Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 5: Breast Cancer

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 2019 in the United States alone the disease will culminate in an estimated 271,270 new cases and 42,260 deaths. The current clinical management of BC 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. The indication and/or utility of these local and systemic treatment options is largely based on a number of prognostic and predictive risk factors present within the patient or 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, particularly BC. 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. In conjunction with this approach researchers are actively attempting to develop novel agents and immuno-therapeutic strategies, with the aim of generating additional benefit, enhancing the efficacy of existing treatments or overcoming resistance to endocrine therapy, chemotherapy or biologic therapy. As such, 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 requiring ongoing efforts to keep medical professionals informed.

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 the preservation of patient physical and psychosocial well-being. These video proceedings from the fifth part of a 6-part integrated CNE curriculum originally held at the 2019 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.
• Implement a long-term clinical plan for the management of early and advanced HER2-positive BC, incorporating existing and investigational targeted treatments.
• Recognize the FDA-endorsed indications for the commercially available CDK4/6 inhibitors, and discern how these agents can be optimally employed in the nonresearch care of patients with ER-positive metastatic BC (mBC).
• Develop an understanding of the frequency and potential biologic implications of PIK3CA mutations in patients with ER-positive mBC previously treated with endocrine therapy, and appreciate published research data documenting the efficacy and safety of novel agents targeting this abnormality.
• Develop a plan to manage the side effects associated with available and recently approved systemic therapies to support quality of life and continuation of treatment.
• Appreciate the biologic rationale for and available data with novel immunotherapeutic approaches to facilitate their introduction into clinical practice for appropriate patients with mBC.

ACCREDITATION STATEMENT
Research To Practice (RTP) 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 2.1 contact hours is provided by RTP during the period of June 2019 through June 2020. This activity is awarded 2.1 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/ONS2019/ILNA. ONCC review is only for designating content to be used for ILNA 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 or ILNA categories 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 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ONSBreast2019/CNE.

CONTENT VALIDATION AND DISCLOSURES
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 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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RTP CNE PLANNING COMMITTEE MEMBERS, STAFF AND REVIEWERS — Planners, scientific staff and independent reviewers for RTP have no relevant conflicts of interest to disclose.

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This activity is supported by educational grants from Genentech, Lilly, Merck, Novartis and Puma Biotechnology Inc.
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

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.


Delaloge S et al. The impact of neratinib with or without anti-diarrheal prophylaxis on health-related quality of life in HER2+ early-stage breast cancer: Analyses from the ExteNET and CONTROL trials. San Antonio Breast Cancer Symposium 2018;Abstract P2-13-03.


Geyer CE Jr et al. Phase III study of trastuzumab emtansine (T-DM1) vs trastuzumab as adjuvant therapy in patients with HER2-positive early breast cancer with residual invasive disease after neoadjuvant chemotherapy and HER2-targeted therapy including trastuzumab: Primary results from KATHERINE. San Antonio Breast Cancer Symposium 2018;Abstract GS1-10.


Kornblum N et al. Randomized phase II trial of fulvestrant plus everolimus or placebo in postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative metastatic breast cancer resistant to aromatase inhibitor therapy: Results of PrE0102. *J Clin Oncol* 2018;36(16):1556-63.


Rimawi M et al. 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.


Tolaney S et al. Abemaciclib for the treatment of brain metastases (BM) secondary to hormone receptor positive (HR+), HER2 negative breast cancer. *Proc ASCO* 2017;Abstract 1019.


von Minckwitz G et al. APHINITY trial (BIG 4-11): A randomized comparison of chemotherapy (C) plus trastuzumab (T) plus placebo (Pla) versus chemotherapy plus trastuzumab (T) plus pertuzumab (P) as adjuvant therapy in patients (pts) with HER2-positive early breast cancer (EBC). *Proc ASCO* 2017;Abstract LBA500.