**EA1181/CompassHER2 pCR**

For Patients with HER2 positive Breast Cancer

**EA1181 Available Through ECOG-ACRIN Cancer Research Group**

Preoperative THP & Postoperative HP in Patients who Achieve a Pathologic Complete Response

**Part 1 Component of:** The CompassHER2 Trials (COMprehensive use of Pathologic response ASSessment to optimize therapy in HER2 positive breast cancer)

### Patient Population

See Section 3.0 for Complete Eligibility Details

- Age ≥ 18 years, ECOG PS 0-1, and adequate lab values
- Must have histologically confirmed HER2+ primary invasive breast carcinoma determined by local testing
  - Tumor must have either HER2 IHC result of 3+ or HER2/CEP17 ratio ≥ 2 with ≥ 4.0 HER2 signals per cell by ISH (see protocol for details)
- ER and PR status must be known/determined by local testing; patients with hormone receptor positive/negative HER2+ breast cancer are eligible
- Must have AJCC 8th ed. stage II/IIIa per anatomic staging table at diagnosis (see protocol for details; note cohort for patients with 2-3cm, ER+ and node- HER2+/ER+ disease closed 07/27/22)
- Must have no contraindication to standard adjuvant therapy, consisting of HER2 directed therapy, radiation (if indicated) and endocrine therapy (if ER+) if achieving pCR at surgery
- Patients with bilateral invasive breast cancers, or with multiple ipsilateral invasive tumors are eligible per protocol
- Must not have prior invasive breast cancer, or ipsilateral DCIS (see protocol for details/exceptions)
- No prior treatment for the current breast cancer
- LVEF within normal institutional parameters (or ≥ 50%)
- No > grade 1 peripheral neuropathy (any etiology)
- Must have a bilateral mammogram and a diagnostic breast ultrasound [on the side of the cancer(s)] (with or without breast MRI) at screening; an axillary ultrasound on the side of the cancer(s) is also required
  - Comprehensive breast and axillary imaging must be performed within 60 days of registration (mammogram/breast ultrasound/axillary ultrasound OR breast MRI)
- Must not have a concurrent serious medical condition that would preclude completion of study therapy (see protocol for examples)

### Treatment Plan

See Section 5.0 for Complete Treatment Details

1 cycle= 21 days; treatment to be administered +/- 3 days

**Pre-Operative/Neoadjuvant THP:**

- Choice of taxane therapy per the treating oncologist:
  - **Option 1:** Paclitaxel, Trastuzumab (or FDA approved biosimilar), Pertuzumab, x 4 cycles
  - **Option 2:** Docetaxel, Trastuzumab (or FDA approved biosimilar), Pertuzumab, x 4 cycles.
  - Prophylactic growth factor support is required
  - **Option 3:** Nab-paclitaxel, Trastuzumab (or FDA approved biosimilar), Pertuzumab, x 4 cycles

- If surgery occurs later than 21 days after the 4th cycle of HP/THP, a 5th/6th cycle of HP (without taxane) must be administered before surgery. Patients who progressed during THP must get additional pre-surgical therapy (per the treating oncologist; followed per Arm B)
- Lumpectomy/mastectomy must be performed no later than 126 days from the first dose of neoadjuvant taxane therapy; axillary surgery per protocol

**Post-Operative/Adjuvant Therapy:**

- **Arm A:** pCR (no invasive disease); Trastuzumab/ biosimilar, Pertuzumab for 13 cycles, radiation therapy and endocrine therapy if appropriate (see protocol)
- **Arm B:** SOC for patients who do NOT achieve pCR

**Notes:**

- Doses are based on actual body weight at baseline; one 3 week dose of docetaxel = 3 weekly doses of paclitaxel
- Breast imaging is required prior to surgery; a clip must be placed in the breast primary tumor (see protocol)
- See protocol for pre-treatment tumor evaluation (imaging/staging/surgical assessment/axillary assessment pre-therapy); and pre-surgery tumor evaluation (imaging/physical exam evidence of residual disease)
- Follow institutional guidelines for infusion order, and preparation/administration/pre-medications for paclitaxel/nab-paclitaxel

### Study Chair:

Nadine Tung, MD

### Study Co-Chairs:

Antonio C. Wolff, MD
Angela DeMichele, MD, MSCE

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**Patient Enrollment**

All Sites: Oncology Patient Enrollment Network (OPEN) [https://open.ctsu.org](https://open.ctsu.org)

**Protocol Information**

ECOG-ACRIN Operations-Boston: 857-504-2900, [http://ecog-acrin.org](http://ecog-acrin.org) (Member Login)

Please Enroll Your Eligible Patients!