Breast Cancer®

UPDATE

An Audio Review Journal for Surgeons
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS
Harold J Burstein, MD, PhD
Terry Mamounas, MD, MPH

EDITOR
Neil Love, MD

This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program.
OVERVIEW OF ACTIVITY
Breast cancer (BC) continues to be one of the most rapidly evolving fields in medical oncology. Historically, surgery has been the primary mode of treatment for early BC. The complexity of the diagnostic, surgical and medical management of this disease, however, has escalated because of numerous advances in novel technologies and available adjunctive therapies. Hence, the multifaceted treatment of BC now requires the input of an interdisciplinary group of expert care providers, and this paradigm shift has created the challenge of ensuring that knowledge of major clinical advances in local and systemic therapy is effectively disseminated among all members of the cross-functional team. To bridge the gap between research and patient care, Breast Cancer Update for Surgeons uses one-on-one interviews with leading BC investigators to efficiently distill the latest research developments so they may be incorporated into clinical practice as appropriate. By providing access to cutting-edge data and expert perspectives, this CME program assists breast surgeons in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES
• Implement a long-term clinical plan for the management of early-stage HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments.
• Consider published data to guide the use of biomarkers and genomic assays in assessing risk and individualizing therapy for patients with hormone receptor-positive BC in the neoadjuvant and adjuvant settings.
• Develop an evidence-based approach to the management of the axilla in patients with localized BC and a positive sentinel lymph node biopsy.
• Individualize the selection of treatment for patients with hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents.
• Counsel appropriately selected patients with BC about participation in ongoing clinical trials.

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This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the audio tracks, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/BCUS118/CME. The corresponding video program is available as an alternative at ResearchToPractice.com/BCUS118/Video.

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**FACULTY** — Dr Burstein has no relevant conflicts of interest to disclose. The following faculty (and his spouse/partner) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

- **Dr Mamounas**
  - Advisory Committee and Consulting Agreements: bioTheranostics Inc, Genentech, Genomic Health Inc, Roche Laboratories Inc; Speakers Bureau: Genentech, Genomic Health Inc.

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## Interview with Harold J Burstein, MD, PhD

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## Interview with Terry Mamounas, MD, MPH

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Interview with Dr Mamounas (continued)

Track 10  Consensus guidelines on margins for breast-conserving surgery for patients with DCIS

Track 11  Case: A 38-year-old woman with a BRCA1 germline mutation and a family history of breast and peritoneal cancer undergoes prophylactic bilateral nipple-sparing mastectomy

Track 12  Optimal timing of sentinel lymph node biopsy for patients receiving neoadjuvant chemotherapy

Track 13  Management of the axilla in patients with positive sentinel lymph nodes after neoadjuvant chemotherapy

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Track 19  Perspective on the use of (neo)-adjuvant pertuzumab

Track 20  Overview of ongoing NSABP clinical trials in the neoadjuvant and adjuvant settings

Submit them to us via Facebook or Twitter and we will do our best to get them answered for you

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Have Questions or Cases You Would Like Us to Pose to the Faculty?
SELECT PUBLICATIONS


Gnant M et al. A prospective randomized multi-center phase-III trial of additional 2 versus additional 5 years of anastrozole after initial 5 years of adjuvant endocrine therapy — Results from 3,484 postmenopausal women in the ABCSG-16 trial. San Antonio Breast Cancer Symposium 2017; Abstract GS3-01.

Ibrahim E et al. Effects of adding budesonide or colestipol to loperamide prophylaxis on neratinib-associated diarrhea in patients (pts) with HER2+ early-stage breast cancer (eBC): The CONTROL trial. *Proc AACR* 2017; Abstract CT128.


QUESTIONS (PLEASE CIRCLE ANSWER):

1. The final analysis of the Phase III CALOR trial evaluating adjuvant chemotherapy for isolated local or regional recurrence of BC confirmed a significant benefit for patients with __________ BC who received chemotherapy in comparison to those who did not.
   a. ER-positive
   b. ER-negative
   c. Both a and b

2. A meta-analysis of trials by the EBCTCG recently published in The Lancet Oncology evaluating long-term outcomes for patients with early BC demonstrated no significant difference in distant recurrence between those who received neoadjuvant and those who received adjuvant chemotherapy.
   a. True
   b. False

3. In the TAILORx study evaluating chemoendocrine therapy versus endocrine therapy alone for patients with hormone receptor-positive, HER2-negative, node-negative BC and an intermediate RS of 11 to 25, adjuvant endocrine therapy alone was __________ to endocrine therapy with chemotherapy in terms of invasive disease-free survival in the overall patient population.
   a. Inferior
   b. Noninferior

4. A 5-year analysis of data from the ExteNET trial of neratinib for HER2-positive BC demonstrated a ________ benefit with extended adjuvant neratinib therapy for the subgroup of patients with hormone receptor-positive disease.
   a. Greater
   b. Lower

