

MIBB certification course for breast vacuum biopsies

Hands-on Innovative Techniques
and Vacuum Biopsies

Wednesday, **September 20, 2023**

Brust-Zentrum Zürich

Seefeldstrasse 214, 8008 Zürich



MIBB Symposium

Thursday, **September 21, 2023**

Congress of the Swiss Society of Senology

Thursday, **September 21, 2023**

Friday, **September 22, 2023**

Technopark Zürich

Technoparkstrasse 1, 8005 Zürich

Congress Secretariat sabine.gisler@meeting-com.ch

Recommended by the ESMO Guidelines¹



Survival elevated

In the phase 3 ASCENT trial, TRODELVY[®] significantly improved median overall survival versus mono-chemotherapy in $\geq 2L$ mTNBC*.²

* incl. HER2-low and HER2-zero status

Indicated for use as early as **2L mTNBC³**

Improvement of the mOS to **1 YEAR**²**

Well-characterised **SAFETY PROFILE²**

TNBC is defined as HR-negative and HER2-negative | HER2-negative includes HER2-low and HER2-zero⁴

HER2: human epidermal growth factor receptor 2; **HR:** hormone receptor; **mTNBC:** metastatic triple-negative breast cancer; **mOS:** median overall survival

** Assessed by independent central review in the population without brain metastases (n=468). Median OS: 12.1 months with TRODELVY[®] (95% CI, 10.7–14.0) vs 6.7 months with single-agent chemotherapy (95% CI, 5.8–7.7); P<.001. The OS improvement in the total population (median OS: 11.8 months vs 6.9 months; HR: 0.51; P<.001) was consistent with the primary analysis population. The primary analysis population consisted of patients without brain metastases at baseline (n=468). The total population consisted of patients with or without brain metastases at baseline (n=529).²

References 1. Gennari A, et al. ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. Ann Oncol. 2021;32(12):1475–1495. 2. Bardia A, et al. Sacituzumab govitecan in metastatic triple-negative breast cancer. N Engl J Med. 2021;384(16):1529–1541. 3. TRODELVY[®] Prescribing Information; www.swissmedinfo.ch, version July 2022. 4. Wolff AC, et al. Human epidermal growth factor receptor 2 testing in breast cancer: american society of clinical oncology/college of american pathologists clinical practice guidelines focused update. Arch Pathol Lab Med. 2018;142:1364–1382.

The referenced documents can be requested from Gilead Switzerland.

Abbreviated information for healthcare professionals TRODELVY[®]

COMP: Sacituzumab govitecan from genetically modified murine myeloma cells. **IND:** For the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received at least two prior therapies, at least one of them for metastatic disease. **DOS:** 10 mg/kg body weight 1x weekly as an intravenous infusion on Days 1 and 8 of 21-day treatment cycles. Do not exceed the dose of 10 mg/kg. Do not administer as an intravenous push or bolus. For information on dose modifications, refer to the information for healthcare professionals. **CI:** Previous severe hypersensitivity reaction to TRODELVY[®], patients with chronic inflammatory bowel disease and/or bowel obstruction, bilirubin levels >3 ULN, patients requiring dialysis. **WP:** Can cause severe or life-threatening neutropenia: Withhold use for an absolute neutrophil count below 1500/mm³ on Day 1 of any cycle or for a neutrophil count below 1000/mm³ on Day 8 of any cycle as well as for neutropenic fever. Dose modifications may be required due to neutropenia. Severe diarrhoea: Withhold the treatment for Grade 3–4 diarrhoea; infections must be ruled out as possible causes. Severe and life-threatening hypersensitivity reactions: Observe patients closely after the end of the infusion. Nausea and vomiting: Withhold the treatment for Grade 3 nausea or Grade 3–4 vomiting. Reduced UGT1A1 activity: increased risk of neutropenia, febrile neutropenia and anaemia. **IA:** Concomitant administration with UGT1A1 inhibitors should be avoided due to a potential increase in systemic exposure to SN-38. Concomitant administration with UGT1A1 inducers should be avoided due to a potential decrease in exposure to SN-38. **P/L:** Rule out pregnancy before initiating the therapy; use in pregnant women is not recommended due to the teratogenic effects and/or embryofetal lethality. Do not breastfeed during the treatment and for 1 month after the last dose. Use an effective method of contraception during the treatment and for 3 months (men) or 6 months (women) after the last dose. **Most common AR:** Nausea, diarrhoea, neutropenia, fatigue, alopecia, anaemia, vomiting, constipation, hypersensitivity, reduced appetite, rash, cough, abdominal pain, dyspnoea, leukopenia, headache, back pain, hypokalaemia, hypomagnesaemia, dizziness, urinary tract infection, weight loss, upper respiratory tract infection, periphral oedema, dehydration, arthralgia, hypophosphataemia, pruritus, insomnia, hyperglycaemia. **Dispensing category:** A. **MA:** Gilead Sciences Switzerland Sàrl, postal address: General-Guisan-Strasse 8, 6300 Zug. Unabbreviated information for healthcare professionals published at www.swissmedinfo.ch. CH-GS-202208-202207-E

▼ This medicinal product is subject to additional monitoring. For more information, refer to the information for healthcare professionals for TRODELVY[®] at www.swissmedinfo.ch.

Invitation

Dear Colleagues,

We would like to welcome you to the next MIBB hands-on course and MIBB symposium, joint with the Swiss Society of Senology Congress. By attending the theoretical and practical course on Wednesday afternoon, you will meet an essential prerequisite to become a certificated MIBB-operator for vacuum-assisted breast biopsies (VAB). We have onboard excellent hands-on teachers and instructors for ultrasound-, mammography-, and MRI-guided VAB. The number of places is limited to guarantee an excellent training setting.

The MIBB symposium on Thursday morning focuses on current and future challenges in breast diagnostics, presented by national and international experts. We will discuss about quality improvement of VAB, B3-lesions, breast imaging in transgender patients, breast-CT and contrast-enhanced mammography. The bridging lecture on breast cancer screening in Switzerland will lead to the Swiss Society of Senology Congress.

We are looking forward to meeting you in Zurich.

Kind regards,

Dr. Constanze Elfgen
MIBB President

Dr. Sabine Zehbe
MIBB Co-President

Invitation

Dear Colleagues,

This year's annual meeting of the Swiss Society for Senology will take place from 21st to 22nd September at the Technopark in Zürich. The program highlights a wide variety of aspects of senology and we were able to win a number of internationally renowned speakers for this meeting in addition to wellknown experts from Switzerland.

