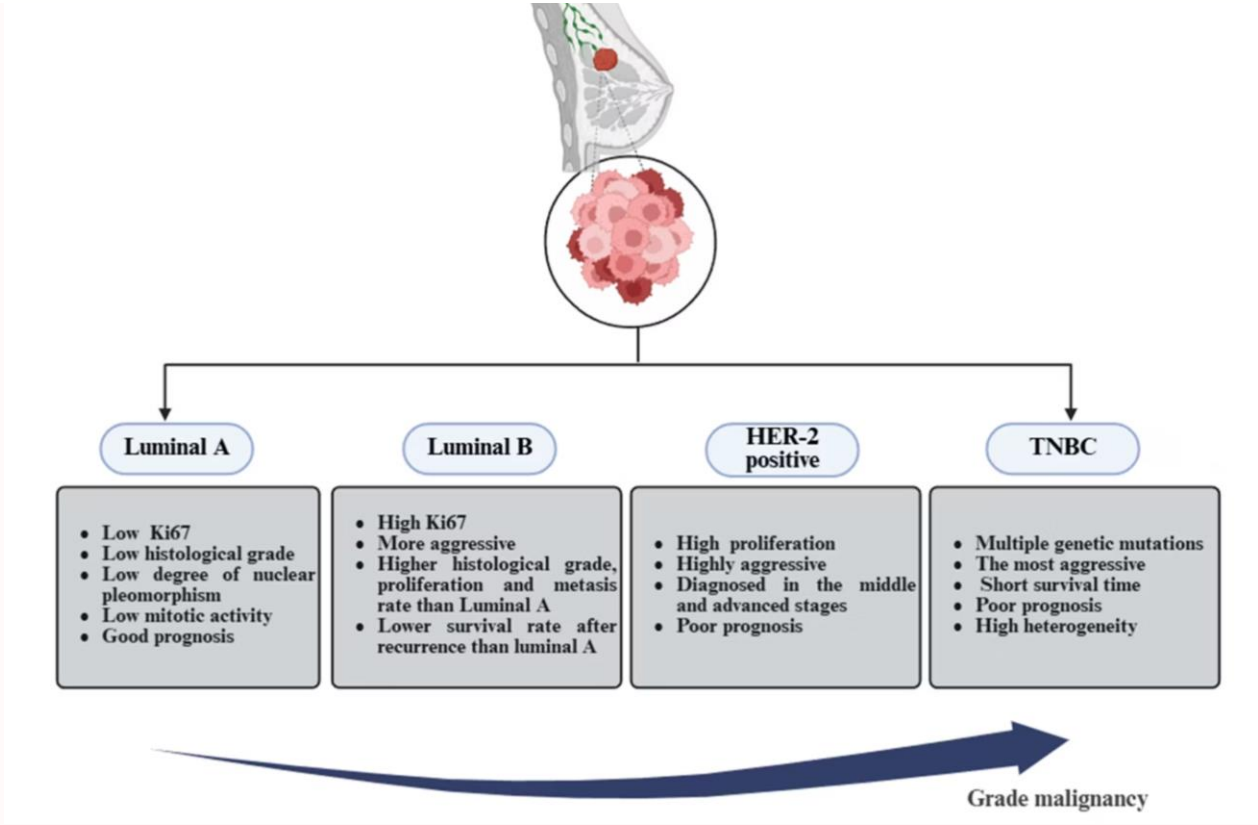
VIII SIMPOSIO NACIONAL
de ONCOLOGÍA de PRECISIÓN
Vigo, 19 y 20 de febrero de 2026

CÁNCER DE MAMA: LO MEJOR DEL 2025 EN 20 DIAPOSITIVAS

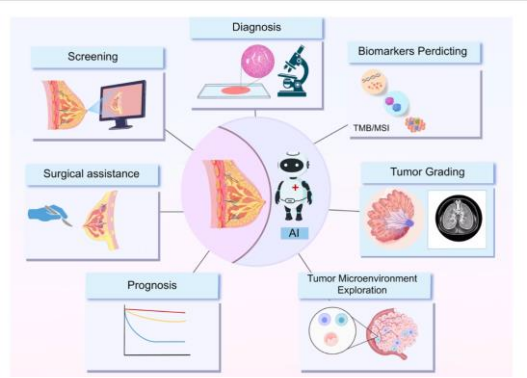
Silvia Antolín Novoa
Oncología Médica

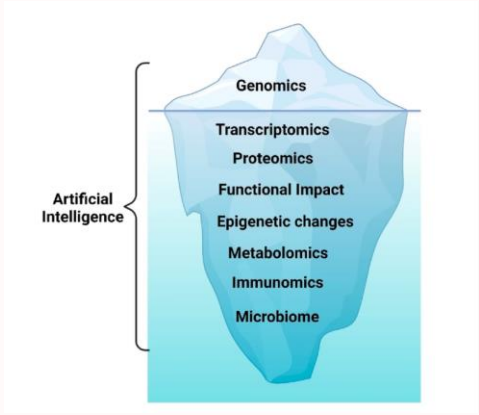
Hospital Universitario de A Coruña

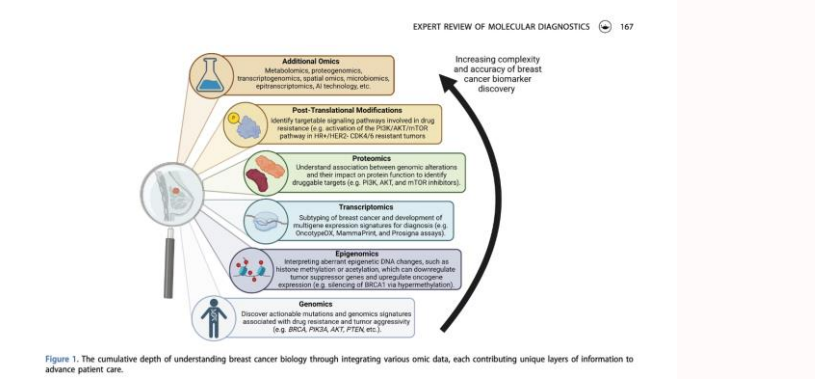


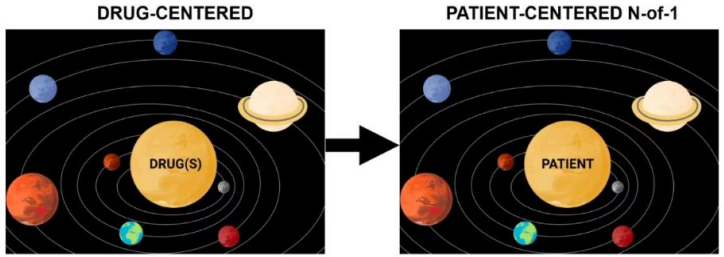
Azra Yasmin, Biomarkers 2025

FUNDAMENTOS MOLECULARES Y BIOLOGÍA COMPUTACIONAL





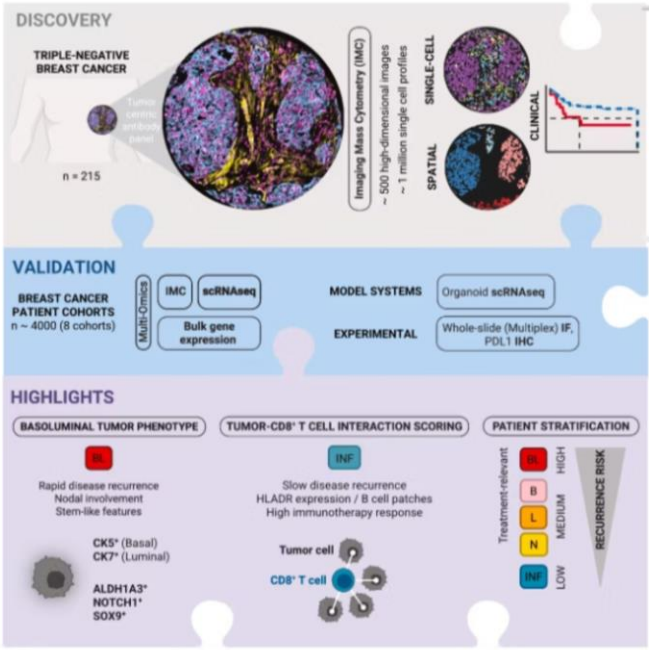


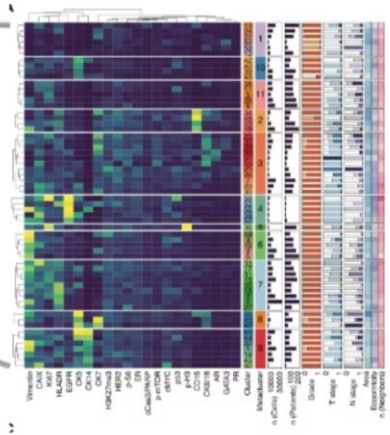


Deshui, R Frontiers in Oncology 2025.

