Oncology Today with Dr Neil Love: Breast Cancer Edition *Video Program*

CME Information

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

Breast cancer continues to be one of the most rapidly evolving fields in medical oncology. Results from numerous ongoing trials lead to the continual emergence of new therapeutic agents, treatment strategies and diagnostic and prognostic tools. In order to offer optimal patient care, including the option of clinical trial participation, the practicing cancer clinician must be well informed of these advances.

To bridge the gap between research and patient care, this program features a joint discussion with 2 leading breast cancer investigators. By providing access to the latest scientific developments and the perspectives of experts in the field, this CME activity will assist medical oncologists with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Consider emerging research data to individualize the selection and administration of adjuvant systemic therapy for patients with HER2-overexpressing early breast cancer who have received prior neoadjuvant treatment.
- Review published efficacy and safety data with the use of approved PARP inhibitors for patients with metastatic breast cancer harboring BRCA1/2 mutations, and consider the therapeutic implications of these findings on nonresearch care.
- Evaluate the biologic rationale for and available Phase III efficacy and safety data associated with the use of an anti-PD-L1 antibody combined with chemotherapy for patients with newly diagnosed metastatic triple-negative breast cancer, and use this information to integrate this recently FDA-approved approach into clinical practice.
- Appraise the design of ongoing clinical trials evaluating anti-PD-1/PD-L1 antibodies alone or in combination with other systemic therapies for breast cancer, and counsel appropriate patients about availability and participation.
- Consider published research data documenting the efficacy and safety of phosphoinositide 3-kinase (PI3K) inhibitors targeting mutations in the PI3K pathway in patients with HR-positive breast cancer.

• Assess ongoing clinical research studies evaluating novel agents and treatment strategies under development for metastatic HER2-positive breast cancer, and counsel patients regarding the potential benefits of participation.

ACCREDITATION STATEMENT

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

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 2 AMA PRA Category 1 Credits[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 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 the 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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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should review the CME information, 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/OncologyToday Breast19/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/ OncologyTodayBreast19**.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-theart 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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Advisory Committee: Celgene Corporation, Daiichi Sankyo Inc, Genentech, Roche Laboratories Inc; **Contracted Research:** Genentech, Merck.

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MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc. Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc., Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

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This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Celgene Corporation, Daiichi Sankyo Inc, Genentech, Novartis and Seattle Genetics.

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: March 2019 Expiration date: March 2020

Select Publications

Abraham J et al. **PARTNER: Randomised, phase II/III trial to evaluate the safety and efficacy of the addition of olaparib to platinum-based neoadjuvant chemotherapy in triple negative and/or germline BRCA mutated breast cancer patients.** San Antonio Breast Cancer Symposium 2018;**Abstract OT3-04-03**.

Abraham JE et al. PARTNERING / PARTNER: Phase II sub-study to establish if the addition of combinations of new agents (olaparib, cell cycle and immune checkpoint inhibitors) can improve the rate of pathological complete response (pCR) and minimal residual disease (MRD) in triple negative breast cancer (TNBC) and / or germline BRCA mutated (gBRCAm) patients with evidence of residual disease after PARTNER therapy. San Antonio Breast Cancer Symposium 2018;Abstract OT3-01-02.

Adams S et al. Pembrolizumab monotherapy for previously treated metastatic triple-negative breast cancer: Cohort A of the phase 2 KEYNOTE-086 study. *Ann Oncol* 2018;[Epub ahead of print].

André F et al. Trastuzumab deruxtecan (DS-8201a) vs investigator's choice of treatment in subjects with HER2-positive, unresectable and/or metastatic breast cancer who previously received T-DM1: A randomized, phase 3 study. San Antonio Breast Cancer Symposium 2018; Abstract OT2-07-02.

Borges VF et al. Tucatinib combined with ado-trastuzumab emtansine in advanced ERBB2/HER2-positive metastatic breast cancer: A phase 1b clinical trial. *JAMA Oncol* 2018;4(9):1214-20.

Chang LS et al. Endocrine toxicity of cancer immunotherapy targeting immune checkpoints. Endocr Rev 2019;40(1):17-65.

