

## **2022 Priorities for NCTN Trials to be Evaluated by the Breast Cancer Steering Committee:** **Guiding Principles that Drive Breast Cancer Research Prioritization**

The Breast Cancer Steering Committee (BCSC) has developed the following strategic priorities for therapeutic trials\* to be conducted in the National Clinical Trials Network (NCTN). The NCTN conducts a late phase clinical trials program. Trials should address high priority needs and should be innovative, scientifically/ molecularly driven, and have clinically meaningful outcomes. Trials should be based upon adequate pre-clinical and early clinical data.

### **Decreasing breast cancer mortality**

- Improve outcomes in advanced breast cancer through focus on the elucidation of subtypes and associated molecular targets
  - Evaluate the role of novel therapeutics, including antibody-drug conjugates, immunotherapies, and DNA-damage repair pathway agents in appropriate breast cancer subtypes
  - Improve outcomes for patients of all subtypes through targeting pathways of therapy resistance
- Develop and validate strategies for identifying and preventing recurrence, including the use of circulating biomarkers to identify patients with minimal residual disease
- Understand and address disparities in cancer treatment and outcomes, particularly those related to race and ethnicity

### **Optimizing treatment for breast cancer patients**

- Improve understanding of the balance between treatment efficacy and toxicity, including long term toxicities
- Tailor systemic treatments based on the risk of recurrence and likelihood of response to specific treatments
- Evaluate biomarkers of response and recurrence, including ctDNA and tissue markers
- Improve selection of patients for more or less intensive/aggressive treatment strategies using molecular technologies
- Decrease local therapies in patients at low risk of local recurrence
- Investigate the optimal timing and sequencing of treatments

### **Understanding biology and translating biology into diagnostic and therapeutic strategies**

- Develop and evaluate the role of targeted therapies for disease subtypes
- Develop treatment strategies for patients who develop resistance to first-line or standard treatments
- Use and integration of novel biomarkers, imaging modalities, and technologies, including computational technologies to direct therapy or to assess therapeutic response

\* The above priorities were identified specifically for therapeutic clinical trials to be reviewed by the BCSC and funded by the Cancer Therapy Evaluation Program in the Division of Cancer Treatment and Diagnosis. Ductal carcinoma in situ (DCIS) is not included in the above priorities since DCIS trials are reviewed and funded through the Division of Cancer Prevention.