

Breast Cancer Update

Issue 1, 2018 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologist-oncologists and other healthcare providers involved in the treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY

BC continues to be one of the most rapidly evolving fields in medical oncology. Results from numerous ongoing trials lead to the continual emergence of new therapeutic agents, treatment strategies and diagnostic and prognostic tools. In order to offer optimal patient care — including the option of clinical trial participation — the practicing cancer clinician must be well informed of these advances. Featuring information on the latest research developments along with expert perspectives, this CME activity is designed to assist medical oncologists, hematologist-oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Implement a clinical plan for the management of metastatic HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments.
- Consider published research findings and patient preferences in the selection and sequencing of available and investigational therapeutic agents for patients with metastatic triple-negative BC.
- Understand emerging efficacy data and side effects with the use of PARP inhibitors for patients with BRCA-mutated advanced BC, and consider potential therapeutic implications of these findings on future clinical care.
- Consider the use of available biomarkers and genomic assays to assess risk and individualize therapy for patients with BC in the neoadjuvant and adjuvant settings.
- Recall the results of pivotal trials introducing effective new BC therapeutic agents, and identify their potential effects on existing treatment algorithms.
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials investigating novel therapeutic agents and strategies.

ACCREDITATION STATEMENT

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Research To Practice designates this enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.75 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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

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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/BCU118/Video/CME](https://www.researchtopractice.com/BCU118/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/BCU118](https://www.researchtopractice.com/BCU118).

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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: March 2018

Expiration date: March 2019

Select Publications

Alternate approaches for clinical stage II or III estrogen receptor positive breast cancer neoadjuvant treatment (ALTERNATE) in postmenopausal women: A phase III study (A011106). NCT01953588

Blum JL et al. **Anthracyclines in early breast cancer: The ABC trials — USOR 06-090, NSABP B-46-I/USOR 07132, and NSABP B-49 (NRG Oncology).** *J Clin Oncol* 2017;35(23):2647-55.

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.

Carey LA. **De-escalating and escalating systemic therapy in triple negative breast cancer.** *Breast* 2017;34(Suppl 1):112-5.

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.

Finn RS et al. **Palbociclib and letrozole in advanced breast cancer.** *N Engl J Med* 2016;375(20):1925-36.

Freedman R et al. **TBCRC 022: Phase II trial of neratinib + capecitabine for patients (Pts) with human epidermal growth factor receptor 2 (HER2+) breast cancer brain metastases (BCBM).** *Proc ASCO* 2017;Abstract 1005.

Gluz O et al. **West German Study Group phase III PlanB trial: First prospective outcome data for the 21-gene Recurrence Score assay and concordance of prognostic markers by central and local pathology assessment.** *J Clin Oncol* 2016;34(20):2341-9.

Harris LN et al; American Society of Clinical Oncology. **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.** *J Clin Oncol* 2016;34(10):1134-50.

King TA et al. **A prospective analysis of surgery and survival in stage IV breast cancer (TBCRC 013).** *Proc ASCO* 2016;Abstract 1006.

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.

Kuang Y et al. **The emergence of ESR1 mutations is associated with aromatase inhibitor and fulvestrant therapy.** *Proc AACR* 2017;Abstract 4950.

Love N et al. **HER2 and estrogen receptor status drive decisions regarding the use of neoadjuvant chemotherapy.** San Antonio Breast Cancer Symposium 2015;Abstract P1-14-20.

Malorni L et al. **A phase II trial of the CDK4/6 inhibitor palbociclib (P) as single agent or in combination with the same endocrine therapy (ET) received prior to disease progression, in patients (pts) with hormone receptor positive (HR+) HER2 negative (HER2-) metastatic breast cancer (mBC) (TREnd trial).** *Proc ASCO* 2017;Abstract 1002.

Partridge A, Carey L. **Unmet needs in clinical research in breast cancer: Where do we need to go?** *Clin Cancer Res* 2017;23(11):2611-6.

Ramhorst M et al. **A phase III trial of neoadjuvant chemotherapy with or without anthracyclines in the presence of dual HER2-blockade for HER2+ breast cancer: The TRAIN-2 study (BOOG 2012-03).** *Proc ASCO* 2017;Abstract 507.

Robson M et al. **Olaparib for metastatic breast cancer in patients with a germline BRCA mutation.** *N Engl J Med* 2017;377(6):523-33.

Shak S et al. **Breast cancer specific survival in 38,568 patients with node negative hormone receptor positive invasive breast cancer and Oncotype DX Recurrence Score results in the SEER database.** San Antonio Breast Cancer Symposium 2015;Abstract P5-15-01.

Sledge G et al. **MONARCH 2: Abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy.** *J Clin Oncol* 2017;35(25):2875-84.

Spoerke JM et al. **Heterogeneity and clinical significance of ESR1 mutations in ER-positive metastatic breast cancer patients receiving fulvestrant.** *Nat Commun* 2016;7:11579.

Tolaney S et al. **Seven-year (yr) follow-up of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC).** *Proc ASCO* 2017;Abstract 511.

Von Minckwitz G et al. **APHINITY trial (BIG 4-11): A randomized comparison of chemotherapy (C) plus trastuzumab (T) plus placebo (Pla) versus chemotherapy plus trastuzumab (T) plus pertuzumab (P) as adjuvant therapy in patients (pts) with HER2-positive early breast cancer (EBC).** *Proc ASCO* 2017;Abstract LBA500.