Emens LA et al. IMpassion130: Efficacy in immune biomarker subgroups from the global, randomized, double-blind, placebocontrolled, phase III study of atezolizumab + *nab*-paclitaxel in patients with treatment-naïve, locally advanced or metastatic triple-negative breast cancer. San Antonio Breast Cancer Symposium 2018;Abstract GS1-04.

Emens LA et al. Results from KATE2, a randomized phase 2 study of atezolizumab (atezo)+trastuzumab emtansine (T-DM1) vs placebo (pbo)+T-DM1 in previously treated HER2+ advanced breast cancer (BC). San Antonio Breast Cancer Symposium 2018;Abstract PD3-01.

Geyer CE Jr et al. A randomized double-blind phase III clinical trial of neoadjuvant chemotherapy (NAC) with atezolizumab or placebo in patients (pts) with triple negative breast cancer (TNBC) followed by adjuvant atezolizumab or placebo: NSABP B-59/GBG 96-GeparDouze. San Antonio Breast Cancer Symposium 2018;Abstract OT3-05-01.

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.

Ignatiadis M et al. ALEXANDRA/IMpassion030: A phase III study of standard adjuvant chemotherapy with or without atezolizumab in early triple negative breast cancer. San Antonio Breast Cancer Symposium 2018; Abstract 0T3-05-02.

Juric D et al. Alpelisib + fulvestrant for advanced breast cancer: Subgroup analyses from the phase III SOLAR-1 trial. San Antonio Breast Cancer Symposium 2018; Abstract GS3-08.

Khoury K et al. Nivolumab or capecitabine or combination therapy as adjuvant therapy for triple negative breast cancer (TNBC) with residual disease following neoadjuvant chemotherapy: The OXEL study. San Antonio Breast Cancer Symposium 2018;Abstract OT3-04-01.

Litton J et al. A phase 2, open-label, single-arm, multi-center study of talazoparib for neoadjuvant treatment of germline *BRCA1/2* mutation patients with early-stage triple-negative breast cancer (TNBC). San Antonio Breast Cancer Symposium 2018; Abstract OT3-03-02.

Litton JK et al. Talazoparib in patients with advanced breast cancer and a germline BRCA mutation. *N Engl J Med* 2018;379(8):753-63.

Mayer IA et al. A phase II randomized study of neoadjuvant letrozole plus alpelisib for hormone receptor-positive, human epidermal growth factor receptor 2-negative breast cancer (NEO-ORB). *Clin Cancer Res* 2019;[Epub ahead of print].

Modi S et al. Trastuzumab deruxtecan (DS-8201a) in subjects with HER2-low expressing breast cancer: Updated results of a large phase 1 study. San Antonio Breast Cancer Symposium 2018; Abstract P6-17-02.

Murthy R et al. Tucatinib with capecitabine and trastuzumab in advanced HER2-positive metastatic breast cancer with and without brain metastases: A non-randomised, open-label, phase 1b study. *Lancet Oncol* 2018;19(7):880-8.

Pernas S et al. Optimal treatment of early stage HER2-positive breast cancer. Cancer 2018;124(23):4455-66.

Robson ME et al. OlympiAD final overall survival and tolerability results: Olaparib versus chemotherapy treatment of physician's choice in patients with a germline *BRCA* mutation and HER2-negative metastatic breast cancer. *Ann Oncol* 2019;[Epub ahead of print].

Select Publications

Robson ME et al. Olaparib for metastatic breast cancer in patients with a germline *BRCA* mutation. *N Engl J Med* 2017;377(6):523-33.

Schmid P et al. Atezolizumab and *nab*-paclitaxel in advanced triple-negative breast cancer. *N Engl J Med* 2018;379(22):2108-21.

Verma S et al. Trastuzumab deruxtecan (DS-8201a) vs ado-trastuzumab emtansine (T-DM1) for subjects with HER2-positive, unresectable and/or metastatic breast cancer who previously received trastuzumab and a taxane: A phase 3, randomized study. San Antonio Breast Cancer Symposium 2018;Abstract OT2-07-13.

von Minckwitz G et al; KATHERINE Investigators. Trastuzumab emtansine for residual invasive HER2-positive breast cancer. *N Engl J Med* 2019;380(7):617-28.