Oncology Grand Rounds

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

Part 5: 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 2019 in the United States alone the disease will culminate in an estimated 271,270 new cases and 42,260 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 fifth part of a 6-part integrated CNE curriculum originally held at the 2019 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.
- Implement a long-term clinical plan for the management of early and advanced HER2-positive BC, incorporating existing and investigational targeted treatments.
- Recognize the FDA-endorsed indications for the commercially available CDK4/6 inhibitors, and discern how these agents can be optimally employed in the nonresearch care of patients with ER-positive metastatic BC (mBC).
- Develop an understanding of the frequency and potential biologic implications of PIK3CA mutations in patients with ER-positive mBC previously treated with endocrine therapy, and appreciate published research data documenting the efficacy and safety of novel agents targeting this abnormality.
- Develop a plan to manage the side effects associated with available and recently approved systemic therapies to support quality of life and continuation of treatment.
- Appreciate the biologic rationale for and available data with novel immunotherapeutic approaches to facilitate their introduction into clinical practice for appropriate patients with mBC.

ACCREDITATION STATEMENT

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

CREDIT DESIGNATION STATEMENTS

This educational activity for 2.1 contact hours is provided by RTP during the period of June 2019 through June 2020.

This activity is awarded 2.1 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2019/ILNA**.

ONCC review is only for designating content to be used for ILNA points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification or ILNA categories may be used in relation to the program.

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/ONSBreast2019/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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No relevant conflicts of interest to disclose.

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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, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme 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, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

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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: June 2019

Expiration date: June 2020

Select Publications

Adams S et al. **Pembrolizumab monotherapy for previously treated metastatic triple-negative breast cancer: Cohort A of the phase II KEYNOTE-086 study.** *Ann Oncol* 2019;30(3):397-404.

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**.

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.

Delaloge S et al. **The impact of neratinib with or without anti-diarrheal prophylaxis on health-related quality of life in HER2+ early-stage breast cancer: Analyses from the ExteNET and CONTROL trials.** San Antonio Breast Cancer Symposium 2018;**Abstract P2-13-03**.

de Oliveira MA et al. **Clinical presentation and management of mTOR inhibitor-associated stomatitis.** *Oral Oncol* 2011;47(10):998-1003.

Ferte 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.

Freedman RA et al. **TBCRC 022: A phase II trial of neratinib and capecitabine for patients with human epidermal growth factor receptor 2-positive breast cancer and brain metastases.** *J Clin Oncol* 2019;[Epub ahead of print].

Geyer CE Jr et al. **Phase III study of trastuzumab emtansine (T-DM1) vs trastuzumab as adjuvant therapy in patients with HER2-positive early breast cancer with residual invasive disease after neoadjuvant chemotherapy and HER2-targeted therapy including trastuzumab: Primary results from KATHERINE.** San Antonio Breast Cancer Symposium 2018;**Abstract GS1-10**.

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.

Hurvitz S et al. **Effects of adding budesonide or colestipol to loperamide prophylaxis on neratinib-associated diarrhea in patients with HER2+ early-stage breast cancer: The CONTROL trial.** San Antonio Breast Cancer Symposium 2017;**Abstract P3-14-01**.

Kornblum N et al. **Randomized phase II trial of fulvestrant plus everolimus or placebo in postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative metastatic breast cancer resistant to aromatase inhibitor therapy: Results of PrE0102.** *J Clin Oncol* 2018;36(16):1556-63.

Litton JK et al. **Talazoparib in patients with advanced breast cancer and a germline BRCA mutation.** *N Engl J Med* 2018;379(8):753-63.

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.

Rimawi M et al. **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.

Robson ME et al. **OlympiAD final overall survival and tolerability results: Olaparib versus chemotherapy treatment of physician's choice in patients with a germline BRCA mutation and HER2-negative metastatic breast cancer.** *Ann Oncol* 2019;[Epub ahead of print].

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.

Select Publications

Sahebjam S et al. **Assessment of concentrations of abemaciclib and its major active metabolites in plasma, CSF, and brain tumor tissue in patients with brain metastases secondary to hormone receptor positive (HR+) breast cancer.** *Proc ASCO* 2016;**Abstract 526**.

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

Tolaney S et al. **Abemaciclib for the treatment of brain metastases (BM) secondary to hormone receptor positive (HR+), HER2 negative breast cancer.** *Proc ASCO* 2017;**Abstract 1019**.

von Minckwitz G et al. **Trastuzumab emtansine for residual invasive HER2-positive breast cancer.** *N Engl J Med* 2019;380(7):617-28.

von Minckwitz G et al. **Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer.** *N Engl J Med* 2017;377(2):122-31.

von Minckwitz G et al. **APHINITY trial (BIG 4-11): A randomized comparison of chemotherapy (C) plus trastuzumab (T) plus placebo (Pla) versus chemotherapy plus trastuzumab (T) plus pertuzumab (P) as adjuvant therapy in patients (pts) with HER2-positive early breast cancer (EBC).** *Proc ASCO* 2017;**Abstract LBA500**.