Assisting Community-Based Oncologists and Surgeons in Making Treatment Decisions for Patients with ER-Positive, HER2-Negative Early Breast Cancer

CME Information

TARGET AUDIENCE

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

OVERVIEW OF ACTIVITY

Breast cancer 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. Advances in screening and prevention have resulted in a steady down-stage migration at the time of disease presentation, such that only approximately 5% of patients have identifiable distant metastases at primary diagnosis. The optimal management of localized breast cancer is consequently an essential issue with broad-reaching public health implications.

ER-positive disease is perhaps the most nuanced of the widely acknowledged breast cancer phenotypes with regard to therapeutic decision-making in the early disease setting, and in recent years tissue-based prognostic and predictive multigene assays designed to estimate the incremental benefit of chemotherapy have been introduced. In addition, controversy exists regarding the indications for neoadjuvant therapy in this patient subset, and heterogeneity is evident in the use of genomic assays in the preoperative setting. Finally, the confirmation of the benefit of extending adjuvant hormonal therapy beyond the traditional 5-year period for select patients has led many clinicians to explore the potential use of prognostic assays to shade decision-making in this regard.

Although consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making management decisions in the face of this dynamic clinical and research environment, many areas of controversy persist within academic and community settings. These proceedings from a roundtable conversation centered around the results of a comprehensive case-based survey focused on decision-making for patients with ER-positive/HER2-negative early breast cancer are meant to aid clinicians as they approach the many difficult and challenging situations that arise each day and to ensure that patients with breast cancer receive optimal and evidence-based care.

LEARNING OBJECTIVES

- Describe the self-reported practice patterns of medical oncology and surgical experts with regard to the treatment of localized ER-positive, HER2-negative breast cancer, and use this information in the development of up-to-date management recommendations.
- 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 early breast cancer.
- Evaluate available and emerging data sets to optimize the use of genomic assays in treatment decision-making for patients with ER-positive, HER2-negative early breast cancer.
- Consider relevant clinical factors and investigator perspectives in the identification of patients for whom extended endocrine therapy would be a reasonable therapeutic consideration.
- Implement strategies to increase collaboration between various subspecialists involved in the diagnosis and management of early breast cancer to improve the quality and coordination of patient care.

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 2.25 *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

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HOW TO USE THIS CME ACTIVITY

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FACULTY — The following faculty (and their spouses/partners) had no relevant conflicts of interest to disclose:

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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: November 2017

Expiration date: November 2018

Select Publications

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

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.

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.

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.

Harris LN et al. **Use of biomarkers to guide decisions on adjuvant therapy for women with early-stage breast cancer: American Society of Clinical Oncology Clinical Practice Guideline.** *J Clin Oncol* 2016;34(10):1134-50.

King TA et al. **Prognostic impact of 21-gene Recurrence Score in patients with Stage IV breast cancer: TBCRC 013.** *J Clin Oncol* 2016;34(20):2359-65.

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.

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**.

Masuda N et al. **Adjuvant capecitabine for breast cancer after preoperative chemotherapy.** *N Engl J Med* 2017;376(22):2147-59.

Nitz U et al. **Reducing chemotherapy use in clinically high-risk, genomically low-risk pN0 and pN1 early breast cancer patients: Five-year data from the prospective, randomised phase 3 West German Study Group (WSG) PlanB trial.** *Breast Cancer Res Treat* 2017;[Epub ahead of print].

Petkov VI et al. **Breast-cancer-specific mortality in patients treated based on the 21-gene assay: A SEER population-based study.** *NPJ Breast Cancer* 2016;2:16017.

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

Stemmer SM et al. **Clinical outcomes in ER+ HER2- node-positive breast cancer patients who were treated according to the Recurrence Score results: Evidence from a large prospectively designed registry.** *NPJ Breast Cancer* 2017;3:32.

Yardley DA et al. **A phase II trial of ixabepilone and cyclophosphamide as neoadjuvant therapy for patients with HER2-negative breast cancer: Correlation of pathologic complete response with the 21-gene recurrence score.** *Breast Cancer Res Treat* 2015;154(2):299-308.