

Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 6: Breast Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY

BC remains the most frequently diagnosed cancer in women, and in 2018 in the United States alone the disease will culminate in an estimated 268,670 new cases and 41,400 deaths. The current clinical management of BC is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these approaches. The indication and/or utility of these local and systemic treatment options is largely based on a number of prognostic and predictive risk factors present within the patient or tumor at the time of diagnosis. In fact, as the field of oncology is challenged to improve the precision with which it therapeutically targets malignant cells, biomarker-driven treatment algorithms have become the “norm” for many tumor types, particularly BC. Increasingly, an emphasis is being placed on a “personalized medicine” approach that promises to more effectively identify specific treatments that will benefit individuals based on specific patient- and disease-related characteristics. In conjunction with this approach researchers are actively attempting to develop novel agents and immunotherapeutic strategies, with the aim of generating additional benefit, enhancing the efficacy of existing treatments or overcoming resistance to endocrine therapy, chemotherapy or biologic therapy. As such, the pace of change in the field of breast medical oncology has been rapid, and it is expected that a plethora of new data will continuously be disseminated requiring ongoing efforts to keep medical professionals informed.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the final part of a 6-part integrated CNE curriculum originally held at the 2018 ONS Annual Congress

feature discussions with leading BC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with BC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with early and advanced BC.
- Describe the influence of tumor phenotypes and/or molecular profiling assays in tailoring systemic treatment decisions for patients with early and advanced BC.
- Discuss the benefits and risks associated with existing and recently approved evidence-based therapies for BC, including endocrine agents, chemotherapy regimens and biologic treatments.
- Develop a plan to manage the side effects associated with commonly employed systemic therapies to support quality of life and continuation of treatment.
- Recall ongoing trials of other investigational approaches and agents in BC, and refer patients and obtain consent for study participation.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with BC to optimize clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

Research To Practice (RTP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.7 contact hours is provided by RTP during the period of July 2018 through July 2019.

This activity is awarded 1.7 ANCC pharmacotherapeutic contact hours.

ONCOLOGY NURSING CERTIFICATION CORPORATION (ONCC)/INDIVIDUAL LEARNING NEEDS ASSESSMENT (ILNA) CERTIFICATION INFORMATION

The program content has been reviewed by the ONCC and is acceptable for recertification points. To review certification qualifications, please visit [ResearchToPractice.com/ONS2018/ILNA](https://www.researchtopractice.com/ONS2018/ILNA).

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FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSBreast2018/CNE](https://www.researchtopractice.com/ONSBreast2018/CNE).

CONTENT VALIDATION AND DISCLOSURES

RTP is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CNE activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent 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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Genzyme; **Contracted Research:** GlaxoSmithKline, Genentech, Sanofi Genzyme; **Speakers Bureau:** Bristol-Myers Squibb Company, Genentech, GlaxoSmithKline, MediGene Inc, Novartis, Pfizer Inc, Sanofi Genzyme.

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MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Bodesix Inc, bioTheragnostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genomic Health Inc, Gilead Sciences Inc, Halozyne Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pfizer Inc,

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This activity is supported by educational grants from Genentech, Lilly, Merck and Novartis.

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

Release date: July 2018

Expiration date: July 2019

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

- Brufsky AM, Dickler MN. **Estrogen receptor-positive breast cancer: Exploiting signaling pathways implicated in endocrine resistance.** *Oncologist* 2018;23(5):528-39.
- Brufsky AM. **Long-term management of patients with hormone receptor-positive metastatic breast cancer: Concepts for sequential and combination endocrine-based therapies.** *Cancer Treat Rev* 2017;59:22-32.
- Cawley M et al. **Current trends in managing oral mucositis.** *Clin J Oncol Nurs* 2005;9(5):584-92.
- 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.
- de Oliveira MA et al. **Clinical presentation and management of mTOR inhibitor-associated stomatitis.** *Oral Oncol* 2011;47(10):998-1003.
- Ferté C et al. **Natural history, management and pharmacokinetics of everolimus-induced-oral ulcers: Insights into compliance issues.** *Eur J Cancer* 2011;47(15):2249-55.
- Harbeck N et al. **HER2 dimerization inhibitor pertuzumab — Mode of action and clinical data in breast cancer.** *Breast Care (Basel)* 2013;8(1):49-55.
- Litton JK et al. **EMBRACA: A phase 3 trial comparing talazoparib, an oral PARP inhibitor, to physician's choice of therapy in patients with advanced breast cancer and a germline BRCA mutation.** San Antonio Breast Cancer Symposium 2017;Abstract GS6-07.
- 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.
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- 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.
- Rugo HS et al. **Incidence and time course of everolimus-related adverse events in postmenopausal women with hormone receptor-positive advanced breast cancer: Insights from BOLERO-2.** *Ann Oncol* 2014;25(4):808-15.
- Schmid P et al. **Atezolizumab in metastatic TNBC (mTNBC): Long-term clinical outcomes and biomarker analyses.** *Proc AACR* 2017;Abstract 2986.
- Tutt A et al. **OlympiA: A randomized phase III trial of olaparib as adjuvant therapy in patients with high-risk HER2-negative breast cancer (BC) and a germline BRCA1/2 mutation (gBRCAm).** *Proc ASCO* 2015;Abstract TPS1109.
- 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.
- Yardley DA et al. **Everolimus plus exemestane in postmenopausal patients with HR(+) breast cancer: BOLERO-2 final progression-free survival analysis.** *Adv Ther* 2013;30(10):870-84.