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Visiting Professors

A case-based discussion on the management of breast cancer

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Featuring clinical investigators' perspectives on a day spent visiting patients with breast cancer in the clinics of general oncologists

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2 Audio CDs

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Visiting Professors: A case-based discussion on the management of breast cancer

OVERVIEW OF ACTIVITY

Individualized treatment decisions for patients with early, locally advanced or metastatic breast cancer are driven by disease- and patient-specific characteristics. The numerous therapeutic agents and regimens with significant activity in the management of breast cancer provide ample opportunity to deliver tailored care. However, the multiplicity of alternatives may also yield clinical scenarios in which several acceptable treatment options are available, with the optimal strategy being highly debatable and dependent on a thorough understanding of each agent's unique benefits and risks.

To provide clinicians with therapeutic strategies to address the disparate needs of patients with breast cancer, the *Visiting Professors* audio series employs an innovative case-based approach that unites the perspectives of leading breast cancer investigators and general oncologists as they explore the intricacies of making treatment decisions. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of patients with breast cancer.

LEARNING OBJECTIVES

- Apply case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care.
- Effectively integrate biologic, hormonal and cytotoxic therapy into the multifaceted management of metastatic breast cancer.
- Develop evidence-based treatment approaches for patients diagnosed with HER2-positive breast cancer in the neoadjuvant, adjuvant and metastatic settings.
- Formulate individualized approaches to later-line therapy for patients with metastatic HER2-negative or triple-negative breast cancer.
- Evaluate recently presented data supporting the use of extended adjuvant endocrine therapy in pre- and postmenopausal women with hormone-dependent breast cancer and, where appropriate, integrate these findings into clinical practice.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.

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SELECT PUBLICATIONS

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

APHINITY: 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

Badwe R et al. **Surgical removal of primary tumor and axillary lymph nodes in women with metastatic breast cancer at first presentation: A randomized controlled trial.** San Antonio Breast Cancer Symposium 2013;**Abstract S2-02**.

Bahdat LT et al. **Eribulin mesylate versus ixabepilone in patients with metastatic breast cancer: A randomized Phase II study comparing the incidence of peripheral neuropathy.** *Breast Cancer Res Treat* 2013;140(2):341-51.

Balko JM et al. **JAK2 amplifications are enriched in triple negative breast cancers (TNBCs) after neoadjuvant chemotherapy and predict poor prognosis.** San Antonio Breast Cancer Symposium 2013;**Abstract S6-01**.

Blackwell KL et al. **Exome sequencing reveals clinically actionable mutations in the pathogenesis and metastasis of triple negative breast cancer.** San Antonio Breast Cancer Symposium 2013;**Abstract S4-03**.

Cortes J et al; EMBRACE (Eisai Metastatic Breast Cancer Study Assessing Physician's Choice Versus E7389) Investigators. **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.

Davies C et al; Adjuvant Tamoxifen: Longer Against Shorter (ATLAS) Collaborative Group. **Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial.** *Lancet* 2013;381(9869):805-16.

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.

Gray RG et al. **aTTom: Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years in 6,953 women with early breast cancer.** *Proc ASCO* 2013;**Abstract 05**.

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**.

Perez EA et al. **A combination of pertuzumab, trastuzumab, and vinorelbine for first-line treatment of patients with HER2-positive metastatic breast cancer: An open-label, two-cohort, phase II study (VELVET).** *Proc ASCO* 2012;**Abstract TPS653**.

Phase I/II dose escalation trial to assess safety of intrathecal trastuzumab for the treatment of leptomeningeal metastases in HER2 positive breast cancer. NCT01325207

Schneeweiss A et al. **Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: A randomized phase II cardiac safety study (TRYPHAENA).** *Ann Oncol* 2013;24(9):2278-84.

Sgroi DC et al. **Prediction of late distant recurrence in patients with oestrogen-receptor-positive breast cancer: A prospective comparison of the breast-cancer index (BCI) assay, 21-gene Recurrence Score, and IHC4 in the TransATAC study population.** *Lancet Oncol* 2013;14(11):1067-76.

Shanafelt TD et al. **Burnout and career satisfaction among US oncologists.** *J Clin Oncol* 2014;32(7):678-86.

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**.

Soran A et al. **Early follow up of a randomized trial evaluating resection of the primary breast tumor in women presenting with de novo stage IV breast cancer; Turkish study (protocol MF07-01).** San Antonio Breast Cancer Symposium 2013;**Abstract S2-03**.

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.