Nikanjam, M CA Cancer J Clin 2025

CÁNCER TRIPLE NEGATIVO: UNA ENFERMEDAD HETEROGÉNEA





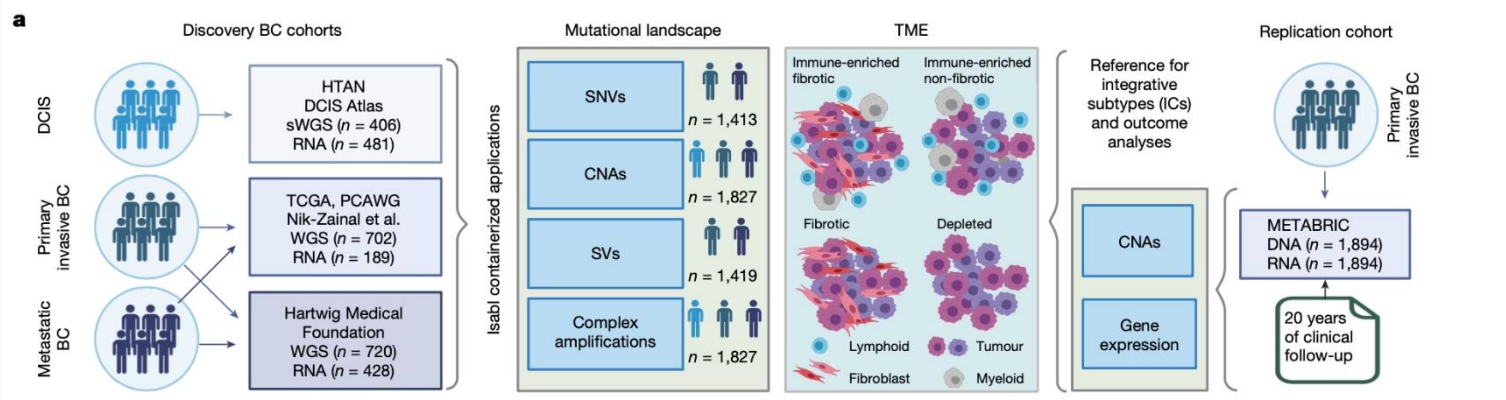
Metacluster (MC)

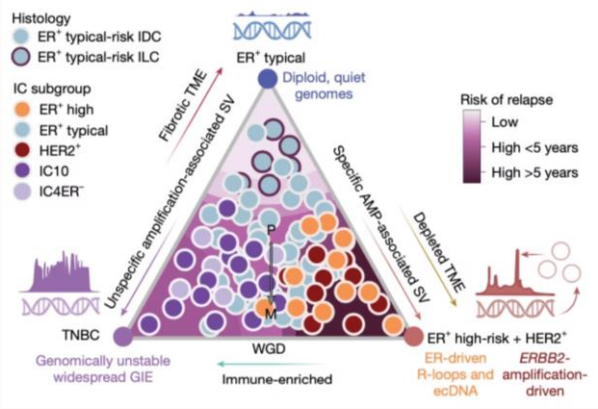
1 Epithelial-	4 EGFR+	7 HLADR+	10 CK5+
2 CD15+	5 Ki67+/p-H3+	8 CK5+/CK7+	11 Ki67+
3 CK7+/CK8/18+	6 Vim+	9 CK5+/CK14+	

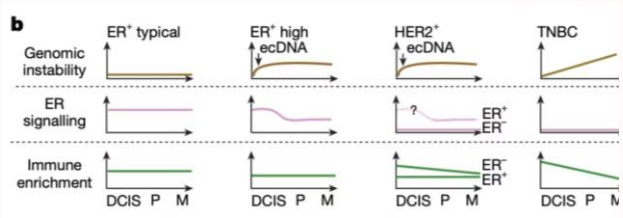
11 phenotypes in Triple Negative

Cancer Cell *43*, 1637–1655, September 8, 2025

ARQUETIPOS GENÓMICOS DE CÁNCER DE MAMA

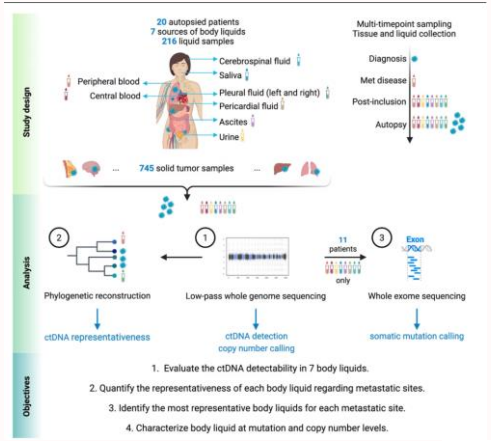


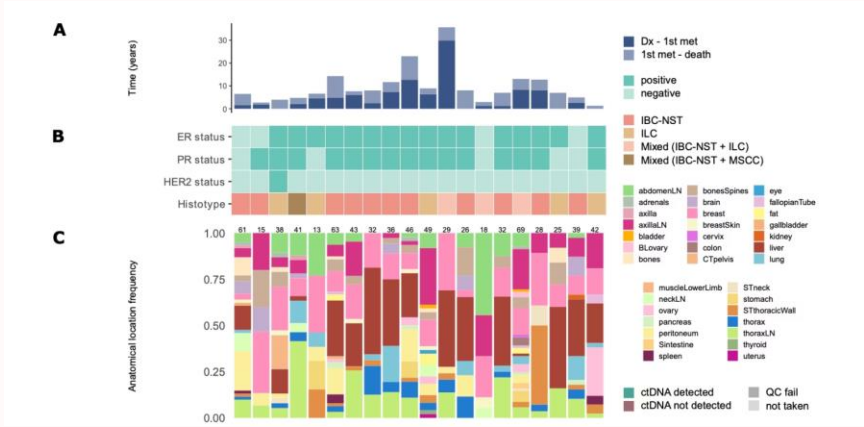


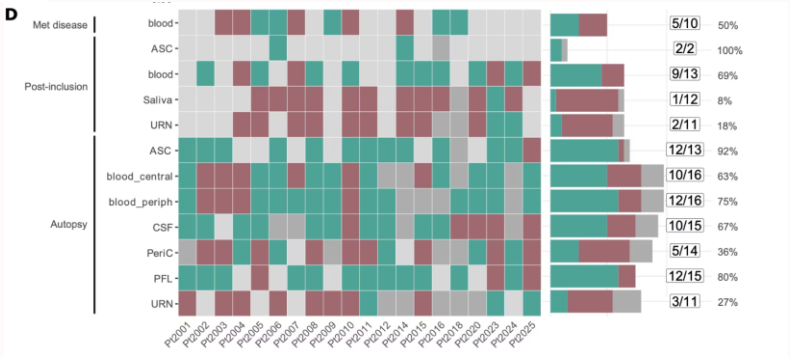


Houlaham et al Nature 2025 PMID 39779850

ctDNA EN 7 LÍQUIDOS CORPORALES

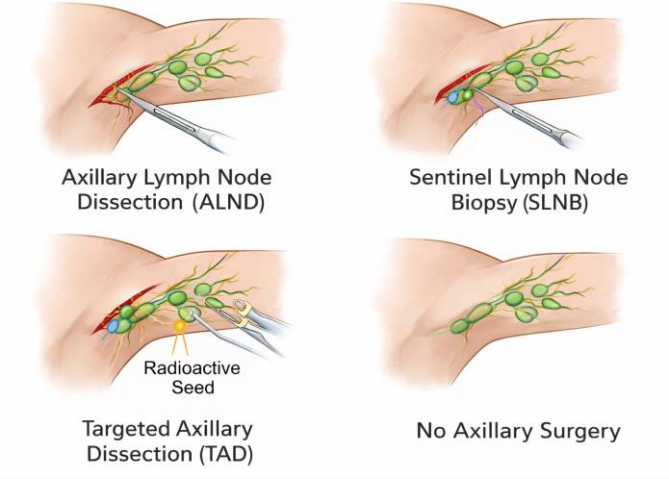






Richard F, Nature Communications 2025 PMID 41330890

PRECISIÓN EN ENFERMEDAD PRECOZ: DE-ESCALADA QUIRÚRGICA



ASCO Guidelines 2025

SAN ANTONIO BREAST CANCER SYMPOSIUM

May Omit SNB

- T1 with negative axillary ultrasound
- Postmenopausal and ≥ 50 years old
- Grade 1 or 2, HR+, HER2-
- Endocrine therapy planned
- BCT with whole breast RT