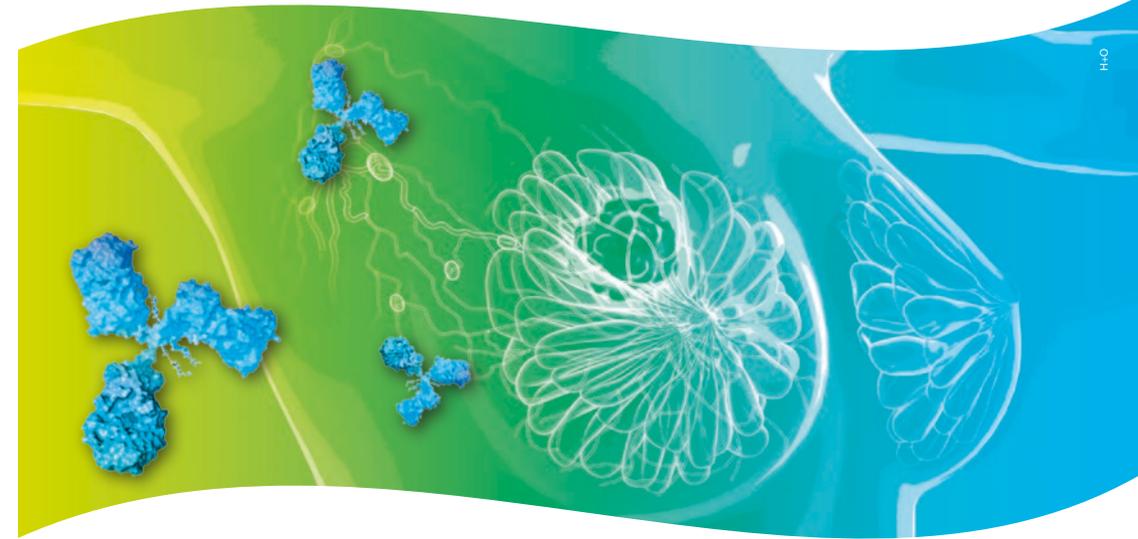
Already in the morning of 21st of September the MIBB-Symposium will take place with a varied program all about the radiological and minimally invasive diagnosis of breast diseases. The annual conference starts at noon with a session on new possibilities in mammography screening, an overview of current approaches in the diagnosis and therapy of genetically caused breast cancer.

On the second day we will discuss new aspects in the neoadjuvant setting, the interdisciplinary treatment of metastatic breast cancer, complication- and error-management in senology, and the various treatment options for breast cancer associated chronic lymph edema.

We wish you an exciting MIBB-Symposium and Senology Congress, a lively interdisciplinary exchange and enjoy two wonderful days in Zurich together with the entire senology community. We look forward to welcoming you to Zurich in autumn.

PD Dr. med. Christoph Tausch
President Swiss Society for Senology

Dr. med. Constanze Elfgen
President MIBB-Group



From HER2-positive to HER2-low: Clinical Decision Making in the Rapidly Evolving Field of Advanced Breast Cancer

SPONSORED SYMPOSIUM

21st September 2023 | 12:00 – 13:00



Chair
PD Dr. Khalil Zaman
Lausanne University Hospital
CHUV



Dr. Giampaolo Bianchini
Ospedale San Raffaele, Italia



Prof. Jens Huober
Breast Center
Kantonsspital St. Gallen



Prof. Cornelia Leo
Breast Center
Kantonsspital Baden



Organisation

MIBB President	Constanze Elfgen, Zurich
MIBB Co-President	Sabine Zehbe, St. Gallen
SSS Congress President	Christoph Tausch, Zürich
Organising Committee	Liliana Castrezana, Baden Constanze Elfgen, Zürich Jens Huober, St. Gallen Elisabeth A. Kappos, Basel Michael Knauer, St. Gallen Cornelia Leo, Baden Gunilla Müller, Zürich Claudia Rauh, Bern Christoph Tausch, Zürich
SSS Board	
President	Christoph Tausch, Zürich
Past president	Martin Haug, Basel
1st Vice-president	Cornelia Leo, Baden
2nd Vice-president	Zsuzsanna Varga, Zürich
1st Assessor	Walter Weber, Basel
2nd Assessor	Salome Riniker, St. Gallen
General Secretary	Michael Knauer, St. Gallen
Treasurer	Felix Haberthür, Binningen



- ✓ Only CDK4/6 inhibitor with statistical significant Overall Survival proven across all 3 Phase-III trials¹
- ✓ Favorable Quality of Life profile⁵
- ✓ Statistical significant Overall Survival independent of menopausal state and combination partner²⁻⁴
- ✓ The only once-daily CDK4/6 inhibitor taken with or without food⁶⁻⁸
- ✓ Simple dose modification without compromising efficacy^{6,9}

[More information »](#)



AI: aromatase inhibitor; **H2H:** Head-to-Head; **OS:** overall survival.

References: 1. Nabiana N, Fasching PA. Endocrine Treatment for Breast Cancer Patients Revisited—History, Standard of Care, and Possibilities of Improvement. *Cancers (Basel)*. 2021;13(2):5643. 2. Hortobagyi GN, Slamon SM, Burris HA, et al. Overall Survival with Ribociclib plus Letrozole in Advanced Breast Cancer. *N Engl J Med*. 2022;386(10):942–950. 3. Lu YS, Im SA, Colleoni M, et al. Updated Overall Survival of Ribociclib plus Endocrine Therapy versus Endocrine Therapy Alone in Pre- and Perimenopausal Patients with HR+/HER2- Advanced Breast Cancer in MONALEESA-7: A Phase III Randomized Clinical Trial. *Clin Cancer Res*. 2022;28(5):851–859. 4. Slamon DJ, Neven P, Chia S, et al. Ribociclib plus fulvestrant for postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer in the phase III randomized MONALEESA-3 trial: updated overall survival. *Ann Oncol*. 2021;32(8):1015–1024. 5. Ruqo HS, et al. Quality of life (QoL) with ribociclib (RIB) plus aromatase inhibitor (AI) versus abemaciclib (ABE) plus AI as first-line (1L) treatment (ix) of hormone receptor-positive/human epidermal growth factor receptor-negative (HR+/HER2-) advanced breast cancer (ABC), assessed via matching-adjusted indirect comparison (MAIC). Presented at ASCO 2022, American Society of Clinical Oncology, Chicago, USA, 4–8 June 2022. 6. Kisqali® Summary of Product Characteristics. Updated December 2022. www.swissmedicinfo.ch. 7. Ibrance® Summary of Product Characteristics. Updated April 2022. www.swissmedicinfo.ch. 8. Verzenio® Summary of Product Characteristics. Updated September 2022. www.swissmedicinfo.ch. 9. Hart LL, et al. Impact of ribociclib (RIB) dose modifications (mod) on overall survival (OS) in patients (pts) with HR+/HER2- advanced breast cancer (ABC) in MONALEESA(ML)2. Presented at ASCO 2022, American Society of Clinical Oncology, Chicago, USA, 4–8 June 2022. Novartis will provide the listed references upon request.

