

Breast Cancer[®]

U P D A T E

An Audio Review Journal for Surgeons
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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EDITOR

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This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program.



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Breast Cancer Update for Surgeons

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Breast cancer (BC) continues to be one of the most rapidly evolving fields in medical oncology. Historically, surgery has been the primary mode of treatment for early BC. The complexity of the diagnostic, surgical and medical management of this disease, however, has escalated because of numerous advances in novel technologies and available adjunctive therapies. Hence, the multifaceted treatment of BC now requires the input of an interdisciplinary group of expert care providers, and this paradigm shift has created the challenge of ensuring that knowledge of major clinical advances in local and systemic therapy is effectively disseminated among all members of the cross-functional team. To bridge the gap between research and patient care, *Breast Cancer Update for Surgeons* uses one-on-one interviews with leading BC investigators to efficiently distill the latest research developments so they may be incorporated into clinical practice as appropriate. By providing access to cutting-edge data and expert perspectives, this CME program assists breast surgeons in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Implement a long-term clinical plan for the management of early-stage HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments.
- Consider published data to guide the use of biomarkers and genomic assays in assessing risk and individualizing therapy for patients with hormone receptor-positive BC in the neoadjuvant and adjuvant settings.
- Develop an evidence-based approach to the management of the axilla in patients with localized BC and a positive sentinel lymph node biopsy.
- Individualize the selection of treatment for patients with hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials.

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FACULTY — **Dr Burstein** has 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 Mamounas** — Advisory Committee and Consulting Agreements: bioTheragnostics Inc, Genentech, Genomic Health Inc, Roche Laboratories Inc; Speakers Bureau: Genentech, Genomic Health Inc.

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Interview with Harold J Burstein, MD, PhD

Tracks 1-20

- | | | | |
|----------------|--|-----------------|--|
| Track 1 | Case: A 52-year-old woman with ER/PR-positive, HER2-negative invasive lobular carcinoma receives neoadjuvant endocrine therapy on a clinical trial | Track 10 | Rationale for and clinical implications of the TAILORx study |
| Track 2 | Role of neoadjuvant therapy for patients with node-positive invasive lobular carcinoma | Track 11 | Perspective on the clinical relevance of genomic assays for patients with node-positive BC |
| Track 3 | Phase II PLOPS study evaluating neoadjuvant endocrine therapy with or without palbociclib | Track 12 | Importance of the results of the TAILORx study for women with ER-positive, HER2-negative BC |
| Track 4 | Mechanism of action and efficacy of CDK4/6 inhibitors for ER-positive, HER2-negative metastatic breast cancer (BC) | Track 13 | Choice of endocrine therapy for premenopausal women with ER-positive, HER2-negative BC |
| Track 5 | Side effects associated with CDK4/6 inhibitors | Track 14 | Determinants of adherence to adjuvant endocrine therapy |
| Track 6 | Efficacy of CDK4/6 inhibitors with endocrine therapy in the neoadjuvant setting | Track 15 | Approaches to alleviate arthralgias associated with aromatase inhibitors |
| Track 7 | Ki-67 proliferation index as a potential surrogate marker for tumor response to endocrine therapy | Track 16 | Fertility preservation and pregnancy issues for patients with BC |
| Track 8 | Role of the 21-gene assay Recurrence Score® (RS) in guiding adjuvant therapy decision-making | Track 17 | Counseling women about pregnancy after BC |
| Track 9 | Design and eligibility criteria of the Phase III TAILORx study of adjuvant chemoendocrine therapy versus endocrine therapy for patients with ER-positive, HER2-negative, node-negative BC and an intermediate RS | Track 18 | Emerging data on the efficacy of immune checkpoint inhibitors in patients with metastatic triple-negative BC |
| | | Track 19 | Case: A 49-year-old woman with a 6-cm, ER-positive, HER2-positive tumor and a palpable axillary lymph node achieves a pathologic complete response to neoadjuvant docetaxel/carboplatin/trastuzumab/pertuzumab (TCHP) |
| | | Track 20 | Activity and tolerability of HER2-targeted therapy |

Interview with Terry Mamounas, MD, MPH

Tracks 1-20

- | | | | |
|----------------|--|----------------|---|
| Track 1 | Case: A 58-year-old woman with ER/PR-positive, HER2-negative invasive ductal carcinoma and a RS of 25 receives adjuvant chemotherapy and an aromatase inhibitor | Track 5 | Comparison of the 21-gene and 70-gene assays |
| Track 2 | Role of adjuvant chemotherapy for patients with ER-positive, HER2-negative, node-negative BC and an intermediate RS | Track 6 | Use of the 21-gene assay for patients with node-positive disease |
| Track 3 | TAILORx results: Adjuvant chemotherapy guided by the 21-gene assay RS for patients with ER-positive, HER2-negative, node-negative BC | Track 7 | Case registry analysis of clinical outcomes of patients with ER-positive, HER2-negative, node-positive BC treated according to their 21-gene assay RS |
| Track 4 | Viewpoint on the clinical utility of the 21-gene assay RS | Track 8 | Overview of radiation therapy techniques |
| | | Track 9 | Case: A 56-year-old woman with a 1.2-cm ductal carcinoma in situ (DCIS) and a DCIS Score™ of 20 |

Interview with Dr Mamounas (continued)

