

Consensus or Controversy?

Clinical Investigators Provide Perspectives on Practical Issues and Ongoing Research Related to the Management of Breast Cancer

CME Information

TARGET AUDIENCE

This program is intended for medical oncologists, hematology-oncology fellows and other allied healthcare professionals involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Breast cancer remains the most frequently diagnosed cancer in women, and in 2018 in the United States alone the disease will culminate in an estimated 268,670 new cases and 41,400 deaths. The current clinical management of breast cancer 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. 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 tumor at the time of diagnosis. In fact, as the field of oncology is challenged to improve the precision with which it therapeutically targets malignant cells, biomarker-driven treatment algorithms have become the “norm” for many tumor types, particularly breast cancer. 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. In conjunction with this approach researchers are actively attempting to develop novel agents and immunotherapeutic strategies, with the aim of generating additional benefit, enhancing the efficacy of existing treatments or overcoming resistance to endocrine therapy, chemotherapy or biologic therapy. As such, 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 requiring ongoing efforts to keep medical professionals informed.

These video proceedings from a CME symposium held during the 2018 ASCO Annual Meeting feature renowned breast cancer clinical investigators weighing in on challenging questions and cases from a panel of community-based general oncologists and reviewing relevant data. By exploring the perspectives of leading breast cancer clinical investigators regarding a number of clinical scenarios along with key data sets, this activity will assist medical oncologists, hematology-oncology fellows and other healthcare professionals in the development of evidence-based strategies for the treatment of breast cancer.

LEARNING OBJECTIVES

- Consider published data to guide the use of biomarkers and genomic classifiers to assess risk and customize therapy for patients with hormone receptor-positive breast cancer in the neoadjuvant, adjuvant and extended adjuvant settings.
- Appraise available and emerging research evidence to individualize the selection and duration of neoadjuvant, adjuvant and/or extended adjuvant therapy for patients with HER2-overexpressing early breast cancer.
- Implement a long-term clinical plan for the management of metastatic HER2-positive breast cancer, incorporating existing and investigational targeted treatments.
- Develop an evidence-based algorithm for the treatment of advanced hormone receptor-positive pre- and postmenopausal breast cancer, including endocrine, biologic and chemotherapeutic agents.
- Consider published research and patient preferences in the selection and sequencing of available and investigational therapeutic agents for metastatic ER/PR-negative, HER2-negative breast cancer.
- Appreciate the recent FDA approval of olaparib for patients with HER2-negative metastatic breast cancer harboring a germline BRCA mutation, and discern how this agent can be appropriately and safely integrated into routine clinical practice.
- Develop an understanding of the mechanisms of action, available data and potential clinical roles of investigational compounds in preparation for their potential introduction into future clinical practice.

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Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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Hardware/Software Requirements:

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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

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Select Publications

Sara A Hurvitz, MD

Chan A et al; ExteNET Study Group. **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.

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Goldhirsch A et al; Herceptin Adjuvant (HERA) Trial Study Team. **2 years versus 1 year of adjuvant trastuzumab for HER2-positive breast cancer (HERA): An open-label, randomised controlled trial.** *Lancet Oncol* 2013;382(9897):1021-8.

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Harold J Burstein, MD, PhD

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Paik S et al. **Gene expression and benefit of chemotherapy in women with node-negative, estrogen receptor-positive breast cancer.** *J Clin Oncol* 2006;24(23):3726-34.

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

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Angelo Di Leo, MD, PhD

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- Di Leo A et al. **MONARCH 3: Abemaciclib as initial therapy for patients with HR+/HER2- advanced breast cancer.** *Proc ESMO* 2017;Abstract 2360_PR.
- Finn RS et al. **Overall survival results from the randomized phase II study of palbociclib (P) in combination with letrozole (L) vs letrozole alone for frontline treatment of ER+/HER2- advanced breast cancer (PALOMA-1; TRIO-18).** *Proc ASCO* 2017;Abstract 1001.
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