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**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following anti-HER2 directed monoclonal antibodies was recently approved by the FDA in combination with trastuzumab/chemotherapy as a component of neoadjuvant therapy for patients with HER2-positive BC?**
   a. Pertuzumab
   b. T-DM1
   c. Neratinib
   d. Lapatinib

2. **The Phase III APHINITY trial is evaluating _____ in combination with chemotherapy/trastuzumab as adjuvant therapy for HER2-positive early-stage BC.**
   a. Bevacizumab
   b. Enzalutamide
   c. Pertuzumab
   d. T-DM1

3. **Analysis of the Phase III HERA trial, which evaluated 1 versus 2 years of trastuzumab for patients with early-stage HER2-positive BC, demonstrated no difference in outcomes in patients receiving trastuzumab for 2 years versus 1 year.**
   a. True
   b. False

4. **Results of a Phase II study reported at the 2013 San Antonio Breast Cancer Symposium by Tolaney and colleagues demonstrated that the adjuvant regimen of weekly paclitaxel and trastuzumab was well tolerated with few recurrences in patients with node-negative, HER2-positive BC.**
   a. True
   b. False

5. **Which of the following side effects have been associated with pertuzumab?**
   a. Diarrhea
   b. Rash
   c. Both a and b
   d. Neither a nor b

6. **The Phase II ATEMPT trial is evaluating _____ versus paclitaxel/trastuzumab for patients with Stage I HER2-positive BC.**
   a. AC → TH
   b. Single-agent trastuzumab
   c. T-DM1
   d. All of the above

7. **Which of the following agents is being evaluated for patients with HER2-positive BC and brain metastases?**
   a. ARRY-380
   b. Neratinib
   c. Intrathecal trastuzumab
   d. T-DM1
   e. All of the above

8. **The Phase III CALGB 40603 trial evaluated the addition of carboplatin and/or _____ to neoadjuvant dose-dense AC for patients with TNBC.**
   a. Bevacizumab
   b. Neratinib
   c. Enzalutamide

9. **Side effects that may be associated with administration of everolimus include _____.**
   a. Abdominal pain
   b. Diarrhea
   c. Rash
   d. Stomatitis
   e. All of the above

10. **The Phase II VELVET trial is evaluating the combination of pertuzumab and trastuzumab with _____ as first-line treatment for HER2-positive mBC.**
    a. Paclitaxel
    b. T-DM1
    c. Vinorelbine
    d. All of the above

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PART 1 — 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
Phase II trial results of adjuvant paclitaxel/trastuzumab for node-negative, HER2-positive BC	4 3 2 1	4 3 2 1
Emerging clinical trial data evaluating primary tumor resection for patients with Stage IV BC	4 3 2 1	4 3 2 1
Intrathecal trastuzumab for leptomeningeal metastases in HER2-positive BC	4 3 2 1	4 3 2 1
ATLAS and aTTom trials: Continuing adjuvant tamoxifen to 10 years versus stopping at 5 years for ER-positive early BC	4 3 2 1	4 3 2 1
Activity of T-DM1 in patients with HER2-positive brain metastases	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic Center/Medical School ☐ Community Cancer Center/Hospital ☐ Group Practice
☐ Solo Practice ☐ Government (eg, VA) ☐ Other (please specify) .....

Approximately how many new patients with breast cancer do you see per year? ..... patients

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

☐ Yes ☐ No

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

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☐ 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

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- Apply case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care. . . . . 4 3 2 1 N/M N/A
- Effectively integrate biologic, hormonal and cytotoxic therapy into the multifaceted management of metastatic breast cancer. . . . . 4 3 2 1 N/M N/A
- Develop evidence-based treatment approaches for patients diagnosed with HER2-positive breast cancer in the neoadjuvant, adjuvant and metastatic settings.. . . . . 4 3 2 1 N/M N/A
- Formulate individualized approaches to later-line therapy for patients with metastatic HER2-negative or triple-negative breast cancer. . . . . 4 3 2 1 N/M N/A
- Evaluate recently presented data supporting the use of extended adjuvant endocrine therapy in pre- and postmenopausal women with hormone-dependent breast cancer and, where appropriate, integrate these findings into clinical practice. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

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.....

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Faculty	Knowledge of subject matter				Effectiveness as an educator			
Beth Overmoyer, MD	4	3	2	1	4	3	2	1
Bonni L Guerin, MD	4	3	2	1	4	3	2	1
Adam M Brufsky, MD, PhD	4	3	2	1	4	3	2	1
Patricia A DeFusco, 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:

.....

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