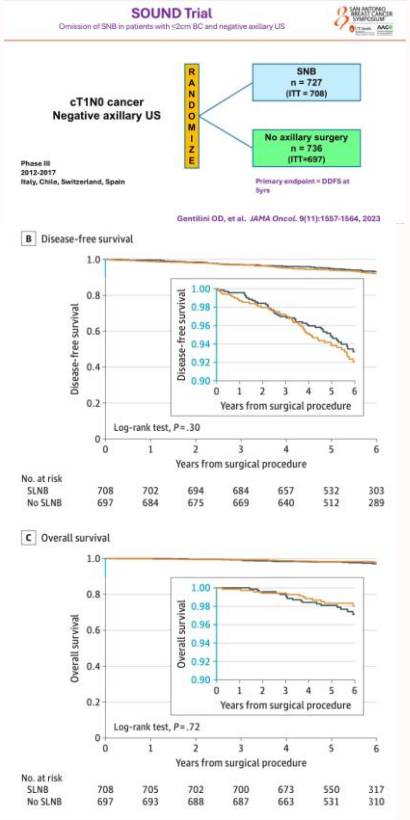
Park, KU et al JCO June 2025

1 **Ensayos SOUND e INSEMA**

Demostraron que la omisión de la biopsia de ganglio centinela (SNB) es segura en subgrupos seleccionados de bajo riesgo: HR+/HER2-, posmenopáusicas con tumores T1/T2 y ultrasonido axilar negativo.