Kisqali® C: Film-coated tablets containing 200 mg ribociclib I; Kisqali is indicated for the treatment of adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (locally) advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine therapy or fulvestrant as initial endocrine therapy or following prior endocrine therapy in postmenopausal women or in men. In pre- or perimenopausal women or in men the endocrine therapy should be combined with a luteinizing hormone-releasing hormone (LHRH) agonist. **D:** The recommended dose of Kisqali is 600mg (3 x 200mg film-coated tablets) taken orally, once daily for 21 consecutive days followed by 7 days off treatment, resulting in a complete cycle of 28 days. When Kisqali is administered in combination with letrozole, the recommended dose of letrozole is 2.5 mg, taken once daily throughout the 28 day cycle. When Kisqali is administered in combination with fulvestrant, the recommended dose of fulvestrant is 500mg administered intramuscularly on days 1, 15 and 29 and once monthly thereafter. In pre- or perimenopausal women or in men an LHRH agonist should also be administered in accordance with local clinical practice when Kisqali is combined with an endocrine therapy. When selecting therapy for men, it should be borne in mind that the evidence for ribociclib-based therapy of (locally) advanced or metastatic HR-positive, HER2-negative breast cancer in men is limited. For example, no data are available for comparison with palliative tamoxifen therapy. For dose adjustments refer to www.swissmedicinfo.ch. **Ci:** Kisqali is contraindicated in patients with hypersensitivity to the active substance or to any of the excipients. **WP:** Neutropenia ADR: complete blood count before and during treatment. Dose interruption or reduction may be required. Hepatobiliary toxicity ADR: Liver function tests before and during treatment. Dose interruption or reduction may be required. QT interval prolongation ADR: ECG and monitoring of serum electrolytes before and during treatment. Kisqali is not recommended for use in combination with tamoxifen. Dose interruption or reduction may be required. Reproductive toxicity risk: contraception before, during, and after treatment. Severe skin reactions (TSR). If signs and symptoms appear that are suggestive of severe skin reactions, Kisqali must be immediately and permanently discontinued. Interstitial lung disease (ILD)/pneumonitis: Patients must be monitored for pulmonary symptoms indicative of ILD/pneumonitis. Treatment should be permanently discontinued, and then Kisqali can be resumed at the next lower dose level. Caution is required in case of co-administration of ribociclib with sensitive CYP3A4 substrates with a narrow therapeutic index. Caution is required in patients with severe renal impairment. Patients who are allergic to peanuts or soya must not take Kisqali. For further details refer to www.swissmedicinfo.ch. **IA:** Strong CYP3A4 inhibitor (e.g. clarithromycin, indinavir, itraconazole, ketoconazole, lopinavir, ritonavir, posaconazole, verapamil, voriconazole, grapefruits, grapefruit juice); strong CYP3A4 inducer (e.g. phenytoin, rifampicin, carbamazepine, St John's Wort); CYP3A substrates with a narrow therapeutic index (e.g. midazolam, alfentanil, ciclosporin, dihydroergotamine, ergotamine, everolimus, fentanyl, sirolimus, tacrolimus); CYP1A2 substrate (caffeine); transporters P-gp, OAT1/3, OATP1B1/BS, OCT1, MATE2K, BCRP, OCT2, MATE1, human BSEP; medicinal products with potential to prolong the QT interval (e.g. chloroquine, halofantrine, clarithromycin, ciprofloxacin, levofloxacin, azithromycin, haloperidol, methadone, moxifloxacin, ondansetron, antiarrhythmics (e.g. amiodarone, sotalol)). For further details refer to www.swissmedicinfo.ch. **AE:** Very common: infections, neutropenia, leukopenia, anaemia, lymphopenia, decreased appetite, headache, dizziness, dyspnoea, cough, back pain, nausea, diarrhoea, vomiting, constipation, abdominal pain, stomatitis, dyspepsia, abnormal liver function tests, alopecia, skin rash, pruritus, fatigue, peripheral oedema, asthenia, pyrexia. **Common:** thrombocytopenia, febrile neutropenia, increased lactation, dry eye, hypocalcaemia, hypokalaemia, hypophosphataemia, vertigo, syncope, prolonged electrocardiogram QT interval, ILD/pneumonitis, dysgeusia, hepatotoxicity, erythema, dry skin, vitiligo, increased blood creatinine, dry mouth, oropharyngeal pain. **Frequency not known:** Toxic epidermal necrolysis. For further details refer to www.swissmedicinfo.ch. **P:** Film-coated tablets containing 200 mg ribociclib: Packs of 21, 42 or 63 tablets. Category A. For further information, please consult www.swissmedicinfo.ch. Information last revised: December 2022 V11. Novartis Pharma Schweiz AG, Risch; Address: Suurstoffli 14, 6343 Rolkreuz, phone: 041 763 71 11

NO59077_05/2023

General information

Hands-on Course

Wednesday, September 20, 2023
Brust-Zentrum Zürich
Seefeldstrasse 214
8008 Zürich
www.brust-zentrum.ch



Congress venue MIBB & SSS congress

Thursday 21 & Friday 22 September 2023
Technopark Zürich
Technoparkstrasse 1
8005 Zürich



Registration & Congress Secretariat

Meeting.com Congress Organisation
Rue des Pâquis 1
CH-1033 Cheseaux-sur-Lausanne
T 021 312 92 61
F 021 312 92 63
sabine.gisler@meeting-com.ch
Online registration on www.meeting-com.ch



Certificate of attendance

The certificate of attendance together with the link for the authorized lectures will be sent by mail after the congress

Language/Lectures

Each speaker can present in his or her own language, but the slides are in **English**



Congress certification by DGS/DAS

General information

Credits

Credit points will be given by the following societies :

MIBB Certification course (Hands-on)

Swiss Society of Radiology (SSR)	6 credits
Swiss Society for Gynaecology and Obstetrics (SGGG)	6 credits
Swiss Society of Surgery (SSC)	4 credits

MIBB Symposium & SSS congress

Swiss Society of Radiology (SSR)	6 credits
Swiss Society for Gynaecology and Obstetrics (SGGG)	13 credits
Swiss Society of Surgery (SSC)	20 credits
Swiss Society for plastic, reconstructive and aesthetic surgery (SGPRAC)	12 credits
Swiss Society of Pathology (SGPath) as expanded continuing education	11 credits
Swiss Society of Medical Oncology (SSMO)	13 credits
Swiss Society for Radiation Oncology (SSRO)	13 credits

Posters

The abstracts accepted as posters will be presented during the congress
Dimensions of posters: height 120 cm x width 90 cm (portrait)

Deadline August 15, 2023

SGS/SSS Poster Award

Poster presentations will take place on Thursday, September 21, 2023 from 14.30-15.30.
The Awards Ceremony will take place during the Networking Dinner on Thursday evening.

