

BREAST CANCER

Advances in systemic treatment • สรุปตาม subtype และระยะโรค

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EARLY — curative intent

HR+/
HER2-

High-risk N+
Abemaciclib 2 ฝั + ET | monarchE
7-y iDFS 77.4% vs 70.9%
7-y OS 86.8% vs 85.0% • OS HR 0.842

Stage II–III; selected high-risk N0
Ribociclib 3 ฝั + NSAI | NATALEE
5-y iDFS +4.5 pp • HR 0.716
OS benefit ยังไม่ established

High-risk gBRCA1/2 pathogenic variant; HER2-
Olaparib 1 ฝั | OlympiA
4-y OS 89.8% vs 86.4% • HR 0.68 (HER2- overall)

HER2+

Neoadjuvant high-risk disease
T-DXd 4 cycles → THP 4 cycles
DESTINY-Breast11
pCR 67.3% vs 56.3% (ddAC → THP)
EFS immature; ไม่ได้ทำ TCHP

High-risk residual; ypN+ / initially inoperable
T-DXd vs T-DM1 | DESTINY-Breast05
3-y iDFS 92.4% vs 83.7% • HR 0.47
ILD 9.6% vs 1.6%

Residual หลัง neoadjuvant taxane + trastuzumab
T-DM1 14 cycles | KATHERINE
iDFS / OS benefit

TNBC

Stage II–III; ไม่มี PD-L1
Perioperative pembrolizumab + chemotherapy
KEYNOTE-522
5-y OS 86.6% vs 81.7%

High-risk gBRCA1/2
Olaparib 1 ฝั | OlympiA
4-y OS 89.8% vs 86.4% (HER2- overall)

Residual disease
Capecitabine | CREATE-X
DFS / OS benefit; trial สิ้นสุด immunotherapy
Combination หลัง KEYNOTE-522 ยังไม่ randomized proof

METASTATIC — disease control

HR+/
HER2-

PIK3CA mutation; early relapse ระหว่าง / ≤12 เดือนหลัง adjuvant ET;
untreated advanced disease
Inavolisib + palbociclib + fulvestrant | INAVO120
OS 34.0 vs 27.0 เดือน • HR 0.67
Control: palbociclib + fulvestrant

PIK3CA / AKT1 / PTEN-altered; หลัง AI ± CDK4/6i
Capivasertib + fulvestrant | CAPitello-291
PFS 7.3 vs 3.1 เดือน • HR 0.50

PIK3CA wild type; หลัง CDK4/6i + AI
Gedatolisib + fulvestrant + palbociclib | VIKTORIA-1
PFS 9.3 vs 2.0 เดือน • HR 0.24 (vs fulvestrant)

Emergent *ESR1* llu ctDNA; first-line AI + CDK4/6i ≥6 เดือน; no progression
Switch AI → camizestrant + คอ CDK4/6i | SERENA-6
PFS 16.8 vs 9.2 เดือน • HR 0.45 (extended analysis)

ESR1 mutation; หลัง ET progression
Imlunestrant + abemaciclib | EMBER-3
PFS 11.1 vs 5.5 เดือน • HR 0.53
FDA: exploratory *ESR1* subgroup; vs imlunestrant

HER2-low / ultralow; หลัง ET; no metastatic chemotherapy
T-DXd | DESTINY-Breast06
PFS 13.2 vs 8.1 เดือน • HR 0.62 (vs chemotherapy)
Primary HER2-low; ultralow exploratory

HER2+

First line
T-DXd + pertuzumab | DESTINY-Breast09
PFS 40.7 vs 26.9 เดือน • HR 0.56 (vs THP)

HR+ maintenance; หลัง induction ไม่มี progression
Palbociclib + trastuzumab ± pertuzumab + ET | PATINA
PFS 44.3 vs 29.1 เดือน • HR 0.75*

หลัง THP 4–8 cycles ไม่มี progression
Tucatinib + HP maintenance | HER2CLIMB-05
PFS 24.9 vs 16.3 เดือน • HR 0.641 (vs HP)

Prior trastuzumab / pertuzumab / T-DM1; รวม active brain metastases
Tucatinib + trastuzumab + capecitabine | HER2CLIMB
OS 24.7 vs 19.2 เดือน
DB09 / PATINA / HER2CLIMB-05: OS immature

TNBC

First line; PD-L1 CPS ≥10; ICI eligible
SG + pembrolizumab | ASCENT-04/ KEYNOTE-D19
PFS 11.2 vs 7.8 เดือน • HR 0.65
Control: chemotherapy + pembrolizumab; OS immature

First line; ICI-ineligible
SG | ASCENT-03
PFS 9.7 vs 6.9 เดือน • HR 0.62 (vs chemotherapy)

First line; ICI-ineligible
Dato-DXd | TROPION-Breast02
PFS 10.8 vs 5.6 เดือน • HR 0.57
OS 23.7 vs 18.7 เดือน • HR 0.79 (vs chemotherapy)

Values: treatment vs control. Median PFS/OS: months; pp: percentage points.
OS: overall survival. PFS: progression-free survival.
iDFS: invasive disease-free survival. pCR: pathologic complete response.
ET: endocrine therapy. NSAI: nonsteroidal aromatase inhibitor.
HP: trastuzumab + pertuzumab. THP: taxane + HP.

T-DXd: trastuzumab deruxtecan. SG: sacituzumab govitecan.
Dato-DXd: datopotamab deruxtecan.
No cross-trial ranking. PFS/pCR benefit does not establish OS benefit.
ADC sequencing remains uncertain. Thai approval/reimbursement not verified.
*PATINA: published PFS estimate; censoring limits median interpretation.

Source: Hurvitz SA. N Engl J Med 2026;395:1409–1425. DOI:10.1056/NEJMra2500695
Selected advances; not a complete treatment algorithm.