

Breast Cancer[®]

U P D A T E

An Audio Review Journal for Surgeons
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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CME
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Breast Cancer Update for Surgeons

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Historically, surgery has been the primary mode of treatment for early breast cancer. However, the diagnostic, surgical and medical management of breast cancer has escalated in complexity because of numerous advances in novel technologies and available adjunctive medical therapies. Hence, the multifaceted treatment of breast cancer now requires the input of an interdisciplinary group of expert care providers. This paradigm shift has created the challenge of ensuring that major clinical advances in local and systemic breast cancer therapy are effectively disseminated among all members of the cross-functional team. To bridge the gap between research and patient care, *Breast Cancer Update for Surgeons* uses one-on-one interviews with leading breast cancer investigators to translate the latest research developments into clinical practice. By providing access to cutting-edge data and expert perspectives, this CME program assists breast surgeons in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Use genomic assays to quantify recurrence risk and aid in individualized recommendations for systemic therapy for postmenopausal patients with node-negative or node-positive, ER-positive breast cancer.
- Evaluate issues related to the accuracy, reliability and interpretation of the ER and HER2 status of breast tumors in the context of local laboratory practices and national guidelines.
- Formulate an evidence-based approach to the surgical management of patients with a positive sentinel lymph node biopsy.
- Assess long-term outcomes with magnetic resonance imaging and screening compared to prophylactic mastectomy for women with BRCA mutations and family history of premenopausal breast cancer.
- Develop an approach to monitor and facilitate patient adherence to orally administered antineoplastic therapies.
- Counsel appropriately selected patients about the option of participating in ongoing clinical trials.

ACCREDITATION STATEMENT

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This activity is supported by an educational grant from Genomic Health Inc.

Last review date: September 2011; Release date: September 2011; Expiration date: September 2012

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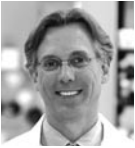
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FACULTY — **Dr Edge** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Mamounas** — Advisory Committee: Genomic Health Inc, Novartis Pharmaceuticals Corporation; Consulting Agreement: Genomic Health Inc; Speakers Bureau: Celgene Corporation, Genomic Health Inc. **Dr Hayes** — Consulting Agreements: BioMarker Strategies, Chugai Pharmaceutical Co Ltd; Paid Research: Novartis Pharmaceuticals Corporation, Pfizer Inc, Veridex LLC; Patent: Immunicon Corporation; Stock Ownership: Oncimmune Ltd. **Dr Winer** — Advisory Committee: Novartis Pharmaceuticals Corporation.

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RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. The NSABP-B-32 trial for patients with clinically node-negative breast cancer evaluated sentinel lymph node resection (SLNR) with conventional axillary lymph node dissection (ALND) versus SLNR alone or with ALND only if sentinel nodes were positive.
 - a. True
 - b. False
2. The Phase II ACOSOG-Z1071 study is evaluating the role of sentinel lymph node biopsy and ALND after preoperative chemotherapy for patients with pathologically node-positive breast cancer at initial diagnosis.
 - a. True
 - b. False
3. The TAILORx study is evaluating adjuvant hormonal therapy with or without combination chemotherapy in women with _____, ER-positive breast cancer who have intermediate *Oncotype DX*® Recurrence Scores® of 11 to 25.
 - a. Node-positive
 - b. Node-negative
 - c. Both a and b
4. The NSABP-B-43 trial is evaluating _____ as a radiosensitizer for women with HER2-positive DCIS who undergo lumpectomy and receive radiation therapy.
 - a. Lapatinib
 - b. Gefitinib
 - c. Trastuzumab
 - d. T-DM1
5. Which genomic assay requires fresh-frozen tumor specimens?
 - a. *Oncotype DX*
 - b. MammaPrint®
 - c. Both a and b
 - d. Neither a nor b
6. The Phase II ACOSOG-Z0011 trial randomly assigned patients with clinical T1-2N0M0 breast cancer and a positive sentinel node to ALND versus no ALND.
 - a. True
 - b. False
7. RxPONDER is a retrospective study of outcomes among patients with hormone receptor-positive, HER2-negative, node-negative breast cancer who had *Oncotype DX* Recurrence Scores of 25 or lower and received endocrine therapy alone or with chemotherapy.
 - a. True
 - b. False
8. The NSABP-B-47 trial is evaluating adjuvant chemotherapy with and without breast cancer.
 - a. HER2-positive, node-negative
 - b. HER2-negative, node-negative
 - c. HER2-positive, node-positive
 - d. HER2-low, node-positive or high-risk node-negative

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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 = Suboptimal

	BEFORE	AFTER
NSABP-B-47: A Phase III trial of adjuvant chemotherapy with or without trastuzumab in HER2-low breast cancer	4 3 2 1	4 3 2 1
Prognostic and predictive value of the Oncotype DX Recurrence Score for postmenopausal patients with node-negative and node-positive early breast cancer	4 3 2 1	4 3 2 1
Quality control in the assessment of ER and HER2 status	4 3 2 1	4 3 2 1
Ongoing prospective studies — TAILORx and RxPONDER — of the Oncotype DX assay in early breast cancer	4 3 2 1	4 3 2 1
ACOSOG-Z0011: ALND versus no ALND for patients with sentinel lymph node metastasis	4 3 2 1	4 3 2 1

Was the activity evidence based, fair, balanced and free from commercial bias?

Yes No If no, please explain:

Please identify how you will change your practice as a result of completing this activity (select all that apply).

- This activity validated my current practice; no changes will be made
- Create/revise protocols, policies and/or procedures
- Change the management and/or treatment of my patients
- Other (please explain):

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

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:

- Use genomic assays to quantify recurrence risk and aid in individualized recommendations for systemic therapy for postmenopausal patients with node-negative or node-positive, ER-positive breast cancer. 4 3 2 1 N/M N/A
- Evaluate issues related to the accuracy, reliability and interpretation of the ER and HER2 status of breast tumors in the context of local laboratory practices and national guidelines. 4 3 2 1 N/M N/A
- Formulate an evidence-based approach to the surgical management of patients with a positive sentinel lymph node biopsy. 4 3 2 1 N/M N/A
- Assess long-term outcomes with magnetic resonance imaging and screening compared to prophylactic mastectomy for women with BRCA mutations and family history of premenopausal breast cancer. 4 3 2 1 N/M N/A
- Develop an approach to monitor and facilitate patient adherence to orally administered antineoplastic therapies. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about the option of participating in ongoing clinical trials. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....
Would you recommend this activity to a colleague?

Yes No

If no, please explain:

Additional comments about this activity:

.....
As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up 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 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal				
Faculty	Knowledge of subject matter				Effectiveness as an educator			
Eleftherios P Mamounas, MD, MPH	4	3	2	1	4	3	2	1
Daniel F Hayes, MD	4	3	2	1	4	3	2	1
Stephen B Edge, MD	4	3	2	1	4	3	2	1
Eric P Winer, MD	4	3	2	1	4	3	2	1
Editor	Knowledge of subject matter				Effectiveness as an educator			
Neil Love, MD	4	3	2	1	4	3	2	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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Professional Designation:

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Street Address: Box/Suite:

City, State, Zip:

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: Date:

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Last review date: September 2011
Release date: September 2011
Expiration date: September 2012
Estimated time to complete: 2.75 hours