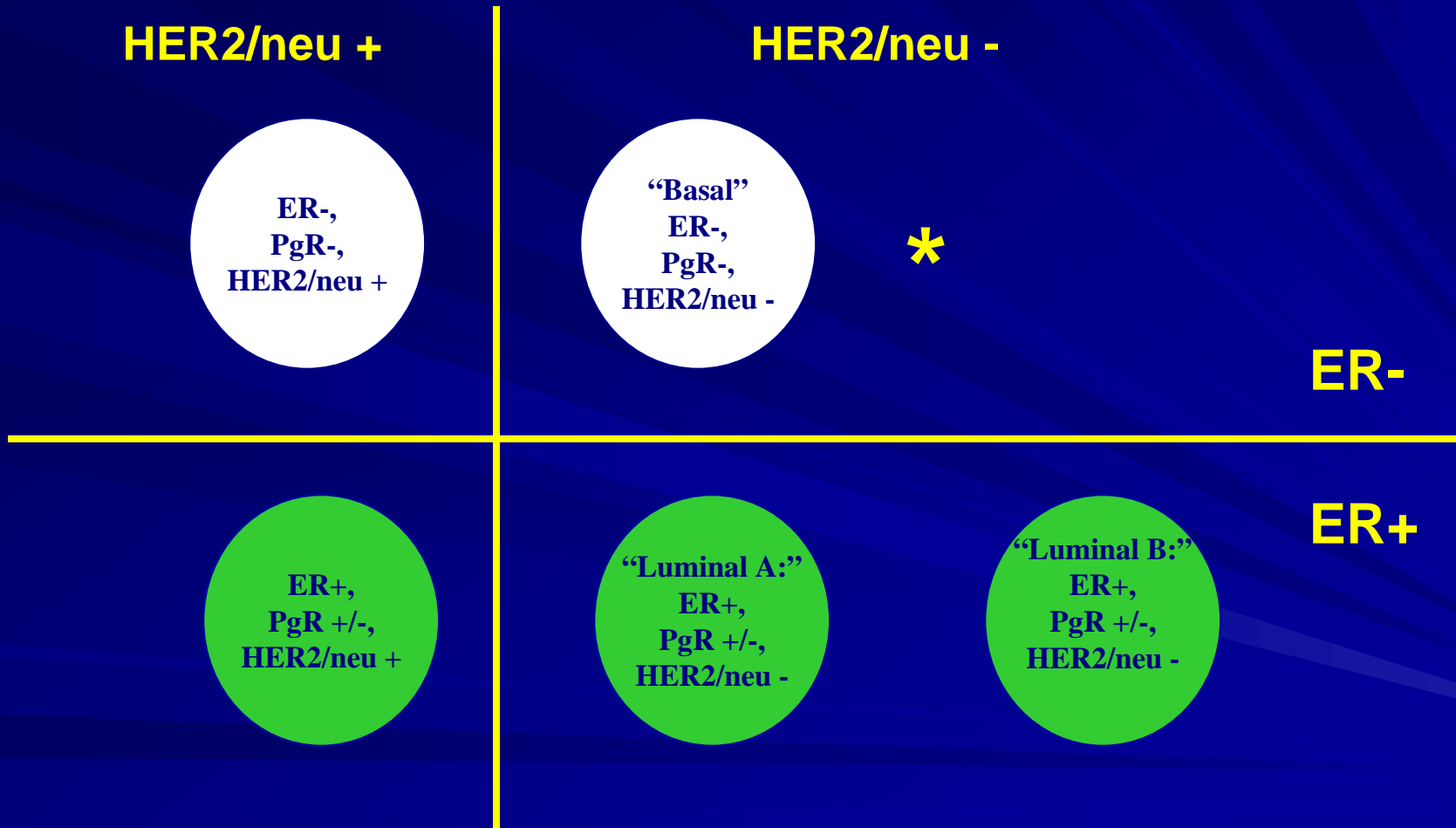


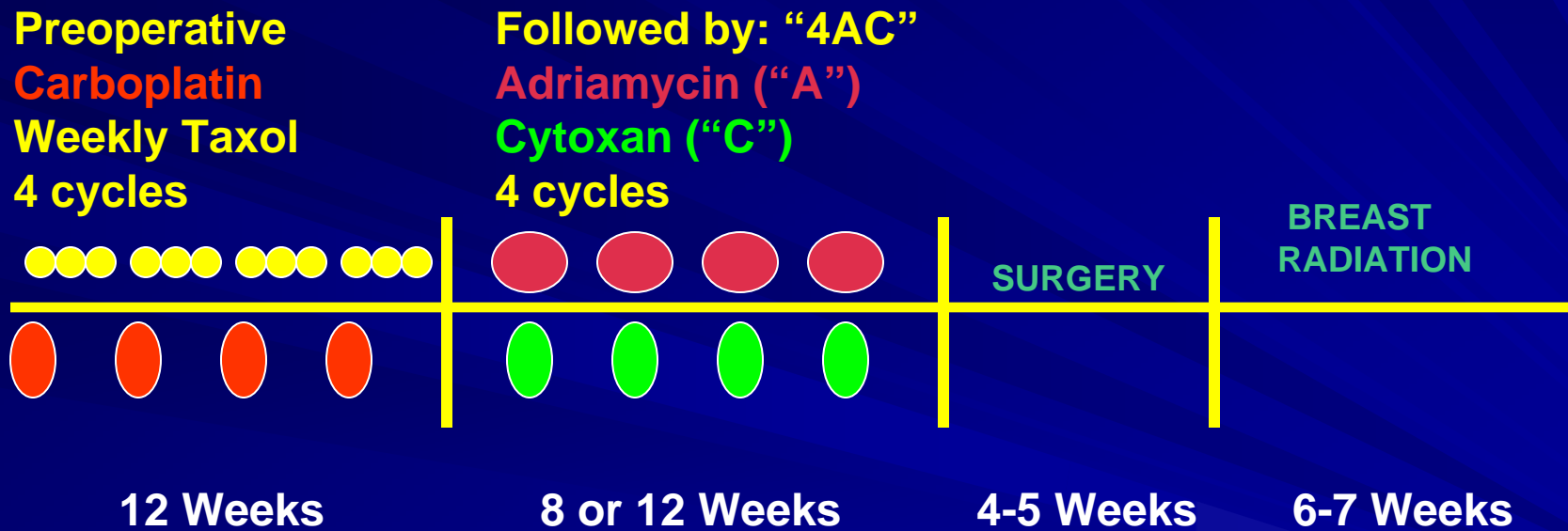
3 Breast Cancer “Events” that might affect me in the future

- 1. Same Side Breast or Regional LN Recurrence
 - *2. Life-threatening Bone, Lung, Liver Recurrences
-
- 3. New Second Primary Breast Cancer in the Opposite Breast

