Beyond the Guidelines: Clinical Investigators Provide Their Perspectives on Current Strategies and Ongoing Research in the Management of Breast Cancer

TARGET AUDIENCE
This activity is intended for medical oncologists, breast cancer surgeons and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY
Breast cancer remains the most frequently diagnosed cancer in women, and in 2013 in the United States alone the disease culminated in an estimated 232,340 new cases and 39,620 estimated deaths. Advances in screening and prevention have resulted in a steady down-stage migration at the time of disease presentation, such that only 5% of women have identifiable distant metastases at primary diagnosis. Because of this, the number of individuals living with breast cancer has increased substantially, as has the population “at risk” for recurrent disease.

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 (micro- or macroscopic) with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these agents. The indication and utility of these local and systemic therapeutic options are largely based on a number of prognostic and predictive risk factors present within the patient or the tumor at the time of diagnosis. In fact, as the field of oncology is challenged to improve the precision with which it therapeutically targets malignant cells, biomarker-driven treatment algorithms have become the “norm” for many tumor types, including breast cancer.

These proceedings from a CME symposium during the 36th annual San Antonio Breast Cancer Symposium explore the most significant therapeutic advances during the previous year by using the perspectives of leading breast cancer experts and employing a unique strategy centered on actual cases from community-based oncologists 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 integrate these findings into best-practice disease management strategies.

LEARNING OBJECTIVES
• Identify clinical scenarios for which relative agreement and heterogeneity exist in clinical investigator patterns of care for breast cancer, and apply these findings, where appropriate, to the individualized care of patients.
• Recognize the evolving application of biomarkers and multigene assays in breast cancer management, and effectively use these tools to refine or individualize treatment plans for patients.
• Implement a long-term clinical plan for the management of early and advanced HER2-positive breast cancer, incorporating existing and recently approved targeted treatments.
• Assimilate new clinical trial evidence into the therapeutic algorithm for localized and advanced ER-positive, pre- and postmenopausal breast cancer.
• Demonstrate knowledge of emerging research to support alternative or novel chemotherapeutic regimens in the metastatic setting, and integrate these findings into best-practice disease management strategies.
• Counsel appropriately selected patients about participation in ongoing breast cancer clinical research.

ACCREDITATION STATEMENT
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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 70% or better and fill out the Educational Assessment and Credit Form located on our website at ResearchToPractice.com/SABCS14/Video/CME.
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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

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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.


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