Beyond the Guidelines
Investigator Perspectives on Current Clinical Issues and Ongoing Research in the Management of Early and Advanced Breast Cancer
A Special Video Supplement

CME Information

TARGET AUDIENCE
This program is intended for medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY
Breast cancer (BC) remains the most frequently diagnosed cancer in women, and in 2017 in the United States alone the disease will culminate in an estimated 255,180 new cases and 41,070 deaths. Results from numerous ongoing trials lead to the continual emergence of new therapeutic agents, treatment strategies and diagnostic and prognostic tools. 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 program features discussions with 2 faculty members after a CME symposium held during the 2017 ASCO Annual Meeting. By providing information on the latest research developments and their potential impact on routine practice, this activity is designed to assist medical oncologists, hematology-oncology fellows and other healthcare providers with the formulation of up-to-date clinical management strategies for patients with BC.

LEARNING OBJECTIVES
- Compare and contrast expert perspectives on BC treatment recommendations, and use this information to refine or validate existing management strategies.
- Appreciate the similarities and differences among existing genomic assays, and use this information to select an appropriate platform or platforms to assess risk and individualize therapy for patients with hormone receptor-positive BC in the neoadjuvant, adjuvant and extended-adjuvant settings.
- Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-overexpressing early BC.
- Implement a clinical plan for the management of metastatic HER2-positive BC, incorporating existing and emerging targeted treatments.
- Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Recall the results of pivotal trials introducing effective new BC therapeutic agents, and identify their potential impact on existing treatment algorithms.
- Counsel appropriately selected patients with BC 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 1.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)
Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.75 Medical Knowledge MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: medical oncology.

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ASCOBreast17/Interviews/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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Advisory Committee: Advaxis Inc, Bayer HealthCare Pharmaceuticals, Eisai Inc, MacroGenics Inc, Merck, Novartis, Pfizer Inc, Pierian Biosciences, Syndax Pharmaceuticals Inc; Consulting Agreements: Celgene Corporation, Coherus BioSciences, G1 Therapeutics, Genentech BioOncology, Lilly, Puma Biotechnology Inc, Sandoz, Novartis, Pfizer Inc, Roche Laboratories Inc; Contracted Research: Celgene Corporation, Genentech BioOncology, Novartis, Pfizer 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 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: December 2017
Expiration date: December 2018


Freedman RA et al. TBCRC 022: Phase II trial of neratinib + capecitabine for patients (Pts) with human epidermal growth factor receptor 2 (HER2+) breast cancer brain metastases (BCBM). Proc ASCO 2017;Abstract 1005.

Gradishar WJ et al. Phase III study of lapatinib (L) plus trastuzumab (T) and aromatase inhibitor (AI) vs T+AI vs L+AI in postmenopausal women (PMW) with HER2+, HR+ metastatic breast cancer (MBC): ALTERNATIVE. Proc ASCO 2017;Abstract 1004.


Hortobagyi GN et al. Updated results from MONALEESA-2, a phase 3 trial of first-line ribociclib + letrozole in hormone receptor-positive (HR+), HER2-negative (HER2-), advanced breast cancer (ABC). Proc ASCO 2017;Abstract 1038.


Love N et al. Beyond the guidelines: Clinical investigators' (CI) self-reported use of genomic assays (GA) to assist in decision-making regarding use of neoadjuvant (NA) and adjuvant chemotherapy for patients (pts) with ER-positive/HER2-negative (ER+/HER2-) early breast cancer (BC). Proc ASCO 2017;Abstract e18187.


Robson M et al. OlympiAD: Phase III trial of olaparib monotherapy versus chemotherapy for patients (pts) with HER2-negative metastatic breast cancer (mBC) and a germline BRCA1 or BRCA2 mutation (gBRCAm). Proc ASCO 2017;Abstract LBA4.


Tolaney S et al. Seven-year (yr) follow-up of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC). Proc ASCO 2017;Abstract 511.

Turner NC et al. Final results of a phase 2 study of talazoparib (TALA) following platinum or multiple cytotoxic regimens in advanced breast cancer patients (pts) with germline BRCA1/2 mutations (ABRAZO). Proc ASCO 2017;Abstract 1007.


von Minckwitz G et al. APHINITY trial (BIG 4-11): A randomized comparison of chemotherapy (C) plus trastuzumab (T) plus placebo (Pla) versus chemotherapy plus trastuzumab (T) plus pertuzumab (P) as adjuvant therapy in patients (pts) with HER2-positive early breast cancer (EBC). Proc ASCO 2017;Abstract LBA500.