Industrial Exhibition

An industrial exhibition will take place at the Congress venue on Thursday 21 and Friday 22 September 2023

General information

Registration fees

MIBB & CONGRESS SSS

September 21-22, 2023

Technopark Zürich

	Early until 30.06.23	Regular until 31.08.23	Late & Onsite as from 01.09.23
SSS MEMBER	☐ CHF 360.00	☐ CHF 420.00	☐ CHF 490.00
*Young SSSenologists Members	☐ CHF 260.00	☐ CHF 320.00	☐ CHF 360.00
SSS NON-MEMBER	☐ CHF 450.00	☐ CHF 510.00	☐ CHF 590.00
Assistant Doctor	☐ CHF 260.00	☐ CHF 320.00	☐ CHF 380.00
Student/BCN	☐ CHF 220.00	☐ CHF 270.00	☐ CHF 320.00

* Prerequisite is membership of the SSS with indication of date of birth (under 40 years old)

1 day participation: 50% of the above-mentioned fees/registration onsite only

NETWORKING DINNER – September 21, 2023, 19.30

Zunft Haus zur Saffran

Limmatquai 54

CH-8001 Zürich

www.zunfthauszursaffran.ch

☐ CHF 120.00

MIBB CERTIFICATION COURSE Limited places

Wednesday September 20, 2023 (12.00-18.20)

Brust-Zentrum Zürich

Participant ☐ CHF 300.00 ☐ CHF 370.00

Registration fees include

Attendance & certificate of participation for the chosen events; coffee breaks & lunch according to the program. In case of cancellation 30 days prior to the event, course costs will be refunded, minus an administration fee of CHF 60.00. Thereafter no refund is possible. Please remember to pay the “early bird fee” by the 30th of June, otherwise the invoice will automatically update to the price valid as of 1st July onwards.

Verzenios
abemaciclib

VERZENIOS® EVERYDAY¹

FOR WOMEN WITH HR+, HER2- MBC¹

“I don’t want to give my cancer a break”



The first and only CDK4 & 6 inhibitor with continuous dosing¹

VERZENIOS®

MONOTHERAPY



(95% CI: 13.3-27.5)
Clinical Benefit Rate (CBR) = 42.4%
(CBR = ORR+SD≥6 months)

VERZENIOS®

+
AI



vs. 14.8 months with AI alone
HR = 0.525 (95% CI: 0.415-0.665)
p<0.0001

VERZENIOS®

+
FULVESTRANT



vs. 37.3 months with placebo + fulvestrant
HR = 0.757 (95% CI: 0.606-0.945)
p=0.0137

AI = Aromatase Inhibitor; MBC = metastatic breast cancer; mPFS = median Progression-Free Survival; ORR = Objective Response Rate; mOS = median Overall survival; SD = Stable Disease

References: 1. Verzenios® Summary of Product Characteristics, www.swissmedinfo.ch. 2. Dickler MN et al. MONARCH 1, a phase II study of abemaciclib, a CDK4 and CDK6 inhibitor, as a single agent, in patients with refractory HR+/HER2- metastatic breast cancer. Clin Cancer Res. 2017; 23: 5218-5224. DOI: 10.1158/1078-0432.CCR-17-0754. 3. Johnston S et al. Abemaciclib as initial therapy for advanced breast cancer: MONARCH 3 updated results in prognostic subgroups. NPJ Breast Cancer. 2021;7(1):80. 4. Sledge GW Jr, et al. The Effect of Abemaciclib Plus Fulvestrant on Overall Survival in Hormone Receptor-Positive, ERBB2-Negative Breast Cancer That Progressed on Endocrine Therapy-MONARCH 2: A Randomized Clinical Trial. JAMA Oncol. 2020 Jan 1;6(1):116-124 (incl. supplement).

Health Care Professionals can request the references from the company at any time.

Verzenios® (abemaciclib) film-coated tablets. I: Treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer: in combination with an aromatase inhibitor as initial endocrine-based therapy or in combination with fulvestrant in women who have received prior endocrine therapy. As monotherapy following disease progression after endocrine therapy and one or two chemotherapy regimens in the metastatic setting, when chemotherapy is not suitable. In pre- or perimenopausal women combined with a LHRH-agonist. **P:** The recommended dose is 150 mg twice daily when used in combination with endocrine therapy and as a single agent 200 mg twice daily. **CI:** Hypersensitivity. **W/P:** Neutropenia, infections, Interstitial Lung Disease (ILD)/Pneumonitis, diarrhoea, increased aminotransferases, venous thromboembolism. Contains lactose. Verzenios can have an influence on the ability to drive and use machines. **IA:** CYP3A4 inhibitors can increase plasma concentration of abemaciclib, CYP3A4 inducer may decrease plasma concentration of abemaciclib. The effect of P-gp or BCRP inhibition on abemaciclib PK has not been evaluated. Caution and monitoring of toxicity is recommended during concomitant treatment with sensitive substrates of P-gp or BCRP that have a narrow therapeutic index, such as digoxin and dabigatran. Sensitive substrates of P-gp or BCRP that do not have a narrow therapeutic index such as pitavastatin, pravastatin and rosuvastatin may be used with caution. Abemaciclib and its major active metabolites inhibit the renal transporters OCT2, MATE1, and MATE2-K at concentrations achievable at the approved recommended dosage. **Pr/L:** There are no data from the use of abemaciclib in pregnant women. Therefore, Verzenios should not be used during pregnancy and in women of childbearing potential without use of contraception, unless this is absolutely necessary. If Verzenios is used during pregnancy or if a patient gets pregnant during therapy, the patient should be advised of the potential risk for the fetus. It is unknown whether abemaciclib is excreted in human milk. A risk to newborns/infants cannot be excluded. Women should not breast-feed during treatment with abemaciclib and for at least up to 3 weeks after last administration of abemaciclib. **ADR:** Very common: Infections, neutropenia, anemia, leukopenia, thrombocytopenia, decreased appetite, dysgeusia, dizziness, diarrhoea, dausea, abdominal pain, vomiting, alopecia, pruritus, fatigue, pyrexia, increased ASAT/ALAT, decreased appetite. Common: Venous thromboembolism, lymphopenia, Interstitial lung disease/pneumonitis. **P:** 50 mg, 100 mg, 150 mg, 200 mg; 28 and 56 film-coated tablets. Dispensing category A. Reimbursed. Consult www.swissmedinfo.ch for further information. Eli Lilly (Suisse) SA, ch. des Coquelicots 16, CP 580, 1214 Vernier (GE). V11-2020 (GE).

