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Exploring the Latest in Breast Cancer Care from ASCO 2026

Every year, the **American Society of Clinical Oncology (ASCO) Annual Meeting** brings together researchers from around the world to share the latest advances in cancer care. This year's meeting featured several promising developments for people living with and beyond breast cancer. Researchers presented studies exploring ways to reduce unnecessary treatment, improve quality of life, better manage treatment-related side effects, and develop new options for metastatic disease.

Treatment Updates

Prosigna genomic testing in people with high risk of recurrence (OPTIMA Trial, Phase 3)

ER-positive, HER2-negative high-risk early breast cancer

Background: Many people with ER-positive, HER2-negative early breast cancer are recommended chemotherapy based on clinical features like tumour size or lymph node involvement. Genomic tests that analyze the biology of a tumour may help identify who can safely avoid chemotherapy and receive hormone therapy on its own.

Indicated for: People with clinically high-risk ER-positive, HER2-negative early-stage breast cancer who would typically be considered for chemotherapy.

What was studied: The OPTIMA trial assessed whether the Prosigna (PAM50) genomic test could guide chemotherapy decisions in patients who were already considered clinically high risk. Patients with a low genomic risk score received hormone therapy alone, while those with higher scores received standard chemotherapy plus hormone therapy. The study assessed whether this test-guided approach could achieve similar outcomes to routinely giving chemotherapy plus hormone therapy to all clinically high-risk patients.

Primary Endpoint: Invasive breast cancer-free survival (IBCFS): the length of time patients remained free from invasive breast cancer recurrence, a new invasive cancer, or death.

Results:

- About 68% of clinically high-risk patients had a low genomic risk score.
- These patients were able to avoid chemotherapy and receive hormone therapy alone.
- Five-year invasive breast cancer-free survival was similar between the test-guided and standard treatment groups (93.7% vs. 94.9%).

Takeaways: Many patients who appear high risk based on traditional clinical features may have a low-risk tumour biology. The OPTIMA trial suggests genomic testing can identify a large group of clinically high-risk patients who may safely avoid chemotherapy while maintaining similar outcomes.

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Gedatolisib-based Therapy for PIK3CA-Mutated Metastatic Breast Cancer (VIKTORIA-1 Trial, Phase 3)

HR-positive, HER2-negative, PIK3CA-mutated metastatic breast cancer

Background: About 35-40% of HR-positive, HER2-negative breast cancers have a PIK3CA mutation, which can lead to treatment resistance. After someone progresses on a CDK4/6 inhibitor plus hormone therapy, treatment options are limited. Gedatolisib is a targeted therapy that blocks the PI3K/AKT/mTOR pathway, which helps drive cancer growth.

Indicated for: People with HR-positive, HER2-negative, PIK3CA-mutated locally advanced or metastatic breast cancer whose disease progressed during or after treatment with a CDK4/6 inhibitor and an aromatase inhibitor.

What was studied: The VIKTORIA-1 trial studied whether two gedatolisib-based treatment combinations (gedatolisib plus fulvestrant, with or without palbociclib) could improve outcomes compared with the current standard of care, alpelisib plus fulvestrant.

Primary Endpoint: Progression-free survival (PFS): how long patients lived without their cancer getting worse.

Results:

- Patients receiving gedatolisib, palbociclib, and fulvestrant lived a median of 9.3 months without their cancer progressing, compared with 7.4 months for those receiving alpelisib and fulvestrant.
- The gedatolisib-based regimens significantly reduced risk of disease progression compared with alpelisib plus fulvestrant.

Takeaways: This trial found that gedatolisib-based treatment improved outcomes for people with PIK3CA-mutated metastatic breast cancer after progression on a CDK4/6 inhibitor.

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Skipping Axillary Lymph Node Dissection (SENOMAC Trial, Phase 3)

Early-stage breast cancer with 1-2 sentinel lymph node involvement

Background: When cancer is found in the sentinel lymph nodes, additional lymph nodes in the underarm area are often removed using axillary lymph node dissection (ALND). ALND provides more information about how much the cancer has spread, but it also can cause long-term side effects like lymphedema. Researchers wanted to determine whether ALND could be avoided in certain patients.

Indicated for: People with early-stage breast cancer and cancer found in 1-2 sentinel lymph nodes after lumpectomy or mastectomy.

What was studied: The SENOMAC trial studied whether avoiding ALND was as effective as performing ALND in patients with limited lymph node involvement. Participants were randomly assigned to either undergo ALND or have no further axillary surgery and received standard adjuvant therapy, including radiation and systemic therapy as needed.

Primary Endpoint: Overall survival (OS): the percentage of patients alive five years after treatment.

