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SYSTEMIC TREATMENT FOR EARLY-STAGE TRIPLE-NEGATIVE BREAST CANCER: A RECOMMENDATION FROM AN EXPERT PANEL OF THE BRAZILIAN SOCIETY OF MASTOLOGY

Felipe Pereira Zerwes¹, Ruffo de Freitas Junior², Vilmar Marques de Oliveira³, Antonio Luiz Frasson^{1,4}, Francisco Pimentel Cavalcante⁵, Fabio Postiglione Mansani⁶, Andre Mattar⁷

¹Pontifícia Universidade Católica do Rio Grande do Sul – Porto Alegre (RS), Brazil.

²Universidade Federal de Goiás, Centro Avançado para Diagnóstico de Doenças da Mama – Goiania (GO), Brazil.

³Santa Casa de Misericórdia de São Paulo, Faculdade de Ciências Médicas – São Paulo (SP), Brazil.

⁴Hospital Albert Einstein – São Paulo (SP), Brazil.

⁵Hospital Central de Fortaleza – Fortaleza (CE), Brazil.

⁶Universidade Estadual de Ponta Grossa – Ponta Grossa (PR), Brazil.

⁷Hospital Pérola Byington – São Paulo (SP), Brazil.

Objective: The aim of this study was to assess the knowledge and attitudes of members of the Brazilian Society of Mastology (SBM) about the systemic treatment of triple-negative breast cancer (TNBC). **Methods:** All 1,400 SBM members were invited to answer a survey with 44 objective questions. An expert meeting was held in December 2021, with the participation of 27 experts and 3 ad hoc consultants. Panelists responded to the survey before and after the meeting (brainstorm). Responses that reached 70% agreement were considered consensual. **Results:** There was consensus regarding the indications of neoadjuvant chemotherapy and the addition of platinum in this context, unlike immunotherapy, which was only recommended among experts after brainstorming. The presence of germline BRCA mutations does not interfere with the recommendation of neoadjuvant treatment with immunotherapy (double consensus). In contrast, 70.6% of mastologists consider the status of PD-L1 for the indication of neoadjuvant immunotherapy. Faced with the combination of chemotherapy and neoadjuvant immunotherapy, about 75% of respondents recommend that anthracyclines be used in a dose-dense regimen (double consensus). After the brainstorm, this agreement was reversed. In adjuvant therapy, controversies remain regarding the maintenance of immunotherapy and the combination of immunotherapy and capecitabine/olaparib in relevant cases. **Conclusion:** Consensus among experts was reached on more than 70% of the questions, and agreement between panelists and associates was moderate. As verified in the brainstorm, the educational intervention about the systemic treatment of breast cancer influenced the mastologist's decision-making in 60% of the questions. This theme should be explored, intensively and systematically, in continuing education actions aimed at mastologist professionals.

Keywords: Breast neoplasms. Triple-negative breast neoplasms. Consensus development conferences as topic.