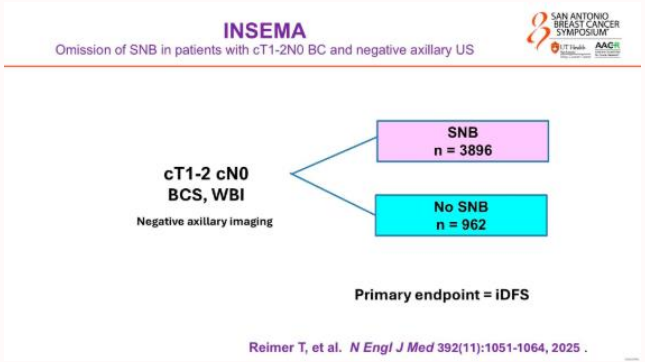
2 **REDUCCIÓN DE MORBILIDAD**

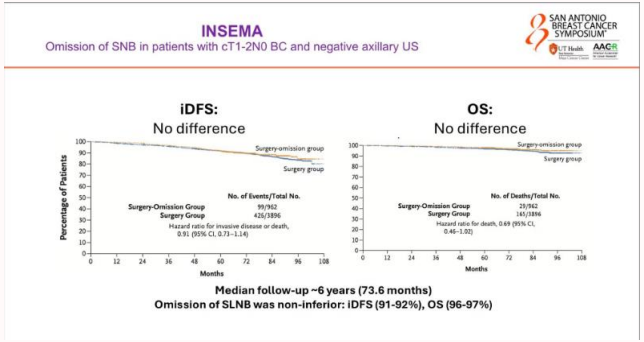
ENSAYOS SOUND



Gentilini, OD JAMA Oncol 2023

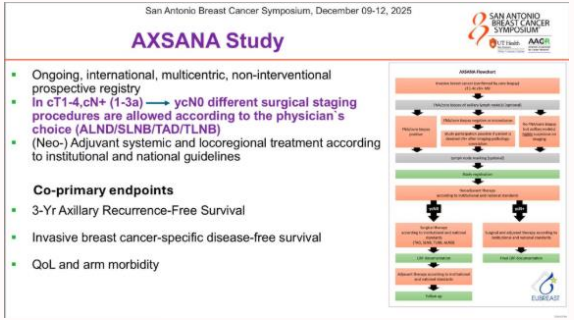
INSEMA

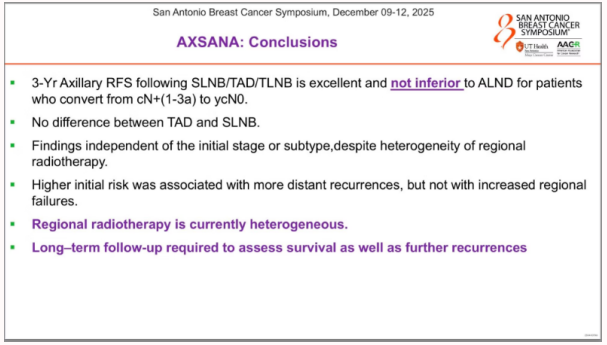




Reimer, T NEJ Med 2025

AXSANA

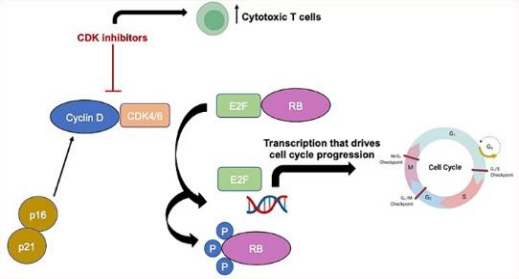




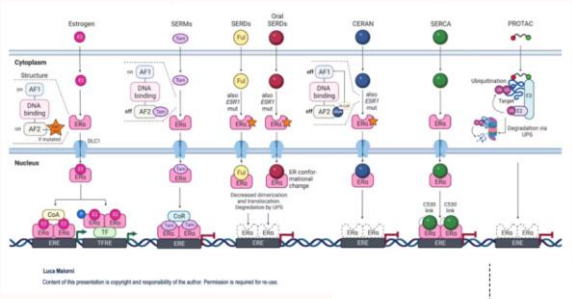
Kuhn, T SABCS 2025

ADYUVANCIA Y NEOADYUVANCIA BASADA EN RIESGO

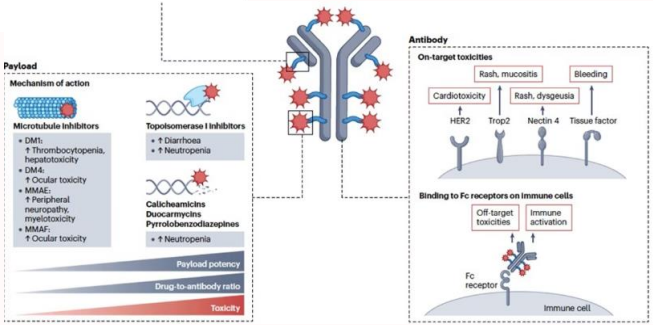
Inhibidores CDK4/6



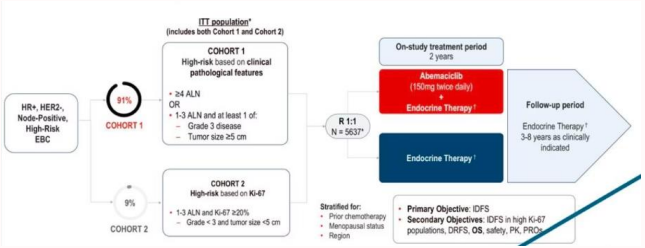
Nuevos SERDs Adyuvantes

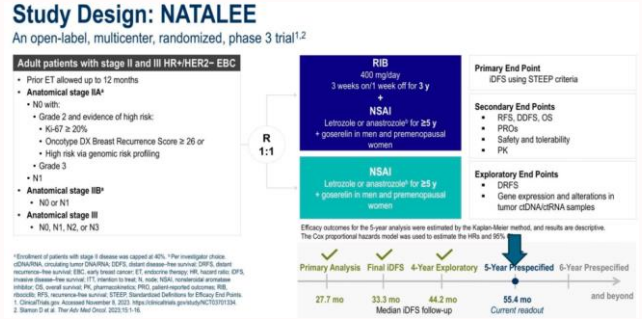


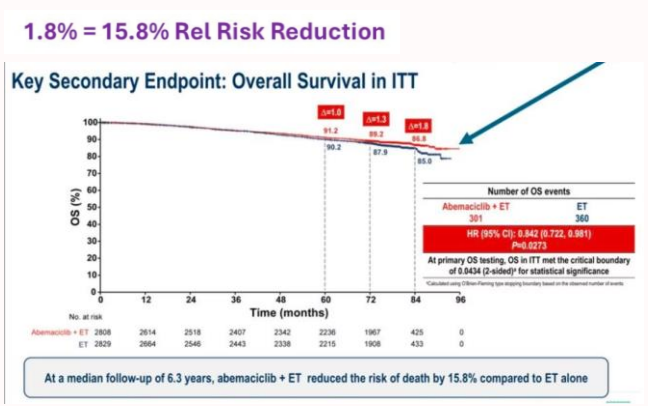
TDx en Enfermedad precoz HER2 positiva

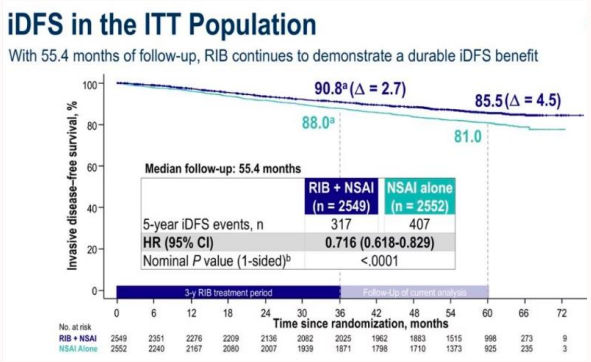


ENSAYOS MONARCHE Y NATALEE









Stephen Johnston, ESMO 2025

John Crown, ESMO 2025

ENSAYO LIDERA: GIREDESTRANT ADYUVANTE

lidERA Breast Cancer study design

A global, randomized, open-label, multicenter Phase III trial

Key eligibility criteria
- Participants with ER+, HER2− early breast cancer
- Stage I–III disease
  - pN0 and pT > 1 cm with Grade 3, or Ki67 ≥ 20%, or high score on genomic assay*
  - Node-positive
- Pre-/peri- or post-menopausal†
- Prior surgery < 12 months
- (Neo)adjuvant chemotherapy if indicated

At least 5-year treatment duration

N = 4170

R 1:1

Giredestrant (30 mg PO QD)

SOC ET
Tamoxifen/anastrozole/letrozole/exemestane

5-year follow-up

Long-term follow-up

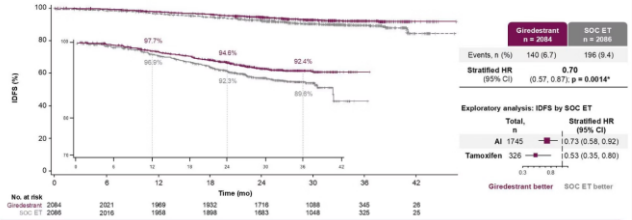
Stratification factors
- Risk: Medium-‡ vs high-risk§ Stage I–III breast cancer
- Region: USA/Canada/Western Europe vs Asia–Pacific vs RoW
- Previous chemotherapy: No vs yes
- Menopausal status: Pre- or peri-menopausal vs post-menopausal

Primary endpoint
- IDFS (excluding second primary non-breast cancer)

Key secondary endpoints
- DFS, DRFI, IDFS (including second primary non-breast invasive cancer with exception of non-melanoma skin cancers and *in situ* carcinomas of any site), LRRFI, OS, safety

Giredestrant is currently also being investigated in combination with abemaciclib in the adjuvant setting (lidERA Breast Cancer substudy 1)

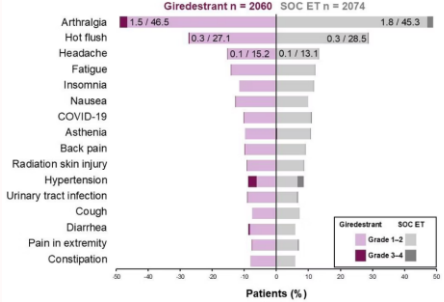
Primary endpoint: IDFS



Statistically significant and clinically meaningful improvement in IDFS:
Giredestrant reduced the risk of invasive disease recurrence or death by 30% compared with SOC ET

AE overview *(safety-evaluable population)*

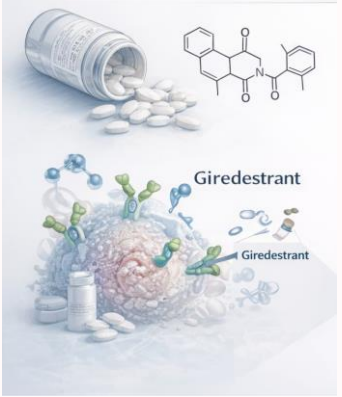
Common TEAEs (≥ 7.5% of patients in either arm at any grade)



Selected AEs

	Giredestrant n = 2060		SOC ET n = 2074	
Patients, n (%) with selected AEs by medical concept*				
	Grade 1–2	Grade 3–4	Grade 1–2	Grade 3–4
Bradycardia†	232 (11.3)	0	66 (3.2)	0
Venous thromboembolic events	16 (0.8)	2 (< 0.1)‡	10 (0.5)	7 (0.3)
Patients, n (%) with treatment discontinuations due to AEs				
Musculoskeletal disorders (including arthralgia)	38 (1.8)		92 (4.4)	
Vascular disorders (including hot flush)	2 (< 0.1)		18 (0.9)	

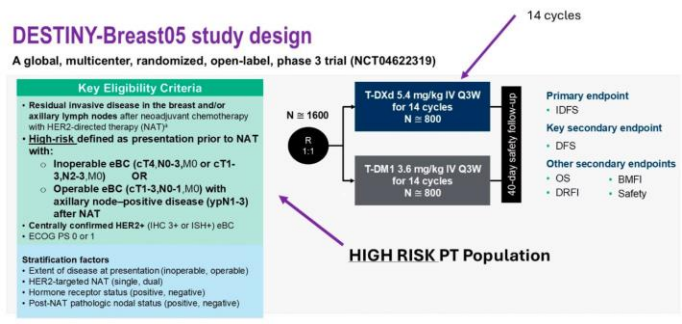
Giredestrant supone potencialmente el primer nuevo fármaco endocrino adyuvante en cáncer de mama en los últimos 20 años.

