

Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 3: Breast Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of breast cancer (BC).

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. Current clinical management is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these approaches. Although the diagnosis and treatment of BC remains, in many ways, more advanced than that of other solid tumors, challenging issues in basic management continue to require refinement. Increasingly, an emphasis is being placed on a “personalized medicine” approach that promises to more effectively identify specific treatments that will benefit individuals based on specific patient- and disease-related characteristics. The pace of change in the field of breast medical oncology has been rapid, and it is expected that a plethora of new data will continuously be disseminated and will require ongoing efforts to keep medical professionals informed about the unique mechanisms of action, toxicities and effectiveness of novel agents.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of patient physical and psychosocial well-being. These video proceedings from the third part of a 7-part integrated CNE curriculum originally held at the 2017 ONS Annual Congress feature discussions with leading BC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with early and advanced BC.
- Describe the influence of tumor phenotypes and/or molecular profiling assays in tailoring systemic treatment decisions for patients with early and advanced BC.
- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of BC, including endocrine agents, chemotherapy regimens and biologic treatments.
- Develop a plan to manage the side effects associated with commonly employed systemic therapies to support quality of life and continuation of treatment.
- Assess emerging research on the safety and efficacy of novel agents under development in preparation for the potential availability of these therapies.
- Recall ongoing trials of other investigational approaches and agents in BC, and refer patients and obtain consent for study participation.

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

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of July 2017 through July 2018.

This activity is awarded 1.6 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications, please visit [ResearchToPractice.com/Meetings/ONS2017/ILNA](https://www.researchtopractice.com/Meetings/ONS2017/ILNA).

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FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSBreast2017/CNE.

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 CNE 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 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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MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL

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This activity is supported by educational grants from AbbVie Inc, AstraZeneca Pharmaceuticals LP, Eisai Inc, Genentech BioOncology, Lilly, Novartis and Puma Biotechnology Inc.

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: July 2017

Expiration date: July 2018

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

- Adams S et al. **Phase Ib trial of atezolizumab in combination with *nab*-paclitaxel in patients with metastatic triple-negative breast cancer (mTNBC).** *Proc ASCO* 2016;Abstract 1009.
- Alba E et al. **A randomized phase II trial of platinum salts in basal-like breast cancer patients in the neoadjuvant setting. Results from the GEICAM/2006-03, multicenter study.** *Breast Cancer Res Treat* 2012;136(2):487-93.
- Barroso-Sousa R et al. **Clinical development of the CDK4/6 inhibitors ribociclib and abemaciclib in breast cancer.** *Breast Care* 2016;11(3):167-73.
- Baselga J et al. **Everolimus in postmenopausal hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2012; 366(6):520-9.
- Baselga J et al. **Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer.** *N Engl J Med* 2012; 366(2):109-19.
- Cawley M, Benson LM. **Current trends in managing oral mucositis.** *Clin J Oncol Nurs* 2005;9(5):584-92.
- 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.
- Cristofanilli M et al. **Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): Final analysis of the multicentre, double-blind, phase 3 randomised controlled trial.** *Lancet Oncol* 2016;17(4):425-39.
- DeSantis CE et al. **Breast cancer statistics, 2015: Convergence of incidence rates between black and white women.** *CA Cancer J Clin* 2016;66(1):31-42.
- de Oliveira MA et al. **Clinical presentation and management of mTOR inhibitor-associated stomatitis.** *Oral Oncol* 2011;47(10): 998-1003.
- Dickler MN et al. **MONARCH1: Results from a phase II study of abemaciclib, a CDK4 and CDK6 inhibitor, as monotherapy, in patients with HR+/HER2- breast cancer, after chemotherapy for advanced disease.** *Proc ASCO* 2016;Abstract 510.
- Di Cosimo S, Baselga J. **Management of breast cancer with targeted agents: Importance of heterogeneity.** *Nat Rev Clin Oncol* 2010;7(3):139-47.
- Ferté C et al. **Natural history, management and pharmacokinetics of everolimus-induced-oral ulcers: Insights into compliance issues.** *Eur J Cancer* 2011;47(15):2249-55.
- Finn RS et al. **Palbociclib and letrozole in advanced breast cancer.** *N Engl J Med* 2016;375(20):1925-36.
- Finn RS et al. **PALOMA-2: Primary results from a phase III trial of palbociclib (P) with letrozole (L) compared with letrozole alone in postmenopausal women with ER+/HER2- advanced breast cancer (ABC).** *Proc ASCO* 2016;Abstract 507.
- Gianni L et al. **5-year analysis of neoadjuvant pertuzumab and trastuzumab in patients with locally advanced, inflammatory, or early-stage HER2-positive breast cancer (NeoSphere): A multicentre, open-label, phase 2 randomised trial.** *Lancet Oncol* 2016;17(6):791-800.
- Gianni L et al. **Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): A randomised multicentre, open-label, phase 2 trial.** *Lancet Oncol* 2012;13(1):25-32.
- Goetz MP et al. **MONARCH 3: A randomized phase III study of anastrozole or letrozole plus abemaciclib, a CDK4/6 inhibitor, or placebo in first-line treatment of women with HR+, HER2-locoregionally recurrent or metastatic breast cancer (MBC).** *Proc ASCO* 2015;Abstract TPS624.
- Györfy B et al. **Multigene prognostic tests in breast cancer: Past, present, future.** *Breast Cancer Res* 2015;17(1):11.
- Han HS et al. **Efficacy and tolerability of veliparib (V; ABT-888) in combination with carboplatin (C) and paclitaxel (P) vs placebo (Plc) + C/P in patients (pts) with BRCA1 or BRCA2 mutations and metastatic breast cancer: A randomized, phase 2 study.** San Antonio Breast Cancer Symposium 2016;Abstract S2-05.
- Harbeck N et al. **HER2 dimerization inhibitor pertuzumab — Mode of action and clinical data in breast cancer.** *Breast Care (Basel)* 2013;8(1):49-55.
- Hortobagyi GN et al. **Ribociclib as first-line therapy for HR-positive, advanced breast cancer.** *N Engl J Med* 2016;375(18): 1738-48.
- LoRusso PM et al. **Trastuzumab emtansine: A unique antibody-drug conjugate in development for human epidermal growth factor receptor 2-positive cancer.** *Clin Cancer Res* 2011;17(20):6437-47.

