MEET THE PROFESSORS

Clinical Investigators Provide Their Perspectives on Real Cases of Metastatic Breast Cancer

CME INFORMATION

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologist-oncologists and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Breast cancer remains the most frequently diagnosed cancer in women, and it is estimated that 234,580 new cases and approximately 40,000 attributable deaths will occur in the United States in 2013 alone. Advances in screening and prevention have resulted in a steady down-stage migration at the time of disease presentation, such that only 5% of women have identifiable distant metastases at primary diagnosis. Consequently, the number of individuals living with breast cancer has increased substantially, as has the population "at risk" for recurrent disease.

The current clinical management of breast cancer is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease (micro- or macroscopic) with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these agents. In addition, diagnosis may now include description of a molecular subtype, derived from either gene microarray analysis or simply immunohistochemical cellular receptor expression profiles. By providing access to the latest research developments and expert perspectives, these proceedings from a case-based CME symposium held at the 2013 ASCO Annual Meeting aim to assist medical oncologists, breast surgeons and other healthcare providers as they attempt to formulate optimal disease management strategies in the face of a constantly evolving body of knowledge.

LEARNING OBJECTIVES

- Employ case-based interactive learning to effectively adopt evidence-based therapeutic approaches for patients with metastatic breast cancer.
- Implement a clinical plan for the management of advanced HER2-positive breast cancer, incorporating existing and recently approved targeted treatments.
- Assimilate new clinical trial evidence into the therapeutic algorithm for advanced ER-positive, pre- and postmenopausal breast cancer.
- Demonstrate knowledge of emerging research to support alternative or novel chemotherapeutic regimens in the metastatic setting, and integrate these findings into best-practice disease management strategies.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials investigating novel therapeutic agents and strategies.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ASCOBreast13/CME.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — 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:

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CONSULTING ONCOLOGISTS — The following consulting oncologists (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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MODERATOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Algeta US, Allos Therapeutics, Amgen Inc, ArQule Inc, Astellas, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Foundation Medicine Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly USA LLC, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva Oncology.

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This activity is supported by educational grants from Eisai Inc and Genentech BioOncology.

Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: August 2013

Expiration date: August 2014

SELECT PUBLICATIONS

Aebi S et al. **Chemotherapy prolongs survival for isolated local or regional recurrence of breast cancer: The CALOR trial (Chemotherapy as Adjuvant for Locally Recurrent Breast Cancer; IBCSG 27-02, NSABP B-37, BIG 1-02).** San Antonio Breast Cancer Symposium 2012;**Abstract S3-2**.

Cortes J et al. **Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): A phase 3 open-label randomised study.** *Lancet* 2011;377(9769):914-23.

Kaufman PA et al. **A Phase III, open-label, randomized, multicenter study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with anthracyclines and taxanes.** San Antonio Breast Cancer Symposium 2012;**Abstract S6-6**.

King TA et al. **Prognostic impact of the 21-gene recurrence score in patients presenting with stage IV breast cancer.** *Proc ASCO* 2013;**Abstract 507**.

Love N et al. **Medical oncologists' clinical experiences and comfort levels with 20 recently approved agents.** *Proc ASCO* 2013;**Abstract e17570**.

O'Regan R et al. **Phase III, randomized, double-blind, placebo-controlled multicenter trial of daily everolimus plus weekly trastuzumab and vinorelbine in trastuzumab-resistant, advanced breast cancer (BOLERO-3).** *Proc ASCO* 2013;**Abstract 505**.

Rimawi MF et al. **Pertuzumab in combination with trastuzumab plus an aromatase inhibitor in patients with hormone receptor-positive, HER2-positive metastatic breast cancer: A randomized phase II study (PERTAIN).** *Proc ASCO* 2012;**Abstract TPS654**.

Rugo HS et al. **CALGB 40502/NCCTG N063H: Randomized phase III trial of weekly paclitaxel (P) compared to weekly nanoparticle albumin bound nab-paclitaxel (NP) or ixabepilone (Ix) with or without bevacizumab (B) as first-line therapy for locally recurrent or metastatic breast cancer (MBC).** *Proc ASCO* 2012;**Abstract CRA1002**.

Seah DS et al. **Use and duration of chemotherapy (CT) in patients (pts) with metastatic breast cancer (MBC) according to tumor subtype (TS) and line of therapy (tx).** *Proc ASCO* 2012;**Abstract 6089**.