Results:

- Five-year overall survival was similar: 93.4% with ALND, and 94.4% without ALND.
- Severe or very severe arm function problems were reported by 3.6% of patients who avoided ALND, compared with 12.6% of those who underwent ALND.

Takeaways: The SENOMAC trial found that omitting ALND in patients with breast cancer involving 1 or 2 sentinel nodes did not compromise survival and substantially reduced

long-term side effects. These findings suggest that many patients with cancer in only 1 or 2 sentinel lymph nodes may be able to avoid additional surgery.

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Quality of Life and Supportive Care Updates

Elinzanetant for Hot Flashes During Hormone Therapy (OASIS-4 Trial, Phase 3)

HR-positive breast cancer receiving hormone therapy

Background: Hormone therapies like tamoxifen and aromatase inhibitors are known to cause menopause-like symptoms, including hot flashes and sleep disturbances. These side effects can make it difficult for some patients to stay on treatment. Elinzanetant is a non-hormonal medication designed to reduce these symptoms.

Indicated for: Women with HR-positive breast cancer receiving hormone therapy who were experiencing frequent moderate-to-severe hot flashes.

What was studied: The OASIS-4 trial evaluated whether elinzanetant could reduce hot flashes, and improve sleep disturbances in individuals receiving hormone therapy for breast cancer.

Primary Endpoint: Frequency and severity of hot flashes and night sweats (known as vasomotor symptoms).

Results:

- More than 70% of individuals taking elinzanetant experienced at least a 50% reduction in hot flashes and night sweats, compared with about 36% of patients receiving the placebo.
- Patients reported improved sleep quality.
- Menopause-related quality of life improved for physical, psychosocial and sexual wellbeing.
- Benefits were observed regardless of the type of hormone therapy a person received.

Takeaways: Elinzanetant reduced hot flashes and improved sleep and quality of life in those experiencing menopause symptoms related to hormone therapy. It may provide an additional option for managing these side effects and supporting patients to remain on their treatment.

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Yoga for Anxiety, Fatigue and Insomnia (YOCAS Trial, Phase 3)

People living with cancer experiencing sleep or mood-related symptoms

Background: Anxiety, fatigue, mood disturbances and insomnia are symptoms many people diagnosed with cancer experience often. Many supportive care approaches target individual symptoms, but fewer have been shown to improve several symptoms at the same time. Yoga is a mind-body practice often suggested to help reduce symptoms and improve quality of life, but there is limited high-quality evidence that evaluates its impact on multiple cancer-related symptoms.

Indicated for: Adults with non-metastatic cancer experiencing insomnia, anxiety, or mood-related symptoms. About 75% of participants had breast cancer.

What was studied: The YOCAS (Yoga for Cancer Survivors) trial evaluated whether a 4-week program using gentle hatha and restorative yoga could improve anxiety, fatigue, emotional wellbeing and insomnia. The program included breathing exercises, mindfulness, and instructor-led yoga classes.

Primary Endpoint: Changes in mood, anxiety, fatigue, and insomnia measured using patient-reported questionnaires.

Results:

- Participants in the yoga group experienced significantly less overall mood disturbance, anxiety, fatigue and insomnia compared with those receiving usual car
- Improvements in mood, anxiety and fatigue were associated with improvements in sleep and reduction in insomnia.

Takeaways: A 4-week yoga program improved anxiety, fatigue, mood and sleep in this study. These finding suggest that yoga may be a useful tool to support patients living with many common symptoms experienced as a result of cancer treatment.

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Telephone-Based Weight Loss Program (BWEL Trial, Phase 3)

Stage II & III breast cancer

Background: Many people experience weight changes during and after breast cancer treatment. These changes may affect your energy levels, physical function and overall quality of life. Weight management programs may help support physical and emotional wellbeing, but more research is needed to understand their impact in people with breast cancer.

Indicated for: People with stage II or III breast cancer and a body mass index (BMI) of 27 or higher who had completed primary treatment. Approximately 81% had received chemotherapy and many were taking hormone therapy.

What was studied: The BWEL trial evaluated whether a 2-year telephone-based weight loss program could improve physical function, quality of life, and symptoms compared with health education alone. This analysis was part of a larger study examining the effects of weight loss after breast cancer. Participants received coaching on reducing calorie intake and increasing physical activity.

Primary Endpoint: Physical function: how well participants were able to carry out everyday activities and maintain independence in daily life.

Results:

- Participants in the weight loss program lost an average of 5.7% of their body weight at 12 months.
- Physical function improved significantly and participants also reported improvements in mental health and fatigue.
- The program did not significantly improve anxiety, depression, or pain compared to health education alone.

Takeaways: A structured telephone-based weight loss program helped people with breast cancer lose weight and improve their physical function and overall wellbeing. These findings suggest that weight management support may play a role in improving and maintaining quality of life after breast cancer.

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