Assisting Community-Based Oncologists and Surgeons in Making Neoadjuvant Treatment Decisions for Patients with Early Breast Cancer

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists and surgeons involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Neoadjuvant systemic therapy is an important therapeutic option for patients with inoperable early breast cancer and those wishing to potentially undergo breast-conserving surgery. However, the potential benefits of preoperative therapy have led some to consider its adoption for a wider population of patients. The September 2013 approval of the first ever systemic agent (pertuzumab) for use as neoadjuvant therapy and several other recent advances related to the diagnosis and treatment of early breast cancer have sparked renewed interest in the role of this approach. Interestingly, little published information is available regarding the current integration of neoadjuvant therapy into standard treatment algorithms. Similarly, resources designed to assist clinicians in identifying patients for and guiding the use of preoperative therapy appear to be limited. Furthermore, it has been postulated that the level of collaboration between the multidisciplinary "players" involved in the diagnosis, care coordination and management of early breast cancer can vary dramatically based on the dynamics of the individual community or organization.

The optimal integration of neoadjuvant systemic therapy and the overall management of early breast cancer are complex and challenging clinical issues for which a divergence of opinion and understanding may exist between the practicing oncologist and his or her general or breast surgeon colleague. This CME activity uses the perspectives of medical oncologist and breast cancer surgeon experts to not only provide increased insight into the current thinking behind and practice patterns of surgical and oncology clinical investigators with regard to neoadjuvant therapy but also create and develop an educational resource which will assist general medical oncologists and general/breast surgeons in making effective and informed management decisions.

LEARNING OBJECTIVES

- Describe the self-reported practice patterns of medical oncologist and surgical experts with regard to the use of neoadjuvant systemic therapy, and use this information to identify patients who should be considered for this approach.
- Appreciate the key clinical variables that affect the indication for and selection of preoperative therapy, and integrate this information into future treatment decision-making.
- Recognize the FDA approval of pertuzumab in the neoadjuvant setting, and develop an evidence-based approach for its integration into clinical practice for patients with HER2-positive disease.
- Consider the potential benefit of neoadjuvant systemic therapy for patients with operable breast cancer, and determine if the risk-benefit ratio supports its use outside of a protocol.
- Articulate ongoing clinical trials examining the potential benefits of neoadjuvant systemic therapy, and refer appropriate patients for potential participation.

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 1.75 *AMA PRA Category 1 Credits™*. 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 70% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/NeoadjuvantBC16/CME.

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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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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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 Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, 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, Natera Inc, 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.

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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: February 2016

Expiration date: February 2017

Select Publications

Albain KS et al. **Prognostic and predictive value of the 21-gene Recurrence Score assay in postmenopausal women with node-positive, oestrogen-receptor-positive breast cancer on chemotherapy: A retrospective analysis of a randomised trial.** *Lancet Oncol* 2010;11(1):55-65.

Boughey JC et al. **Sentinel lymph node surgery after neoadjuvant chemotherapy in patients with node-positive breast cancer: The ACOSOG Z1071 (Alliance) clinical trial.** *JAMA* 2013;310(14):1455-61.

Caudle AS et al. **Improved axillary evaluation following neoadjuvant therapy for patients with node-positive breast cancer using selective evaluation of clipped nodes: Implementation of targeted axillary dissection.** *J Clin Oncol* 2016;[Epub ahead of print].

Classe JM et al. **Sentinel lymph node biopsy after neoadjuvant chemotherapy for advanced breast cancer: Results of Ganglion Sentinelle et Chimiotherapie Neoadjuvante, a French prospective multicentric study.** *J Clin Oncol* 2009;27(5):726-32.

Cotazar P et al. **Pathological complete response and long-term clinical benefit in breast cancer: The CTNeoBC pooled analysis.** *Lancet* 2014;384(9938):164-72.

Gianni L et al. **Five-year analysis of the phase II NeoSphere trial evaluating four cycles of neoadjuvant docetaxel (D) and/or trastuzumab (T) and/or pertuzumab (P).** *Proc ASCO* 2015;**Abstract 505**.

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.

Golshan M et al. **Impact of neoadjuvant therapy on breast conservation rates in triple-negative and HER2-positive breast cancer: Combined results of CALGB 40603 and 40601 (Alliance).** *Proc ASCO* 2015;**Abstract 1007**.

Kuehn T et al. **Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): A prospective, multicentre cohort study.** *Lancet Oncol* 2013;14(7):609-18.

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.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer.** *N Engl J Med* 2015;372(8):724-34.

Swain SM et al. **Treatment of HER2-positive metastatic breast cancer.** *N Engl J Med* 2015;372(20):1964-5.

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

von Minckwitz G et al. **Survival after adding capecitabine and trastuzumab to neoadjuvant anthracycline-taxane-based chemotherapy for primary breast cancer (GBG 40 – GeparQuattro).** *Ann Oncol* 2014;25(1):81-9.