Challenging Cases in Breast Cancer

Oncologist and Nurse Investigators Consult on Actual Patients from the Practices of the Invited Faculty

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Breast cancer remains the most frequently diagnosed cancer in women, and in 2014 in the United States alone it is estimated the disease will culminate in 232,670 new cases and 40,000 deaths. 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. Because of this the number of individuals living with breast cancer has increased substantially, as has the population "at risk" for recurrent disease. Thus, the long-term care of patients with breast cancer remains an important issue to researchers and clinicians alike, and oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the maintenance of patient physical and psychosocial well-being.

These video proceedings from the second part of a 6-part integrated CNE curriculum originally held at the 2014 ONS Annual Congress feature discussions with leading breast cancer investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with breast cancer.

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of breast cancer, including endocrine agents, chemotherapy regimens and biologic treatments.
- Develop a plan to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Describe the influence of tumor phenotypes in tailoring systemic treatment decisions.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with breast cancer.
- Recall ongoing trials of investigational approaches in breast cancer, and refer patients and obtain consent for study participation.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of August 2014 through August 2015.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video and complete the Post-test and Educational Assessment and Credit Form located at ResearchToPractice.com/ONSBreast2014/CNE. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 75% or better and a completed Educational Assessment and Credit Form.

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 CNE 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 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:

Joan M Armstrong, MSN, APRN-BC
Nurse Practitioner, Breast Medical Oncology
University of Michigan Comprehensive Cancer Center
Adjunct Faculty, University of Michigan School of Nursing
Ann Arbor, Michigan

Speakers Bureau: Amgen Inc, Celgene Corporation, Novartis Pharmaceuticals Corporation.

Adam M Brufsky, MD, PhD
Professor of Medicine, University of Pittsburgh
Associate Director for Clinical Investigation
University of Pittsburgh Cancer Institute
Co-Director
Comprehensive Breast Cancer Center
Associate Division Chief
University of Pittsburgh, Department of Medicine
Division of Hematology/Oncology
Pittsburgh, Pennsylvania

Consulting Agreements: Celgene Corporation, Eisai Inc, Genentech BioOncology, Genomic Health Inc, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc.

Emily A Olson, RN, CNP
Mayo Clinic Rochester
Rochester, Minnesota

No real or apparent conflicts of interest to disclose.

Denise A Yardley, MD
Senior Investigator, Breast Cancer Research
Sarah Cannon Research Institute
Tennessee Oncology PLLC
Nashville, Tennessee

No real or apparent conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas, AstraZeneca Pharmaceuticals LP, 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, Exelixis Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc, Teva Oncology and VisionGate Inc.

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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

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer. NCT01358877

A randomized Phase II study of trastuzumab emtansine (T-DM1) versus paclitaxel in combination with trastuzumab for Stage I HER2-positive breast cancer (ATEMPT trial). NCT01853748

A study of trastuzumab-DM1 plus pertuzumab versus trastuzumab [Herceptin] plus a taxane in patients with metastatic breast cancer. NCT01120184

Baselga J et al. **Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer.** *N Engl J Med* 2012;366(2):109-19.

Cawley MM et al. **Current trends in managing oral mucositis.** *Clin J Oncol Nurs* 2005;9(5):584-92.

De Oliveira MA et al. **Clinical presentation and management of mTOR inhibitor-associated stomatitis.** *Oral Oncol* 2011;47(10):998-1003.

Di Leo A et al. **Final overall survival: Fulvestrant 500 mg vs 250 mg in the randomized CONFIRM trial.** *J Natl Cancer Inst* 2014;106(1):djt337.

Ferté C et al. **Natural history, management and pharmacokinetics of everolimus-induced-oral ulcers: Insights into compliance issues.** *Eur J Cancer* 2011;47(15):2249-55.

Gianni L et al. **Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): A randomised multicentre, open-label, phase 2 trial.** *Lancet Oncol* 2012;13(1):25-32.

Giordano SB et al. **Neoadjuvant phase II trial with carboplatin and eribulin in triple negative breast cancer patients.** San Antonio Breast Cancer Symposium 2013;**Abstract P3-14-14**.

Jordan MA et al. **The primary antimitotic mechanism of action of the synthetic halichondrin E7389 is suppression of microtubule growth.** *Mol Cancer Ther* 2005;4(7):1086-95.

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**.

LoRusso PM et al. **Trastuzumab emtansine: A unique antibody-drug conjugate in development for human epidermal growth factor receptor 2-positive cancer.** *Clin Cancer Res* 2011;17(20):6437-47.

National Comprehensive Cancer Network (NCCN®). **NCCN clinical practice guidelines in oncology.** Breast cancer — Version 2.2010. Available at: **http://www.nccn.org/professionals/physician_gls/f_guidelines.asp**.

Rugo HS et al. **Phase 2, single arm study of a steroid-based mouthwash to prevent stomatitis in women with hormone receptor–positive advanced breast cancer treated with everolimus plus exemestane.** San Antonio Breast Cancer Symposium 2013;**Abstract OT2-6-14**.

Sikov WM et al. **Impact of the addition of carboplatin (Cb) and/or bevacizumab (B) to neoadjuvant weekly paclitaxel (P) followed by dose-dense AC on pathologic complete response (pCR) rates in triple-negative breast cancer (TNBC): CALGB 40603 (Alliance).** San Antonio Breast Cancer Symposium 2013;**Abstract S5-01**.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel for HER2-positive metastatic breast cancer (CLEOPATRA study): Overall survival results from a randomised, double-blind, placebo-controlled, phase 3 study.** *Lancet Oncol* 2013;14(6):461-71. Abstract

Swain SM et al. **Confirmatory overall survival (OS) analysis of CLEOPATRA: A randomized, double-blind, placebo-controlled Phase III study with pertuzumab (P), trastuzumab (T), and docetaxel (D) in patients (pts) with HER2-positive first-line (1L) metastatic breast cancer (MBC).** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-26**.

Tolaney SM et al. **A phase II study of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC).** San Antonio Breast Cancer Symposium 2013;**Abstract S1-04**.

US Food and Drug Administration. **FDA approves Perjeta for neoadjuvant breast cancer treatment [press release].** Sept 30, 2013. Available at: **http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm370393.htm**.

Verma S et al. **Trastuzumab emtansine for HER2-positive advanced breast cancer.** *N Engl J Med* 2012;367(19):1783-91.