

## PROMENADE: PembROLizuMab for early ER-low/HER2-breast caNcer, reAlworld frEnch cohort

F. Cherifi<sup>1</sup>, L. Cabel<sup>2</sup>, C. Bousrih<sup>3</sup>, E. Volant<sup>4</sup>, F. Dalenc<sup>5</sup>, B. Mery<sup>6</sup>, M. Auvray Kuentz<sup>7</sup>, M. Alexandre<sup>8</sup>, L. Benistant<sup>9</sup>, M. Leheurteur<sup>10</sup>, C. Bailleux<sup>11</sup>, M. Debled<sup>12</sup>, J-S. Frenel<sup>13</sup>, D. Loirat<sup>2</sup>, F.C. Bidard<sup>2</sup>, S. Aho<sup>14</sup>, A. Glenet<sup>15</sup>, J.T.L. Ribeiro Mourato<sup>3</sup>, F. Christy<sup>16</sup>, G. Emile<sup>1</sup>

<sup>1</sup>Breast Cancer Unit, Centre Francois Baclesse, Caen, CEDEX 4, France <sup>2</sup>Medical Oncology, Institut Curie, Paris, CEDEX 14, France, <sup>3</sup>Breast unit, Gustave Roussy - Cancer Campus, Villejuif, France <sup>4</sup>Oncology, Cancéropôle Grand Ouest - CHU Nantes Immeuble Deurbroucq, Nantes, France, <sup>5</sup>Medical oncology, Oncopole Claudius Regaud- IUCT, Toulouse, France, <sup>6</sup>Oncology, Center Leon Berard, Lyon, France, <sup>7</sup>Oncology Center Eugène Marquis, Rennes, France, <sup>8</sup>Medical Oncology, ICM - Institut du Cancer de Montpellier, Montpellier, France, <sup>9</sup>Oncology, ICANS - Institut de Cancérologie Strasbourg Europe, Strasbourg, France, <sup>10</sup>Oncology, Centre Henri Becquerel, Rouen, CEDEX 1, France, <sup>11</sup>Oncology, Centre Anticancer Antoine Lacassagne, Nice, France, <sup>12</sup>Institute Bergonié - Centre Régional de Lutte Contre le Cancer Bordeaux, France <sup>13</sup>Medical Oncology Department, ICO Institut de Cancerologie de l'Ouest René Gauducheau, Saint-Herblain, France, <sup>14</sup>Institut de Cancérologie de Lorraine, Nancy, France <sup>15</sup>Oncology, IUCT Oncopole, Toulouse, France, <sup>16</sup>Clinical Research, Centre Francois Baclesse, Caen, Cedex, France,



# DECLARATION OF INTERESTS

## François Cherifi, M.D.

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Registration fees and accommodations : Chugai, AstraZeneca, MSD, Roche, Gilead, Pharmaand

Network membership : ESMO and Oncodistinct

[f.cherifi@baclesse.unicancer.fr](mailto:f.cherifi@baclesse.unicancer.fr)

François Baclesse Cancer Center, Caen, France



# Background

- ❖ ESMO and ASCO/CAP guidelines recommend a cut-off of ER expression  $<1\%$  to define TNBC  
In **France and other countries** the cut-off for TNBC is set  $<10\%$
- ❖ BC with ER 1%-9% expression, also called “**ER-low BC**”, is a rare subtype  
Represents less than 10% of TNBC and approximately 5% of ER+  
Pathological features more similar to ER  $<1\%$  than ER  $>10\%$  (e.g. basal like) <sup>1</sup>
- ❖ Swedish cohort study<sup>2</sup> :  
ER low population had a similar prognosis to the triple negative population  
Same DFS and OS
- ❖ American cohort study<sup>3</sup>:  
Clear benefit for adjuvant endocrine therapy for ER-low BC

**ER-low BC** are treated like TNBC in France but there is a lack of data concerning this population in the neoadjuvant setting

