

Breast Cancer[®]

U P D A T E

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

FACULTY INTERVIEWS

Tari A King, MD
Kimberly L Blackwell, MD
Edith A Perez, MD
Irene Wapnir, MD

EDITOR

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2 Audio CDs

This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program.



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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. The diagnostic, surgical and medical management of breast cancer, however, have escalated in complexity because of numerous advances in novel technologies and available adjunctive 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 knowledge of major clinical advances in local and systemic breast cancer therapy is 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 efficiently distill the latest research developments so they may be incorporated into clinical practice as appropriate. 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

- Recognize the evolving application of biomarkers and multigene assays in breast cancer management, and effectively use these tools to refine or individualize treatment plans for patients.
- Develop an evidence-based approach to the management of the axilla in carefully selected patients with localized breast cancer and a positive sentinel lymph node biopsy.
- Recognize the FDA approval of neoadjuvant pertuzumab, and consider this therapeutic approach when evaluating appropriate patients with HER2-positive early breast cancer.
- Describe the importance of adequate surgical margins in mitigating local recurrence risk for women with early-stage invasive breast cancer treated with breast-conserving surgery.
- Identify appropriate patients for the use of magnetic resonance imaging and screening in the management of breast cancer.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.

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FACULTY INTERVIEWS



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5 SELECT PUBLICATIONS

6 POST-TEST

7 EDUCATIONAL ASSESSMENT AND CREDIT FORM

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EDITOR



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CONTENT VALIDATION AND DISCLOSURES

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- Track 4** Potential role of MRI for assessing response to neoadjuvant chemotherapy
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- Track 10** Influence of breast density on patient selection for BCS
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- Track 3** Role of completion lymph node dissection after a positive sentinel node biopsy
- Track 4** Preoperative tattooing of biopsied axillary nodes and correlation to sentinel nodes
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- Track 6** Risk of recurrence for patients with residual disease after neoadjuvant therapy
- Track 7** Tolerability of T-DM1
- Track 8** Poor compliance with BC treatment guidelines in men undergoing BCS
- Track 9** **Case discussion:** A 29-year-old woman with a 7-cm, ER-/PR-positive, HER2-negative, node-negative DCIS
- Track 10** Results from the Phase III CALOR (IBCSG 27-02, NSABP-B-37, BIG 1-02) trial: Adjuvant chemotherapy prolongs survival for patients with isolated local or regional recurrence of BC
- Track 11** Use of the 21-gene assay for patients with locoregional recurrence of BC

SELECT PUBLICATIONS

A randomized Phase III trial comparing axillary lymph node dissection to axillary radiation in breast cancer patients (cT1-3 N1) who have positive sentinel lymph node disease after neoadjuvant chemotherapy. NCT01901094

Alternate approaches for clinical Stage II or III estrogen receptor positive breast cancer neoadjuvant treatment (ALTERNATE) in postmenopausal women: A Phase III study. NCT01953588

Choy N et al. **Initial results with preoperative tattooing of biopsied axillary lymph nodes and correlation to sentinel lymph nodes in breast cancer patients.** *Ann Surg Oncol* 2014;[Epub ahead of print].

Cloyd JM et al. **Poor compliance with breast cancer treatment guidelines in men undergoing breast-conserving surgery.** *Breast Cancer Res Treat* 2013;139(1):177-82.

de Azambuja E et al. **Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): Survival outcomes of a randomised, open-label, multicentre, phase 3 trial and their association with pathological complete response.** *Lancet Oncol* 2014;15(10):1137-46.

Dengel LT et al. **Axillary dissection can be avoided in the majority of clinically node-negative patients undergoing breast-conserving therapy.** *Ann Surg Oncol* 2014;21(1):22-7.

Gnant M et al. **Endocrine therapy plus zoledronic acid in premenopausal breast cancer.** *N Engl J Med* 2009;360(7):679-91.

Jensen JA et al. **Surgical delay of the nipple-areolar complex: A powerful technique to maximize nipple viability following nipple-sparing mastectomy.** *Ann Surg Oncol* 2012;19(10):3171-6.

Kapoor NS et al. **Should breast density influence patient selection for breast-conserving surgery?** *Ann Surg Oncol* 2013;20(2):600-6.

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.**

King TA et al. **TBCRC 013: A prospective analysis of the role of surgery in stage IV breast cancer.** San Antonio Breast Cancer Symposium 2013;**Abstract P2-18-09.**

Moo TA et al. **Impact of margin assessment method on positive margin rate and total volume excised.** *Ann Surg Oncol* 2014;21(1):86-92.

Moore HCF et al. **Phase III trial (Prevention of Early Menopause Study [POEMS]-SWOG S0230) of LHRH analog during chemotherapy (CT) to reduce ovarian failure in early-stage, hormone receptor-negative breast cancer: An international Intergroup trial of SWOG, IBCSG, ECOG, and CALGB (Alliance).** *Proc ASCO* 2014;**Abstract LBA505.**

Moran MS et al. **Society of Surgical Oncology-American Society for Radiation Oncology consensus guideline on margins for breast-conserving surgery with whole-breast irradiation in stages I and II invasive breast cancer.** *J Clin Oncol* 2014;32(14):1507-15.

Murphy JO et al. **Radioactive seed localization compared to wire localization in breast-conserving surgery: Initial 6-month experience.** *Ann Surg Oncol* 2013;20(13):4121-7.

O'Sullivan CCM et al. **Efficacy of adjuvant trastuzumab (T) compared with no T for patients (pts) with HER2-positive breast cancer and tumors ≤ 2cm: A meta-analysis of the randomized trastuzumab trials.** *Proc ASCO* 2014;**Abstract 508.**

Pagani O et al. **Adjuvant exemestane with ovarian suppression in premenopausal breast cancer.** *N Engl J Med* 2014;371(2):107-18.

