# Breast Cancer®

# An Audio Review Journal for Nurses

Management of Breast Cancer in the Adjuvant and Metastatic Settings

#### FACULTY INTERVIEWS

Kimberly L Blackwell, MD
Erin Duff, MSN, ANP-BC
Kathy D Miller, MD
Christina M Brown, RN, BSN
Hope S Rugo, MD
Additional comments by
three women with breast cancer

#### **EDITOR**

Neil Love, MD





### Breast Cancer Update for Nurses

#### A Continuing Nursing Education Audio Series

#### OVERVIEW OF ACTIVITY

Breast cancer is one of the most rapidly evolving fields in oncology nursing. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, oncology nurses must be well informed of these advances, the efficacy of new agents and regimens and strategies to minimize and manage associated toxicities. This program provides nurses with access to the latest research developments in systemic therapy and the opinions of oncology nurses and clinical investigators with experience and expertise in the field, in addition to perspectives of patients undergoing treatment.

#### **PURPOSE STATEMENT**

To present the most current research developments in breast cancer and to provide the perspectives of medical oncologists, oncology nurses and patients on the diagnosis and treatment of breast cancer.

## EDUCATIONAL OBJECTIVES FOR THIS ISSUE OF BREAST CANCER UPDATE FOR NURSES

- Describe the evidence-based benefits and risks associated with systemic therapies, including chemotherapy, PARP inhibitors and endocrine and biologic agents, used in the treatment of breast cancer in the neoadjuvant, adjuvant and metastatic settings.
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Explain the advantages and limitations of available genomic assays to quantify recurrence risk and aid in adjuvant treatment decisions.
- Discuss the psychosocial and emotional needs of patients and their loved ones, in addition to healthcare
  professionals, associated with the diagnosis and management of breast cancer.

#### ACCREDITATION STATEMENTS

This educational activity for 2.5 contact hours is provided by Research To Practice during the period of July 2010 through July 2011.

Research To Practice is an approved provider of continuing nursing education by the NJSNA, an accredited approver, by the American Nurses Credentialing Center's Commission on Accreditation.

#### HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website **ResearchToPractice. com/BCUN110** also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this book and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 70 percent or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within three weeks or may be printed online.

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# **Breast Cancer**®

U P D A T E

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FACULTY — Ms Duff and Ms Brown had no real or apparent conflicts of interest to disclose. Dr Blackwell — Consulting Agreements and Speakers Bureau: GlaxoSmithKline, Novartis Pharmaceuticals Corporation, Sanofi-Aventis; Paid Research: Abraxis BioScience, Bristol-Myers Squibb Company, Genentech BioOncology, GlaxoSmithKline. Dr Miller — Advisory Committee: Genentech BioOncology, MethylGene Inc, Roche Laboratories Inc; Speakers Bureau: Genentech BioOncology, Roche Laboratories Inc. Dr Rugo — Speakers Bureau: AstraZeneca Pharmaceuticals LP.

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## Breast Cancer Update for Nurses — Issue 1, 2010

#### QUESTIONS (PLEASE CIRCLE ANSWER):

QUESTION	NS (PLEASE CIRCLE ANSWER	:):			
cancer rechemoth lumpect in comp. a. Sig b. Sig	Data show that the risk of breast cancer recurrence is when chemotherapy is administered prior to lumpectomy or mastectomy (neoadjuvant) in comparison to after surgery (adjuvant).  a. Significantly greater b. Significantly less c. Unchanged  Researchers from MD Anderson Cancer Center, led by Ana Maria Gonzalez-Angulo, reported that women with small, HER2-positive breast tumors have a prognosis compared to women with similar-sized HER2-negative tumors.  a. Worse b. Better c. Equivalent		6. In the TAILORx study, patients with an intermediate Recurrence Score® accordin to the Oncotype DX® assay are randomly assigned to receive endocrine therapy wit or without  a. Bevacizumab b. Chemotherapy c. Lapatinib		
center, I reported positive prognosi sized HE a. Wo b. Bet			d. Trastuzumab  Which genomic assay requires fresh-frozer tumor specimens?  a. Oncotype DX  b. MammaPrint®  c. Both a and b  d. Neither a nor b  Though the Oncotype DX assay has been		
response carbopla trastuzui surgery t a. Thr b. Six c. Nin	patient has a positive tumor to neoadjuvant docetaxel/ itin/trastuzumab (TCH), mab is generally continued after for a total duration of  ee months months the months months months	9.	integrated into the clinical management of node-negative tumors, recent data have emerged suggesting its potential utility in the management of node-positive tumors.  a. True b. False In ECOG-E2100, a Phase III trial evaluating first-line chemotherapy with or without bevacizumab for metastatic breast cancer, progression-free survival was		
trastuzu		10.	for patients who received bevacizumab compared to those who did not.  a. Significantly longer b. Significantly shorter c. Equivalent  Potential side effects of bevacizumab		
ment-inc the follo may req a. Del b. Pne c. Adv	sessment of patients with treat- duced febrile neutropenia, which of wing are indicators that the patient uire hospitalization? nydration requiring fluids eumonia vanced age of the above		include which of the following?  a. Hand-foot syndrome  b. Hypertension  c. Wound-healing impairment  d. Both b and c		