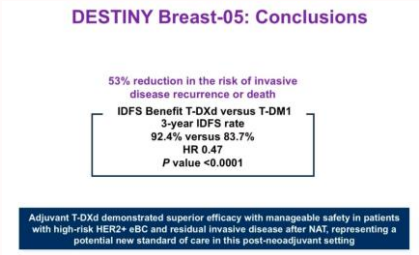


SAN ANTONIO BREAST CANCER SYMPOSIUM

Aditya, B SABCS 2025

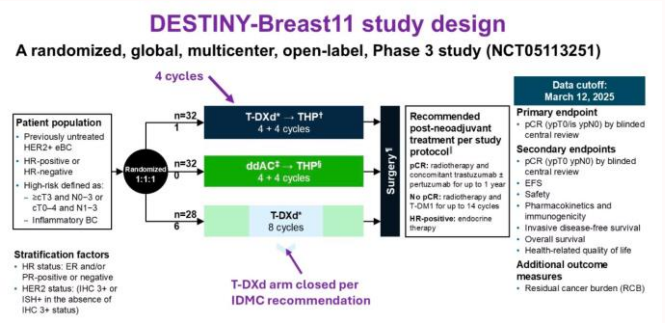
ENSAYOS DESTINY BREAST 05 Y 011

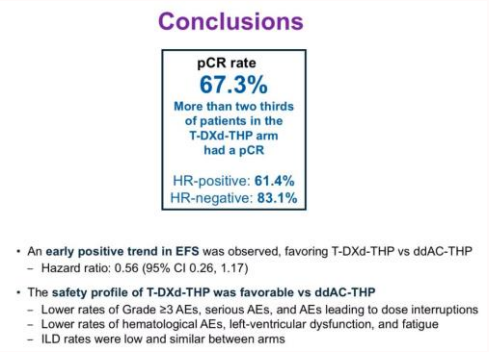




BERLIN 2025 ESMO congress

Charle E Geyer, ESMO 2025

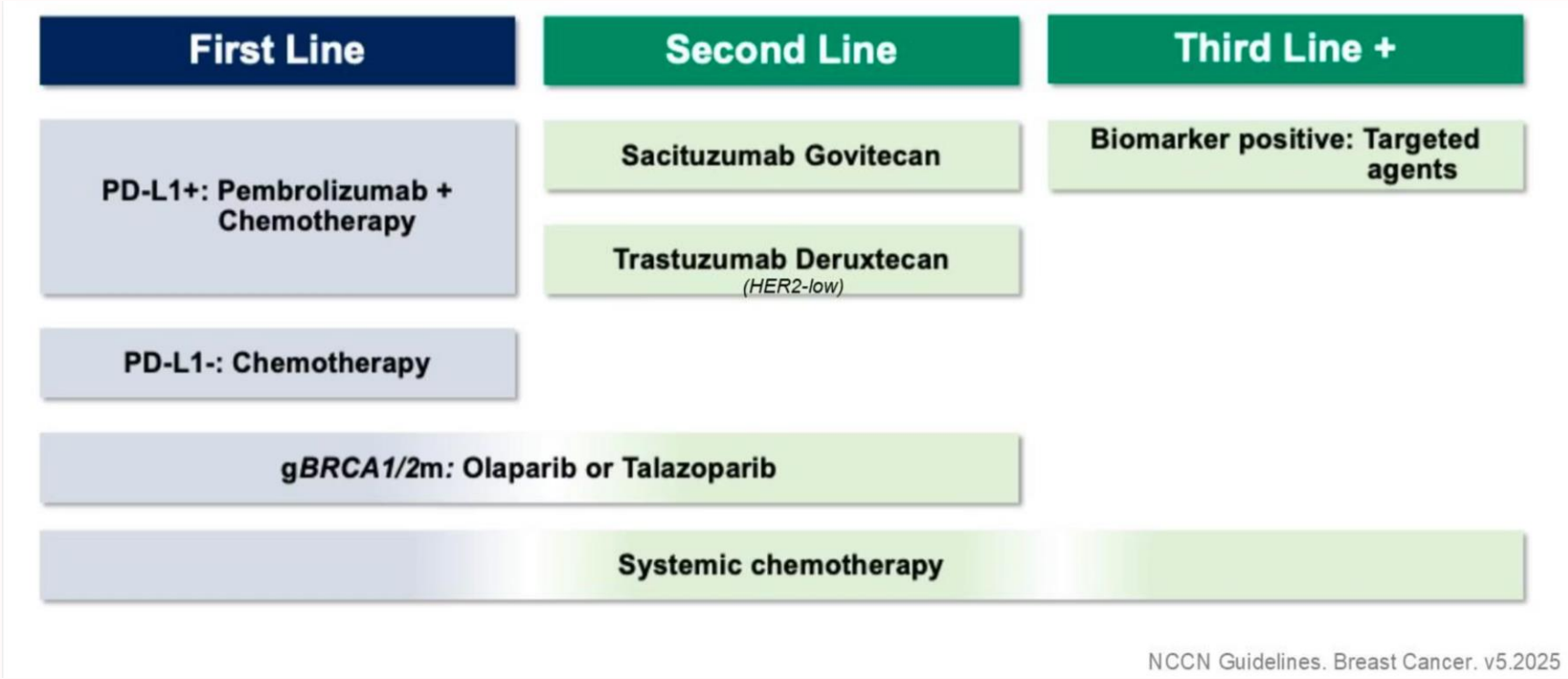




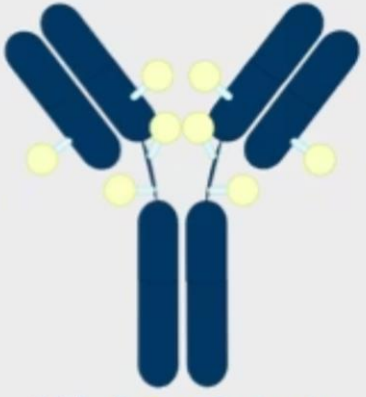
BERLIN 2025 ESMO congress

Nadia Harbeck, ESMO 2025

ESCENARIOS Y TRATAMIENTO EN CÁNCER DE MAMA MTS TRIPLE NEGATIVO



ADCS TARGETING TROP2 EN CÁNCER DE MAMA



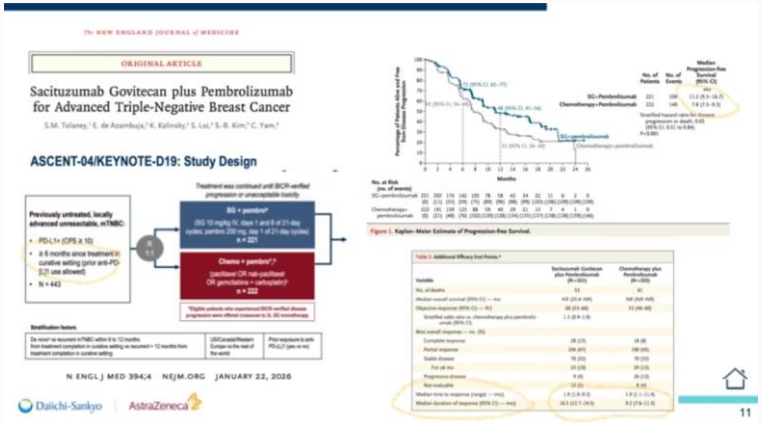
	ADC Attributes	Sacituzumab govitecan (SG)[1-4]	Datopotamab deruxtecan (Dato-DXd)[4,5]	SKB264(MK-2870)[4,6]
Antibody	Target	TROP2	TROP2	TROP2
	Antibody	hRS7 IgG1k	Datopotamab	hRS7 IgG1
Linker	DAR	~7.6	~4	~7.4
	Linker	CL2A	Tetrapeptide-based	2-methylsulfonyl pyrimidine
	Cleavable linker?	Yes	Yes	Yes
Payload	Payload	SN-38	DXd	KL610023 (T030)
	Payload MoA	Topoisomerase I inhibitor	Topoisomerase I inhibitor	Topoisomerase I inhibitor
	Membrane permeable?	Yes	Yes	Yes

1. Trail PA, et al. *Pharmacol Ther*. 2018; 2. Bardia A, et al. Presented at ASCO Annual Meeting, 2022.Poster 1071;
3. Kopp A, et al. *Mol Cancer Ther*. 2023; 4. Shastry M, et al. *The Breast*. 2022; 5. Lombardi P, et al. *Cancers (Basel)*. 2023; 6. Cheng Y, et al. *Front Oncol*. 2022

PRIMERA LÍNEA EN CÁNCER DE MAMA MTS TRIPLE NEGATIVO

PD-L1+:

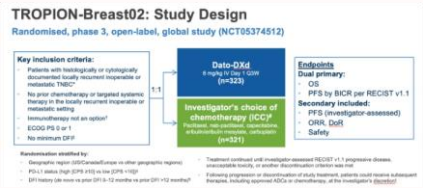
N ENGL J MED 394;4 NEJM.ORG JANUARY 22, 2026

