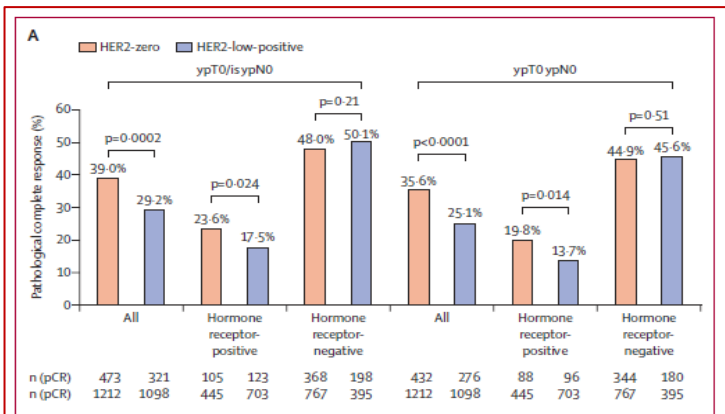


Figure 1: Modified classification of breast cancer based on a combination of hormone-receptor expression and HER2 expression

Clinical and molecular characteristics of HER2-low-positive breast cancer: pooled analysis of individual patient data from four prospective, neoadjuvant clinical trials



Carsten Denkert, Fenja Seither, Andreas Schneeweiss, Theresa Link, Jens-Uwe Blohmer, Marianne Just, Pauline Wimberger, Almut H Forberger, Hans Tesch, Christian Jackisch, Sabine Schmatloch, Mattea Reinisch, Erich F Solomayer, Wolfgang D Schmitt, Claus Hanusch, Peter A Fasching, Kristina Lübke, Christine Solbach, Jens Huober, Kerstin Rhiem, Frederik Marmé, Toralf Reimer, Marcus Schmidt, Bruno V Sinn, Wolfgang Janni, Elmar Stickeler, Laura Michel, Oliver Stötzer, Eric Hahnen, Jenny Furlanetto, Sabine Seiler, Valentina Nekljudova, Michael Untch, Sibylle Loibl





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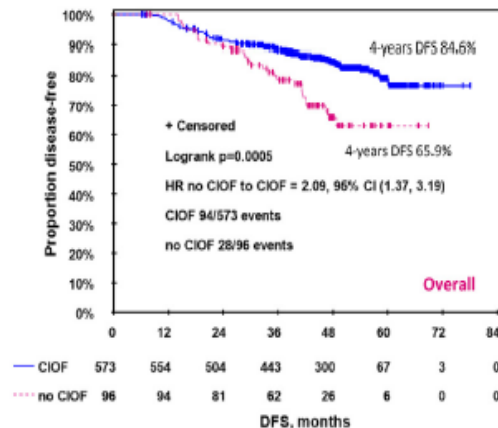
Original Research

Chemotherapy-induced ovarian failure in young women with early breast cancer: Prospective analysis of four randomised neoadjuvant/adjvant breast cancer trials

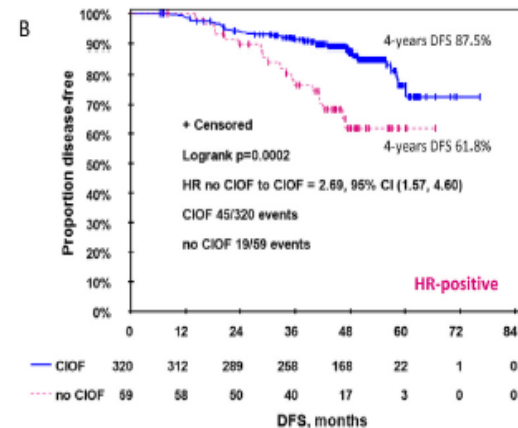
Jenny Furlanetto^{a,*}, GBG_Forschung, Frederik Marmé^b, Sabine Seiler, Christian Thode^c, Michael Untch^d, Sabine Schmatloch^c, Andreas Schneeweiss^f, Martina Bassy^c, Peter A. Fasching^g, Dominika Strik^h, Elmar Stickelerⁱ, Christian Schem^j, Thomas Karn^k, Eva-Maria Grischke^l, Carsten Denkert^m, Marion van Mackelenbergh^l, Volkmar Müller^o, Valentina Nekljudova^a, Sibylle Loibl^a



