The Practical Application of Research Advances and Emerging Data in the Management of Breast Cancer

A special audio supplement to a CME conference held during the 2015 San Antonio Breast Cancer Symposium featuring expert comments on the application of emerging research to patient care

Faculty Interviews

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OVERVIEW OF ACTIVITY

Breast cancer (BC) continues to be one of the most rapidly evolving fields in medical oncology. Results from numerous ongoing trials lead to the continual emergence of new therapeutic agents, treatment strategies and diagnostic and prognostic tools. A number of pivotal data sets indicate that additional therapeutic options may soon be available that warrant consideration. In order to offer optimal patient care — including the option of clinical trial participation — the practicing cancer clinician must be well informed of these advances. This CME program uses one-on-one interviews with 2 leading investigators who served as faculty at a recent satellite symposium to discuss key data sets presented at the 2015 San Antonio Breast Cancer Symposium and questions submitted by attendees. This program will assist practicing clinicians in formulating up-to-date and appropriate clinical management strategies.

LEARNING OBJECTIVES

- Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC.
- Implement a long-term clinical plan for the management of metastatic HER2-positive BC.
- Evaluate available and emerging data guiding the use of genomic assays to optimize decision-making regarding adjuvant chemotherapy and extended endocrine therapy.
- Appraise novel treatment strategies under investigation in advanced BC (eg, anti-PD-1/PD-L1 antibodies, androgen receptor inhibitors).
- Apply the results of current clinical data to the management of triple-negative BC.

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FACULTY — **Dr Carey** has no relevant conflicts of interest to disclose. The following faculty (and her spouse/partner) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Blackwell** — **Consulting Agreements:** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc, Sandoz; **Contracted Research:** Celgene Corporation, Genentech BioOncology, Pfizer Inc.

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SELECT PUBLICATIONS

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POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Results of the Phase III CREATE-X (JBCRG-04) trial of adjuvant capecitabine in patients with HER2-negative BC who have pathologic residual invasive disease after neoadjuvant chemotherapy demonstrated an improvement in _____ with the addition of capecitabine.**
   a. Disease-free survival
   b. Overall survival
   c. Both a and b

2. **Five-year analysis of the NeoSphere trial evaluating the addition of neoadjuvant pertuzumab to trastuzumab and/or docetaxel in locally advanced or inflammatory HER2-positive BC demonstrated that the addition of pertuzumab resulted in a higher pathologic complete response rate.**
   a. True
   b. False

3. **The Phase II ADAPT trial investigated the efficacy and safety of neoadjuvant _____ with or without endocrine therapy versus trastuzumab and endocrine therapy in HER2-positive hormone receptor-positive early BC.**
   a. Pertuzumab
   b. T-DM1

4. **A 10-year follow-up analysis of the BCIRG 006 study evaluating adjuvant AC → T compared to AC → TH and TCH for HER2-positive early BC showed _____.**
   a. A significant benefit with trastuzumab
   b. No significant difference in efficacy between AC → TH and TCH
   c. Both a and b

5. **The results of the Phase III GeparSepto (GBG 69) trial evaluating neoadjuvant chemotherapy with weekly nanoparticle albumin-bound (*nab*) paclitaxel versus solvent-based paclitaxel followed by anthracycline and cyclophosphamide for patients with early-stage BC yielded a statistically significant improvement in pathologic complete response rate with solvent-based paclitaxel.**
   a. True
   b. False

6. **A retrospective analysis of patients with HER2-positive advanced BC who had preexisting asymptomatic central nervous system metastases and who received T-DM1 versus lapatinib with capecitabine in the EMILIA study demonstrated no difference in overall survival.**
   a. True
   b. False

7. **The CDK4/6 inhibitor palbociclib was approved by the FDA for use in combination with letrozole for postmenopausal women with ER-positive, HER2-negative advanced BC in the _____ setting.**
   a. First-line
   b. Second-line
   c. Late-line

8. **Which of the following is true regarding the use of everolimus in the treatment of hormone receptor-positive BC?**
   a. Its mechanism of action involves the inhibition of CDK4/6
   b. It is effective in combination with exemestane
   c. It is commonly associated with mucositis
   d. All of the above
   e. Both b and c

9. **The Phase III TNT study comparing carboplatin to docetaxel for patients with metastatic or recurrent locally advanced triple-negative or BRCA1/2 mutation-positive BC demonstrated a benefit with carboplatin versus docetaxel with respect to _____.**
   a. Objective response rate in BRCA1/2 mutation carriers
   b. Overall survival in the unselected population

10. **Which of the following CDK4/6 inhibitors has demonstrated significant response rates as a single agent among patients with hormone receptor-positive metastatic BC?**
    a. Abemaciclib
    b. Palbociclib

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

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
Results of the Phase III CREATE-X (JBCRG-04) trial of adjuvant capecitabine in patients with HER2-negative BC who have pathologic residual invasive disease after neoadjuvant chemotherapy	4 3 2 1	4 3 2 1
Use of genomic assays to predict risk of recurrence and benefit of extended endocrine therapy	4 3 2 1	4 3 2 1
GeparSepto GBG 69: A Phase III trial comparing *nab* paclitaxel to solvent-based paclitaxel as neoadjuvant chemotherapy for early BC	4 3 2 1	4 3 2 1
Available data with and ongoing evaluation of novel CDK4/6 inhibitors	4 3 2 1	4 3 2 1
Efficacy of T-DM1 in patients with CNS metastases	4 3 2 1	4 3 2 1
Selection of chemotherapy regimen for patients with BRCA1/2 mutations	4 3 2 1	4 3 2 1
Recent clinical trial results with enzalutamide in patients with androgen receptor-positive, triple-negative BC	4 3 2 1	4 3 2 1
Five-year analysis of the Phase II NeoSphere trial evaluating neoadjuvant docetaxel and/or trastuzumab and/or pertuzumab	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:

- Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC. .....4 3 2 1 N/M N/A
- Implement a long-term clinical plan for the management of metastatic HER2-positive BC. .....4 3 2 1 N/M N/A

- Evaluate available and emerging data guiding the use of genomic assays to optimize decision-making regarding adjuvant chemotherapy and extended endocrine therapy. . . . . 4 3 2 1 N/M N/A
- Appraise novel treatment strategies under investigation in advanced BC (eg, anti-PD-1/PD-L1 antibodies, androgen receptor inhibitors) . . . . . 4 3 2 1 N/M N/A
- Apply the results of current clinical data to the management of triple-negative BC . . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No If no, please explain: . . . . . .

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
Kimberly L Blackwell, MD	4 3 2 1	4 3 2 1
Lisa A Carey, 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

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