

Dissecting the Decision

Optimizing the Use of CDK4/6 Inhibitors in the Management of ER-Positive, HER2-Negative Metastatic Breast Cancer

Audio Program

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Individualized treatment decisions for patients with metastatic breast cancer are driven by disease and patient characteristics. Estrogen receptor (ER)-positive disease, which represents approximately 65% of all cases, is perhaps the most nuanced in regard to therapeutic decision-making in the advanced-disease setting. In recent years, several groundbreaking clinical data sets and related FDA actions have significantly and unprecedentedly altered the treatment algorithm for patients with ER-positive metastatic breast cancer. Foremost among these developments have been the recent FDA approvals of the cyclin-dependent kinase (CDK) 4 and 6 inhibitors palbociclib, ribociclib and abemaciclib. Many areas of controversy and educational need exist within community practice, specifically in the management of ER-positive metastatic disease and the integration of CDK4/6 inhibitors into routine care. This program will present the perspectives of leading clinical investigators to provide clinicians with therapeutic strategies to address the disparate needs of patients with ER-positive metastatic breast cancer. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of these patients.

LEARNING OBJECTIVES

- Appraise the mechanism by which the CDK pathway contributes to breast cancer proliferation and growth, and recognize how the inhibition of CDK4/6 has improved outcomes for patients with ER-positive metastatic disease.
- Implement a clinical plan for the management of ER-positive metastatic breast cancer, considering the patient's clinical presentation, prior treatment course and psychosocial status.
- Assess how the FDA-approved CDK4/6 inhibitors abemaciclib, palbociclib and ribociclib can be optimally integrated into the management of ER-positive metastatic breast cancer.

- Develop an optimal approach to local and systemic therapy for patients with ER-positive breast cancer and CNS metastases, considering the implications of symptomatology, number of lesions and other factors.
- Appreciate the unique side effects associated with CDK4/6 inhibitors, and develop preventive and emergent strategies to reduce or ameliorate these toxicities.

ACCREDITATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

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 each 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 an audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at [ResearchToPractice.com/ERMBC19/CME](https://www.researchtopractice.com/ERMBC19/). The corresponding video program is available as an alternative at [ResearchToPractice.com/ERMBC19/Video](https://www.researchtopractice.com/ERMBC19/Video).

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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: June 2019

Expiration date: June 2020

Select Publications

- 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 taselisib (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. **Predictors of prolonged benefit from palbociclib plus fulvestrant in women with endocrine-resistant hormone receptor-positive/human epidermal growth factor receptor 2-negative metastatic breast cancer in PALOMA-3.** *Eur J Cancer 2018;104:21-31.*
- Dickler MN et al. **MONARCH 1, a phase II study of abemaciclib, a CDK4 and CDK6 inhibitor, as a single agent, in patients with refractory HR+/HER2- metastatic breast cancer.** *Clin Cancer Res 2017;23(17):5218-24.*
- 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.*
- Freedman RA, Tolane SM. **Efficacy and safety in older patient subsets in studies of endocrine monotherapy versus combination therapy in patients with HR+/HER2- advanced breast cancer.** *Breast Cancer Res Treat 2018;167(3):607-14.*
- Goetz MP et al. **MONARCH 3: Abemaciclib as initial therapy for advanced breast cancer.** *J Clin Oncol 2017;35(32):3638-46.*
- Hortobagyi GN. **Ribociclib for the first-line treatment of advanced hormone receptor-positive breast cancer: A review of subgroup analyses from the MONALEESA-2 trial.** *Breast Cancer Res 2018;20(1):123.*
- Hortobagyi GN et al. **Updated results from MONALEESA-2, a phase III trial of first-line ribociclib plus letrozole versus placebo plus letrozole in hormone receptor-positive, HER2-negative advanced breast cancer.** *Ann Oncol 2018;29(7):1541-7.*
- 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.
- 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.*
- Rugo HS et al. **Palbociclib plus endocrine therapy in older women with HR+/HER2- advanced breast cancer: A pooled analysis of randomised PALOMA clinical studies.** *Eur J Cancer 2018;101:123-33.*
- 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.*
- Sledge GW et al. **MONARCH 2: Abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy.** *J Clin Oncol 2017;35(25):2875-84.*
- Sparano J 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. **Adjuvant chemotherapy guided by a 21-gene expression assay in breast cancer.** *N Engl J Med 2018;379(2):111-21.*
- Turner NC et al. **Overall survival with palbociclib and fulvestrant in advanced breast cancer.** *N Engl J Med 2018;379(20):1926-36.*
- Tripathy D et al. **Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): A randomised phase 3 trial.** *Lancet Oncol 2018;19(7):904-15.*