RTP ONDEMAND

Breast Cancer, Part II

CME Information

TARGET AUDIENCE

This activity is intended for medical and radiation oncologists, breast and general surgeons, hematology-oncology fellows 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 in 2015 in the United States alone the disease will culminate in an estimated 231,840 new cases and 40,290 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. Consequently, the number of individuals living with breast cancer has increased substantially, as has the population "at risk" for recurrent disease. While the diagnosis and treatment of breast cancer remain, in many ways, more advanced than in other solid cancers, challenging issues in the basic management of this disease continue to require refinement.

Published results from ongoing trials lead to the continuing emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing medical oncologist must be well informed of these advances. To bridge the gap between research and patient care, this program uses a discussion with Drs Lisa A Carey and Eric P Winer about treatment controversies and the integration of key data sets into the practical management of breast cancer.

LEARNING OBJECTIVES

- Recall emerging data with next-generation sequencing, and determine its clinical and/or research applications for patients with metastatic breast cancer.
- Demonstrate knowledge of emerging research to support alternative or novel chemotherapeutic regimens in the treatment of ER/PR-negative, HER2-negative breast cancer, 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 1 *AMA PRA Category 1 Credit™*. 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/RTPODBreast215/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:

Lisa A Carey, MD
Richardson and Marilyn Jacobs Preyer Distinguished Professor for Breast Cancer Research
Chief, Division of Hematology and Oncology
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No real or apparent conflicts of interest to disclose.

Eric P Winer, MD
Thompson Chair in Breast Cancer Research
Chief, Division of Women's Cancers
Dana-Farber Cancer Institute
Professor of Medicine
Harvard Medical School
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Contracted Research: Genentech BioOncology.

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, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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.

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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

Last review date: November 2015

Expiration date: November 2016

Select Publications

AURORA: Aiming to understand the molecular aberrations in metastatic breast cancer. NCT02102165

Cortazar P et al. **Pathological complete response and long-term clinical benefit in breast cancer: The CTNeoBC pooled analysis.** *Lancet* 2014;384:164-72.

Feldinger K, Kong A. **Profile of neratinib and its potential in the treatment of breast cancer.** *Breast Cancer* 2015;7:147-62.

Gucalp A et al. **Phase II trial of bicalutamide in patients with androgen receptor-positive, estrogen receptor-negative metastatic breast cancer.** *Clin Cancer Res* 2013;19(19):5505-12.

Gupta A et al. **Gene-expression-based predictors for breast cancer.** *Ann Surg Oncol* 2015;[Epub ahead of print].

Gyorffy B et al. **Multigene prognostic tests in breast cancer: Past, present, future.** *Breast Cancer Res* 2015;17:11.

Kaufman PA et al. **Phase III open-label randomized study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with an anthracycline and a taxane.** *J Clin Oncol* 2015;33(6):594-602.

Kaufman PA et al. **A phase III, open-label, randomized study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with anthracyclines and taxanes: Subgroup analyses.** *Proc ASCO* 2013;**Abstract 1049**.

Lehmann BD et al. **Triple-negative breast cancer: Molecular subtypes and new targets for therapy.** *Am Soc Clin Oncol Educ Book* 2015;35:e31-9.

Livraghi L, Garber JE. **PARP inhibitors in the management of breast cancer: Current data and future prospects.** *BMC Med* 2015;13:188.

Olaparib as adjuvant treatment in patients with germline BRCA mutated high risk HER2 negative primary breast cancer (OlympiA). NCT02032823

Traina TA et al. **Results from a phase 2 study of enzalutamide (ENZA), an androgen receptor (AR) inhibitor, in advanced AR+ triple-negative breast cancer (TNBC).** *Proc ASCO* 2015;**Abstract 1003**.

Untch M et al. **A randomized phase III trial comparing neoadjuvant chemotherapy with weekly nanoparticle-based paclitaxel with solvent-based paclitaxel followed by anthracyline/cyclophosphamide for patients with early breast cancer (GeparSepto); GBG 69.** San Antonio Breast Cancer Symposium 2014;**Abstract PD2-6**.

van der Noll R et al. **Long-term safety and anti-tumour activity of olaparib monotherapy after combination with carboplatin and paclitaxel in patients with advanced breast, ovarian or fallopian tube cancer.** *Br J Cancer* 2015;113(3):396-402.