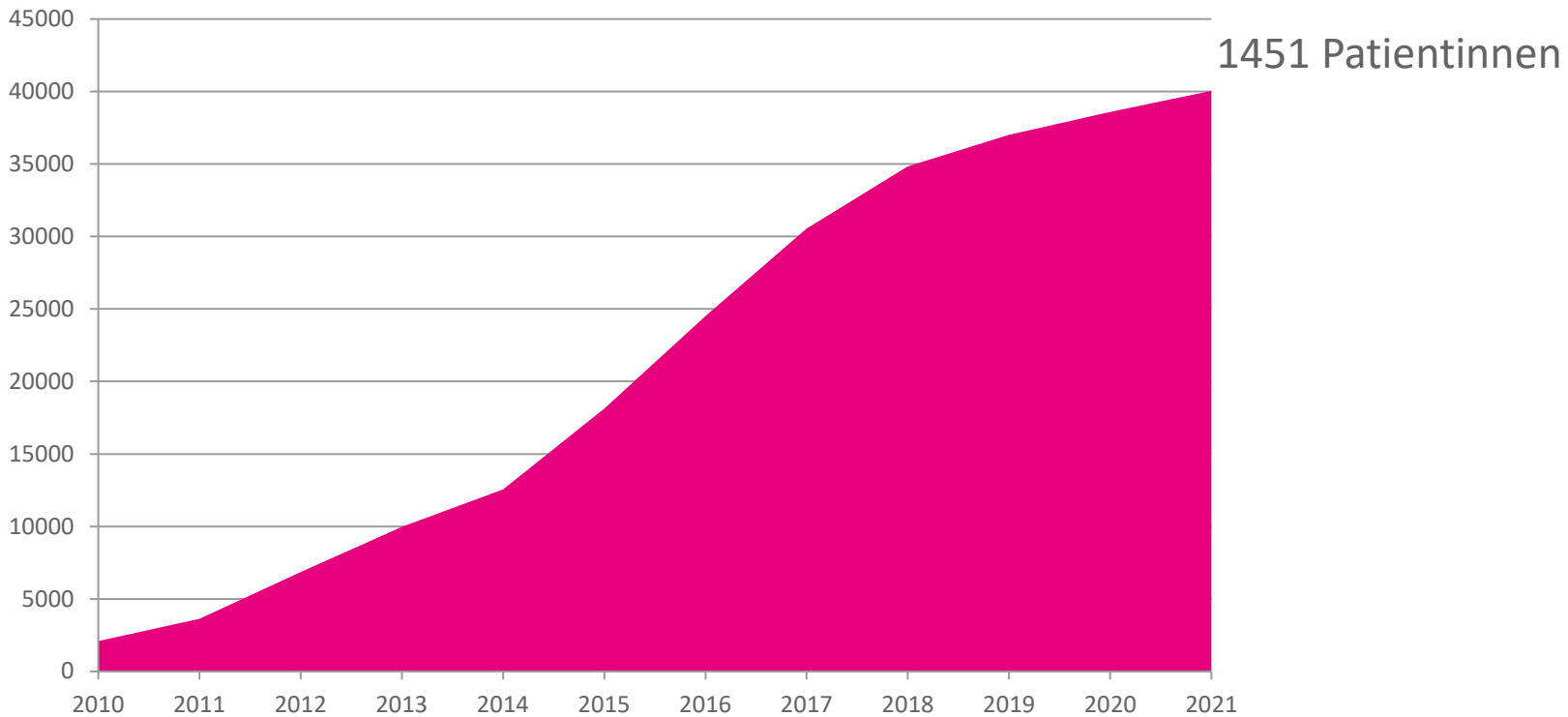
A



B



Rekrutierung 2021



In 2021 mit der Rekrutierung gestartet und beendet

Studie	Wann
Post neoadjuvant	
TruDy/Destiny-Breast05	September
Surgical	
EUBREAST-01	Januar

Studie	Wann
Neoadjuvant	
GeparDouze	Mai
Palliativ	
AMICA	Dezember

St.Gallen International consensus session on the optimal primary treatment of women with breast cancer 2021 – Part II