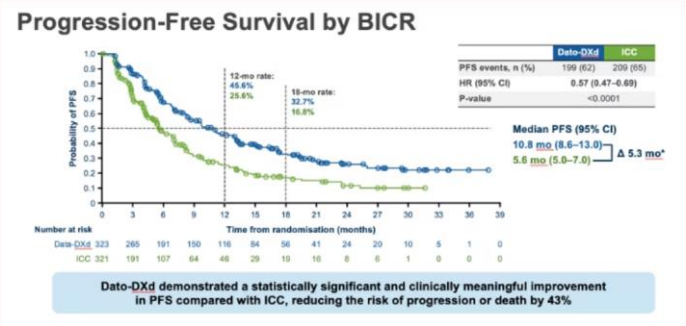


PD-L1-:

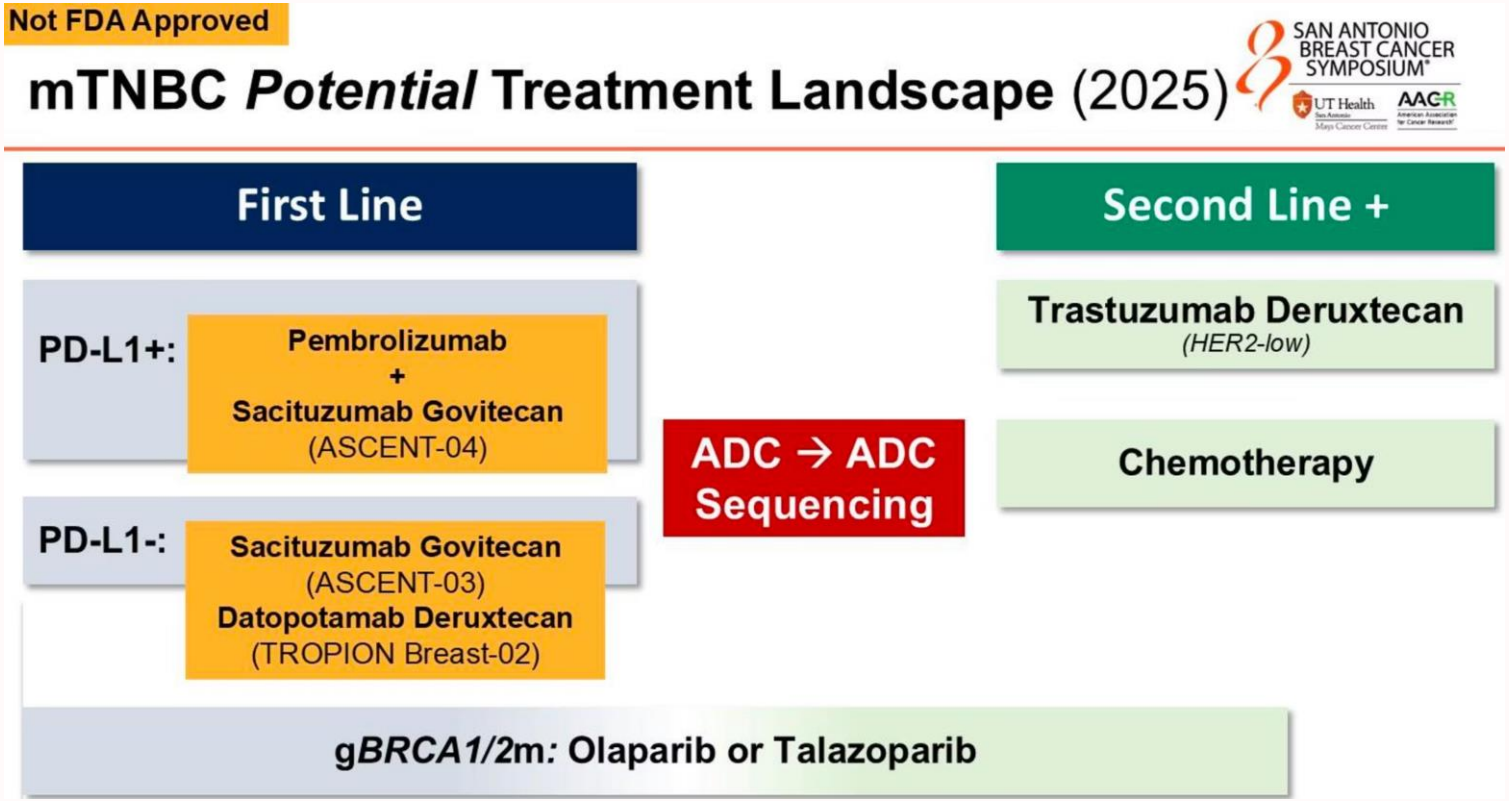
Javier Cortés, ESMO 2025

PD-L1-:



