**Systemic Treatment for Brain Metastatic Triple Negative Breast Cancer:**

**A Systematic Review and Meta-Analysis**

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**Aim:** Patients with advanced triple negative breast cancer (TNBC) develop brain metastases (BM) in nearly 50% of cases. Management of this patient population is varied, involving a combination of local therapy and/or systemic treatment. Drug development for brain metastatic TNBC (TNBCBM) remains primitive, with few having reached clinical trials and even fewer currently approved. This systematic review summarises and evaluates approved and emerging systemic therapies for patients with TNBCBM. **Methods:** Systematic search was conducted using databases PubMed, Clarivate Analytics/Web of Science, Embase.com and the Wiley/Cochrane Library. Eligible articles included clinical trials, prospective, and retrospective studies reporting on median progression free survival (mPFS), median overall survival (mOS), and/or objective response rate (ORR) of different systemic therapies for TNBCBM. **Results:** Thirteen studies fulfilled inclusion criteria, reporting on chemotherapy, immunotherapy, antibody-drug conjugate, and tyrosine kinase inhibitors. Lu et al. assessing Bevacizumab administration prior to Etoposide and Cisplatin (BEEP regimen) reported the highest CNS-ORR of 100%. Chang et al. retrospective analysis of patients treated with a range of BBB-crossing and non-crossing chemotherapeutic agents yielded the highest mPFS of 32.8 months, while Du et al. demonstrated the highest mOS of 23.9 months for patients treated with immune-checkpoint inhibitors. **Conclusion:** The comprehensive systematic review showed that when used in combination with local treatment modalities, systemic therapies provided marked benefit in controlling extra-cranial disease and preventing additional seeding to the brain. However, the small number of studies and heterogeneity of data emphasise the urgent need for further inclusion in clinical drug trials of this subgroup of patients.