# **RTP ONDEMAND**

Current Controversies and Emerging Data Sets in Breast Cancer

# **CME** Information

# TARGET AUDIENCE

This activity is intended for medical oncologists, breast cancer surgeons, radiation oncologists 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 all of medicine. Results presented at major conferences from a plethora of ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing oncologist must be well informed of these advances. To bridge the gap between research and patient care, this program uses one-on-one discussion with Dr Sunil Verma about treatment controversies and the integration of key data sets recently presented into the practical management of breast cancer.

### LEARNING OBJECTIVES

- Apply the results of emerging clinical trial data to the best-practice care of patients with early and advanced breast cancer.
- Appropriately use existing and novel biomarkers to assess risk and individualize therapy for patients with breast cancer.
- Formulate a long-term clinical plan for the management of advanced hormone receptor-positive pre- and postmeno-pausal breast cancer, considering the use of endocrine, biologic and/or chemotherapeutic agents.
- Identify existing and emerging rational systemic and targeted treatments for patients with HER2-positive and triple-negative breast cancer in the early and advanced settings.
- Recall the design of ongoing clinical trials, and counsel eligible patients for study participation.

### **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 1.75 *AMA PRA Category 1 Credits*<sup>TM</sup>. 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 on our website at ResearchToPractice.com/RTPODBreast14/CME.

### CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-theart 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:

# Sunil Verma, MD, MSEd

Medical Oncologist Chair, Breast Medical Oncology Head, Breast Cancer Clinical Trials Sunnybrook Odette Cancer Centre Associate Professor, University of Toronto Toronto, Ontario, Canada

**Advisory Committee:** Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Eisai Inc, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc; **Speakers Bureau:** Novartis Pharmaceuticals Corporation, Roche Laboratories Inc. **MODERATOR** — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Algeta US, Amgen Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc. Dendreon Corporation, Eisai Inc, Exelixis Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc, Teva Oncology and VisionGate Inc.

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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: April 2014 Expiration date: April 2015

# Select Publications

A randomised, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2-positive primary breast cancer (ALTTO). NCT00490139

A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer. NCT01358877

A randomized phase II study of trastuzumab emtansine (T-DM1) vs paclitaxel in combination with trastuzumab for stage I HER2-positive breast cancer (ATEMPT trial). NCT01853748

A study of trastuzumab-DM1 plus pertuzumab versus trastuzumab plus a taxane in patients with metastatic breast cancer (MARIANNE). NCT01120184

Awada A et al. A phase III, open-label, randomized study of eribulin versus capecitabine in patients (pts) with metastatic breast cancer (MBC): Effect of post-progression anti-cancer treatments (PPT) and metastatic progression events on overall survival. San Antonio Breast Cancer Symposium 2013; Abstract P3-13-03.

Badwe RA et al. Surgical removal of primary tumor and axillary lymph nodes in women with metastatic breast cancer at first presentation: A randomized controlled trial. San Antonio Breast Cancer Symposium 2013; Abstract S2-02.

Balko JM et al. JAK2 amplifications are enriched in triple negative breast cancers (TNBCs) after neoadjuvant chemotherapy and predict poor prognosis. San Antonio Breast Cancer Symposium 2013; Abstract S6-01.

Carlson JJ et al. Cost impact of Onco*type* DX<sup>®</sup> breast cancer assay use in a fully integrated healthcare delivery system. San Antonio Breast Cancer Symposium 2013; Abstract P6-06-15.

Coleman R et al. Effects of bisphosphonate treatment on recurrence and cause-specific mortality in women with early breast cancer: A meta-analysis of individual patient data from randomised trials. San Antonio Breast Cancer Symposium 2013;Abstract S4-07.

Cuzick J et al. Anastrozole for prevention of breast cancer in high-risk postmenopausal women (IBIS-II): An international, double-blind, randomised placebo-controlled trial. *Lancet* 2014;383(9922):1041-8. Abstract

Cuzick J et al. **Breast cancer prevention using anastrozole in postmenopausal women at high risk.** San Antonio Breast Cancer Symposium 2013; Abstract S3-01.

Denkert C et al. Increased tumor-associated lymphocytes predict benefit from addition of carboplatin to neoadjuvant therapy for triple-negative and HER2-positive early breast cancer in the GeparSixto trial (GBG 66). San Antonio Breast Cancer Symposium 2013; Abstract S1-06.

Ellis MJ et al. FALCON: A randomised, double-blind, multicentre, phase III study comparing fulvestrant 500 mg with anastrozole 1 mg for postmenopausal women with hormone receptor-positive locally advanced or metastatic breast cancer who have not previously been treated with any hormonal therapy. San Antonio Breast Cancer Symposium 2013;Abstract OT3-2-09.

