

Breast Cancer Update for Surgeons

Issue 1, 2018 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for breast and general surgeons, surgical oncologists, surgical fellows 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. 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.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

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.

ABS MAINTENANCE OF CERTIFICATION

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. It is the responsibility of each individual to remain apprised of the current requirements for his or her board-specific MOC Program. For more information about the ABS MOC Program, visit www.absurgery.org.

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/BCUS118/Video/CME. The corresponding audio program is available as an alternative at ResearchToPractice.com/BCUS118.

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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: December 2018

Expiration date: December 2019

Select Publications

- Curigiano 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* 2018;[Epub ahead of print].
- Denduluri N et al. **Selection of optimal adjuvant chemotherapy and targeted therapy for early breast cancer: ASCO clinical practice guideline focused update.** *J Clin Oncol* 2018;36(23):2433-43.
- Early Breast Cancer Trialists' Collaborative Group (EBCTCG). **Long-term outcomes for neoadjuvant versus adjuvant chemotherapy in early breast cancer: Meta-analysis of individual patient data from ten randomised trials.** *Lancet Oncol* 2018;19(1):27-39.
- Francis PA et al. **Tailoring adjuvant endocrine therapy for premenopausal breast cancer.** *N Engl J Med* 2018;379(2):122-37.
- Giuliano A et al. **Effect of axillary dissection vs no axillary dissection on 10-year overall survival among women with invasive breast cancer and sentinel node metastasis: The ACOSOG Z0011 (Alliance) randomized clinical trial.** *JAMA* 2017;318(10):918-26.
- Gnant M et al. **A prospective randomized multi-center phase-III trial of additional 2 versus additional 5 years of anastrozole after initial 5 years of adjuvant endocrine therapy — Results from 3,484 postmenopausal women in the ABCSG-16 trial.** San Antonio Breast Cancer Symposium 2017;Abstract GS3-01.
- Ibrahim E et al. **Effects of adding budesonide or colestipol to loperamide prophylaxis on neratinib-associated diarrhea in patients (pts) with HER2+ early-stage breast cancer (eBC): The CONTROL trial.** *Proc AACR* 2017;Abstract CT128.
- Lippman ME. **Endocrine adjuvant therapy for localized breast cancer.** *N Engl J Med* 2018;379(2):193-4.
- Mamounas EP. **Optimizing surgical management of the axilla after neoadjuvant chemotherapy: An evolving story.** *Ann Surg Oncol* 2018;25(8):2124-6.
- Mamounas EP et al. **Current approach of the axilla in patients with early-stage breast cancer.** *Lancet* 2017;[Epub ahead of print].
- Martin M et al. **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):1688-700.
- Morrow M et al. **Society of Surgical Oncology-American Society for Radiation Oncology-American Society of Clinical Oncology consensus guideline on margins for breast-conserving surgery with whole-breast irradiation in ductal carcinoma in situ.** *Pract Radiat Oncol* 2016;6(5):287-95.
- Pan H et al. **20-year risks of breast-cancer recurrence after stopping endocrine therapy at 5 years.** *N Engl J Med* 2017;377(19):1836-46.
- 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.
- Schmid P et al; IMpassion130 Trial Investigators. **Atezolizumab and nab-paclitaxel in advanced triple-negative breast cancer.** *N Engl J Med* 2018;[Epub ahead of print].
- Slamon DJ et al. **Phase III randomized study of ribociclib and fulvestrant in hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer: MONALEESA-3.** *J Clin Oncol* 2018;36(24):2465-72.
- Sparano JA et al. **Adjuvant chemotherapy guided by a 21-gene expression assay in breast cancer.** *N Engl J Med* 2018;379(2):111-21.
- Valachis A et al. **Risk factors for locoregional disease recurrence after breast-conserving therapy in patients with breast cancer treated with neoadjuvant chemotherapy: An international collaboration and individual patient meta-analysis.** *Cancer* 2018;124(14):2923-30.
- von Minckwitz G et al. **Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer.** *N Engl J Med* 2017;377(2):122-31.
- Wapnir IL et al. **Efficacy of chemotherapy for ER-negative and ER-positive isolated locoregional recurrence of breast cancer: Final analysis of the CALOR trial.** *J Clin Oncol* 2018;36(11):1073-9.