PP-AL-CH-0327/05-2022

Lilly

Wednesday, September 20, 2023

Language

English

Organizing committee

Constanze Elfgen
Sabine Zehbe

Registration site / catering

Brust-Zentrum Zürich

Lectures

Brust-Zentrum Zürich

Hands-On please follow the signposts

US-Vab: 2nd floor

MG-VAB: 1st floor on the right

MR-VAB: Basement

11.00-12.00 **Registration & welcome coffee**

12.00-12.10 **Welcoming & introduction**

Constanze Elfgen/Christoph Tausch, Zürich; Sabine Zehbe, St. Gallen

MIBB certification course for breast vacuum biopsies

12.10-12.30 **MIBB History, Activities and Adjumed Database**

Sabine Zehbe, St. Gallen

12.30-12.50 **Data reporting and its benefits for my patient, my institut and for myself**

Martina Maranta, Chur

12.50-13.15 **Ultrasound guided VAB: Tips and Tricks**

Constanze Elfgen, Zürich

13.15-13.40 **Stereotactically/Tomo- guided VAB: Tips and Tricks**

Noemi Schmidt, Basel

13.40-14.05 **MR- guided VAB: Tips and Tricks**

Sabine Zehbe, St. Gallen

14.05-14.30 Coffee break

2ND FLOOR

GROUND FLOOR

Wednesday, September 20, 2023

14.30-14.45 **Allocation to the workstations**

Christoph Tausch

14.45-15.45 **Course A Hands-On US-VAB**

Constanze Elfgen/Uwe Güth, Zürich; Martina Maranta, Chur;
Simone Schradling, Luzern

Course B Hands-On MG-VAB

Martin Müller, Zürich

Course C Hands-On MR-VAB

Sabine Zehbe, St. Gallen

15.45-16.45 **Course C Hands-On US-VAB**

Constanze Elfgen/Uwe Güth, Zürich; Martina Maranta, Chur;
Simone Schradling, Luzern

Course A Hands-On MG-VAB

Carmen Dannecker, Zürich

Course B Hands-On MR-VAB

Sabine Zehbe, St. Gallen

16.45-17.45 **Course B Hands-On US-VAB**

Constanze Elfgen/Uwe Güth, Zürich; Martina Maranta, Chur;
Simone Schradling, Luzern

Course C Hands-On MG-VAB

Martin Müller, Zürich

Course A Hands-On MR-VAB

Noemi Schmidt, Basel

17.45-18.00 **All 3 groups back to the lecture room**

18.00-18.20 **Final Discussion and Good-bye**

Hand out of certificates

Thursday, September 21, 2023

08.00 **Registration**

09.00-09.05 **Welcome**
Constanze Elfgen, Zürich

09.00-11.30 MIBB Symposium AUDITORIUM GROUND FLOOR

Chairs: Martina Maranta, Chur; Susanne Bucher, Luzern

09.05-09.20 **B3 lesions: results from the 3rd Consensus Conference 2022**
Constanze Elfgen, Zürich

09.20-09.40 **VAB: what lessons we have learned**
Daniela Schwegler-Guggemos, Aarau

09.40-10.00 **VAB: does needle size matter?**
Zsuzsanna Varga, Zürich; Noemi Schmidt, Basel

10.00-10.30 Coffee break

10.30-10.50 **Will there be a role for Breast-CT and contrast-enhanced mammography?**
Andreas Boss, Wetzikon

10.50-11.15 **Breast imaging in transgender patients**
Andreas Gutzeit, Luzern

11.15-11.30 **Challenges and chances on the horizon: from cantonal to nation-wide screening**
Gunilla Müller, Zürich

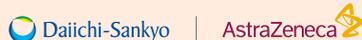
11.30-13.00 Lunch

12.00-13.00 SPONSORED SATELLITE SYMPOSIUM BY DAIICHI-SANKYO AUDITORIUM GROUND FLOOR

From HER2-positive to HER2-low: Clinical Decision Making in the Rapidly Evolving Field of Advances Breast Cancer

Chair: Khalil Zaman, Lausanne

Speakers: Giampaolo Bianchini, Milan (IT); Jens Huober, St. Gallen / Cornelia Leo, Baden



Thursday, September 21, 2023

13.15-13.20 **Welcome**
Christoph Tausch, Zürich

13.20-14.30 Block 1 AUDITORIUM GROUND FLOOR

New possibilities in modern screening

Chairs: Gunilla Müller, Zürich; Martin Sonnenschein, Bern

13.20-13.35 **Why does breast cancer screening have a bad reputation in Switzerland?**
Chris de Wolf, Onex

13.35-13.50 **Is tomorrow's screening risk-based?**
Mireille Broeders, Nijmegen (NL) *virtual presentation*

13.50-14.05 **The current evidence of breast tomosynthesis in screening**
Sophia Zackrisson, Malmö (SE) *virtual presentation*

14.05-14.20 **Can AI replace the second reader in screening programs?**
Ritse Mann, Amsterdam (NL) *virtual presentation*

14.20-14.30 **Discussion**

14.30-15.30 Coffee break and poster presentations

15.30-17.00 Block 2 AUDITORIUM GROUND FLOOR

Genetics

Chairs: Cornelia Leo, Baden; Salome Riniker, St. Gallen

15.30-16.00 **Polygenic risk score: the new kid on the block**
Marc Tischkowitz, Cambridge (UK)

16.00-16.20 **Risk-reducing surgery beyond BRCA: current recommendations**
Kathrin Schwedler, Luzern

16.20-16.40 **Therapeutic options in BRCA-related breast cancer**
Elena Kralidis, Zürich

16.40-17.00 **BRCA mutations and fertility issues**
Alexandra Kohl Schwartz, Luzern

17.00 General Assembly SSS/SGS

19.30 Networking Dinner & Awards Ceremony

ZUNFTHAUS ZUR SAFFRAN

Friday, September 22, 2023

07.30 **Registration****08.30-10.15** Block 3 AUDITORIUM GROUND FLOOR**New aspects of the neoadjuvant approach****Chairs: Peter Dubsy, Luzern; Khalil Zaman, Lausanne**