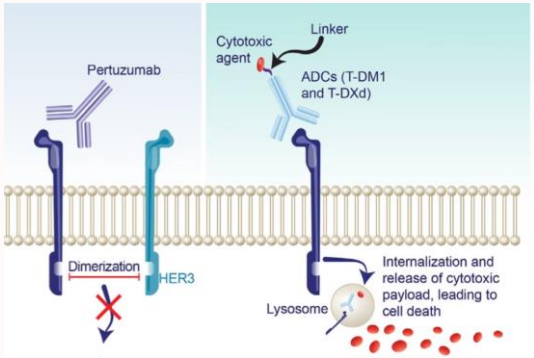


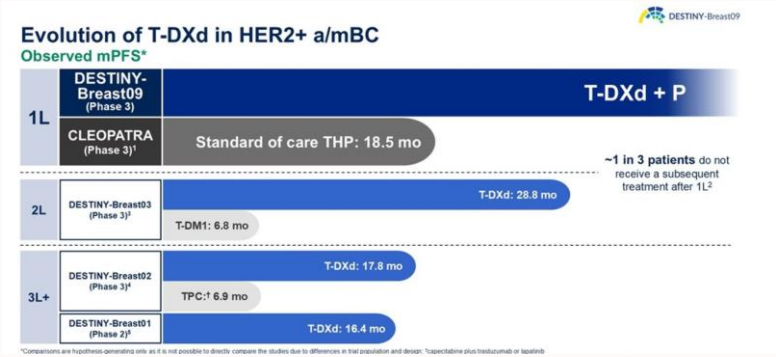
Rebeca Dent, ESMO 2025

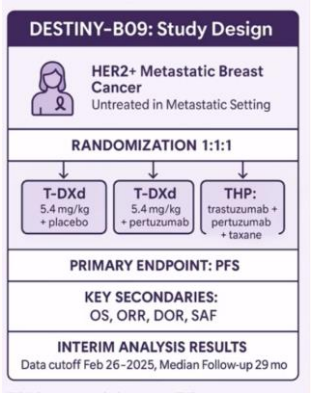


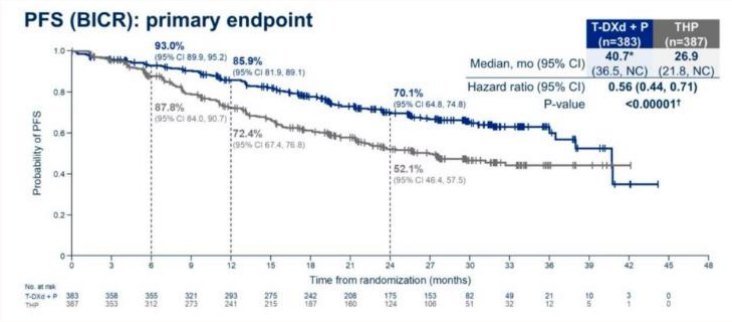
Sonya Reid, SABCS 2025

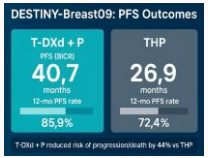
PRIMERA LÍNEA EN CÁNCER DE MAMA MTS HER2 POSITIVO









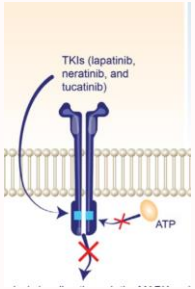


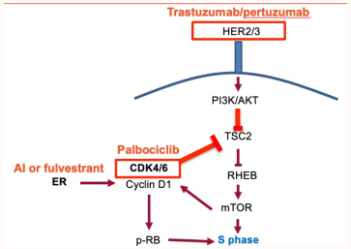
2025 ASCO ANNUAL MEETING

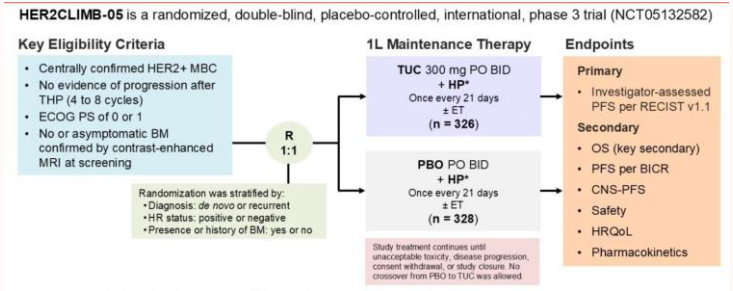
Sara M Tolaney, ASCO 2025

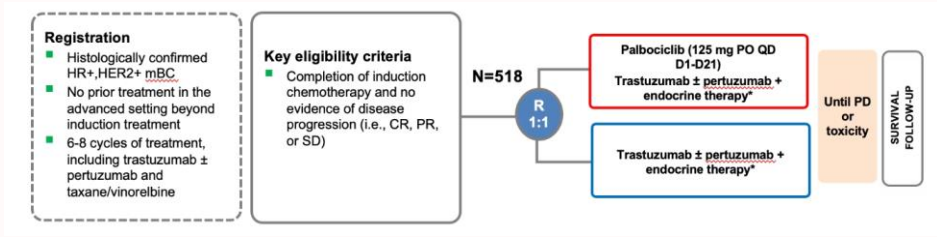
PRIMERA LÍNEA EN CÁNCER DE MAMA MTS HER2 POSITIVO

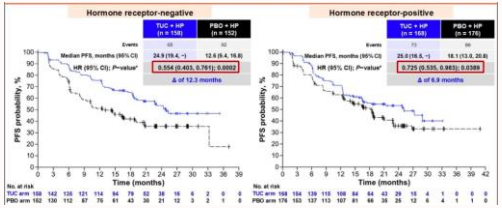
Ensayos de mantenimiento

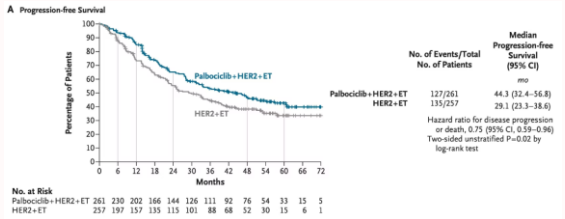








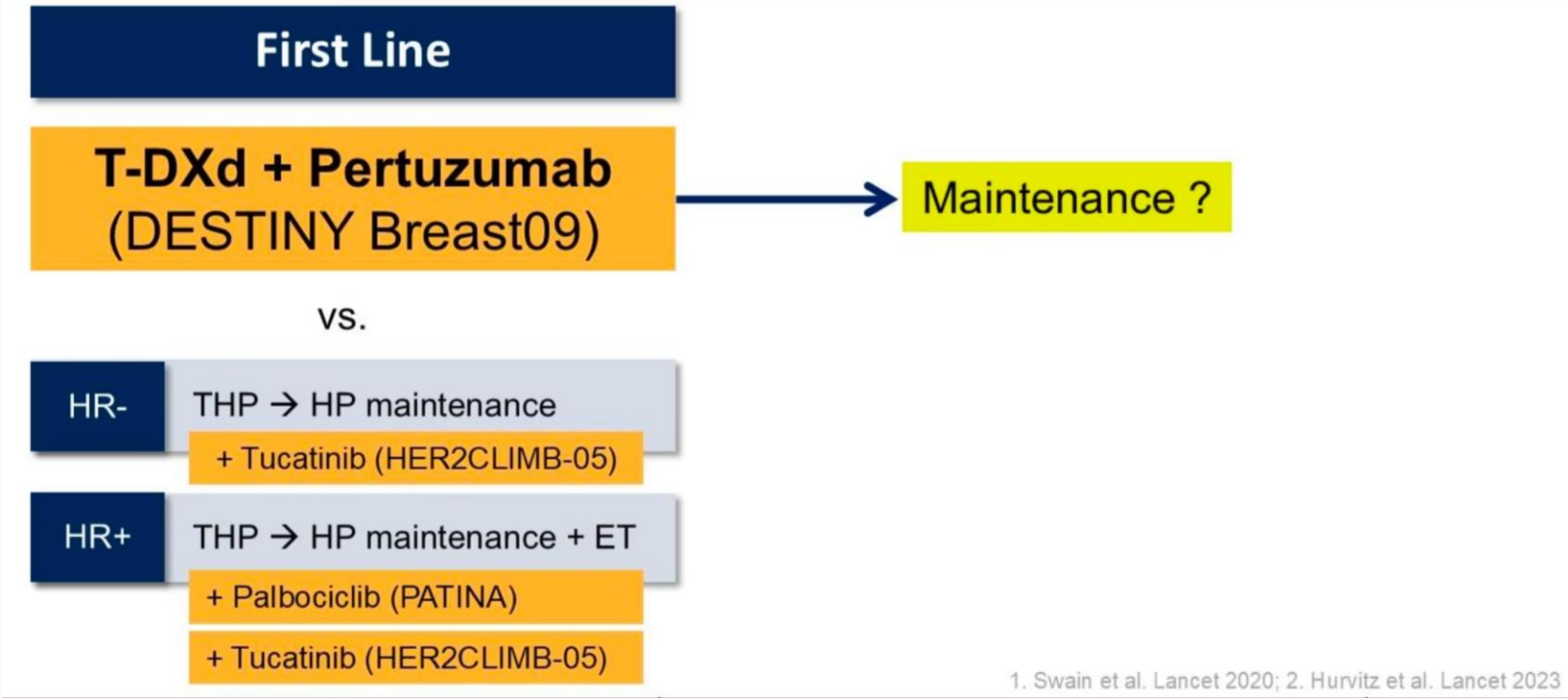




Erika Hamilton, SABCS 2025

Otto Metzger, NEJM 2026

POTENCIAL PRIMERA LÍNEA EN CÁNCER DE MAMA MTS HER2 POSITIVO

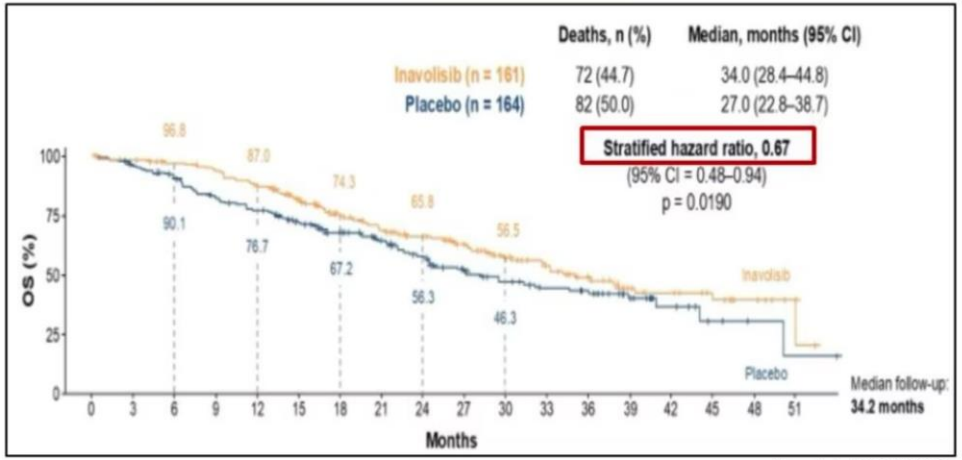


Sonya Reid, SABCS 2025

PRIMERA LÍNEA EN CÁNCER DE MAMA MTS LUMINAL

Line of therapy	Treatment	mPFS (mo)
1L	**ET + CDK4/6i** ET + CDK4/6i + Inavolisib* (High-risk, *PIK3CAm*)	24.8 – 28.2 15.0

