TARGET AUDIENCE
This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of breast cancer.

OVERVIEW OF ACTIVITY
Individualized treatment decisions for patients with metastatic breast cancer are driven by disease and patient characteristics. Estrogen receptor (ER)-positive disease, which represents approximately 65% of all cases, is perhaps the most nuanced in regard to therapeutic decision-making in the advanced-disease setting. In recent years, several ground-breaking clinical data sets and related FDA actions have significantly and unprecedentedly altered the treatment algorithm for patients with ER-positive metastatic breast cancer. Foremost among these developments have been the recent FDA approvals of the cyclin-dependent kinase (CDK) 4 and 6 inhibitors palbociclib, ribociclib and abemaciclib. Many areas of controversy and educational need exist within community practice, specifically in the management of ER-positive metastatic disease and the integration of CDK4/6 inhibitors into routine care. This program will present the perspectives of leading clinical investigators to provide clinicians with therapeutic strategies to address the disparate needs of patients with ER-positive metastatic breast cancer. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of these patients.

LEARNING OBJECTIVES
• Appraise the mechanism by which the CDK pathway contributes to breast cancer proliferation and growth, and recognize how the inhibition of CDK4/6 has improved outcomes for patients with ER-positive metastatic disease.
• Implement a clinical plan for the management of ER-positive metastatic breast cancer, considering the patient’s clinical presentation, prior treatment course and psychosocial status.
• Assess how the FDA-approved CDK4/6 inhibitors abemaciclib, palbociclib and ribociclib can be optimally integrated into the management of ER-positive metastatic breast cancer.
• Develop an optimal approach to local and systemic therapy for patients with ER-positive breast cancer and CNS metastases, considering the implications of symptomatology, number of lesions and other factors.
• Appreciate the unique side effects associated with CDK4/6 inhibitors, and develop preventive and emergent strategies to reduce or ameliorate these toxicities.

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

CREDIT DESIGNATION STATEMENT
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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)
Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.75 Medical Knowledge MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for each activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: medical oncology.

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This CME activity consists of an audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ERMBC19/CME. The corresponding video program is available as an alternative at ResearchToPractice.com/ERMBC19/Video.

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Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CME 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 physician 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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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: June 2019
Expiration date: June 2020
Select Publications

André F et al. Alpelisib (ALP) + fulvestrant (FUL) for advanced breast cancer (ABC): Results of the Phase 3 SOLAR-1 trial. Proc ESMO 2018;Abstract LBA3_PR.

Baselga J et al. Phase III study of taselisib (GDC-0032) + fulvestrant (FULV) v FULV in patients (pts) with estrogen receptor (ER)-positive, PIK3CA-mutant (MUT), locally advanced or metastatic breast cancer (MBC): Primary analysis from SANDPIPER. Proc ASCO 2018;Abstract LBA1006.


Fasching PA et al. Patient-reported outcomes (PROs) in advanced breast cancer (ABC) treated with ribociclib + fulvestrant: Results from MONALEESA-3. Proc ESMO 2018;Abstract 290O.


Neven P et al. Abemaciclib for pre/perimenopausal women with HR+, HER2- advanced breast cancer. Proc ASCO 2018;Abstract 1002.

Regan MM et al. Absolute improvements in freedom from distant recurrence with adjuvant endocrine therapies for premenopausal women with hormone receptor-positive (HR+) HER2-negative breast cancer (BC): Results from TEXT and SOFT. Proc ASCO 2018;Abstract 503.

Rimawi M et al; PERTAIN Study Group. First-line trastuzumab plus an aromatase inhibitor, with or without pertuzumab, in human epidermal growth factor receptor 2-positive and hormone receptor-positive metastatic or locally advanced breast cancer (PERTAIN): A randomized, open-label phase II trial. J Clin Oncol 2018;36(28):2826-35.


Sparano J et al. TAILORx: Phase III trial of chemoendocrine therapy versus endocrine therapy alone in hormone receptor-positive, HER2-negative, node-negative breast cancer and an intermediate prognosis 21-gene Recurrence Score. Proc ASCO 2018;Abstract LBA1.

