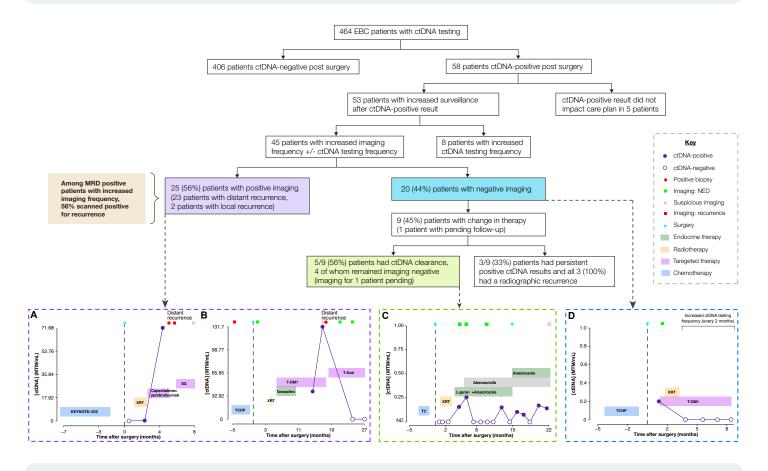




ASCO 2024: New data shows how leading oncologists treated EBC patients with molecular residual disease (MRD), potentially impacting the trajectory of the disease

Background:

- The presence of ctDNA has been strongly associated with recurrence yet the clinical impact of early ctDNA detection in terms of therapeutic intervention remains unclear^{1,2}
- In this multi-institution (4 geographic US regions) retrospective real-world analysis, ctDNA detection in the adjuvant setting was investigated to determine the impact on patients with stage I-III early breast cancer (testing was conducted between 11/2020 01/2024)³

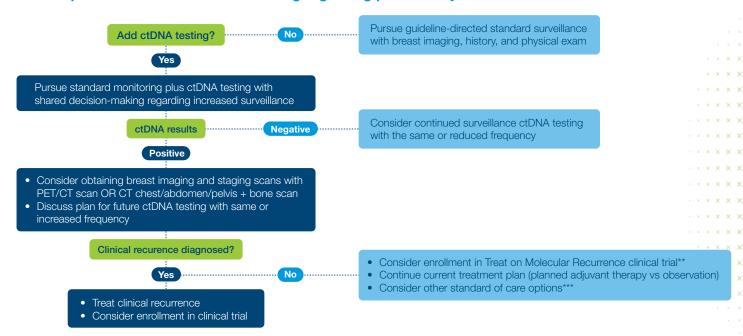


- 45% of patients with negative imaging were shown to have MRD which led to a change in therapy; 56% of these patients achieved ctDNA clearance
- A subset of patients who had a change in systemic therapy with subsequent ctDNA clearance was associated with better prognosis, compared to those patients without ctDNA clearance



Real world clinical use of positive ctDNA testing in adjuvant surveillance of patients with early breast cancer

Patient/provider shared decision-making regarding plan for adjuvant surveillance*



^{*}Contributing considerations include stage, grade, tumor subtype, recurrence risk, treatment options, patient preference, and others. Shared decision-making should include discussion of potential benefits, risk, and clinical actionability associated with ctDNA testing.

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References:

- Coombes C et al. Personalized Detection of Circulating Tumor DNA Antedates Breast Cancer Metastatic Recurrence. Clinical Cancer Research. 2019;25(14):4255-4263.
- Shaw JA et al. Serial postoperative circulating tumor DNA assessment has strong prognostic value during long-term follow-up in patients with breast cancer. JCO Precis Oncol.
- Marla Lipsyc-Sharf et al. Impact of circulating tumor DNA (ctDNA) surveillance on clinical care for patients with stage I-III breast cancer: Findings from a multi-institutional study. ASCO Annual Meeting 2024

Discover more here







^{**}Preferred

^{***}Some providers in this cohort elected to: change endocrine therapy (ie: tamoxifen to aromatase inhibitor + ovarian suppression), start treatment with adjuvant CDK4/inhibitor, starts treatment with adjuvant PARK inhibitor) for patients with BRCA mutations)