1 Y Ke-Da *et al* Cancer Communications V41, I10, 2021

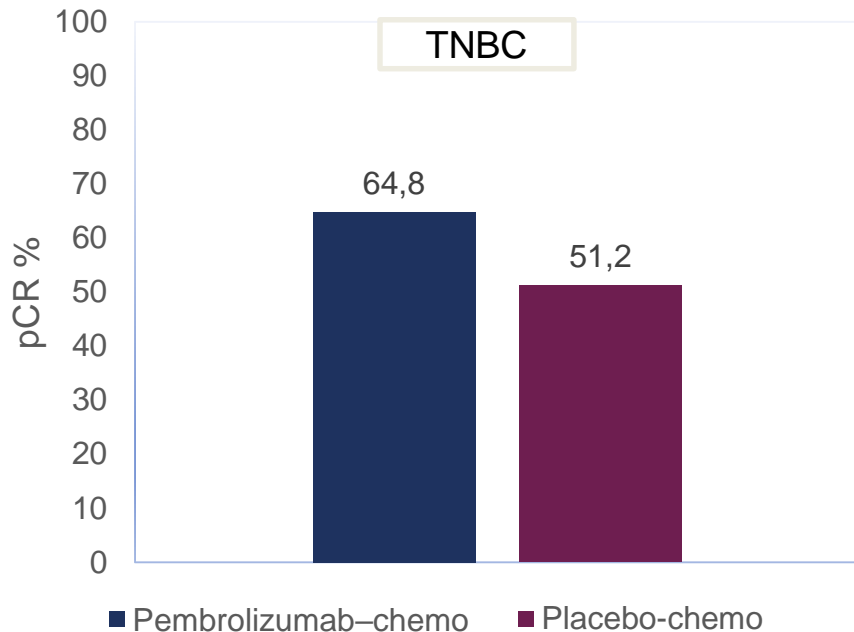
2 A Balazs *et al* The Lancet Regional Health-Europe V40, 2024

