Current Controversies, Recent Developments and Emerging Strategies in the Practical Management of Breast Cancer

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY

Breast cancer is one of the most rapidly evolving fields in medical oncology. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — clinicians must be well informed of these advances. To bridge the gap between research and practice, this program features leading oncology investigators debating the merits, applications and limitations of emerging data sets. By providing access to the latest research developments and expert perspectives, this CME program assists medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Appropriately use biomarkers to assess risk and individualize therapeutic decision-making for patients with early breast cancer.
- Develop evidence-based treatment approaches for patients diagnosed with HER2-positive breast cancer in the neoadjuvant, adjuvant and metastatic settings.
- Formulate individualized approaches to later-line therapy for patients with HER2-negative metastatic breast cancer.
- Assimilate new clinical trial evidence evaluating the use of mTOR inhibition to reverse endocrine resistance into the therapeutic algorithm for patients with progressive ER-positive metastatic breast cancer.
- Evaluate recently presented data supporting the extended use of adjuvant tamoxifen beyond 5 years for patients with ER-positive early breast cancer and, where appropriate, integrate these findings into clinical practice.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/BCUTT113/Video/CME.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent 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 physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported real or apparent 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 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: May 2013

Expiration date: May 2014

Select Publications

Bachelot T et al. **Randomized phase II trial of everolimus in combination with tamoxifen in patients with hormone receptor-positive, human epidermal growth factor receptor 2-negative metastatic breast cancer with prior exposure to aromatase inhibitors: A GINECO study.** *J Clin Oncol* 2012;30(22):2718-24.

Baselga J et al. **Biomarker analyses in CLEOPATRA: A Phase III, placebo-controlled study of pertuzumab in HER2-positive, first-line metastatic breast cancer.** San Antonio Breast Cancer Symposium 2012;**Abstract S5-1**.

Bender BC et al. **A population pharmacokinetic/pharmacodynamic model of thrombocytopenia characterizing the effect of trastuzumab emtansine (T-DM1) on platelet counts in patients with HER2-positive metastatic breast cancer.** *Cancer Chemother Pharmacol* 2012;70(4):591-601.

Datko F et al. **Phase II study of pertuzumab, trastuzumab, and weekly paclitaxel in patients with metastatic HER2-overexpressing metastatic breast cancer.** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-20**.

Dees EC, Carey LA. **Improving endocrine therapy for breast cancer: It's not that simple.** *J Clin Oncol* 2013;31(2):171-3.

Di Leo A et al. **Final analysis of overall survival for the Phase III CONFIRM trial: Fulvestrant 500 mg versus 250 mg.** San Antonio Breast Cancer Symposium 2012;**Abstract S1-4**.

Drucker AM et al. **Risk of rash with the anti-HER2 dimerization antibody pertuzumab: A meta-analysis.** *Breast Cancer Res Treat* 2012;135(2):347-54.

Isakoff SJ et al. **A randomized, Phase 2 study of the poly (ADP-ribose) polymerase (PARP) inhibitor veliparib (ABT-888) in combination with temozolomide or in combination with carboplatin (C) and paclitaxel (P) versus placebo plus C/P in subjects with BRCA1 or BRCA2 mutation and metastatic breast cancer.** San Antonio Breast Cancer Symposium 2012;**Abstract OT2-3-07**.

Kaufman PA et al. **A Phase III, open-label, randomized, multicenter study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with anthracyclines and taxanes.** San Antonio Breast Cancer Symposium 2012;**Abstract S6-6**.

Mamounas EP et al. **Association between the 21-gene Recurrence Score (RS) and benefit from adjuvant paclitaxel (Pac) in node-positive (N+), ER-positive breast cancer patients (pts): Results from NSABP B-28.** San Antonio Breast Cancer Symposium 2012;**Abstract S1-10**.

Mamounas EP et al. **Prognostic impact of the 21-gene recurrence score (RS) on disease-free and overall survival of node-positive, ER-positive breast cancer patients (pts) treated with adjuvant chemotherapy: Results from NSABP B-28.** *Breast Cancer Symposium* 2012;**Abstract 1**.

Miles D et al. **Pertuzumab in combination with trastuzumab and docetaxel in elderly patients with HER2-positive metastatic breast cancer in the CLEOPATRA study.** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-01**.

NSABP-B-41: A randomized Phase III trial of neoadjuvant therapy for patients with palpable and operable HER2-positive breast cancer comparing the combination of trastuzumab plus lapatinib to trastuzumab and to lapatinib administered with weekly paclitaxel following AC accompanied by correlative science studies to identify predictors of pathologic complete response. NCT00486668

Robidoux A et al. **Evaluation of lapatinib as a component of neoadjuvant therapy for HER2+ operable breast cancer: NSABP protocol B-41.** *Proc ASCO* 2012;**Abstract LBA506**.

Swain SM et al. **Confirmatory overall survival analysis of CLEOPATRA: A randomized, double-blind, placebo-controlled Phase III study with pertuzumab, trastuzumab, and docetaxel in patients with HER2-positive first-line metastatic breast cancer.** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-26**.

Swain SM et al. **NSABP B-38: Definitive analysis of a randomized adjuvant trial comparing dose-dense (DD) AC-paclitaxel (P) plus gemcitabine with DD AC-P and with docetaxel, doxorubicin, and cyclophosphamide in women with operable, node-positive breast cancer.** *Proc ASCO* 2012;**Abstract LBA1000**.

Verma S et al. **Trastuzumab emtansine for HER2-positive advanced breast cancer.** *N Engl J Med* 2012;367(19):1783-91.

Wolff AC et al. **Randomized Phase III placebo-controlled trial of letrozole plus oral temsirolimus as first-line endocrine therapy in postmenopausal women with locally advanced or metastatic breast cancer.** *J Clin Oncol* 2013;31(2):195-202.