Fall Conference Highlights

We're sharing highlights from major international breast cancer conferences, including the Advanced Breast Cancer 8 (ABC8) Conference and the San Antonio Breast Cancer Symposium. These updates reflect important progress in treatment, screening, quality of life and emerging tools to better personalize care.

Use our blog on Understanding Common Research Terms as a guide for some of the terms we reference.

Advanced Breast Cancer 8 Conference, November 2025

At the Advanced Breast Cancer 8 (ABC8) Conference, Dr. Mariana Chavez Mac Gregor shares the major findings from the ABC Global Decade Report, which looks at how far we've come in treating advanced breast cancer over the last 10 years.

Over the past decade, the treatment landscape for advanced or metastatic breast cancer has changed dramatically. Research breakthroughs and the development of 17 new treatments have led to meaningful improvements in how long people are living with the disease. Survival has increased across all major subtypes, supported by a stronger understanding of tumour biology. For HER2 positive and HR positive disease, targeted and biomarker-guided therapies have had the biggest impact, while triple negative disease has seen modest improvement with immunotherapy and antibody-drug conjugates (ADCs). Overall, five-year survival has risen from 26% to 33% over the last decade, though outcomes are still far lower than they are for early-stage breast cancer.

Despite this progress, there still remain significant challenges for metastatic breast cancer. Biomarker testing, which is essential for choosing effective treatments, is not consistently available in all regions. Survival differences also continue between subtypes and across countries, with triple negative disease still having the poorest outcomes.

As people live longer with mBC, quality of life and symptom management become more important than ever. Side effects from these newer therapies, like immune-related reactions, lung or digestive issues, and blood count changes, can have a major impact on daily life. This highlights the importance of shared decision making and ensuring support for emotional, nutritional and financial support.

Looking ahead, experts emphasize the need to continue improving survival across all subtypes, expand access to testing and treatment and strengthen the use of real-world data to guide care. There is hope that for some subtypes, mBC may increasingly be managed as a chronic condition but we are not there yet. The next decade should focus on ensuring that all patients benefit from the progress being made and supporting quality of life continues to be paramount. Leveraging digital and AI tools to improve care and increase access to clinical trials will be important methods for achieving this.

San Antonio Breast Cancer Symposium, December 2025

Alpelisib (EPIK-B5 trial, Phase 3)
HR positive, HER2 negative advanced or metastatic breast cancer

> ***Background****:* Some HR positive, HER2 negative breast cancers have a PIK3CA mutation, which can cause hormone therapy to stop working over time. Alpelisib is a targeted therapy designed to block this pathway and help slow cancer growth.
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> ***Indicated for****:* People with PIK3CA-mutated, HR positive, HER2 negative advanced or metastatic breast cancer whose cancer has progressed after prior hormone therapy or CDK4/6 inhibitors
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> ***What was studied****:* This trial compared alpelisib plus fulvestrant to fulvestrant alone
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> ***Primary Endpoint****:* **Progression-free survival (PFS):** how long patients lived without their cancer getting worse.
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> ***Results:***
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> - People who received alpelisib plus fulvestrant lived longer (7.4 months) without progression than those receiving fulvestrant alone (2.8 months)
> - Side effects were more common with alpelisib, especially high blood sugar, rash and diarrhea, but were consistent with what is already known about the drug
>
> ***Takeaways****:* For people with PIK3CA mutations, adding alpelisib to fulvestrant can delay progression after prior treatments stop working.

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Giredestrant (lidERA trial, Phase 3)
ER positive, HER2 negative early-stage breast cancer

> ***Background:*** Giredestrant is an oral selective estrogen receptor degrader (SERD) designed to block estrogen signals that fuel many early breast cancers. It is being tested as an adjuvant (given after surgery) hormone therapy to prevent recurrence.

Indicated for: People with ER positive, HER2 negative early-stage breast cancer at medium or high risk of recurrence

What was studied: This study compared giredestrant to standard of care hormone therapy to see whether it better prevented recurrence

Primary Endpoint: **Invasive disease-free survival (iDFS)**: how long patients stay free of invasive recurrence or death

Results:

- 30% reduction in the risk of invasive recurrence or death with giredestrant versus standard of care (hazard ratio 0.70)
- At 3 years, 92.4% of patients on giredestrant were alive and free of invasive disease versus 89.6% on standard therapy

Takeaways: Giredestrant showed a meaningful improvement in preventing invasive recurrence or death compared to standard hormone therapy, suggesting the potential to become a new standard adjuvant treatment for many people with ER positive breast cancer.

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Tucatinib (Tukysa) combination (HER2CLIMB-05 trial, Phase 3)
HER2 positive metastatic breast cancer

Background: First-line treatment for HER2 positive metastatic breast cancer typically includes chemotherapy, trastuzumab and pertuzumab (HP), followed by HP maintenance. But many people experience disease progression before reaching later therapies. This study tested whether adding tucatinib earlier during maintenance could further improve outcomes.

Indicated for: People with HER2 positive metastatic breast cancer whose disease has not progressed following initial treatment with docetaxel, trastuzumab and pertuzumab.