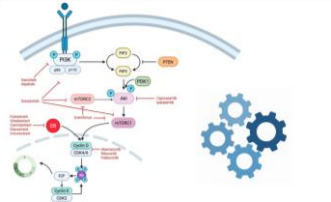
Overall Survival (ASCO 2025)



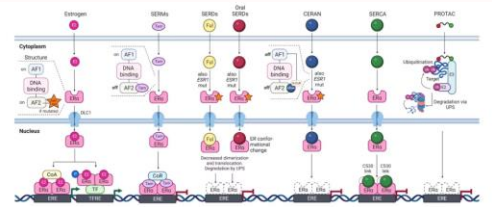
Jhaveri et al. NEJM 2025

MAMA MTS LUMINAL: NUEVAS TERAPIAS Y SERDS ORALES EN SEGUNDA LÍNEA

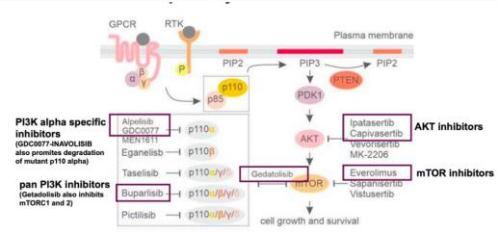
CROSS TALK ENTRE VÍAS PI3K-CDK4/6 Y RE

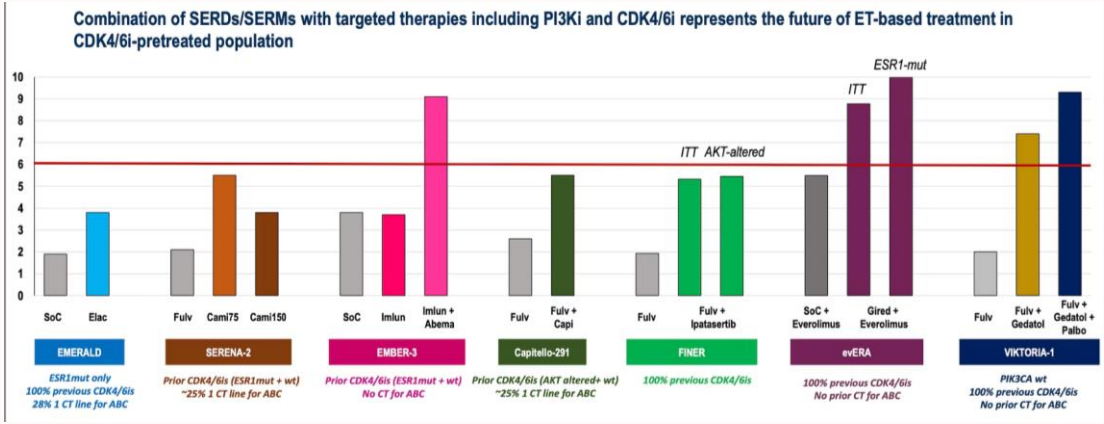


NUEVOS SERDS

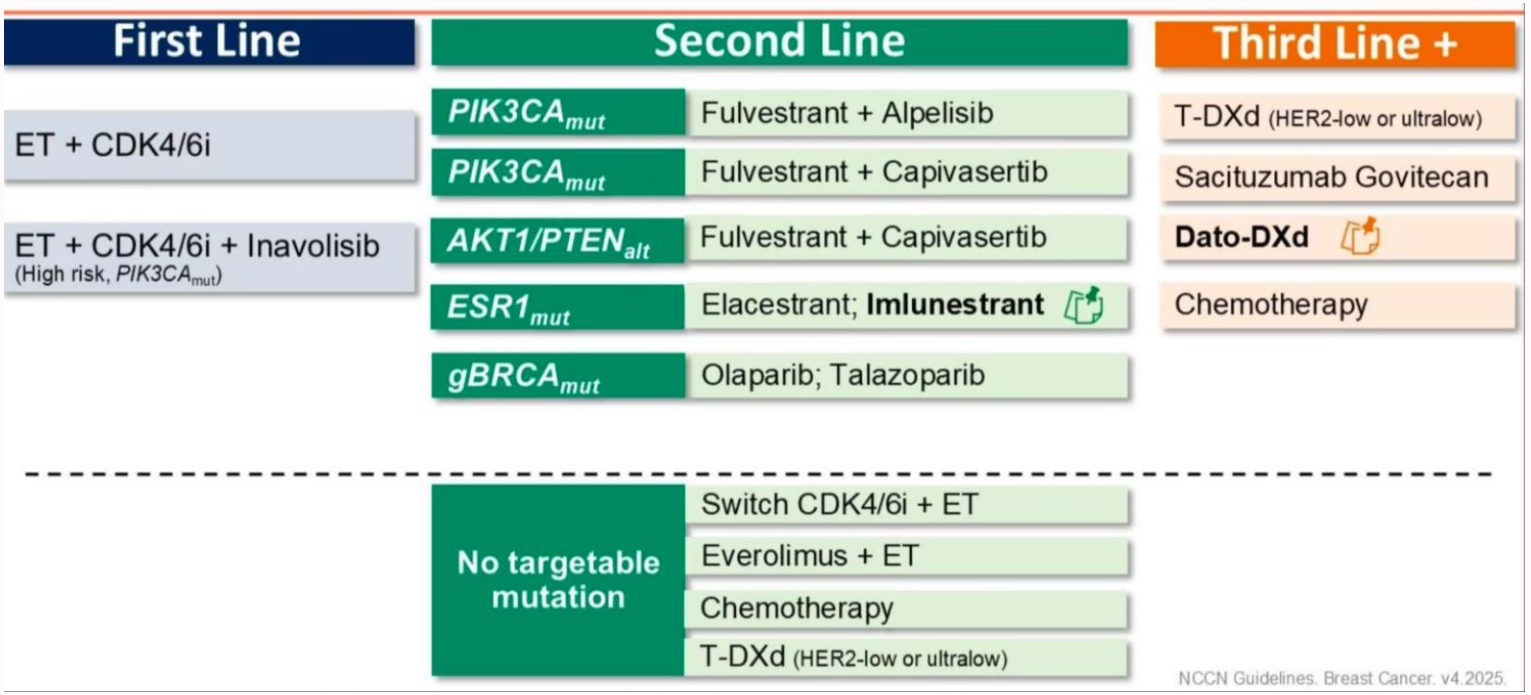


INHIBIDORES DE PI3K-AKT-MTOR





ESCENARIOS Y TRATAMIENTO EN CÁNCER DE MAMA MTS LUMINAL



ONCOLOGÍA DE PRECISIÓN EN CÁNCER DE MAMA EN 2025

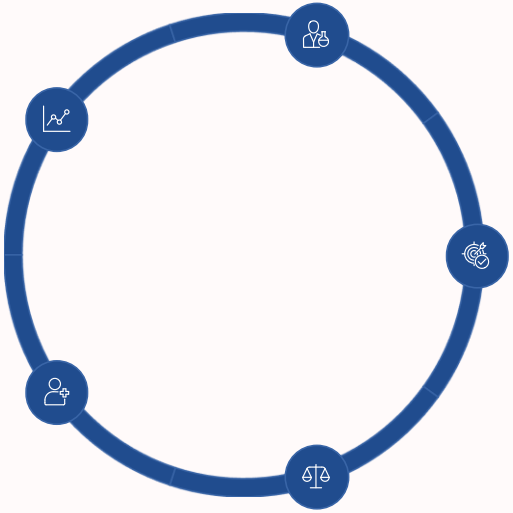
Ha trascendido la simple secuenciación de genes para convertirse en una estrategia multimodal que integra múltiples dimensiones del cuidado del paciente.

OMNICS + IA PARA DIAGNÓSTICO

Modelos avanzados mejoran la precisión diagnóstica y pronóstica

CENTRADO EN EL PACIENTE

Decisiones personalizadas según perfil molecular único



MONITOREO MOLECULAR

ctDNA en diferentes líquidos biológicos

TERAPIAS DIRIGIDAS

Fármacos específicos para alteraciones genéticas

DE-ESCALAMIENTO TERAPÉUTICO

De-escalada y escalada basada en evidencia molecular