

Breast Cancer Update

Issue 2, 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

- 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.

ACCREDITATION STATEMENT

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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 3 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/BCU218/Video/CME](https://www.researchtopractice.com/BCU218/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/BCU218](https://www.researchtopractice.com/BCU218).

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by both a member of the RTP scientific staff and an external, independent physician 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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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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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: April 2018

Expiration date: April 2019

Select Publications

- Baselga J et al. **Everolimus in postmenopausal hormone-receptor–positive advanced breast cancer.** *N Engl J Med* 2012;366(6):520-9.
- Cardoso F et al; MINDACT Investigators. **70-gene signature as an aid to treatment decisions in early-stage breast cancer.** *N Engl J Med* 2016;375(8):717-29.
- 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.
- Cortes J et al. **Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): A phase 3 open-label randomised study.** *Lancet* 2011;377(9769):914-23.
- Curigliano G et al. **De-escalating and escalating treatments for early-stage breast cancer: The St Gallen International Expert Consensus Conference on the Primary Therapy of Early Breast Cancer 2017.** *Ann Oncol* 2017;28(8):1700-12.
- 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 O22: 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.
- Goel S et al. **Overcoming therapeutic resistance in HER2-positive breast cancers with CDK4/6 inhibitors.** *Cancer Cell* 2016;29(3):255-69.
- Goetz MP et al. **MONARCH 3: Abemaciclib as initial therapy for advanced breast cancer.** *J Clin Oncol* 2017;35(32):3638-46.
- Gyawali B. **The OlympiAD trial: Who won the gold?** *Ecancermedalscience* 2017;11:ed75.
- Hortobagyi GN et al. **Ribociclib as first-line therapy for HR-positive, advanced breast cancer.** *N Engl J Med* 2016;375(18):1738-48.
- Kaufman PA et al. **Phase III open-label randomized study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with an anthracycline and a taxane.** *J Clin Oncol* 2015;33(6):594-601.
- Lee A, Djamgoz MBA. **Triple negative breast cancer: Emerging therapeutic modalities and novel combination therapies.** *Cancer Treat Rev* 2018;62:110-22.
- Martin M et al; ExteNET Study Group. **Neratinib after trastuzumab-based adjuvant therapy in HER2-positive breast cancer (ExteNET): 5-year analysis of a randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2017;18(12):1688-1700.
- Masuda N et al. **Adjuvant capecitabine for breast cancer after preoperative chemotherapy.** *N Engl J Med* 2017;376(22):2147-59.
- Mayer EL et al. **PALLAS: PALbociclib CoLLaborative Adjuvant Study: A randomized phase 3 trial of palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for HR+/HER2- early breast cancer.** *Proc ESMO* 2017;Abstract 215TiP.
- Mayer EL, Burstein HJ. **Chemotherapy for triple-negative breast cancer: Is more better?** *J Clin Oncol* 2016;34(28):3369-71.
- Metzger O et al. **A phase 2 study of eribulin as early-line treatment for HER2- MBC: Evaluation of efficacy, toxicity, and patient-reported outcomes.** San Antonio Breast Cancer Symposium 2016;Abstract P5-15-08.
- 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.
- Sledge GW Jr 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.
- Sparano JA et al. **Prospective validation of a 21-gene expression assay in breast cancer.** *N Engl J Med* 2015;373(21):2005-14.
- 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 Steering Committee and Investigators. **Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer.** *N Engl J Med* 2017;377(2):122-31.