







VIRTUAL MEETING





CONFERENCE E-BROCHURE

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MANAGING BREAST CANCER IN YOUNG WOMEN

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WELCOME MESSAGE

Dear Colleagues,

We are thrilled to extend a warm invitation to the **Young Women's Forum (YWF) 2024**, set to take place on **27 July, 2024** on a virtual format.

Our main theme and commitment remain to addressing the distinct challenges in young women's breast cancer management.

YWF 2024 will explore cutting-edge science, global perspectives, loco-regional protocols with the aim of educating and driving tangible change in the management and treatment of breast cancer in young women.

Join us as we foster collaboration among multidisciplinary teams, discussing challenging cases and creating a platform for meaningful conversations, collaborative learning, and networking with esteemed colleagues.

The committee would like to welcome you all to initiate a meaningful forum to make a difference in young women's life.

We welcome you to the virtual forum to learn and network with your colleagues & peers.

Kind Regards,

YWF 2024 Committee Members



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Shaheenah Dawood



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YWF 2024 FACULTY



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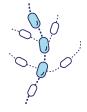
Verzenio is now approved for patients with HR+, HER2-, node positive Early Breast Cancer at high-risk of recurrence.



Although the prognosis for HR+, HER2- early breast cancer (EBC) is generally positive¹

20-30% of patients could progress to incurable metastatic disease¹

Factors associated with high risk of recurrence can include²:



Positive nodal status



High tumour grade



Large tumour size



Consider Verzenio for a significant improvement in invasive disease-free survival for your patients ³

References: 1. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. Lancet. 2005;365(9472):1687-1717. doi:10.1016/50140-6736(05)66544-0. 2. Cheng L, Swartz MD, Zhao H, et al. Hazard of recurrence among women after primary breast cancer treatment--a 10-year follow-up using data from SEER-Medicare. Cancer Epidemiol Biomarkers Prev. 2012;21(5):800-809. 3. N.Harbeck. P.Rastogi et al. (2021). Adjuvant abemaciclib combined with endocrine therapy for high-risk early breast cancer: updated efficacy and Ki-67 analysis from the monarchE study. Published by Elsevier on behalf of European Society for Medical Oncology.



Verzenio: The only CDK4 & 6 inhibitor that can be taken every day without a planned break (continuous dosing)¹⁻³

150_{mg}

2 x Daily

The recommended dose of Verzenio is 150 mg twice daily when used in combination with ET¹





Before prescribing Verzenio (abemaciclib), please consult the full local prescribing information by scanning the following QR code.

SAFETY REPORTING FOR POTENTIAL UNDESIRABLE EFFECTS: Please report adverse events to the DKSH Singapore Pte Ltd at <u>HEC-RA.Sin@dksh.com</u>





DKSH Singapore Pte Ltd 47 Jalan Buroh, #09-01, Singapore 619491 Phone +65 6471 1466