3 GM Yee Choong *et al* Journal of Clinical Oncology, V42,N16, 2024



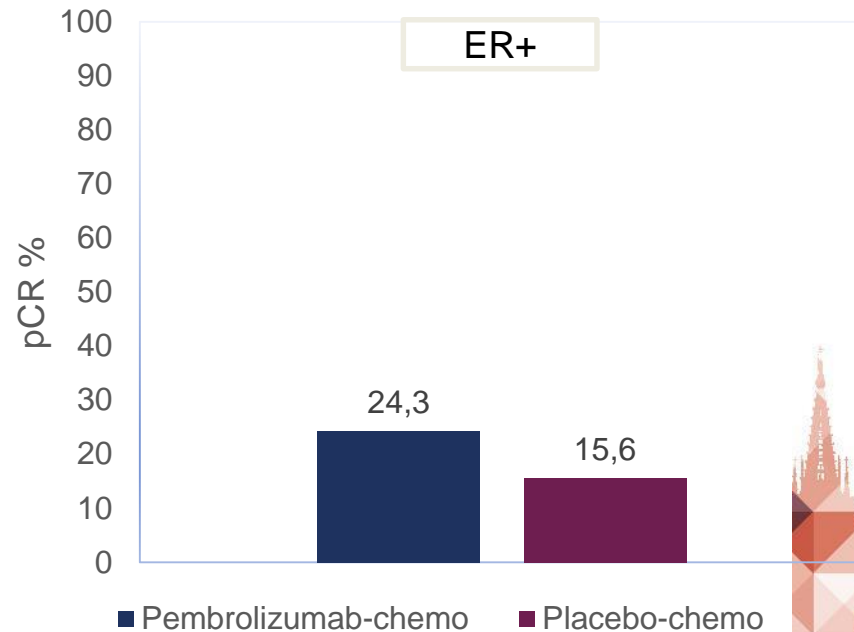
# Background

## KEYNOTE-522 (NCT03036488)



**Standard of Care**

## KEYNOTE-756 (NCT03725059)



# METHODS

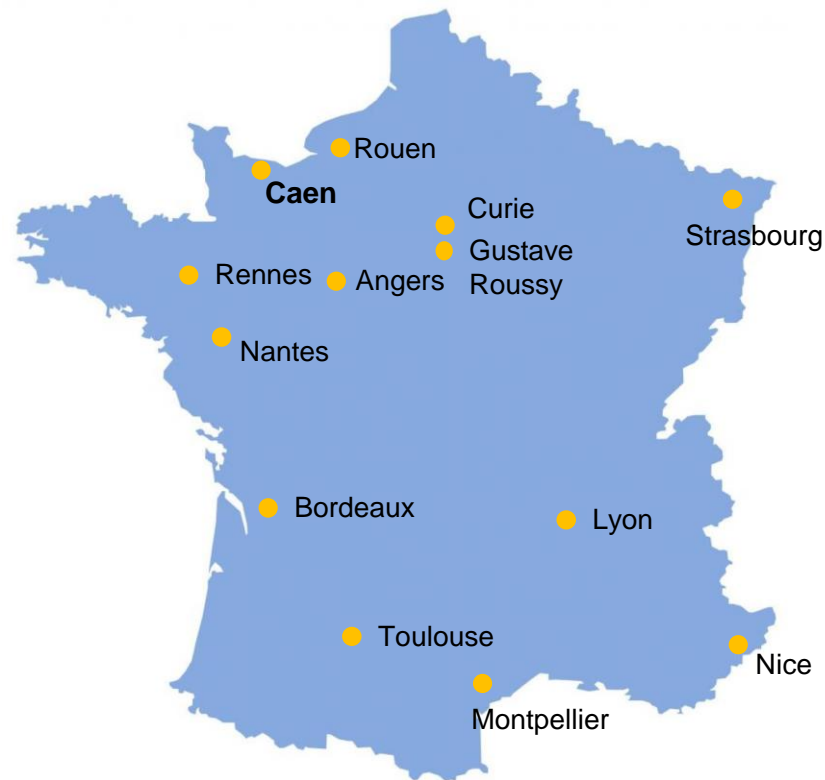
## Retrospective real-life study

12 Comprehensive Cancer Centers in 13 cities in France

### Inclusion Criteria:

- All patients receiving KEYNOTE 522 regimen
- Since its availability in march 2022
- Estrogen and/or progesterone receptor low (1-9%)
- HER2 negative (0, 1+, 2+ ISH neg)

**Primary Objective:** pCR (ypT0/isN0 or RCB 0) rate



# RESULTS

## General characteristics

<b>Number of patients</b>	<b>114</b>
<b>Age</b> - Median (min-max)	49 (26-80)
<i>Missing</i>	2 (1.8%)
<b>Menopausal status</b> - n (%)	
Pre	64 (57%)
Post	48 (43%)
<i>Missing</i>	2 (1.8%)
<b>Tumor size</b> - n (%)	
<T2	12 (11%)
≥T2	102 (89%)
<b>Node</b> - n (%)	
N0	58 (51%)
N ≥1	56 (49%)

## Pathology

<b>Histology</b> - n (%)	
Ductal	102 (90%)
Lobular	2 (2%)
Other	9 (8%)
<i>Missing</i>	1 (0.9%)
<b>SBR grade</b> - n (%)	
II	15 (14%)
III	95 (86%)
<i>Missing</i>	4 (3.5%)
<b>KI67</b> - Mean (SD)	61 (24)
<i>Missing</i>	15 (13.2%)
<b>Endocrine receptors</b> - n (%)	
ER-/PR+	37 (32%)
ER+/PR-	66 (58%)
ER+/PR+	11 (10%)
<b>HER2</b> - n (%)	
0	57 (50%)
1	35 (31%)
2 (ISH neg)	22 (19%)

## Treatment

<b>NACT* completed</b> - n (%)	83 (75%)
<i>Missing</i>	4 (3.5%)
<b>Surgery</b> - n (%)	113 (99%)
<b>Surgery type</b> - n (%)	
Lumpectomy	62 (54.3%)
Mastectomy	50 (44%)
Not done (PD)	1 (0.8%)
Other	1 (0.8%)
<b>Nodal intervention</b> - n (%)	
Sentinel lymph node	57 (50%)
Axillary dissection	54 (47%)
Not done (PD)	1 (0.8%)
Other	2 (1.7%)

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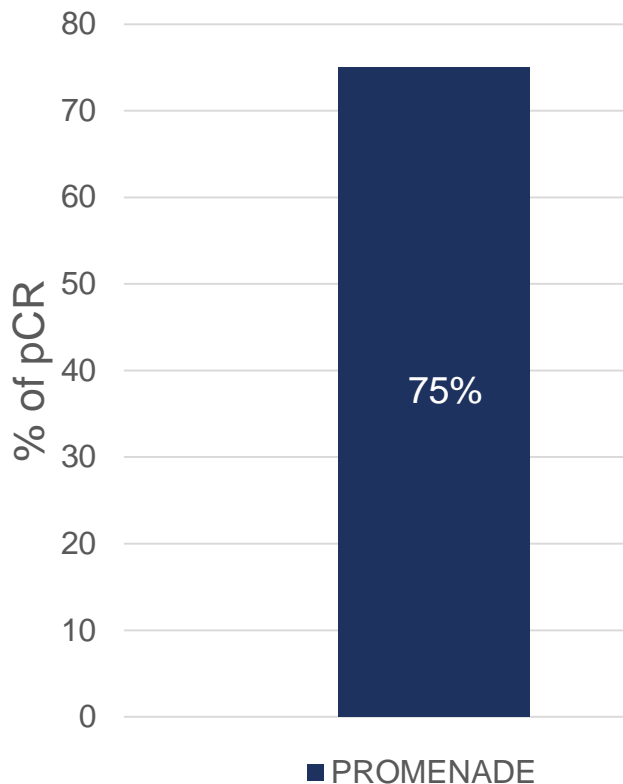
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# RESULTS

