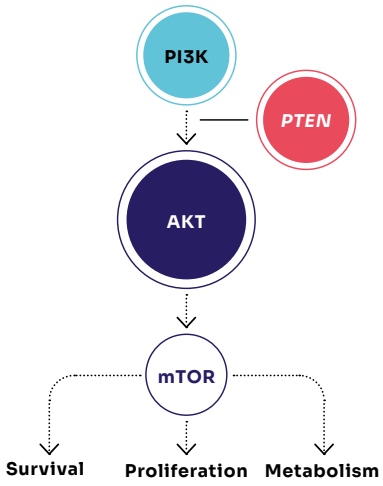
Truqap® ▼
capivasertib
160 mg • 200 mg tablets

Access to prescribing information (via QR code) and adverse event reporting can be found overleaf.

This material has been produced and funded by AstraZeneca and is intended for UK healthcare professionals only.

Unlocking the potential of targeting the PI3K/AKT pathway in HR+/HER2– aBC

Identifying patients who may be eligible for treatment with TRUQAP (capivasertib) + fulvestrant

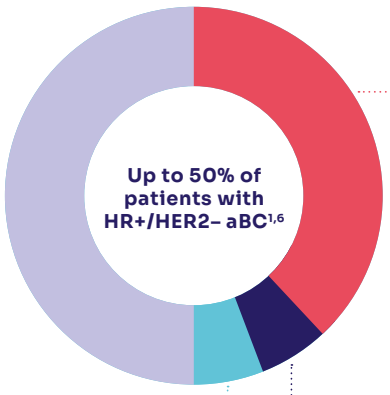


Why is the PI3K/AKT pathway important in breast cancer?

- The PI3K/AKT pathway mediates critical cellular processes, such as cell proliferation, survival and metabolism[1,2]
- Activation of the PI3K/AKT pathway in HR+/HER2– breast cancer can occur through alterations in *PIK3CA*, *AKT1* and/or *PTEN* genes[1,3]
- Abnormal PI3K/AKT pathway activation mediates resistance to multiple therapies in breast cancer, including ETs and CDK4/6is[2,4]

TRUQAP is indicated in combination with fulvestrant for the treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative (defined as IHC 0 or 1+, or IHC 2+/ISH–) locally advanced or metastatic breast cancer with one or more *PIK3CA/AKT1/PTEN*-alterations following recurrence or progression on or after an endocrine based regimen.[5]

How many of my patients are likely to have a *PIK3CA/AKT1/PTEN* alteration?



~40% ***PIK3CA*** **alterations[1,7,8]**

~5% ***AKT1*** **alterations[1,7,8]**

~5% ***PTEN*** **alterations[1,7,8]**

When should *PIK3CA/AKT1/PTEN* alteration testing be carried out?

Tissue testing at diagnosis is the **gold standard**[10] & **ESMO recommended**[11]

M3.6 at diagnosis

Tissue-based, multi-target NGS panel to detect alterations in the *PIK3CA*, *AKT1* and *PTEN* genes to **aid diagnosis and management**[9]

Check prior NGS reports

Consult with your genomic testing provider if further information on *PIK3CA/AKT1/PTEN* status can be made available from the previous NGS test

ESMO endorsed in routine practice[12,13]

M3.13 at progression

If no previous *PIK3CA*, *AKT1* or *PTEN* alteration was identified, test using ctDNA, multi-target NGS panel at progression to **guide treatment decisions***[9]

How should testing be performed?

Test using **tissue biopsy** at initial aBC **diagnosis**[9]

If diagnostic biopsy is unavailable, **archival tissue** may be used instead[14]

Test using ctDNA from **a blood sample** at **disease progression**[9]

*Patients with HR+ HER 2-locally advanced or metastatic breast cancer that are progressing on 1L treatment with an aromatase inhibitor plus CDK4/6i.

Identify your patients' ***PIK3CA, AKT1*** and ***PTEN*** alteration status as early as possible to inform future treatment decisions

1L, first-line; aBC, advanced breast cancer; AKT, serine/threonine protein kinase; *AKT1*, serine/threonine protein kinase 1; CDK4/6i, cyclin-dependent kinases 4 and 6 inhibitor; DNA, deoxyribonucleic acid; CNV, copy number variant; ctDNA, circulating tumour DNA; ESMO=European Society for Medical Oncology; ET, endocrine therapy; HER2, human epidermal growth factor receptor 2; HR+, hormone receptor positive; IHC, immunohistochemistry; ISH, *in situ* hybridisation; MDT, multidisciplinary team; mTOR; mammalian target of rapamycin; NGS, next-generation sequencing; *PIK3CA*, phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha; PI3K, phosphoinositide 3-kinase; *PTEN*, phosphatase and tensin homologue.

References: 1. Miricescu D, *et al*. *Int J Mol Sci* 2020;22(1):173. **2.** Paplomata E, O'Regan R. *Ther Adv Med Oncol* 2014;6(4):154–66. **3.** Smyth LM, *et al*. *Cancer Discov* 2020;10(4):526–35. **4.** Stanciu IM, *et al*. *Diagnostics* (Basel) 2023;13(5):987. **5.** TRUQAP (capivasertib) 160 mg and 200 mg. Summary of Product Characteristics. **6.** Martorana F, *et al*. *Front Pharmacol* 2021;12:66223. **7.** The Cancer Genome Atlas Network. *Nature* 2021;490(7418):61–70. **8.** Chung JH, *et al*. *Ann Oncol* 2017;28(11):2866–73. **9.** National Genomic Test Directory. Available at: https://www.england.nhs.uk/publication/national-genomic-test-directories/ Accessed August 2025; **10.** Licata L, *et al*. *Breast* . 2023;69:330–341; **11.** ESMO. ESMO Metastatic Cancer Living Guidelines. Diagnosis and Staging: Biopsy of Metastatic Breast Cancer. Available at: https://www.esmo.org/guidelines/living-guidelines/esmo-living-guideline-metastatic-breast-cancer/diagnosis-and-staging/diagnosis-biopsy-of-metastatic-breast-cancer Accessed August 2025; **12.** Amato O, *et al*. *NPJ Breast Cancer*. 2024;10(1):21; **13.** Pascual J, *et al*. *ESMO Annals of Oncology*. 2022;33(8):750–768; **14.** Wales Cancer Network. Available at: executive.nhs.wales/functions/networks-and-planning/cancer/wcn-documents/mutated-breast-cancer-clinical-guidance-document/ Accessed August 2025.

Click here or scan the QR code to view the TRUQAP UK Prescribing Information

Click here or scan the QR code to view the fulvestrant UK Prescribing Information

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