

Cases from the Community

Investigators Provide Their Perspectives on the Practice Implications of Emerging Clinical Research

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, breast cancer surgeons, radiation oncologists and other healthcare professionals involved in the diagnosis and treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY

The current clinical management of BC is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease (micro- or macroscopic) with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these approaches. The indication and/or utility of these local and systemic treatment options is largely based on a number of prognostic and predictive risk factors present within the patient or her tumor at the time of diagnosis. 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, creating an important need for education about the unique mechanisms of action, toxicities and effectiveness of novel agents to properly prepare clinicians for their appropriate use (or potential use) in clinical practice. Several consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making BC management decisions in the face of this dynamic clinical and research environment, but despite the existence of these tools many areas of controversy persist within academic and community settings.

These proceedings from a CME symposium during the San Antonio Breast Cancer Symposium explore the most significant therapeutic advances during the previous year by using the perspectives of leading BC experts on challenging cases and questions submitted by clinicians in the community to frame a relevant discussion of how this information has aided in the refinement of current routine clinical practice and ongoing research. This CME activity will help medical oncologists find answers to the individualized questions and concerns that they frequently encounter and in turn provide high-quality cancer care.

LEARNING OBJECTIVES

- Consider available data and the use of biomarkers and genomic assays 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 long-term clinical plan for the management of metastatic HER2-positive BC, incorporating existing and investigational targeted treatments.
- Recognize the FDA approval of palbociclib for patients with ER-positive metastatic BC, and discern how its availability affects the selection and sequence of therapy for these individuals.
- Develop an understanding of the mechanisms of action, available research data and ongoing trials of investigational CDK4/6 inhibitors and other novel therapies under development for the management of advanced ER-positive BC.
- Consider clinical data and patient preferences in the selection and sequencing of available therapeutic agents for patients with newly diagnosed and metastatic ER/PR-negative, HER2-negative BC.
- Recall available guideline recommendations regarding the indications for BRCA mutation testing in BC, and use the results of this analysis to inform protocol and nonprotocol treatment decision-making for patients.
- Identify ongoing trials of other investigational approaches in BC, and obtain consent and refer patients for study participation.

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Advisory Committee: Genentech BioOncology, Lilly, Roche Laboratories Inc; **Consulting Agreements:** Genentech BioOncology, Lilly, Pieris Pharmaceuticals Inc, Roche Laboratories Inc; **Contracted Research:** Genentech BioOncology, Lilly, Merrimack Pharmaceuticals Inc, Pfizer Inc, Puma Biotechnology Inc, Roche Laboratories Inc; **Travel:** Genentech BioOncology, Roche Laboratories Inc.

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A monitor set to 1280 x 1024 pixels or more

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Adobe Flash Player 10.2 plug-in or later

Adobe Acrobat Reader

(Optional) Sound card and speakers for audio

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Select Publications

Sara A Hurvitz, MD

- Baselga J et al. **Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): A randomised, open-label, multicentre, phase 3 trial.** *Lancet* 2012;379(9816):633-40.
- Carey LA et al. **Molecular heterogeneity and response to neoadjuvant human epidermal growth factor receptor 2 targeting in CALGB 40601, a randomized phase III trial of paclitaxel plus trastuzumab with or without lapatinib.** *J Clin Oncol* 2016;34(6):542-9.
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- Perez EA et al. **Trastuzumab plus adjuvant chemotherapy for human epidermal growth factor receptor 2-positive breast cancer: Planned joint analysis of overall survival from NSABP B-31 and NCCTG N9831.** *J Clin Oncol* 2014;32(33):3744-52.
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- Schneeweiss A et al. **Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: A randomized phase II cardiac safety study (TRYPHAENA).** *Ann Oncol* 2013;24(9):2278-84.
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Hope S Rugo, MD

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Dubsky P et al. **The EndoPredict score provides prognostic information on late distant metastases in ER+/HER2- breast cancer patients.** *Br J Cancer* 2013;109(12):2959-64.

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Sandra M Swain, MD

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Joyce O'Shaughnessy, MD

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- Emens LA et al. **Inhibition of PD-L1 by MPDL3280A leads to clinical activity in patients with metastatic triple-negative breast cancer (TNBC).** *Proc AACR* 2015;Abstract 2859.
- Gianni L et al. **ETNA (Evaluating Treatment with Neoadjuvant Abraxane) randomized phase III study comparing neoadjuvant nab-paclitaxel (nab-P) versus paclitaxel (P) both followed by anthracycline regimens in women with HER2-negative high-risk breast cancer: A MICHELANGO study.** *Proc ASCO* 2016;Abstract 502.
- Gucalp A et al. **Phase II trial of bicalutamide in patients with androgen receptor-positive, estrogen receptor-negative metastatic Breast Cancer.** *Clin Cancer Res* 2013;19(19):5505-12.
- Joensuu H et al. **Adjuvant capecitabine in combination with docetaxel (T), epirubicin (E), and cyclophosphamide (C) in the treatment of early breast cancer (BC): 10-year survival results from the randomized FinXX trial.** *Proc ASCO* 2016;Abstract 1001.
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- Nanda R et al. **A phase Ib study of pembrolizumab (MK-3475) in patients with advanced triple-negative breast cancer.** San Antonio Breast Cancer Symposium 2014;Abstract S1-09.
- Partridge AH et al. **Chemotherapy and targeted therapy for women with human epidermal growth factor receptor 2-negative (or unknown) advanced breast cancer: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2014;32(29):3307-29.
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