

Addressing Current Questions and Controversies in the Management of Early and Advanced Breast Cancer

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, breast cancer surgeons, radiation oncologists and other healthcare professionals involved in the diagnosis and treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY

The current clinical management of breast cancer 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 her tumor at the time of diagnosis. 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 developing novel agents and immunotherapeutic strategies with the aim of enhancing the efficacy of existing treatments or overcoming resistance to endocrine therapy, chemotherapy or biologic agents. The pace of change in the field of breast medical oncology has been rapid, creating an important need for education about the unique mechanisms of action, toxicities and effectiveness of novel agents to properly prepare clinicians for their appropriate use in clinical practice. Several consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making breast cancer management decisions in the face of this dynamic clinical and research environment, but despite the existence of these tools many areas of controversy persist within academic and community settings.

These proceedings from a CME symposium during the San Antonio Breast Cancer Symposium explore significant therapeutic advances by using the perspectives of leading breast cancer experts on challenging cases and questions submitted by clinicians in the community to frame a relevant discussion of how this information has aided in the refinement of current routine clinical practice and ongoing research. This CME activity

will help medical oncologists and other healthcare professionals find answers to the individualized questions and concerns that they frequently encounter and in turn provide high-quality cancer care.

LEARNING OBJECTIVES

- Consider published data to guide the use of biomarkers and genomic classifiers to assess risk and customize therapy for patients with hormone receptor-positive BC in the adjuvant and extended-adjuvant settings.
- Appraise available and emerging research evidence to individualize the selection and duration of neoadjuvant, adjuvant and/or extended-adjuvant therapy for patients with HER2-overexpressing early BC.
- 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.
- Implement a long-term clinical plan for the care of patients with metastatic HER2-positive BC, incorporating existing and investigational targeted treatments.
- Appreciate the biologic rationale for, available data with and ongoing evaluation of novel immunotherapeutic approaches in preparation for their potential introduction into BC clinical practice.
- Appraise published efficacy and safety data with the use of PARP inhibitors in patients with metastatic BC harboring a BRCA1/2 mutation, and consider the diagnostic and therapeutic implications of these findings on clinical care.
- Develop an understanding of the mechanisms of action of, available data with and potential clinical roles of other investigational compounds to facilitate referral for clinical trial opportunities or participation in expanded access programs.

ACCREDITATION STATEMENT

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.75 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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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

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Select Publications

Debu Tripathy, MD

Baselga J et al. **Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): A randomised, open-label, multicentre, phase 3 trial.** *Lancet* 2012;379(9816):633-40.

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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;8(12):1688-700.

Schneeweiss A et al. **Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: A randomized phase II cardiac safety study (TRYPHAENA).** *Ann Oncol* 2013;24(9):2278-84.

Slamon D et al. **Ten year follow-up of BCIRG-006 comparing doxorubicin plus cyclophosphamide followed by docetaxel (AC→T) with doxorubicin plus cyclophosphamide followed by docetaxel and trastuzumab (AC→TH) with docetaxel, carboplatin and trastuzumab (TCH) in HER2+ early breast cancer.** San Antonio Breast Cancer Symposium 2018;Abstract S5-04.

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William J Gradishar, MD

Paik S et al. **Gene expression and benefit of chemotherapy in women with node-negative, estrogen receptor-positive breast cancer.** *J Clin Oncol* 2006;24(23):3726-34.

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Harold J Burstein, MD, PhD

Bachelot T et al. **Abemaciclib for the treatment of brain metastases secondary to hormone receptor positive breast cancer.** San Antonio Breast Cancer Symposium 2017;Abstract P1-17-03.

Freedman RA, Tolaney SM. **Efficacy and safety in older patient subsets in studies of endocrine monotherapy versus combination therapy in patients with HR+/HER2- advanced breast cancer: A review.** *Breast Cancer Res Treat* 2018;167(3):607-14.

Stemke-Hale K et al. **An integrative genomic and proteomic analysis of PIK3CA, PTEN, and AKT mutations in breast cancer.** *Cancer Res* 2008;68(15):6084-91.

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

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Prof Peter Schmid, MD, PhD

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Select Publications

Adams S et al. **Phase 2 study of pembrolizumab (pembro) monotherapy for previously treated metastatic triple-negative breast cancer (mTNBC): KEYNOTE-086 cohort A.** *Proc ASCO* 2017;Abstract 1008.

Chen DS, Mellman I. **Oncology meets immunology: The cancer-immunity cycle.** *Immunity* 2013;39(1):1-10.

Herr HW, Morales A. **History of bacillus Calmette-Guerin and bladder cancer: An immunotherapy success story.** *J Urol* 2008;179(1):53-56.

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

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.

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Joyce O'Shaughnessy, MD

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Burris HA et al. **Updated findings of a first-in-human, phase I study of margetuximab (M), an Fc-optimized chimeric monoclonal antibody (MAB), in patients (pts) with HER2-positive advanced solid tumors.** *Proc ASCO* 2015;Abstract 523.

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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.

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Bardia A et al. **Efficacy of sacituzumab govitecan (anti-Trop-2-SN-38 antibody-drug conjugate) for treatment-refractory hormone-receptor positive (HR+)/HER2- metastatic breast cancer (mBC).** *Proc ASCO* 2018;Abstract 1004.

Bardia A et al. **Efficacy and safety of anti-Trop-2 antibody drug conjugate sacituzumab govitecan (IMMU-132) in heavily pretreated patients with metastatic triple-negative breast cancer.** *J Clin Oncol* 2017;35(19):2141-8.

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