Select Publications

- Ramakrishna N et al. **Recommendations on disease management for patients with advanced human epidermal growth factor receptor 2–positive breast cancer and brain metastases: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2014;32(19):2100-8.
- Rugo HS et al. **Adaptive randomization of veliparib-carboplatin treatment in breast cancer.** *N Engl J Med* 2016;375(1):23-34.
- Rugo H et al. **Prevention of everolimus/exemestane (EVE/EXE) stomatitis in postmenopausal (PM) women with hormone receptor-positive (HR+) metastatic breast cancer (MBC) using a dexamethasone-based mouthwash (MW): Results of the SWISH trial.** *Proc ASCO* 2016;Abstract 525.
- Sikov WM et al. **Impact of the addition of carboplatin and/or bevacizumab to neoadjuvant once-per-week paclitaxel followed by dose-dense doxorubicin and cyclophosphamide on pathologic complete response rates in stage II to III triple-negative breast cancer: CALGB 40603 (Alliance).** *J Clin Oncol* 2015;33(1):13-21.
- Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer.** *N Engl J Med* 2015; 372(8):724-34.
- Tamura K et al. **Randomized phase II study of weekly paclitaxel with or without carboplatin followed by cyclophosphamide/epirubicin/5-fluorouracil as neoadjuvant chemotherapy for stage II/IIIA HER2-negative breast cancer.** *Proc ASCO* 2014;Abstract 1017.
- Tutt A et al. **OlympiA: A randomized phase III trial of olaparib as adjuvant therapy in patients with high-risk HER2-negative breast cancer (BC) and a germline BRCA1/2 mutation (gBRCAm).** *Proc ASCO* 2015;Abstract TPS1109.
- von Minckwitz G et al. **Neoadjuvant carboplatin in patients with triple-negative and HER2-positive early breast cancer (Gepar-Sixto; GBG 66): A randomised phase 2 trial.** *Lancet Oncol* 2014;15(7):747-56.