- Track 10** Consensus guidelines on margins for breast-conserving surgery for patients with DCIS
- Track 11** **Case:** A 38-year-old woman with a BRCA1 germline mutation and a family history of breast and peritoneal cancer undergoes prophylactic bilateral nipple-sparing mastectomy
- Track 12** Optimal timing of sentinel lymph node biopsy for patients receiving neoadjuvant chemotherapy
- Track 13** Management of the axilla in patients with positive sentinel lymph nodes after neoadjuvant chemotherapy
- Track 14** Monitoring the axilla in patients with early-stage BC not treated with neoadjuvant chemotherapy
- Track 15** Long-term outcomes with neoadjuvant versus adjuvant chemotherapy in early-stage BC
- Track 16** Role of the 21-gene assay RS in guiding neoadjuvant chemotherapy decision-making
- Track 17** Final analysis of the CALOR trial evaluating the efficacy of chemotherapy for isolated locoregional recurrence of BC
- Track 18** **Case:** A 67-year-old woman with ER/PR-positive, HER2-positive BC achieves a complete clinical and radiologic response to neoadjuvant TCHP
- Track 19** Perspective on the use of (neo)-adjuvant pertuzumab
- Track 20** Overview of ongoing NSABP clinical trials in the neoadjuvant and adjuvant settings

Video Program

View the corresponding video interviews with (from left) Drs Burstein and Mamounas by Dr Love at www.ResearchToPractice.com/BCUS118/Video



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SELECT PUBLICATIONS

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QUESTIONS (PLEASE CIRCLE ANSWER):

- The final analysis of the Phase III CALOR trial evaluating adjuvant chemotherapy for isolated local or regional recurrence of BC confirmed a significant benefit for patients with _____ BC who received chemotherapy in comparison to those who did not.
 - ER-positive
 - ER-negative
 - Both a and b
- A meta-analysis of trials by the EBCTCG recently published in *The Lancet Oncology* evaluating long-term outcomes for patients with early BC demonstrated no significant difference in distant recurrence between those who received neoadjuvant and those who received adjuvant chemotherapy.
 - True
 - False
- In the TAILORx study evaluating chemoendocrine therapy versus endocrine therapy alone for patients with hormone receptor-positive, HER2-negative, node-negative BC and an intermediate RS of 11 to 25, adjuvant endocrine therapy alone was _____ to endocrine therapy with chemotherapy in terms of invasive disease-free survival in the overall patient population.
 - Inferior
 - Noninferior
- A 5-year analysis of data from the ExteNET trial of neratinib for HER2-positive BC demonstrated a _____ benefit with extended adjuvant neratinib therapy for the subgroup of patients with hormone receptor-positive disease.
 - Greater
 - Lower
- The Phase II PELOPS trial is evaluating neoadjuvant endocrine therapy with or without _____ for ER-positive BC.
 - Abemaciclib
 - Palbociclib
 - Pertuzumab
- ASCO guidelines recommend using the 21-gene signature assay for women with hormone receptor-positive, node-positive early-stage invasive BC to guide decisions on adjuvant systemic therapy.
 - True
 - False
- Data analysis from a large prospectively designed registry of patients with ER-positive, HER2-negative BC and micrometastases/1 to 3 positive nodes demonstrated favorable outcomes with adjuvant endocrine therapy alone for patients with a RS of less than 18.
 - True
 - False
- The ACOSOG Z0011 study investigating outcomes for patients with clinical T1-2N0M0 BC and a positive sentinel lymph node who underwent breast-conserving surgery and sentinel lymph node dissection with or without axillary lymph node dissection _____ demonstrate a benefit with axillary lymph node dissection.
 - Did
 - Did not
- The PALLAS trial is investigating endocrine therapy alone or with palbociclib for hormone receptor-positive, HER2-negative BC in the _____ setting.
 - Neoadjuvant
 - Adjuvant
 - Metastatic
- Updated results from the SOFT trial reported a significant benefit for premenopausal women with ER-positive, HER2-negative BC at low risk (not requiring adjuvant chemotherapy) who received tamoxifen and ovarian function suppression compared to tamoxifen alone.
 - True
 - False

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
TAILORx: Results of a Phase III study of chemoendocrine therapy versus endocrine therapy alone for hormone receptor-positive, HER2-negative, node-negative BC with an intermediate 21-gene RS	4 3 2 1	4 3 2 1
Fertility preservation and pregnancy issues during and after BC	4 3 2 1	4 3 2 1
Optimal timing of sentinel lymph node biopsy for patients receiving neoadjuvant chemotherapy	4 3 2 1	4 3 2 1
Updated results of the CALOR study evaluating the efficacy of chemotherapy in patients with isolated locoregional recurrence of BC	4 3 2 1	4 3 2 1
Long-term outcomes with neoadjuvant versus adjuvant chemotherapy in patients with early-stage 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:

- Implement a long-term clinical plan for the management of early-stage HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments..... 4 3 2 1 N/M N/A
- Consider published data to guide the use of biomarkers and genomic assays in assessing risk and individualizing therapy for patients with hormone receptor-positive BC in the neoadjuvant and adjuvant settings..... 4 3 2 1 N/M N/A
- Develop an evidence-based approach to the management of the axilla in patients with localized BC and a positive sentinel lymph node biopsy..... 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:

- Individualize the selection of treatment for patients with hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents. 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:

Additional comments about this activity:

.....

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
Terry Mamounas, MD, MPH	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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