What I Tell My Patients:
Assisting Community-Based Oncologists and Surgeons in Discussion of Neoadjuvant Treatment Decisions with Their Patients with Early Breast Cancer

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 OBJECTIVE
• Review the strategies used by clinical investigators in practice to increase their patients’ understanding of neoadjuvant treatment goals and associated benefits/risks, and incorporate this information, when appropriate, into the management of early breast cancer.

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/NeoadjuvantBC16/Patients/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 conflicts of interest with faculty, planners and managers of CME activities. 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 relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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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.


