Overall, pCR + in HER2+ patients was the HR-negative status (OR 2.05 [95% CI 1.23-3.41; p=0.002]).

High-grade toxicities that were significantly more common in HER2+ patients (54% vs. 33%; p=0.002) were as follows: mucositis/stomatitis/esophagitis (p=0.034), diarrhea (p=0.025), and maculopapular rash (p=0.047) and dyspnea (p=0.003).

As reported previously, toxicities and treatment discontinuations were more frequent with nab-Pac than with Pac.

LVSF decreases from baseline were uncommon, with 2.0% of the HER2+ patients showing >50% along with a 10% decrease from baseline.

Conclusions

This is the largest cohort of patients with HER2+ positive early breast cancer receiving a dual HER2-targeted neoadjuvant therapy, pertuzumab and trastuzumab, together with nab-Pac or Pac followed by epirubicin and cyclophosphamide.

Although the HER2+ patients experienced more noteworthy toxicity, this treatment regime has acceptable toxicity and achieved higher rates of pCR in the HER2+ cohort, particularly in the HER2-negative subgroup, supporting its use as part of the neoadjuvant treatment.

References