- 08.30-08.55 Ovarian protection under neoadjuvant therapy
Matteo Lambertini, Genova (IT) *virtual presentation incl. discussion*
- 08.55-09.15 Neoadjuvant endocrine therapy:
A different strategy to individualize adjuvant decisions
Eva Maria Ciruelos Gil, Madrid (ES) *virtual presentation incl. discussion*
- 09.15-09.35 Is targeted axillary dissection after neoadjuvant therapy
useful for every N-status?
Andreas Günthert, Luzern
- 09.35-09.55 Do we need surgery of the breast in case of radiological complete response?
Christoph Tausch, Zürich
- 09.55-10.15 Targeted axillary dissection versus sentinel node procedure
to determine pathologic complete response in the axilla
Walter Weber, Basel

10.15-10.45 Coffee break**10.45-12.10** Block 4 AUDITORIUM GROUND FLOOR**Metastatic breast cancer****Chairs: Jens Huober, St. Gallen; Pelagia Tsoutsou, Genève**

- 10.45-11.05 Advanced breast cancer – principles of treatment
Nadia Harbeck, München (DE) *virtual presentation incl. discussion*
- 11.05-11.35 Interdisciplinary therapy of brain metastases:
radiotherapy/surgery/systemic therapy
Radiotherapy: Sébastien Tran, Genève
Surgery: Marian Neidert, St. Gallen
Oncology: Khalil Zaman, Lausanne
Discussion
- 11.35-11.47 Treatment options in Triple negative breast cancer – Marcus Vetter, Liestal
- 11.48-12.00 Precision medicine in MBC – ready to go? – Stefan Aebi, Luzern
- 12.00-12.10 Discussion

12.10-13.30 Lunch

Friday, September 22, 2023

12.30-13.20 **SPONSORED WORKSHOP** COBOL 2ND FLOOR**BY SIRIUS PINTUITION**sirius medical 

Navigation marker for mamma and axilla lesions
Clinical experience and hands-on workshop with breast phantoms
Cornelia Leo, Baden; Christoph Tausch, Zürich

12.30-13.15 **SPONSORED SATELLITE SYMPOSIUM** AUDITORIUM GROUND FLOOR**BY GILEAD** GILEAD

Integrative patient care in advanced Breast Cancer
– Exploring new horizons

Chair: Isabell Witzel, Universitätsspital Zürich
Speakers: Daniela Paepke, Spital Zollikerberg;
Marcus Vetter, Kantonsspital Baselland

13.30-15.00 Block 5 AUDITORIUM GROUND FLOOR**Complications and failures in senology****Chairs: Claudia Rauh, Bern; Constanze Elfgen, Zürich**

- 13.30-13.45 Avoidance and management of side effect under systemic therapy-how
to choose wisely
Alexandre Bodmer, Genève
- 13.45-14.00 Breast cancer survivorship – long-term medical issues
and lifestyle recommendations
Maria Wertli, Baden
- 14.00-14.15 Dealing with challenges- a patient's view
Julia Curty, Biel
- 14.15-14.30 Surgical risks: how to avoid failure
Inga Bekes, St. Gallen
- 14.30-15.00 **Keynote Lecture**
Patient safety and reduction of healthcare harm
David Schwappach, Bern

15.00-15.30 Coffee break

Friday, September 22, 2023

15.30-17.00 Block 6

AUDITORIUM GROUND FLOOR

State of the art management of chronic lymphedema

Chairs: Elisabeth A. Kappos, Basel; Michael Knauer, St. Gallen

- 15.30-15.45 The senologist's perspective: de-escalation of axillary surgery
Michael Knauer, St. Gallen
- 15.45-16.00 The physiotherapist's perspective: conservative treatment
Yvette Stoel, Winterthur
- 16.00-16.15 The reconstructive surgeon's perspective: surgical algorithm
Yves Harder, Lugano
- 16.15-16.30 Perspective of the rehabilitation specialist: maintenance therapy
Martha Földi, Hinterzarten (DE)
- 16.30-16.45 The LYMPH Trial: better quality of life thanks to super microsurgery
Elisabeth A. Kappos, Basel
- 16.45-17.00 Discussion

17.00 **Farewell**

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1. Buus et al., 2016 2. Filipits et al., 2019 3. Sestak et al., 2019 4. Constantinidou et al., 2022

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IBRANCE® ist indiziert zur Behandlung von postmenopausalen Frauen mit HR+/HER2- fortgeschrittenem oder metastasiertem Mammakarzinom in Kombination mit einem Aromatasehemmer, oder, falls sie zuvor eine endokrine Therapie erhielten, in Kombination mit Fulvestrant. Bei prä-/perimenopausalen Frauen kombiniert mit LHRH Analoga.²

AI = aromatase inhibitor; HR+/HER2- = hormone receptor positive, human epidermal growth factor receptor 2 negative; LHRH = luteinising hormone-releasing hormone; mBC = metastatic breast cancer; PFS = progression-free survival

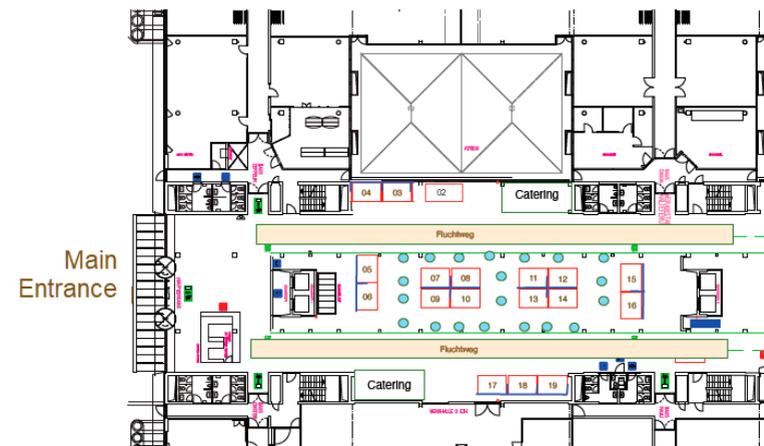
Referenzen: 1. Angaben zur Spezialitätenliste des Bundesamts für Gesundheit und der Limitatio finden Sie unter www.spezialitätenliste.ch/ShowPreparations.aspx?searchType=Substance&searchValue=Palbociclibum, Stand 01.06.2023. 2. Aktuelle Fachinformation IBRANCE® (Palbociclib), www.swissmedicinfo.ch. 3. Finn RS et al. Palbociclib and Letrozole in Advanced Breast Cancer. N Engl J Med. 2016;375(20):1925-1936. 4. Cristofanilli M et al. Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): final analysis of the multicentre, double-blind, phase 3 randomised controlled trial. Lancet Oncol. 2016;17(4):425-39.

Referenzen sind auf Anfrage erhältlich.