pCR rate with KEYNOTE-522 regimen in ER-low BC

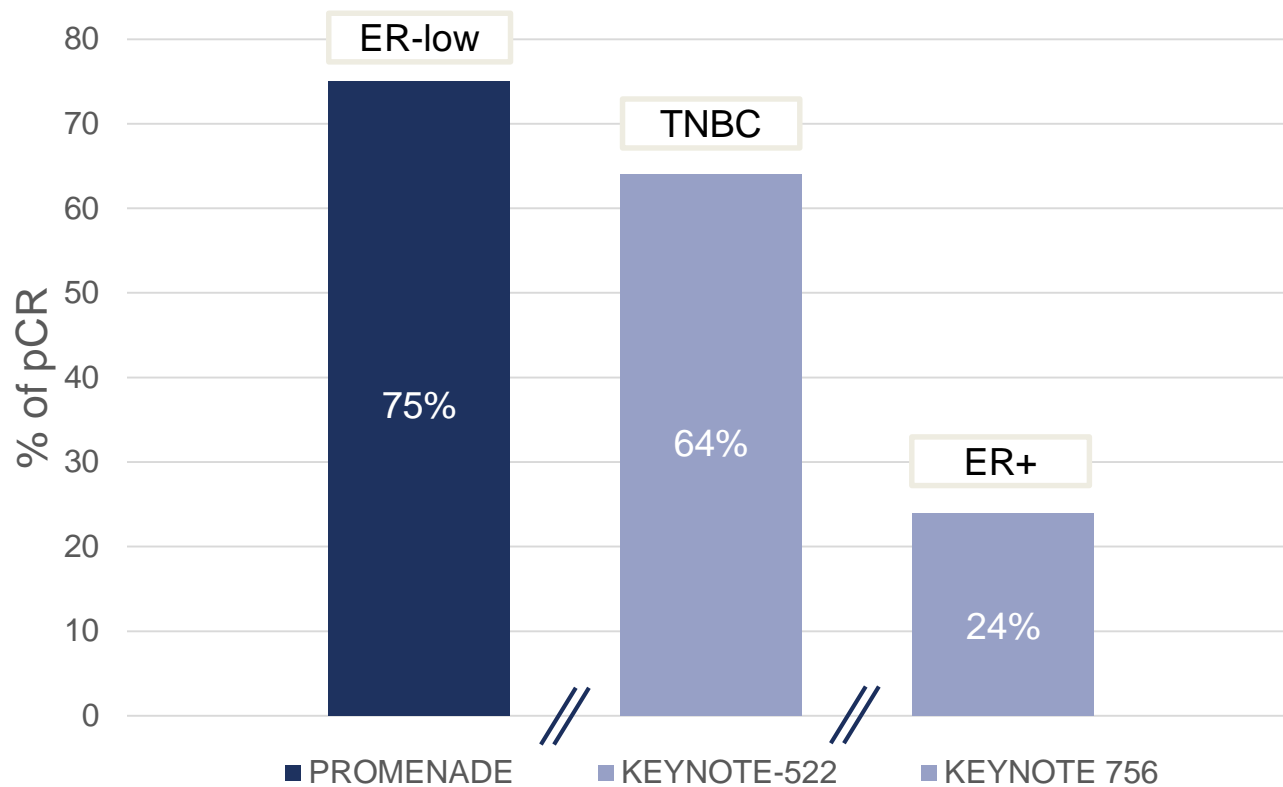


RCB	n (%)
0	85 (75 %)
1	9 (8 %)
2	12 (11 %)
3	7 (6 %)
Progressive disease	1 (1 %)



# RESULTS

## pCR rate with NACT



Data are not intended to be directly comparative

# TAKE HOME MESSAGE

- ❖ Tumors with ER-low status have:
  - ❖ A high rate of pCR after KEYNOTE 522 regimen
  - ❖ Respond differently than ER-positive and more like Triple-negative BC
- ❖ KEYNOTE 522 regimen seems to be useful for this population



What is the best treatment in the adjuvant setting ?



BARCELONA  
2024

ESMO

congress

# Acknowledgements

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- All patients and their families participating in this study
- All investigators and centers
- 2024 ESMO organization committee
- For your attention

**European Society for Medical Oncology (ESMO)**

Via Ginevra 4, CH-6900 Lugano

T. +41 (0)91 973 19 00

[esmo@esmo.org](mailto:esmo@esmo.org)

[esmo.org](http://esmo.org)