#### **EDUCATIONAL ASSESSMENT AND CREDIT FORM**

#### Breast Cancer Update for Nurses — Issue 1, 2010

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

#### PART ONE — Please tell us about your experience with this educational activity

#### How would you characterize your level of knowledge on the following topics?

4 = Excellent $3 = Good$ 2	= Adequate	1 = Suboptima
	BEFORE	AFTER
Risk of recurrence in patients with small, node-negative,		
HER2-positive early breast cancer	4 3 2 1	4 3 2 1
Assessment and care of patients with treatment-induced febrile neutropenia	4 3 2 1	4 3 2 1
Tolerability and side effects of bevacizumab	4 3 2 1	4 3 2 1
Role of Oncotype DX for patients with node-positive breast cancer	4 3 2 1	4 3 2 1
☐ Yes ☐ No  If yes, then describe what was presented:		
Will this activity help you improve patient care?  Yes No Not applicable If yes, how will it help you improve patient care?		
Did the estivity meet your educational mode and consectations?		
Did the activity meet your educational needs and expectations?  Yes   No		
If no, please explain:		
Please respond to the following learning objectives (LOs) by circling	the appropriate	selection:
4 = Yes $3 = $ Will consider $2 = $ No $1 = $ Already doing $N/M = $ LO	not met N/A =	Not applicable
As a result of this activity, I will be able to:		
<ul> <li>Describe the evidence-based benefits and risks associated with syste therapies, including chemotherapy, PARP inhibitors and endocrine ar biologic agents, used in the treatment of breast cancer in the neoadju adjuvant and metastatic settings</li> </ul>	nd uvant,	2 1 N/M N/.
<ul> <li>Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatmen</li> </ul>	t 4 3	2 1 N/M N/A
<ul> <li>Explain the advantages and limitations of available genomic assays to quantify recurrence risk and aid in adjuvant treatment decisions</li> </ul>		2 1 N/M N/
Discuss the psychosocial and emotional needs of patients and their loved ones, in addition to healthcare professionals, associated with the diagnosis and management of breast cancer	4 3	2 1 N/M N/

#### EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What other practice changes will you make or consider making as a result of this activity?

What additional information or training do you need on the activity topics or other oncologyrelated topics? Additional comments about this activity: As part of our ongoing, continuous quality-improvement effort, we conduct postactivity followup surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey. Yes, I am willing to participate in a follow-up survey. No, I am not willing to participate in a follow-up survey. PART TWO — Please tell us about the faculty and editor for this educational activity 4 = Excellent3 = Good2 = Adequate1 = Suboptimal **Faculty** Knowledge of subject matter Effectiveness as an educator Kimberly L Blackwell, MD 3 2 1 2 1 Erin Duff, MSN, ANP-BC 4 3 2 1 4 3 1 3 2 1 4 3 2 1 Kathy D Miller, MD Christina M Brown, RN, BSN 4 3 2 1 4 3 2 1 Hope S Rugo, MD 4 3 2 1 4 3 2 Editor Knowledge of subject matter Effectiveness as an educator Neil Love, MD 3 1 3 1 Please recommend additional faculty for future activities: Other comments about the faculty and editor for this activity:

## REQUEST FOR CREDIT — Please print clearly

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Signature:....



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