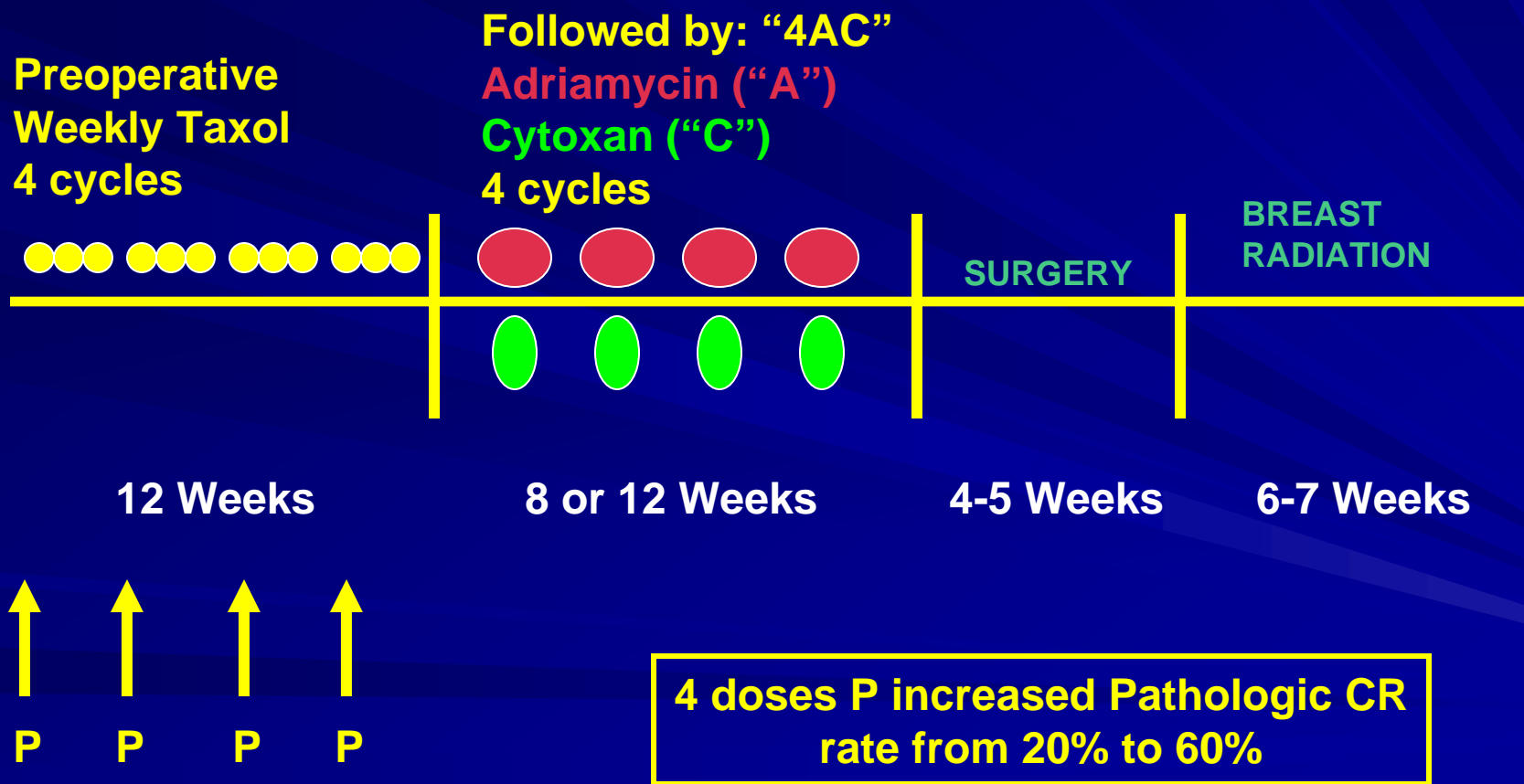
In the modern era, we recognize 5 distinct subtypes of Invasive Breast Cancer



Standard Preoperative Treatment Sequence: Stage 2 or 3 Operable Triple Negative Breast Ca



Experimental Preoperative Treatment Sequence: Immune Therapy Added to Standard Chemotherapy Improves Pathologic Complete Response (CR) Rate