2:00pm - 5:00pm

LIVE NOW

LIVE

CONSENSUS SESSION

BREAST CANCER CONGRESS

CLICK TO UNMUTE

5-8 MAY 2021

ESMO BREAST CANCER VIRTUAL CONGRESS

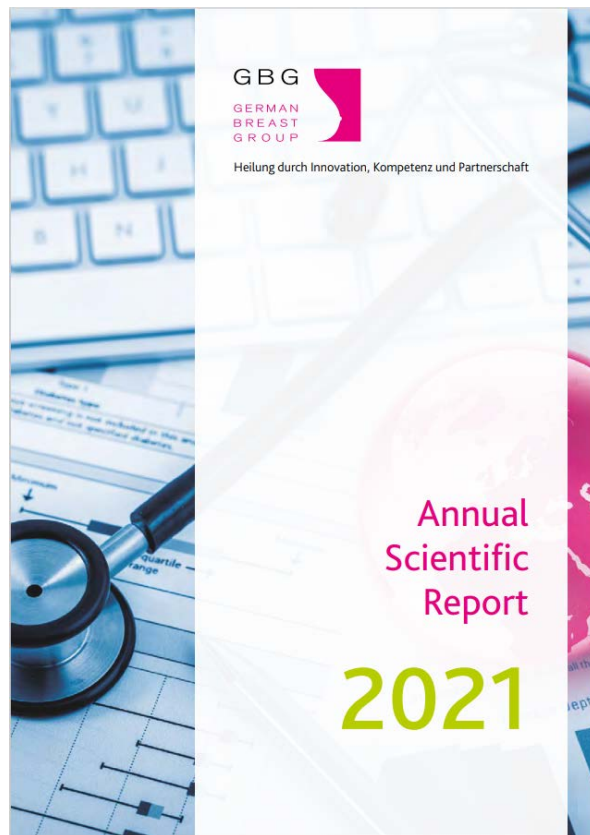
ESMO

1:14:56

LIVE 283

Presentations in this session

Annual Scientific Report (ASR) 2021



- **2 Key Note Speaker**
 - Prof. Laurence Zitvogel – Paris- Microbiome
 - Prof. Richard Grey – Oxford - EBCTCG
- **5 Sateliten Symposien**
- **Zahlreiche Vorträge zu den Studien**
- **Übersichtsvorträge**
- **Kostenlose Teilnahme für ALLE**

GBG Subboards 2021 & AGO-B Board 2021

▪ Neoadjuvant

Blohmer, Denkert, Fasching, Hanusch,
Hooper, Jackisch, Link, Loibl, Reinisch
Rhiem, Schneeweiss, Solbach, Untch

▪ Adjuvant

Loibl, Marmé, ...
Stickeler, Reinisch
Schmidt, Sinn, ...

▪ Palliativ

Decker, Denkert, Loibl, Lübbe,
Mundhenke, Müller, Schmidt, Thill

▪ Operativ

Ataseven, Blohmer, Denkert, Gerber,
Golatta, Hahn, Heil, Krug, Kühn, Loibl

Vielen Dank an alle für die
GUTE ZUSAMMENARBEIT

▪ (traFo)

Loibl, Marmé,
...

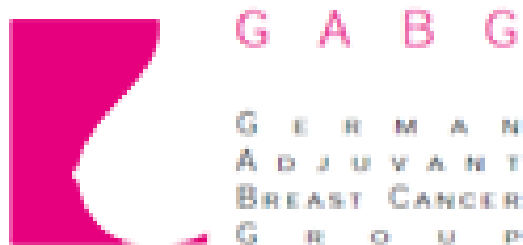
▪ AGO-B

Fasching, Fehm, Jackisch, Janni, Kühn,
Lück, Möbus, Müller, Rack, Schmidt,
Schneeweiss, Stickeler, Thomssen,
Untch u.a.

HERZLICHEN
DANK!

Unsere Sponsoren





GABG-GBG 40 years of high level BREAST Cancer Research

Made in Germany



Laurence ZITVOGEL MD, PhD



Director, Clinicobiome at Gustave Roussy Cancer Center (GRCC)
Research Director U1015 INSERM
Scientific Director, Center of clinical investigations Biotheris, GRCC
Full Professor, PU-PH Faculté Médecine, University Paris Saclay

Prof. L. Zitvogel, MD (Clinical Oncology), PhD (Tumor Immunology), full professor at the University Paris Saclay, graduated in Medical Oncology in 1992. Scientific career first at the University of Pittsburgh, US. Became Research Director at Institut National de la Santé et Recherche Médicale U1015, and Scientific Director of the Clinicobiome program at Gustave Roussy, the largest cancer Center in Europe in 1998. Actively contributed to the field of cancer immunology and immunotherapy. Pioneer of the concepts of immunogenic cell death and gut microbiota in cancer immunosurveillance and therapies. Recipient of many awards: French National Academy of Medicine, Translation Research INSERM Prize, the ASCO-SITC, Brupbacher Awards 2017, ESMO Immuno-Oncology Award 2017, Baillet Latour Prize 2019 and the Griffuel Prize 2019.

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