IBRANCE® (Palbociclib). **Indikationen:** Behandlung von postmenopausalen Frauen mit HR-positivem, HER2-negativem lokal fortgeschrittenem oder metastasiertem Mammakarzinom in Kombination mit einem Aromatasehemmer, oder, falls sie zuvor eine endokrine Therapie erhielten, in Kombination mit Fulvestrant. Bei prä-/perimenopausalen Frauen kombiniert mit LHRH Analoga. **Dosierung:** Erwachsene: 125 mg einmal täglich (mit Mahlzeit) während 21 Tagen, gefolgt von einer siebentägigen Pause, Letrozol-, Anastrozol- oder Exemestan-Dosierung gemäss entsprechender Fachinformation; Fulvestrant-Dosierung gemäss Fachinformation. Dosisanpassung abhängig von individueller Sicherheit und Verträglichkeit. Keine Dosisanpassung bei leichter oder mittelschwerer Leberfunktionsstörung; Bei Patienten mit schwerer Leberfunktionsstörung 75 mg einmal täglich im Schema 3/1. Bei leichter, mässiger oder schwerer Niereninsuffizienz keine Dosisanpassung erforderlich. Ungenügende Daten bei hämodialysepflichtigen Patienten. Behandlungsabbruch bei interstitieller Lungenerkrankung/Pneumonitis. **Kontraindikationen:** Überempfindlichkeit gegenüber Palbociclib oder Hilfsstoffen. **Warnhinweise/Vorsichtsmassnahmen:** Hämatologische Störungen (Blutbildkontrollen erforderlich), interstitielle Lungenerkrankung/Pneumonitis, Infektionen, Fertilität, QT-verlängernde Co-Medikation, Schwangerschaft/Stillzeit, embryofetale Toxizität. Enthält Lactose, Natrium. **Interaktionen:** CYP3A4 Inhibitoren, Grapefruit, CYP3A4 Induktoren, Johanniskraut, CYP3A4 Substrate. **Unerwünschte Wirkungen:** Infektionen, Neutropenie (häufig febril), Leukopenie, Anämie, Thrombozytopenie, Appetit vermindert, Geschmacksstörung, Sehen verschwommen, Tränensekretion verstärkt, trockenes Auge, Epistaxis, interstitielle Lungenerkrankung/Pneumonitis, Übelkeit, Stomatitis, Diarrhoe, Erbrechen, ALT bzw. AST erhöht, Alopezie, Ausschlag, trockene Haut, Palmar-plantares Erythrodysästhesiesyndrom, Ermüdung, Asthenie, Fieber, u.a. **Packungen:** 75 mg, 100 mg und 125 mg; 21 Hartkapseln. Verkaufskategorie A. **Zulassungsinhaber:** Pfizer AG, Schärenmoosstrasse 99, 8052 Zürich. Ausführliche Informationen siehe Arzneimittel-Fachinformation unter www.swissmedicinfo.ch. (V023)

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Registration
Auditorium
Poster

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| 1. INTELLIMED | 11. PFIZER |
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1 O'Shaughnessy J et al. Preference for the fixed-dose combination of pertuzumab and trastuzumab for subcutaneous injection in patients with HER2-positive early breast cancer (PHranceSCa): A randomised, open-label phase II study. Eur J Cancer 2021 Jul;52:223-232. doi:10.1016/j.ejca.2021.03.047. Epub 2021 Jun 16. 2 Spezialitätenliste BAG, www.spezialitätenliste.ch.

Alle Referenzen können bei Roche Pharma (Schweiz) AG angefordert werden.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen siehe Fachinformation Phesgo auf www.swissmedinfo.ch.

Phesgo® (Pertuzumabum, Trastuzumabum). **Indikation:** Phesgo ist in Kombination mit Docetaxel indiziert für **a)** die Behandlung von Patienten mit HER2-positivem metastasierendem oder lokal rezidivierendem nicht resezierbarem Brustkrebs, die noch keine Chemotherapie gegen ihre metastasierte Erkrankung erhalten haben, und für **b)** die neoadjuvante Behandlung von Patienten mit HER2-positivem, lokal fortgeschrittenem, entzündlichem Brustkrebs oder Brustkrebs im Frühstadium mit hohem Rezidivrisiko (Tumorgrosse > 2 cm Durchmesser oder Lymphknotenbefall) im Rahmen eines Therapieplanes für Brustkrebs und in Kombination mit Chemotherapie für **c)** die adjuvante Behandlung von Patienten mit HER2-positivem Brustkrebs im Frühstadium mit hohem Rezidivrisiko. **Dosierung:** Initialdosis 1200 mg Pertuzumabum/600 mg Trastuzumabum als subkutane Gabe in den Oberschenkel über ungefähr 8 Minuten gefolgt von 30 Minuten Überwachungszeit; nachfolgende Dosierung 600 mg Pertuzumabum/600 mg Trastuzumabum alle 3 Wochen über 5 Minuten gefolgt von 15 Minuten Überwachungszeit. Es wird empfohlen **a)** im metastatischen Setting die Behandlung mit Phesgo in Kombination mit Docetaxel zu beginnen und bei Beendigung der Docetaxel-Behandlung, die Gabe von Phesgo fortzusetzen bis zur Progression oder bis zu unakzeptabler Toxizität; **b)** im Frühstadium Phesgo in Kombination mit Docetaxel bis zur Operation zu verabreichen; **c)** bei Patienten, die eine neoadjuvante Therapie mit Phesgo beginnen, Phesgo als adjuvante Therapie zu verabreichen, bis insgesamt 1 Behandlungsjahr abgeschlossen ist. **Anwendung:** Um die Rückverfolgbarkeit von biologischen Arzneimitteln zu verbessern, ist der Handelsname Phesgo in der Patientenakte klar zu vermerken. Phesgo ist eine gebrauchsfertige Lösung zur Injektion. Die Injektion sollte ausschließlich und abwechselnd in den linken und rechten Oberschenkel erfolgen. Phesgo darf nicht intravenös verabreicht werden. **Kontraindikationen:** Bekannte Überempfindlichkeit gegenüber den Wirkstoffen oder einem der Hilfsstoffe. **Interaktionen:** Es wurden keine formalen Arzneimittelinteraktionsstudien durchgeführt. **Warnhinweise:** Unter Behandlung mit Phesgo wurden injektionsbedingte und Überempfindlichkeitsreaktionen beobachtet. Eine engmaschige Überwachung der Patienten wird empfohlen. Bei vorgängiger Behandlung mit Anthrazyklinen oder Radiotherapie im Brustbereich besteht ein höheres Risiko für eine Abnahme der LVEF. Die LVEF daher vor Beginn einer Behandlung mit Phesgo und in regelmäßigen Abständen (z. B. alle 3 Monate) während der Behandlung bestimmen. Phesgo während Schwangerschaft und Stillzeit nicht anwenden. **Unerwünschte Wirkungen:** Häufigste unerwünschte Wirkungen (>50%): Diarrhoe, Übelkeit und Alopezie. Häufigste unerwünschte Wirkungen vom Grad 3-4 (>10%): Neutropenie, febrile Neutropenie. Weitere relevante selektierte Nebenwirkungen: Leukopenie, Infektionen der oberen Atemwege, verminderter Appetit, periphere Neuropathie, Kopfschmerzen, linksventrikuläre Dysfunktion einschließlich symptomatischer linksventrikulärer systolischer Dysfunktion, Husten, Dyspnoe, Erbrechen, Stomatitis, Obstipation, Rash, Störungen der Nägel, Myalgie, Müdigkeit, Asthenie, periphere Ödeme, Entzündungen der Schleimhäute und Fieber. **Packung:** 1 Durchstechflasche zu 1200 mg Pertuzumabum/600 mg Trastuzumabum/15 ml; 1 Durchstechflasche zu 600 mg Pertuzumabum/600 mg Trastuzumabum/10 ml. Verkaufskategorie A. **Kassenzulässig (L).** Ausführliche Angaben entnehmen Sie bitte der publizierten Fachinformation unter www.swissmedinfo.ch. Stand April 2021.