5. The Phase II PELOPS trial is evaluating neoadjuvant endocrine therapy with or without __________ for ER-positive BC.
   a. Abemaciclib
   b. Palbociclib
   c. Pertuzumab

6. ASCO guidelines recommend using the 21-gene signature assay for women with hormone receptor-positive, node-positive early-stage invasive BC to guide decisions on adjuvant systemic therapy.
   a. True
   b. False

7. Data analysis from a large prospectively designed registry of patients with ER-positive, HER2-negative BC and micrometastases/1 to 3 positive nodes demonstrated favorable outcomes with adjuvant endocrine therapy alone for patients with a RS of less than 18.
   a. True
   b. False

8. The ACOSOG Z0011 study investigating outcomes for patients with clinical T1-2N0M0 BC and a positive sentinel lymph node who underwent breast-conserving surgery and sentinel lymph node dissection with or without axillary lymph node dissection __________ demonstrate a benefit with axillary lymph node dissection.
   a. Did
   b. Did not

9. The PALLAS trial is investigating endocrine therapy alone or with palbociclib for hormone receptor-positive, HER2-negative BC in the ________ setting.
   a. Neoadjuvant
   b. Adjuvant
   c. Metastatic

10. Updated results from the SOFT trial reported a significant benefit for premenopausal women with ER-positive, HER2-negative BC at low risk (not requiring adjuvant chemotherapy) who received tamoxifen and ovarian function suppression compared to tamoxifen alone.
    a. True
    b. False
EDUCATIONAL ASSESSMENT AND CREDIT FORM

Breast Cancer Update for Surgeons — Volume 19, Issue 1

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART 1 — Please tell us about your experience with this educational activity**

How would you characterize your level of knowledge on the following topics?

<table>
<thead>
<tr>
<th>Topic</th>
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<th>AFTER</th>
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<tbody>
<tr>
<td>TAILORx: Results of a Phase III study of chemoendocrine therapy versus endocrine therapy alone for hormone receptor-positive, HER2-negative, node-negative BC with an intermediate 21-gene RS</td>
<td>4 3 2 1</td>
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<tr>
<td>Fertility preservation and pregnancy issues during and after BC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
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<tr>
<td>Optimal timing of sentinel lymph node biopsy for patients receiving neoadjuvant chemotherapy</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
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<tr>
<td>Updated results of the CALOR study evaluating the efficacy of chemo-therapy in patients with isolated locoregional recurrence of BC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
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<tr>
<td>Long-term outcomes with neoadjuvant versus adjuvant chemotherapy in patients with early-stage BC</td>
<td>4 3 2 1</td>
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**Practice Setting:**

- Academic center/medical school
- Community cancer center/hospital
- Group practice
- Solo practice
- Government (eg, VA)
- Other (please specify)...

**Approximately how many new patients with breast cancer do you see per year?**

- Yes
- No

**Was the activity evidence based, fair, balanced and free from commercial bias?**

- Yes
- No

**Please identify how you will change your practice as a result of completing this activity (select all that apply).**

- This activity validated my current practice
- Create/revise protocols, policies and/or procedures
- Change the management and/or treatment of my patients
- Other (please explain):...

**If you intend to implement any changes in your practice, please provide 1 or more examples:**

- ...
- ...
- ...

**The content of this activity matched my current (or potential) scope of practice.**

- Yes
- No

**Please respond to the following learning objectives (LOs) by circling the appropriate selection:**

<table>
<thead>
<tr>
<th>LO</th>
<th>4 = Yes</th>
<th>3 = Will consider</th>
<th>2 = No</th>
<th>1 = Already doing</th>
<th>N/M = LO not met</th>
<th>N/A = Not applicable</th>
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<td>1.</td>
<td>Implement a long-term clinical plan for the management of early-stage HER2-positive BC, incorporating existing, recently approved and emerging targeted treatments.</td>
<td>4 3 2 1</td>
<td>N/M</td>
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<td>2.</td>
<td>Consider published data to guide the use of biomarkers and genomic assays in assessing risk and individualizing therapy for patients with hormone receptor-positive BC in the neoadjuvant and adjuvant settings.</td>
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<td>Develop an evidence-based approach to the management of the axilla in patients with localized BC and a positive sentinel lymph node biopsy.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Individualize the selection of treatment for patients with hormone receptor-positive BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Counsel appropriately selected patients with BC about participation in ongoing clinical trials.

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

Would you recommend this activity to a colleague?
☐ Yes  ☐ No

If no, please explain:

Additional comments about this activity:

PART 2 — Please tell us about the faculty and editor for this educational activity

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<th>Effectiveness as an educator</th>
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<tr>
<td>Harold J Burstein, MD, PhD</td>
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<tr>
<td>Terry Mamounas, MD, MPH</td>
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I certify my actual time spent to complete this educational activity to be _________ hour(s).

Signature: .......................................................... Date:

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