

# Breast Cancer Update for Surgeons

## *Issue 1, 2017 (Video Program)*

### CME Information

#### TARGET AUDIENCE

This activity is intended for breast and general surgeons, surgical oncologists, surgical fellows and other healthcare providers involved in the treatment of breast cancer.

#### OVERVIEW OF ACTIVITY

Historically, surgery has been the primary mode of treatment for early breast cancer. The diagnostic, surgical and medical management of breast cancer, however, have escalated in complexity because of numerous advances in novel technologies and available adjunctive therapies. Hence, the multi-faceted treatment of breast cancer now requires the input of an interdisciplinary group of expert care providers. This paradigm shift has created the challenge of ensuring that knowledge of major clinical advances in local and systemic breast cancer therapy is effectively disseminated among all members of the cross-functional team. To bridge the gap between research and patient care, *Breast Cancer Update for Surgeons* uses one-on-one interviews with leading breast cancer investigators to efficiently distill the latest research developments so they may be incorporated into clinical practice as appropriate. By providing access to cutting-edge data and expert perspectives, this CME program assists breast surgeons in the formulation of up-to-date clinical management strategies.

#### LEARNING OBJECTIVES

- Appreciate the information provided by genomic platforms to assess risk and individualize therapy for patients with ductal carcinoma in situ and early breast cancer.
- Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-positive early breast cancer.
- Describe the importance of adequate surgical margins in mitigating local recurrence risk for women with ductal carcinoma in situ treated with breast-conserving surgery and whole-breast irradiation.
- Develop an evidence-based approach to the management of the axilla in patients with localized breast cancer and a positive sentinel lymph node biopsy.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.

#### 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 2 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### ABS MAINTENANCE OF CERTIFICATION

This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program. It is the responsibility of each individual to remain apprised of the current requirements for his or her board-specific MOC Program. For more information about the ABS MOC Program, visit [www.absurgery.org](http://www.absurgery.org).

#### 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 80% or better and fill out the Educational Assessment and Credit Form located at [ResearchToPractice.com/BCUS117/Video/CME](http://ResearchToPractice.com/BCUS117/Video/CME).

#### CONTENT VALIDATION AND DISCLOSURES

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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:

#### **William J Gradishar, MD**

Betsy Bramsen Professor of Breast Oncology and Professor of Medicine  
Deputy Director, Clinical Network  
Robert H Lurie Comprehensive Cancer Center of Northwestern University

Director, Maggie Daley Center for Women's Cancer Care  
Deputy Chief, Division of Hematology/Oncology  
Northwestern University Feinberg School of Medicine  
Chicago, Illinois

No relevant conflicts of interest to disclose.

**Tari King, MD**

Chief, Breast Surgery  
Dana Farber/Brigham and Women's Cancer Center  
Associate Division Chief for Breast Surgery  
Brigham and Women's Hospital  
Associate Professor of Surgery  
Harvard Medical School  
Boston, Massachusetts

No relevant conflicts of interest to disclose.

**Joseph A Sparano, MD**

Professor of Medicine and Women's Health  
Albert Einstein College of Medicine  
Associate Chairman, Department of Oncology  
Montefiore Medical Center  
Bronx, New York

**Advisory Committee:** AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology, Merck, Novartis Pharmaceuticals Corporation, Pfizer Inc; **Consulting Agreements:** Celldex Therapeutics, Genentech BioOncology, Lilly; **Contracted Research:** Deciphera Pharmaceuticals LLC, Eisai Inc, Genentech BioOncology, MedImmune Inc, Merck, Novartis Pharmaceuticals Corporation, Prescient Therapeutics; **Ownership Interest:** MetaStat Inc.

**Seema A Khan, MD, MPH**

Professor of Surgery  
Bluhm Family Professor of Cancer Research  
Northwestern University Feinberg School of Medicine  
Chicago, Illinois

No relevant conflicts of interest to disclose.