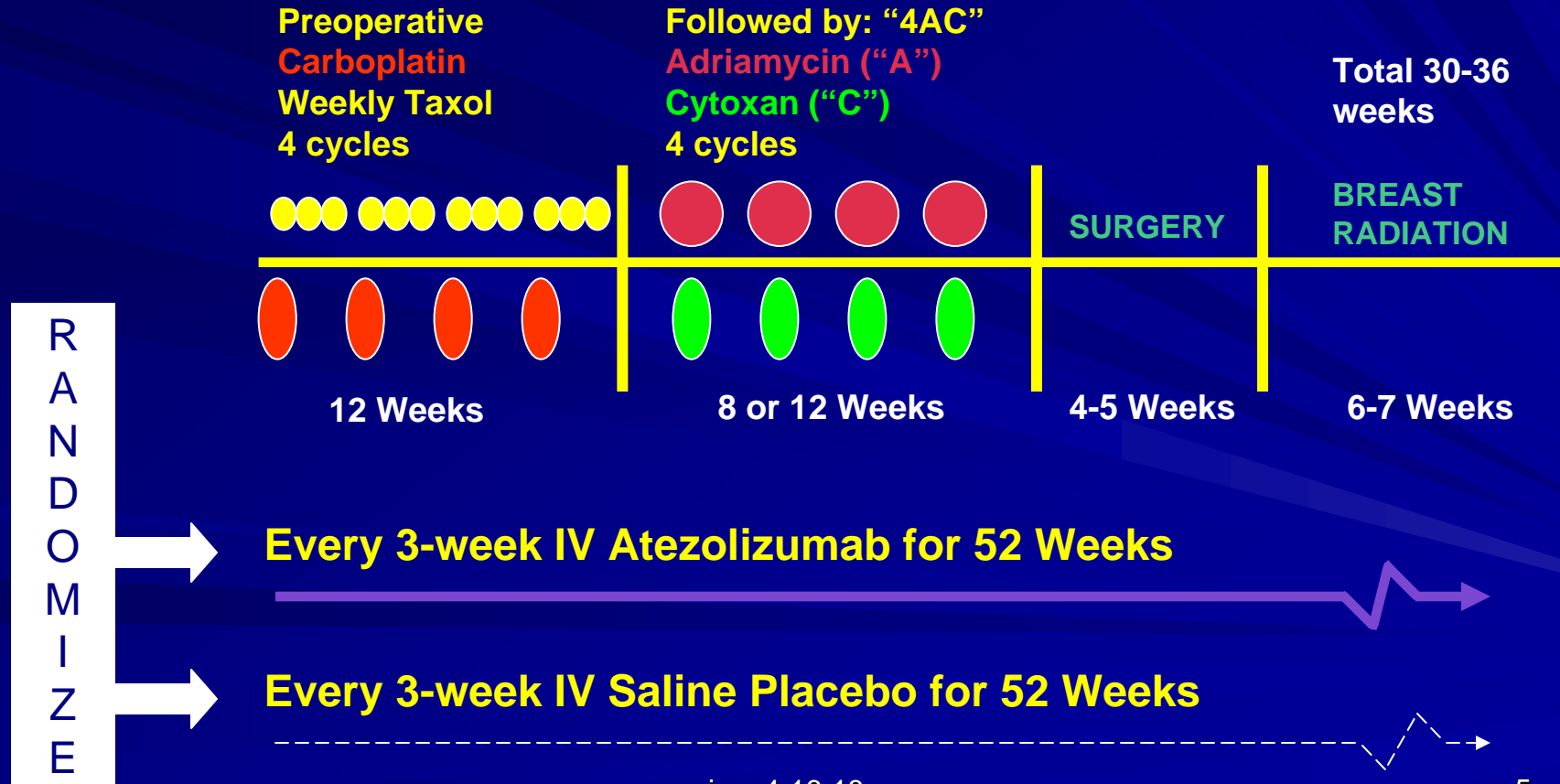
P = PEMBROLIZUMAB

Source: NSABP B-59 protocol document version 02 Oct 2017
version: 4-16-18

NSABP B-59:

Standard Preoperative Treatment Sequence

+/- every 3-week Atezolizumab (Tecentriq) for 52 Wk.



NSABP B-59: Pros and Cons for Me

Pros: What's in it for me?

- access to potential new treatment for my cancer, including the cost of the study drug is covered
- contribution to future patients
- extra “eyes” on my care, research team in addition to MD, Physician Assistants and primary treatment nurse

What extra effort will be required of me?

- research biopsy required before chemotherapy and before cycle 2
- longer overall treatment by 4-5 mo., and treatment days take a little longer
- must accept the randomization, the “coin toss”, meaning there is a 50% chance I will not get the study drug
- some potential increase in side effects