VOL 16 | ISSUE 3

Breast Cancer® UPDATE

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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Breast Cancer® UPDATE

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OVERVIEW OF ACTIVITY

Breast cancer (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

- Appraise available and emerging research evidence to individualize the selection and duration of neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-overexpressing early BC.
- Develop an evidence-based algorithm for the treatment of advanced hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Recall the results of pivotal trials introducing effective new BC therapeutic agents, and identify their potential effect on existing treatment algorithms.
- Consider published data to guide 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.
- Develop an understanding of the efficacy data and toxicity profiles of PARP inhibitors for patients with HER2-negative and BRCA-mutated advanced BC.
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials.

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This activity is supported by educational grants from Astellas Pharma Global Development Inc/Medivation Inc, a Pfizer Company, AstraZeneca Pharmaceuticals LP, Eisai Inc, Genentech BioOncology, Genomic Health Inc, Lilly and Novartis.

Release date: April 2018; Expiration date: April 2019

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FACULTY — **Dr Burstein** had no relevant conflicts of interest to disclose. The following faculty (and his spouse/partner) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Di Leo** — Advisory Committee: AstraZeneca Pharmaceuticals LP, Celgene Corporation, Daiichi Sankyo Inc, Genomic Health Inc, Lilly, Novartis, Pfizer Inc, Roche Laboratories Inc; Consulting Agreements: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Eisai Inc, Genentech BioOncology, Genomic Health Inc, Lilly, Novartis, Pfizer Inc, Roche Laboratories Inc; Contracted Research: AstraZeneca Pharmaceuticals LP, Novartis, Pfizer Inc.

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Interview with Harold J Burstein, MD, PhD

Tracks 1-27

Interview with Angelo Di Leo, MD, PhD

Tracks 1-22

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Track 3	Activity of a CDK4/6 inhibitor alone or in combination with an aromatase inhibitor for patients with ER-positive mBC
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Track 17	Estimating risk of recurrence in patients with BC
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Track 21	Potential overestimation of disease relapse risk with genomic assays
Track 22	**Case:** A 55-year-old woman with ER-positive, node-positive BC receives CMF to avoid chemotherapy-related alopecia

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Adding pertuzumab to adjuvant chemotherapy/trastuzumab in the Phase III APHINITY study reduced the relative risk of recurrence by about 20% for patients with node-positive or high-risk node-negative, HER2-positive early BC.**
   a. True
   b. False

2. **Results of the APT trial evaluating adjuvant paclitaxel/trastuzumab for node-negative, HER2-positive BC showed that the rate of distant recurrence after a 7-year follow-up analysis was approximately _____.**
   a. 1%
   b. 15%
   c. 50%

3. **The Phase III CREATE-X trial demonstrated that the addition of adjuvant capecitabine after standard neoadjuvant chemotherapy elicited a benefit in terms of overall survival among patients with _____ BC and residual invasive disease.**
   a. HER2-positive
   b. HER2-negative

4. **Which of the following groups derived a significant benefit from neratinib in the Phase III ExteNET study, which randomly assigned patients who received 1 year of adjuvant trastuzumab-based therapy to neratinib treatment or no further treatment?**
   a. All patients with HER2-positive BC
   b. Patients with ER-positive, HER2-positive BC
   c. Patients with ER-negative, HER2-positive BC

5. **The Phase III OlympiAD trial of olaparib monotherapy versus physician's choice of chemotherapy for patients with HER2-negative mBC and a germline BRCA mutation demonstrated a statistically significant improvement in progression-free survival with olaparib.**
   a. True
   b. False

6. **In terms of treatment side effects, patients receiving abemaciclib may exhibit _____ neutropenia and _____ diarrhea compared to those undergoing treatment with palbociclib and ribociclib.**
   a. Less, more
   b. Similar, similar
   c. Similar, more
   d. More, less

7. **Treatment with which of the following CDK4/6 inhibitors requires patients to undergo EKG and liver function test monitoring?**
   a. Abemaciclib
   b. Palbociclib
   c. Ribociclib
   d. All of the above

8. **The CNS objective response rate for patients with HER2-positive BC brain metastases is increased approximately 5-fold for those who receive neratinib and capecitabine compared to neratinib alone.**
   a. True
   b. False

9. **In the OlympiAD trial for patients with HER2-negative, germline BRCA mutation-positive mBC, which of the following chemotherapies was not allowed as physician's choice for comparison to olaparib?**
   a. Capecitabine
   b. Vinorelbine
   c. Gemcitabine
   d. Carboplatin

10. **At ESMO 2017, Cottu and colleagues presented a Phase II study demonstrating _____ activity with neoadjuvant letrozole and palbociclib versus chemotherapy for patients with luminal BC.**
    a. Inferior
    b. Comparable
    c. Superior

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Breast Cancer Update — Volume 16, Issue 3

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Design and major efficacy findings of the Phase III OlympiAD trial evaluating olaparib versus chemotherapy for mBC with germline BRCA1/2 mutations	4 3 2 1	4 3 2 1
Clinical implications of the Phase III APHINITY trial and the role of pertuzumab as a component of adjuvant therapy for patients with early-stage HER2-positive BC	4 3 2 1	4 3 2 1
APT trial: Results after a 7-year follow-up of adjuvant paclitaxel/trastuzumab for node-negative, HER2-positive BC	4 3 2 1	4 3 2 1
Magnitude of benefit observed with neratinib as extended adjuvant therapy and clinical factors guiding the selection of patients with early-stage HER2-positive BC for this therapy	4 3 2 1	4 3 2 1
Recent FDA approval of abemaciclib and the integration of this CDK4/6 inhibitor into the clinical management of hormone receptor-positive, HER2-negative advanced BC	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice

☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

Approximately how many new patients with breast cancer do you see per year? ..... patients

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice

☐ Create/revise protocols, policies and/or procedures

☐ Change the management and/or treatment of my patients

☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Appraise available and emerging research evidence to individualize the selection and duration of neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-overexpressing early BC. ..... 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the treatment of advanced hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents. ..... 4 3 2 1 N/M N/A
- Recall the results of pivotal trials introducing effective new BC therapeutic agents, and identify their potential effect on existing treatment algorithms. ..... 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Consider published data to guide 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. . . . . 4 3 2 1 N/M N/A
- Develop an understanding of the efficacy data and toxicity profiles of PARP inhibitors for patients with HER2-negative and BRCA-mutated advanced BC. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain: . . . . . .

PART 2 — Please tell us about the faculty and editor for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Harold J Burstein, MD, PhD	4 3 2 1	4 3 2 1
Angelo Di Leo, MD, PhD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

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This activity is supported by educational grants from Astellas Pharma Global Development Inc/Medivation Inc, a Pfizer Company, AstraZeneca Pharmaceuticals LP, Eisai Inc, Genentech BioOncology, Genomic Health Inc, Lilly and Novartis.

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Release date: April 2018
Expiration date: April 2019
Estimated time to complete: 2.75 hours