

Patterns of Care in Medical Oncology

Treatment of ER-Positive, HER2-Negative
Metastatic Disease

Clinical Scenario 8: A 60-year-old postmenopausal woman received dose-dense AC → paclitaxel 2 years ago followed by anastrozole for a 2.1-cm, ER/PR-positive, HER2-negative IDC with 3 positive nodes. While still receiving anastrozole, she now presents with asymptomatic pulmonary nodules and multiple hot spots on bone scan. Lung biopsy is consistent with the primary tumor.

Which of the following systemic treatments, if any, would you most likely recommend for this patient?

Endocrine therapy alone	53%
Chemotherapy alone	19%
Chemotherapy + bevacizumab	16%
Chemotherapy + endocrine therapy	7%
Chemotherapy + endocrine therapy + bevacizumab	4%
Other	1%

Clinical Scenario 8: A 60-year-old postmenopausal woman received dose-dense AC → paclitaxel 2 years ago followed by anastrozole for a 2.1-cm, ER/PR-positive, HER2-negative IDC with 3 positive nodes. While still receiving anastrozole, she now presents with asymptomatic pulmonary nodules and multiple hot spots on bone scan. Lung biopsy is consistent with the primary tumor. (Continued)

Which endocrine therapy regimen would you recommend?

Fulvestrant	47%
Exemestane	27%
Letrozole	14%
Tamoxifen	12%

***For the patient described in Clinical Scenario 8,
which chemotherapy regimen would you
recommend?***

<i>Nab paclitaxel</i>	21%
<i>Capecitabine</i>	16%
<i>Other single-agent chemo</i>	15%
<i>Paclitaxel</i>	11%
<i>Docetaxel</i>	11%
<i>AT</i>	11%
<i>Docetaxel + capecitabine</i>	11%
<i>Ixabepilone + capecitabine</i>	4%

If you were to recommend bevacizumab, which chemotherapy would you combine it with?

Paclitaxel	50%
<i>Nab</i> paclitaxel	25%
Docetaxel	13%
A platinum agent	6%
An anthracycline	6%

If 100 similar patients were followed in your practice, what would you estimate these patients' median survival to be?

Median

3 years

Clinical Scenario 9: A 75-year-old woman received dose-dense AC → T 2 years ago followed by anastrozole for a 2.1-cm, ER/PR-positive, HER2-negative IDC with 3 positive nodes. While still receiving anastrozole, she now presents with asymptomatic pulmonary nodules and multiple hot spots on bone scan. Lung biopsy is consistent with the primary tumor.

Which of the following systemic treatments, if any, would you most likely recommend for this patient?

Endocrine therapy alone	68%
Chemotherapy alone	12%
Chemotherapy + bevacizumab	11%
Chemotherapy + endocrine therapy	5%
Endocrine therapy + bevacizumab	2%
Other	2%

Clinical Scenario 9: A 75-year-old woman received dose-dense AC → T 2 years ago followed by anastrozole for a 2.1-cm, ER/PR-positive, HER2-negative IDC with 3 positive nodes. While still receiving anastrozole, she now presents with asymptomatic pulmonary nodules and multiple hot spots on bone scan. Lung biopsy is consistent with the primary tumor. (Continued)

Which endocrine therapy regimen would you recommend?

Fulvestrant	49%
Exemestane	25%
Letrozole	15%
Tamoxifen	12%

For approximately how many patients have you used fulvestrant in the past year?

Median

10

In the past year, have you used the following dosing options for fulvestrant?

% responding yes

Standard 250 mg/month	45%
Loading dose, then 250 mg/month	66%
Loading dose, then 500 mg/month (high dose)	49%

***For the patient described in Clinical Scenario 9,
which chemotherapy regimen would you
recommend?***

<i>Nab paclitaxel</i>	34%
Capecitabine	26%
Other single-agent chemo	16%
AT	8%
Docetaxel + capecitabine	8%
Ixabepilone + capecitabine	8%

If you were to recommend bevacizumab, which chemotherapy would you combine it with?

Paclitaxel	46%
Docetaxel	18%
<i>Nab</i> paclitaxel	18%
Capecitabine	9%
Gemcitabine	9%