Giordano SB et al. **Neoadjuvant phase II trial with carboplatin and eribulin in triple negative breast cancer patients.** San Antonio Breast Cancer Symposium 2013; Abstract P3-14-14.

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.

Loi S et al. Tumor infiltrating lymphocytes (TILs) indicate trastuzumab benefit in early-stage HER2-positive breast cancer (HER2+ BC). San Antonio Breast Cancer Symposium 2013;Abstract S1-05.

Martin M et al. Neoadjuvant trastuzumab emtansine and docetaxel, with or without pertuzumab, in patients with HER2-positive early-stage breast cancer: Results from a phase 1b/2a study. San Antonio Breast Cancer Symposium 2013;Abstract P4-12-07.

Mina LA et al. BMN 673 is a PARP inhibitor in clinical development for the treatment of breast cancer patients with deleterious germline BRCA 1 and 2 mutations. San Antonio Breast Cancer Symposium 2013; Abstract P2-09-02.

O'Sullivan CC et al. The prognosis of small HER2+ breast cancers: A meta-analysis of the randomized trastuzumab trials. San Antonio Breast Cancer Symposium 2013; Abstract S6-03.

Paul D et al. Letrozole plus dasatinib improves progression-free survival (PFS) in hormone receptor-positive, HER2-negative postmenopausal metastatic breast cancer (MBC) patients receiving first-line aromatase inhibitor (AI) therapy. San Antonio Breast Cancer Symposium 2013;Abstract S3-07.

Piccart-Gebhart M et al. The association between event-free survival and pathological complete response to neoadjuvant lapatinib, trastuzumab or their combination in HER2-positive breast cancer. Survival follow-up analysis of the NeoALTTO study (BIG 1-06). San Antonio Breast Cancer Symposium 2013;Abstract S1-01.

Rugo HS et al. Veliparib/carboplatin plus standard neoadjuvant therapy for high-risk breast cancer: First efficacy results from the I-SPY 2 trial. San Antonio Breast Cancer Symposium 2013; Abstract S5-02.

Sestak I et al. Prediction of late distant recurrence after 5 years of endocrine treatment: A combined analysis of 2485 patients from the ABCSG-8 and transATAC studies using the PAM50 risk of recurrence (ROR) score. San Antonio Breast Cancer Symposium 2013;Abstract S6-04.

Shivers SC et al. Direct comparison of risk classification between MammaPrint<sup>®</sup>, Onco*type* DX<sup>®</sup> and MammoStrat<sup>®</sup> assays in patients with early stage breast cancer. San Antonio Breast Cancer Symposium 2013;Abstract P6-06-02.

Sikov WM et al. Impact of the addition of carboplatin (Cb) and/or bevacizumab (B) to neoadjuvant weekly paclitaxel (P) followed by dose-dense AC on pathologic complete response (pCR) rates in triple-negative breast cancer (TNBC): CALGB 40603 (Alliance). San Antonio Breast Cancer Symposium 2013;Abstract S5-01.

Slamon DJ et al. Primary results from BETH, a phase 3 controlled study of adjuvant chemotherapy and trastuzumab ± bevacizumab in patients with HER2-positive, node-positive or high risk node-negative breast cancer. San Antonio Breast Cancer Symposium 2013;Abstract S1-03.

Smerage JB et al. SWOG S0500 — A randomized phase III trial to test the strategy of changing therapy versus maintaining therapy for metastatic breast cancer patients who have elevated circulating tumor cell (CTC) levels at first follow-up assessment. San Antonio Breast Cancer Symposium 2013;Abstract S5-07.

Somlo G et al. Efficacy of ABT-888 (veliparib) in patients with BRCA-associated breast cancer. San Antonio Breast Cancer Symposium 2013; Abstract P2-16-05.

Soran A et al. Early follow up of a randomized trial evaluating resection of the primary breast tumor in women presenting with de novo stage IV breast cancer; Turkish study (protocol MF07-01). San Antonio Breast Cancer Symposium 2013; Abstract S2-03.

The effect of primary surgical treatment on survival in patients with metastatic breast cancer at diagnosis. NCT00557986

Tolaney SM et al. A phase II study of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC). San Antonio Breast Cancer Symposium 2013; Abstract S1-04.

Von Minckwitz G et al. A randomized phase II trial investigating the addition of carboplatin to neoadjuvant therapy for triplenegative and HER2-positive early breast cancer (GeparSixto). *Proc ASCO* 2013; Abstract 1004.

Von Minckwitz G et al. Postneoadjuvant treatment with zoledronate in patients with tumor residuals after anthracyclinestaxane-based chemotherapy for primary breast cancer — The phase III NATAN study (GBG 36/ABCSG XX). San Antonio Breast Cancer Symposium 2013;Abstract S5-05.