What was studied: This study compared the addition of tucatinib plus trastuzumab and pertuzumab (HP) versus placebo plus (HP) as a first-line maintenance therapy after completion of chemotherapy.

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

Results:

- Median PFS was 24.9 months with tucatinib + HP versus 16.3 months with placebo + HP
- The PFS occurred across all patient subgroups, including with and without brain metastases and different hormone receptor statuses

Takeaways: Adding tucatinib to standard HER2 therapy after initial chemotherapy significantly extends the time before progression in HER2 positive metastatic breast cancer, offering a potential way to prolong disease control.

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Niraparib (Zejula) + dostarlimab (Jemperli) (TBCRC-056 trial, Phase 2)
Early-stage triple negative breast cancer with germline BRCA1/2 or PALB2 mutations

Background: Researchers are exploring chemotherapy-free neoadjuvant (before surgery) treatments for TNBC with BRCA or PALB2 mutations by comparing a PARP inhibitor with immunotherapy, aiming to improve response before surgery.

Indicated for: People with stage I-III TNBC who have germline BRCA1/2 or PALB2 mutations and are candidates for neoadjuvant therapy before surgery

What was studied: This study evaluated a neoadjuvant, chemotherapy-free regimen combining niraparib (a PARP inhibitor) with dostarlimab (an immunotherapy) in different dosing schedules

Primary Endpoint: **Pathologic complete response (pCR):** no invasive cancer found in the breast or lymph nodes at the time of surgery

Results:

- 50% pCR rate across patients receiving the combination
- Similar pCR results were seen in two different dosing approaches

Takeaways: A chemo-free neoadjuvant combination achieved a notable pCR rate, supporting further investigation of non-chemo neoadjuvant approaches in selected patients.

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Elacestrant (Orserdu) + everolimus or abemaciclib (ELEVATE trial, Phase 1b/2)
ER positive, HER2 negative metastatic breast cancer

Background: After initial hormone therapy with a CDK4/6 inhibitor, many ER positive metastatic breast cancers become resistant. Researchers are studying new oral therapies to see if they can improve outcomes.

Indicated for: People with ER positive, HER2 negative advanced or metastatic breast cancer who previously received hormone therapy and a CDK4/6 inhibitor

What was studied: This study evaluated elacestrant plus either everolimus (Afinitor) or abemaciclib (Verzenio) to see if these oral combinations can help delay disease progression in patients whose cancer has become resistant to prior therapy

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

Results:

- Elacestrant + everolimus: median PFS was 8.3 months
- Elacestrant + abemaciclib: median PFS was 14.3 months

Takeaways: These findings suggest these all-oral treatment combinations may help control cancer while delaying the need for chemotherapy.

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Minimal Residual Disease (NSABP B-59/GBG 96-GeparDouze trial, Phase 3)
Triple negative high risk early-stage breast cancer

Background: After surgery and chemotherapy for TNBC, there need to be better tools to predict who is most likely to have recurrence in distant parts of the body. Detecting minimal residual disease (MRD) which are tiny amounts of cancer DNA in the blood using ctDNA testing, may help identify patients at much higher risk for recurrence before it is seen on scans.

Indicated for: People with early triple negative breast cancer (TNBC) who received standard treatment (neoadjuvant therapy and surgery) and were being followed afterward to assess risk of distant recurrence

What was studied: the sub-study of a larger TNBC clinical trial looked at whether a ctDNA assay (a blood test using the patient's own tumour DNA profile) could detect MRD after surgery and help predict who would have cancer come back in distant organs.

Primary Endpoint: **Distant recurrence-free interval (DRFI):** the time from surgery until cancer returned in a distant site and how well MRD status after surgery predicted that risk

Results:

- Patients with MRD detected after surgery had a much higher risk of distant recurrence compared to those without MRD (about 30 times higher)
- Most patients who were MRD-negative after surgery remained free of distant recurrence over follow-up

Takeaways: Detecting MRD with a ctDNA blood test after treatment may identify TNBC patients at high risk of recurrence before it appears on imaging, potentially helping guide decisions about closer monitoring or additional therapy.

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Acupuncture for Cognitive Function (ENHANCE trial, Phase 2)
Early-stage breast cancer

Background: Many people with breast cancer experience cancer-related cognitive difficulties (often called brain fog) after treatment ends and there are few proven treatments to improve this side effect.

Indicated for: People diagnosed with breast cancer who have completed treatment and report moderate or worse cognitive difficulties and insomnia

What was studied: Participants were assigned to real acupuncture or sham acupuncture (needles placed at non-therapeutic points or taped), or usual care, with weekly sessions for 10 weeks.

Primary Endpoint: Improvements in cancer-related cognitive function measured by:

- Patient-reported scores
- Objective tests of memory and learning

Results:

- Both real and sham acupuncture produced meaningful improvements in how patients perceived their cognitive function
- Real acupuncture showed significantly greater improvement than sham acupuncture on an objective memory test at 10 weeks
- In participants who had measurable cognitive impairment at baseline, real acupuncture showed stronger gains in memory scores, those differences were not always statistically significant

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