Breast Cancer Update for Surgeons

Issue 2, 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 complexity of the diagnostic, surgical and medical management of this disease, however, has escalated because of numerous advances in novel technologies and available adjunctive therapies. Hence, the multifaceted treatment of breast cancer now requires the input of an interdisciplinary group of expert care providers, and this paradigm shift has created the challenge of ensuring that knowledge of major clinical advances in local and systemic 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.
- Develop an evidence-based approach to the management of the axilla in patients with localized breast cancer and a positive sentinel lymph node biopsy.
- Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-positive early breast cancer.
- Consider which patients may be appropriate candidates for intraoperative radiation therapy, and compare the efficacy and cosmetic outcomes of this approach to those of whole-breast radiation therapy.
- 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 1.75 *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**.

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/BCUS217/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/BCUS217**.

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:

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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

Select Publications

A phase III, randomized clinical trial of standard adjuvant endocrine therapy +/- chemotherapy in patients with 1-3 positive nodes, hormone receptor-positive and HER2-negative breast cancer with Recurrence Score (RS) of 25 or less. RxPONDER: A clinical trial Rx for positive node, endocrine responsive breast cancer. NCT01272037

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.

Bear HD et al. **Using the 21-gene assay from core needle biopsies to choose neoadjuvant therapy for breast cancer: A multi-center trial.** *J Surg Oncol* 2017;115(8):917-23.

Boughey JC et al. **Contralateral prophylactic mastectomy (CPM) consensus statement from the American Society of Breast Surgeons: Data on CPM outcomes and risks.** *Ann Surg Oncol* 2016;23(10):3100-5.

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.

Caudle AS et al. **Use of sentinel lymph node dissection after neoadjuvant chemotherapy in patients with node-positive breast cancer at diagnosis: Practice patterns of American Society of Breast Surgeons members.** *Ann Surg Oncol* 2017;[Epub ahead of print].

Chan A et al. **Neratinib after trastuzumab-based adjuvant therapy in patients with HER2-positive breast cancer (ExteNET): A multicentre, randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2016;17(3):367-77.

Headon HL et al. **The oncological safety of nipple-sparing mastectomy: A systematic review of the literature with a pooled analysis of 12,358 procedures.** *Arch Plast Surg* 2016;43(4):328-38.

Krop I et al. **Use of biomarkers to guide decisions on adjuvant systemic therapy for women with early-stage invasive breast cancer: American Society of Clinical Oncology clinical practice guideline focused update.** *J Clin Oncol* 2017;35(24):2838-47.

Mamounas EP et al. **21-gene Recurrence Score and locoregional recurrence in node-positive/ER-positive breast cancer treated with chemo-endocrine therapy.** *J Natl Cancer Inst* 2017;109(4).

Mamounas EP et al. **A randomized, double-blinded, placebo-controlled clinical trial of extended adjuvant endocrine therapy (tx) with letrozole (L) in postmenopausal women with hormone-receptor (+) breast cancer (BC) who have completed previous adjuvant tx with an aromatase inhibitor (AI): Results from NRG Oncology/NS.** San Antonio Breast Cancer Symposium 2016;**Abstract S1-05**.

Morrow M et al. **Mastectomy rates in relation to adoption of a margin guideline.** *Proc ASCO* 2017;**Abstract 508**.

Pilewskie M, Morrow M. **Axillary nodal management following neoadjuvant chemotherapy: A review.** *JAMA Oncol* 2017;3(4):549-55.

Program for the assessment of clinical cancer tests (PACCT-1): Trial assigning individualized options for treatment: The TAILORx trial. NCT00310180

Roberts MC et al. **Breast cancer-specific survival in patients with lymph node-positive hormone receptor-positive invasive breast cancer and Onco*type* DX Recurrence Score results in the SEER database.** *Breast Cancer Res Treat* 2017;163(2):303-10.

Sgroi DC et al. **Prediction of late distant recurrence in patients with oestrogen-receptor-positive breast cancer: A prospective comparison of the breast-cancer index (BCI) assay, 21-gene Recurrence Score, and IHC4 in the TransATAC study population.** *Lancet Oncol* 2013;14(11):1067-76.

Solin LJ et al. **A multigene expression assay to predict local recurrence risk for ductal carcinoma in situ of the breast.** *J Natl Cancer Inst* 2013;105(10):701-10.

Sparano JA et al. **Prospective validation of a 21-gene expression assay in breast cancer.** *N Engl J Med* 2015;373(21):2005-14.

Vaidya JS et al; TARGIT trialists' group. **Risk-adapted targeted intraoperative radiotherapy versus whole-breast radio-therapy for breast cancer: 5-year results for local control and overall survival from the TARGIT-A randomised trial.** *Lancet* 2014;383(9917):603-13.

Veronesi U et al. **Intraoperative radiotherapy versus external radiotherapy for early breast cancer (ELIOT): A randomised controlled equivalence trial.** *Lancet Oncol* 2013;14(13):1269-77.

von Minckwitz G et al; APHINITY Steering Committee and Investigators. **Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer.** *N Engl J Med* 2017;377(2):122-31.