YWF 2024 **AGENDA**





14:00 - 14:05	Opening Remarks	
	SESSION 1: Biological and Clinical Uniqueness of Young Asian Breast Cancer Chairperson: Ma Jun, Singapore	
14:05 - 14:20	Addressing the Unique Needs of Young Women with Breast Cancer: A Call for Comprehensive Care Matteo Lambertini, Italy	
14:20 - 14:35	Racial and Ethnic Disparities in Breast Cancer Outcomes for Young Women Yap Yoon Sim, Singapore	
14:35 - 14:50	Bridging the Gap with Oncofertility Care Kim Hee Jeong, South Korea	
14:50 - 15:00	Q&A	
15:00 - 15:30	Breaking Barriers: Redefining Treatment Standards in High-Risk Early Breast Cancer with Abemaciclib – <i>Satellite Symposium by DKSH</i> Chairperson: Elaine Lim, Singapore Speaker: Stephen Johnston, UK	
SESSION 2: Navigating the Complexities of Genetic Testing for Hereditary Breast Cancer Syndrome Chairperson: Zhang Zewen, Singapore		
15:30 - 15:45	Genetic Testing in an Ethnically Diverse Asian Country Diana Ishak, Singapore	
15:45 - 16:00	Mainstreaming Genetic Testing: Balancing Efficiency and Informed Consent Zhang Zewen, Singapore	
16:00 - 16:40	Tumor Board: Hereditary Cancer Syndromes beyond BRCA - Li Fraumeni / Cowden's Moderator: Samuel Ow, Singapore Panellists: Muhammad Azrif, Malaysia Ava Kwong, Hong Kong Faye Lim, Singapore Frances Que, Philippines Nur Diana Ishak, Singapore Sabrina Ngaserin, Singapore Tom Chen, Taiwan	
16:40 - 16:55	Q&A	
SESSION 3: State of the Art Therapies in Young Women Chairperson: Tira Tan, Singapore		
16:55- 17:35	Panel Discussion: A Case of Pregnancy Associated Breast Cancer Moderator: Ma Jun, Singapore Panellists: Kiley Loh, Malaysia Thitiya Sirisinha Dejthevaporn, Thailand Yang Liying, Singapore Kim Hee Jeong, South Korea Lim Sue Zann, Singapore	
17:35 - 18:05	Fireside chat: Beyond ubiquitous HER2 testing - Making Precision Oncology a Reality for Young Asian Patients Mastura Md Yusof, Malaysia Joline Lim, Singapore Timothy Tay, Singapore	
18:05-18:20	Making the Case for Proton Beam Therapy in Young Women with Breast Cancer Faye Lim, Singapore	
18:20 - 18:35	Incorporating Novel Therapies in Neo(Adj) Therapies for Young Women with Breast Cancer, Immunotherapy, Antibody drug conjugates and more Sara Tolaney, USA	
18:35 - 18:50	Q&A	
18:50 - 19:00	Closing Remarks	





KISQALI has accomplished what no other CDK4/6 inhibitor has the longest median overall survival ever reported in HR+/HER2- aBC.

ESMO-MCBS

Highest score of any CDK4/6 inhibitor in the 1st line1-4 (based on OS, PFS, and QoL) KISQALI + ET in premenopausal patients KISQALI + AI in postmenopausal patients

NCCN

National Comprehensive Cancer Network® (NCCN®) now recognizes ribociclib (KISQALI®) + ET, a Category 1 preferred treatment option, for showing an OS BENEFIT IN THE 1L treatment setting in patients with HR+/HER2- mBC

Superior overall survival vs control arm was proven in MONALEESA-2, MONALEESA-3, and MONALEESA-7.6-12

Indications¹³
Kisqali is indicated for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with:

an aromatase inhibitor as initial endocrine-based therapy in pre/perimenopausal or postmenopausal women or in men; or fulvestrant as initial endocrine-based therapy or following disease progression on endocrine therapy in postmenopausal women or in men.

1L, first line; aBC, advanced breast cancer; Al, aromatase inhibitor; CDK, cyclin-dependent kinase; ESMO-MCBS, European Society for Medical Oncology Magnitude of Clinical Benefit Scale; ET, endocrine therapy; mBC, metastatic breast cancer; OS, overall survival; PFS, progression-free survival; QoL, quality of life.

References: 1. ESMO MCBS scorecard 158 1. European Society for Medical Oncology. Accessed April 12, 2022. https://www.esmo.org/guidelines/esmo-mcbs-scorecard/158-1 2. ESMO MCBS scorecard 9 1. European Society for Medical Oncology. Accessed April 12, 2022. https://www.esmo.org/guidelines/esmo-mcbs-scorecard/158-1 2. ESMO MCBS scorecard 7. European Society for Medical Oncology. Accessed April 12, 2022. https://www.esmo.org/guidelines/esmo-mcbs-scorecard/59-1 4. ESMO MCBS scorecard/59-1 5. Esferenced April 12, 2022. https://www.esmo.org/guidelines/esmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-mcbs/essmo-



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Continuing the Journey See You in 2025!

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