

Breast Cancer Update

Issue 1, 2019 (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

- Implement a long-term clinical plan for the management of metastatic HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments.
- 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 evidence-based algorithm for the treatment of advanced, hormone receptor-positive pre- and postmenopausal BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Consider published research and patient preferences in the selection and sequencing of available and investigational therapeutic agents for metastatic triple-negative BC.
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 3.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 3.5 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/BCU119/Video/CME](https://www.researchtopractice.com/BCU119/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/BCU119](https://www.researchtopractice.com/BCU119).

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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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Consulting Agreements: Artiman Ventures (Cellworks), Cepheid, CVS Caremark Breast Cancer Expert Panel, Freenome Inc; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Johnson & Johnson Pharmaceuticals, Lilly, Menarini Silicon Biosystems, Merrimack Pharmaceuticals Inc, Pfizer Inc, Puma Biotechnology Inc, Veridex LLC; **Royalties from Licenses Technology:** Janssen Biotech Inc; **Stock:** Inbiomotion, Oncimmune Ltd.

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EDITOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME 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 Pharma-

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This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Eisai Inc, Genomic Health Inc, Lilly, Merck, Novartis, Pfizer Inc, Puma Biotechnology Inc and Seattle Genetics.

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: January 2019

Expiration date: January 2020

Select Publications

A phase III, randomized clinical trial of standard adjuvant endocrine therapy +/- chemotherapy in patients with 1-3 positive nodes, hormone receptor-positive and HER2-negative breast cancer with Recurrence Score (RS) of 25 or less. RxPONDER: A clinical trial Rx for positive node, endocrine responsive breast cancer. NCT01272037

Albain KS et al; Breast Cancer Intergroup of North America. **Prognostic and predictive value of the 21-gene Recurrence Score assay in postmenopausal women with node-positive, oestrogen-receptor-positive breast cancer on chemotherapy: A retrospective analysis of a randomised trial.** *Lancet Oncol* 2010;11(1):55-65.

André F et al. **Alpelisib (ALP) + fulvestrant (FUL) for advanced breast cancer (ABC): Results of the phase 3 SOLAR-1 trial.** *Proc ESMO* 2018;Abstract LBA3_PR.

Baselga J et al. **Phase III study of taselelisib (GDC-0032) + fulvestrant (FULV) v FULV in patients (pts) with estrogen receptor (ER)-positive, PIK3CA-mutant (MUT), locally advanced or metastatic breast cancer (MBC): Primary analysis from SANDPIPER.** *Proc ASCO* 2018;Abstract LBA1006.

Cristofanilli M et al. **Overall survival (OS) with palbociclib plus fulvestrant in women with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer (ABC): Analyses from PALOMA-3.** *Proc ESMO* 2018;Abstract LBA2_PR.

Fasching PA et al. **Patient-reported outcomes (PROs) in advanced breast cancer (ABC) treated with ribociclib + fulvestrant: Results from MONALEESA-3.** *Proc ESMO* 2018;Abstract 2900.

Francis PA et al. **Tailoring adjuvant endocrine therapy for premenopausal breast cancer.** *N Engl J Med* 2018;379(2):122-37.

Gnant M et al. **Duration of extended adjuvant therapy with neratinib in early-stage HER2+ breast cancer after trastuzumab-based therapy: Exploratory analyses from the phase III ExteNET trial.** *Proc ASCO* 2018;Abstract 524.

Jasem J et al. **The 21-gene Recurrence Score assay for node-positive, early-stage breast cancer and impact of RxPONDER trial on chemotherapy decision-making: Have clinicians already decided?** *J Natl Compr Canc Netw* 2017;15(4):494-503.

Jerusalem G et al. **Everolimus plus exemestane vs everolimus or capecitabine monotherapy for estrogen receptor-positive, HER2-negative advanced breast cancer: The BOLERO-6 randomized clinical trial.** *JAMA Oncol* 2018;4(10):1367-74.

Mayer E et al. **PALLAS: PALbociclib CoLaborative 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.** San Antonio Breast Cancer Symposium 2017;Abstract OT3-05-08.

Murthy RK et al. **Clinical benefit of tucatinib after isolated brain progression: A retrospective pooled analysis of tucatinib phase 1b studies in HER2+ breast cancer.** *Proc ASCO* 2018;Abstract 1015.

Murthy R et al. **Tucatinib with capecitabine and trastuzumab in advanced HER2-positive metastatic breast cancer with and without brain metastases: A non-randomised, open-label, phase 1b study.** *Lancet Oncol* 2018;19(7):880-8.

Neven P et al. **Abemaciclib for pre/perimenopausal women with HR+, HER2- advanced breast cancer.** *Proc ASCO* 2018;Abstract 1002.

Regan MM et al. **Absolute improvements in freedom from distant recurrence with adjuvant endocrine therapies for premenopausal women with hormone receptor-positive (HR+) HER2-negative breast cancer (BC): Results from TEXT and SOFT.** *Proc ASCO* 2018;Abstract 503.

Rimawi M et al; PERTAIN Study Group. **First-line trastuzumab plus an aromatase inhibitor, with or without pertuzumab, in human epidermal growth factor receptor 2-positive and hormone receptor-positive metastatic or locally advanced breast cancer (PERTAIN): A randomized, open-label phase II trial.** *J Clin Oncol* 2018;36(28):2826-35.

Schmid P et al. **IMpassion130: Results from a global, randomised, double-blind, phase 3 study of atezolizumab (atezo) + nab-paclitaxel (nab-P) vs placebo + nab-P in treatment-naive, locally advanced or metastatic triple-negative breast cancer (mTNBC).** *Proc ESMO* 2018;Abstract LBA1_PR.

Schmid P et al; IMpassion130 Trial Investigators. **Atezolizumab and nab-paclitaxel in advanced triple-negative breast cancer.** *N Engl J Med* 2018;379(22):2108-21.

Sestak I et al. **Comparison of the performance of 6 prognostic signatures for estrogen receptor-positive breast cancer: A secondary analysis of a randomized clinical trial.** *JAMA Oncol* 2018;4(4):545-53.

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.

Select Publications

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.

Sparano JA et al. **TAILORx: Phase III trial of chemoendocrine therapy versus endocrine therapy alone in hormone receptor-positive, HER2-negative, node-negative breast cancer and an intermediate prognosis 21-gene Recurrence Score.** *Proc ASCO* 2018;Abstract LBA1.

Sparano JA et al. **Prospective validation of a 21-gene expression assay in breast cancer.** *N Engl J Med* 2015;373(21):2005-14.

Stearns V. **TAILORing adjuvant systemic therapy for breast cancer.** *N Engl J Med* 2018;379(2):191-2.

Tolaney SM 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.

Turner NC et al. **Overall survival with palbociclib and fulvestrant in advanced breast cancer.** *N Engl J Med* 2018;379(20):1926-36.