Piccart-Gebhart MJ et al. **First results from the phase III ALTTO trial (BIG 2-06; NCCTG [Alliance] N063D) comparing one year of anti-HER2 therapy with lapatinib alone (L), trastuzumab alone (T), their sequence (T → L), or their combination (T+L) in the adjuvant treatment of HER2-positive early breast cancer (EBC).** *Proc ASCO* 2014;**Abstract LBA4.**

Pilewski M et al. **Perioperative breast MRI is not associated with lower locoregional recurrence rates in DCIS patients treated with or without radiation.** *Ann Surg Oncol* 2014;21(5):1552-60.

Solin LJ et al. **A multigene expression assay to predict local recurrence risk for ductal carcinoma in situ of the breast.** *J Natl Cancer Inst* 2013;105(10):701-10.

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. Analysis of the TBCRC 013 study suggested that a high Recurrence Score may be a surrogate for endocrine resistance and could be used to select patients with ER-positive Stage IV BC for neoadjuvant chemotherapy.
 - a. True
 - b. False
2. The SSO-ASTRO Consensus Guideline on Margins for Breast-Conserving Surgery with Whole-Breast Irradiation in Stage I and II Invasive Breast Cancer states that wider margins result in significantly lower rates of recurrence.
 - a. True
 - b. False
3. Radioactive seed localization for patients undergoing breast-conserving surgery is associated with _____.
 - a. Improved patient convenience
 - b. Simplified operative scheduling
 - c. Similar rates of positive margins to those with wire localization
 - d. All of the above
4. Two randomized Phase III trials evaluating the benefits of primary tumor resection for patients with Stage IV BC reported a significant benefit in overall survival in favor of locoregional therapy.
 - a. True
 - b. False
5. The Phase II APT trial of adjuvant paclitaxel and trastuzumab for node-negative, HER2-positive BC reported a 3-year disease-free survival of approximately 97% for the overall population of patients who received this regimen.
 - a. True
 - b. False
6. The ongoing Phase II ATEMPT trial is evaluating _____ versus paclitaxel and trastuzumab for patients with Stage I HER2-positive BC.
 - a. Lapatinib
 - b. Pertuzumab
 - c. T-DM1
 - d. All of the above
7. First results from the Phase III ALTTO trial evaluating 1 year of anti-HER2 therapy with lapatinib alone, trastuzumab alone, their sequence or their combination as adjuvant therapy for HER2-positive early BC indicated that disease-free survival _____ differ between the lapatinib/trastuzumab and the trastuzumab arms.
 - a. Did
 - b. Did not
8. The ongoing Phase III NSABP-B-50-I (KATHERINE) trial is evaluating _____ versus trastuzumab as adjuvant therapy for patients with HER2-positive primary BC who have residual tumor in the breast or axillary nodes after neoadjuvant treatment.
 - a. Pertuzumab/trastuzumab
 - b. T-DM1
 - c. Chemotherapy/trastuzumab
9. The Phase III CALOR trial evaluating adjuvant chemotherapy for isolated local or regional recurrence of breast cancer demonstrated a significant improvement in 5-year disease-free and overall survival for patients who received chemotherapy.
 - a. True
 - b. False
10. Results of a joint analysis of the IBCSG TEXT and SOFT trials presented at ASCO 2014 evaluating adjuvant therapy with exemestane and ovarian function suppression versus tamoxifen and ovarian function suppression for premenopausal women with hormone receptor-positive early BC _____ a significantly reduced risk of recurrence with exemestane and ovarian function suppression.
 - a. Demonstrated
 - b. Did not demonstrate

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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
Use of radioactive seed localization for patients undergoing breast-conserving surgery	4 3 2 1	4 3 2 1
Results of 2 recently presented trials evaluating primary tumor resection for patients with metastatic breast cancer	4 3 2 1	4 3 2 1
Prognostic effect of the 21-gene Recurrence Score for patients presenting with Stage IV BC	4 3 2 1	4 3 2 1
First results of the Phase III ALTO trial evaluating 1 year of anti-HER2 therapy with lapatinib alone, trastuzumab alone, their sequence or their combination as adjuvant therapy for HER2-positive early BC	4 3 2 1	4 3 2 1
FDA approval of neoadjuvant pertuzumab for patients with HER2-positive BC	4 3 2 1	4 3 2 1
Results from the CALOR (IBCSG 27-02, NSABP-B-37, BIG 1-02) trial: Adjuvant chemotherapy prolongs survival for patients with isolated local or regional recurrence of BC	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

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
 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:

- Recognize the evolving application of biomarkers and multigene assays in breast cancer management, and effectively use these tools to refine or individualize treatment plans for patients..... 4 3 2 1 N/M N/A
- Develop an evidence-based approach to the management of the axilla in carefully selected patients with localized breast cancer and a positive sentinel lymph node biopsy..... 4 3 2 1 N/M N/A
- Recognize the FDA approval of neoadjuvant pertuzumab, and consider this therapeutic approach when evaluating appropriate patients with HER2-positive early breast cancer. 4 3 2 1 N/M N/A
- Describe the importance of adequate surgical margins in mitigating local recurrence risk for women with early-stage invasive breast cancer treated with breast-conserving surgery. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Identify appropriate patients for the use of magnetic resonance imaging and screening in the management of breast cancer. 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

Would you recommend this activity to a colleague?

Yes No

If no, please explain:

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 2 — 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
Tari A King, MD	4	3	2	1	4 3 2 1
Kimberly L Blackwell, MD	4	3	2	1	4 3 2 1
Edith A Perez, MD	4	3	2	1	4 3 2 1
Irene Wapnir, 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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Breast Cancer®

U P D A T E

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