Oncology Grand Rounds Series:

Part 4 — Breast Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY

BC remains the most frequently diagnosed cancer in women, and in 2016 in the United States alone the disease will culminate in an estimated 246,660 new cases and 40,450 deaths. Current clinical management is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these approaches. Although the diagnosis and treatment of BC remains, in many ways, more advanced than in other solid tumors, challenging issues in the basic management of this disease continue to require refinement. Increasingly, an emphasis is being placed on a "personalized medicine" approach that promises to more effectively identify specific treatments that will benefit individuals based on specific patient- and disease-related characteristics. The pace of change in the field of breast medical oncology has been rapid, and it is expected that a plethora of new data will continuously be disseminated and will require ongoing efforts to keep medical professionals informed about the unique mechanisms of action, toxicities and effectiveness of novel agents.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of patient physical and psychosocial well-being. These video proceedings from the fourth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading BC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with BC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with early and advanced BC.
- Describe the influence of tumor phenotypes in tailoring systemic treatment decisions.
- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of BC, including endocrine agents, chemotherapy regimens and biologic treatments.
- Develop a plan to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Assess emerging research on the safety and efficacy of novel agents under development in preparation for the potential availability of these therapies.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with early and advanced BC.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.7 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSBreast2016/CNE**.

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 CNE activities. 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 reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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Advisory Committee: Amgen Inc, Celgene Corporation, Genentech BioOncology, Lilly, Novartis Pharmaceuticals Corporation, Pfizer Inc, Spectrum Pharmaceuticals Inc; **Consulting Agreements:** Incyte Corporation, Roche Laboratories Inc, Sandoz; **Contracted Research:** Celgene Corporation, Genentech BioOncology, Novartis Pharmaceuticals Corporation, Pfizer Inc.

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No relevant conflicts of interest to disclose.

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No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech BioOncology, Lilly and Novartis Pharmaceuticals Corporation.

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: August 2016

Expiration date: August 2017

Select Publications

Baselga J et al. **Everolimus in postmenopausal hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2012;366(6):520-9.

Baselga J et al. **Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer.** *N Engl J Med* 2012;366(2):109-19.

DeSantis CE et al. **Breast cancer statistics, 2015: Convergence of incidence rates between black and white women.** *CA Cancer J Clin* 2016;66(1):31-42.

Di Cosimo S, Baselga J. **Management of breast cancer with targeted agents: Importance of heterogeneity.** *Nat Rev Clin Oncol* 2010;7(3):139-47.

Goetz M et al. **MONARCH 3: A randomized phase III study of anastrozole or letrozole plus abemaciclib, a CDK4/6 inhibitor, or placebo in first-line treatment of women with HR+, HER2-locoregionally recurrent or metastatic breast cancer (MBC).** *Proc ASCO* 2015;**Abstract TPS624**.

Harbeck N et al. **HER2 dimerization inhibitor pertuzumab — Mode of action and clinical data in breast cancer.** *Breast Care (Basel)* 2013;8(1):49-55.

LoRusso PM et al. **Trastuzumab emtansine: A unique antibody-drug conjugate in development for human epidermal growth factor receptor 2-positive cancer.** *Clin Cancer Res* 2011;17(20):6437-47.

Love N et al. **HER2 and estrogen receptor status drive decisions regarding the use of neoadjuvant chemotherapy.** San Antonio Breast Cancer Symposium 2015;**Abstract P1-14-20**.

Nanda R et al. **A phase Ib study of pembrolizumab (MK-3475) in patients with advanced triple-negative breast cancer.** San Antonio Breast Cancer Symposium 2014;**Abstract S1-09**.

Rowinsky EK. **Signal events: Cell signal transduction and its inhibition in cancer.** *Oncologist* 2003;8(3):5-17.

Saphner T et al. **Annual hazard rates of recurrence for breast cancer after primary therapy.** *J Clin Oncol* 1996;14(10):2738-46.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer.** *N Engl J Med* 2015;372(8):724-34.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel for HER2-positive metastatic breast cancer (CLEOPATRA study): Overall survival results from a randomised, double-blind, placebo-controlled, phase 3 study.** *Lancet Oncol* 2013;14(6):461-71.

Swain SM et al. **Confirmatory overall survival (OS) analysis of CLEOPATRA: A randomized, double-blind, placebo-controlled Phase III study with pertuzumab (P), trastuzumab (T), and docetaxel (D) in patients (pts) with HER2-positive first-line (1L) metastatic breast cancer (MBC).** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-26**.

Tolaney S et al. **A phase Ib study of abemaciclib with therapies for metastatic breast cancer.** *Proc ASCO* 2015;**Abstract 522**.

Tolaney SM et al. **Clinical activity of abemaciclib, an oral cell cycle inhibitor, in metastatic breast cancer.** San Antonio Breast Cancer Symposium 2014;**Abstract P5-19-13**.

Traina TA et al. **Results from a phase 2 study of enzalutamide (ENZA), an androgen receptor (AR) inhibitor, in advanced AR+ triple-negative breast cancer (TNBC).** *Proc ASCO* 2015;**Abstract 1003**.

Turner NC et al. **Palbociclib in hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2015;373(3):209-19.

Turner NC et al. **PALOMA3: A double-blind, phase III trial of fulvestrant with or without palbociclib in pre- and post-menopausal women with hormone receptor-positive, HER2-negative metastatic breast cancer that progressed on prior endocrine therapy.** *Proc ASCO* 2015;**Abstract LBA502**.

Tutt NJ et al. **OlympiA: A randomized phase III trial of olaparib as adjuvant therapy in patients with high-risk HER2-negative breast cancer (BC) and a germline BRCA1/2 mutation (gBRCAm).** *Proc ASCO* 2015;**Abstract TPS1109**.

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

Vogel C et al. **Management of ErbB2-positive breast cancer: Insights from preclinical and clinical studies with lapatinib.** *Jpn J Clin Oncol* 2010;40(11):999-1013.

Yarden Y, Sliwkowski MX. **Untangling the ErbB signalling network.** *Nat Rev Mol Cell Biol* 2001;2(2):127-37.