**EDITOR** — **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, Acerta Pharma, Agendia Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharma-

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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:** March 2017

**Expiration date:** March 2018

## Select Publications

**A randomized phase III trial of the value of early local therapy for the intact primary tumor in patients with metastatic breast cancer. NCT01242800**

Aebi S et al. **Chemotherapy for isolated locoregional recurrence of breast cancer (CALOR): A randomised trial.** *Lancet Oncol* 2014;15(2):156-63.

**Alternate approaches for clinical stage II or III estrogen receptor positive breast cancer neoadjuvant treatment (ALTERNATE) in postmenopausal women: A phase III study (A011106). NCT01953588**

Badwe R et al. **Locoregional treatment versus no treatment of the primary tumour in metastatic breast cancer: An open-label randomised controlled trial.** *Lancet Oncol* 2015;16(13):1380-8.

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.

Cardoso F et al. **70-gene signature as an aid to treatment decisions in early-stage breast cancer.** *N Engl J Med* 2016;375(8):717-29.

Early Breast Cancer Trialists' Collaborative Group (EBCTCG). **Adjuvant bisphosphonate treatment in early breast cancer: Meta-analyses of individual patient data from randomised trials.** *Lancet* 2015;386(10001):1353-61.

Gluz O et al. **Prospective WSG phase III PlanB trial: Clinical outcome at 5-year follow up and impact of 21 Gene Recurrence Score result, central/local-pathological review of grade, ER, PR and Ki67 in HR+/HER2- high risk node-negative and -positive breast cancer.** *Proc EBC 2016;Abstract 8LBA.*

Gluz O et al. **West German Study Group phase III PlanB trial: First prospective outcome data for the 21-Gene Recurrence Score assay and concordance of prognostic markers by central and local pathology assessment.** *J Clin Oncol* 2016;34(20):2341-9.

King TA et al. **A prospective analysis of surgery and survival in stage IV breast cancer (TBCRC 013).** *Proc ASCO 2016;Abstract 1006.*

Love N et al. **HER2 and estrogen receptor status drive decisions regarding the use of neoadjuvant chemotherapy.** San Antonio Breast Cancer Symposium 2015;Abstract P1-14-20.

Miller K et al. **Improved clinical outcomes on enzalutamide observed in patients with PREDICT AR+ triple-negative breast cancer: Prognosis or prediction?** San Antonio Breast Cancer Symposium 2015;Abstract P3-07-25.

Morrow M et al. **Society of Surgical Oncology-American Society for Radiation Oncology-American Society of Clinical Oncology consensus guideline on margins for breast-conserving surgery with whole-breast irradiation in ductal carcinoma in situ.** *Pract Radiat Oncol* 2016;6(5):287-95.

Shak S et al. **Breast cancer specific survival in 38,568 patients with node negative hormone receptor positive invasive breast cancer and Oncotype DX recurrence score results in the SEER database.** San Antonio Breast Cancer Symposium 2015;Abstract P5-15-01.

Soran A et al. **A randomized controlled trial evaluating resection of the primary breast tumor in women presenting with de novo stage IV breast cancer: Turkish Study (Protocol MF07-01).** *Proc ASCO 2016;Abstract 1005.*

Sparano JA et al. **Prospective trial of endocrine therapy alone in patients with estrogen receptor positive, HER2-negative, node-negative breast cancer: Results of the TAILORx low risk registry.** San Antonio Breast Cancer Symposium 2015;Abstract P2-08-01.

Stemmer SM et al. **Real-life analysis evaluating 1594 NO/Nmic breast cancer patients for whom treatment decisions incorporated the 21-gene recurrence score result: 5-year KM estimate for breast cancer specific survival with recurrence score results <30 is >98%.** San Antonio Breast Cancer Symposium 2015;Abstract P5-08-02.

Toi M et al. **A phase III trial of adjuvant capecitabine in breast cancer patients with HER2-negative pathologic residual invasive disease after neoadjuvant chemotherapy (CREATE-X, JBCRG-04).** San Antonio Breast Cancer Symposium 2015;Abstract S1-07.