Erweiterte Berichterstattung zur Sicherheit bei potenziell Phesgo® exponierten Schwangerschaften

- Für den Fall, dass Phesgo während einer Schwangerschaft angewendet wird oder eine Patientin während einer Behandlung mit Phesgo oder innerhalb von 7 Monaten nach der letzten Dosis Phesgo schwanger wird, ist eine Exposition unverzüglich der Abteilung für Arzneimittelsicherheit von Roche Pharma (Schweiz) AG via E-Mail an switzerland.ds@roche.com zu melden.
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- Phesgo sollte während der Schwangerschaft nur dann angewendet werden, wenn der potenzielle Nutzen für die Mutter das potenzielle Risiko für den Fötus überwiegt. Es liegen keine Daten zur Anwendung von Phesgo bei schwangeren Frauen vor, und die Sicherheit einer Anwendung von Phesgo während der Schwangerschaft und Stillzeit wurde nicht nachgewiesen.
- Bestimmen Sie vor Beginn der Behandlung mit Phesgo den Schwangerschaftsstatus der Patientin. Gebärfähige Frauen sollten während der Behandlung mit Phesgo und für 7 Monate nach der letzten Gabe von Phesgo eine wirksame Verhütungsmethode anwenden.
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2L = Zweitlinientherapie; **HER2** = human epidermal growth factor receptor 2 (humaner epidermaler Wachstumsfaktor-Rezeptor 2); **mBC** = Metastatic breast cancer (metastasierter Brustkrebs); **T-DM1** = Trastuzumab-Emtansin.

Referenzen: **1.** ENHERTU® Fachinformation, www.swissmedinfo.ch. **2.** Modi S, et al. Trastuzumab Deruxtecán in Previously Treated HER2-Low Advanced Breast Cancer. N Engl J Med. 2022 Jul 7;387(1):9-20 (incl. supplementary material). **3.** Cortés J, et al. Trastuzumab Deruxtecán versus Trastuzumab Emtansin for Breast Cancer. N Engl J Med. 2022;386(12):1143-1154 (incl. supplementary material). Fachpersonen können die genannten Referenzen bei Daiichi Sankyo (Schweiz) AG oder AstraZeneca AG anfordern.

Gekürzte Fachinformation Enherthu® 100 mg, Pulver für ein Konzentrat zur Herstellung einer Infusionslösung

Es gibt Fälle von interstitieller Lungenerkrankung (ILD) u./od. Pneumonitis, inklusive tödliche Verläufe. Anzeichen und Symptome müssen umgehend untersucht werden, und Enherthu muss bei ILD/Pneumonitis mit Grad 2 oder höher dauerhaft abgesetzt werden. Patienten mit mässiger Niereninsuffizienz haben ein erhöhtes Risiko für die Entwicklung einer ILD.

Gegen HER2 gerichtetes Antikörper-Wirkstoff-Konjugat. **Z:** Trastuzumab-Deruxtecán 100 mg. **I:** Enherthu als Monotherapie zur Behandlung von erwachsenen Patienten mit inoperablem od. metastasiertem HER2-pos. oder HER2-low (IHC 1+ oder IHC 2+/ISH-) Brustkrebs die wie folgt behandelt wurden: bei HER2-positivem Brustkrebs bereits mind. ein gg. HER2 gerichtetes Behandlungsregime, inkl. Trastuzumab und ein Taxan, sowie eine Progredienz entweder im metastatischen Stadium oder innerhalb von 6 Monaten nach Ende einer adjuvanten od. neoadjuvanten Therapie; bei HER2-low Brustkrebs bereits eine Chemotherapie im metastat. Stadium od. unter adjuvanter Chemotherapie bzw. innerhalb von 6 Monaten nach Abschluss einer adjuvanten Chemotherapie ein Rezidiv ihrer Erkrankung haben. Patienten mit HR+ Brustkrebs müssen darüber hinaus eine endokrine Therapie erhalten haben od. dürfen für eine solche Therapie nicht in Frage kommen. **D:** 5.4 mg/kg 1x alle 3 Wochen, bis zur Progression der Erkrankung od. bis zum Auftreten einer inakzeptablen Toxizität. Für Dosisanpassungen bei Nebenwirkungen u. besonderen Patientengruppen, s. Fachinformation. **KI:** Überempfindlichkeit gg. Wirk-/Hilfsstoffe. **VM:** ILD/Pneumonitis; Neutropenie; Abnahme der linksventrikulären Auswurfraction; embryofetale Toxizität. **IA:** Keine klin. bedeutsame Wechselwirkung mit Arzneimitteln erwartet, die Inhibitoren von P-Glykoprotein (P-gp)-, MATE2-K-, MRP1- oder BCRP-Transportern od. die Substrate von OAT1- oder OATP1B1-Transportern sind. **Häufige UAW:** Häufigste UAWs: Übelkeit, Erschöpfung, Erbrechen, verminderter Appetit, Anämie, Neutropenie, Alopezie, Obstipation, Diarrhoe, Thrombozytopenie, Leukopenie, Transaminasen erhöht und Muskel-Skelett-Schmerzen. Häufigste schwerwiegende UAWs: ILD/Pneumonitis, Pneumonie, verminderter Appetit, Erbrechen, Übelkeit und Anämie. **P:** Packungen mit 1 Durchstechflasche; Liste: **A. Zul-Inh.:** Daiichi Sankyo (Schweiz) AG, Zürich.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für ausführliche Angaben, siehe <http://www.swissmedinfo.ch>. ENH/23/0122_CH-03/2023_DE