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

OVERVIEW OF ACTIVITY
Breast cancer remains the most frequently diagnosed cancer in women, and in 2014 in the United States alone it is estimated the disease will culminate in 232,670 new cases and 40,000 deaths. Patients with HER2-positive disease account for 15% to 20% of all breast cancer cases, or approximately 35,000 to 46,000 new patients per year. In 1987 amplification of the HER2 oncogene was determined to result in reduced survival in breast cancer, which triggered the development of trastuzumab as the first targeted therapy based on a molecular cancer abnormality. Over the ensuing quarter century significant advances have been made in the understanding of the biology and the clinical management of HER2-positive breast cancer.

However, considerable gaps remain in optimizing treatment of this disease subtype, particularly with the growing armamentarium of effective HER2-targeted agents. In the treatment of early-stage HER2-positive breast cancer several issues remain incompletely elucidated, including who should receive neoadjuvant versus adjuvant therapy, the use of single versus dual anti-HER2 blockade, the use of anthracycline- versus nonanthracyline-containing chemotherapy and the approach to therapy for patients with small, node-negative disease. In the advanced disease setting several clinical questions remain open, including the optimal sequencing of treatments in the first, second and later lines of treatment, the timing and duration of treatment, how previous adjuvant HER2-targeted therapy influences treatment decision-making, how hormone receptor status can affect therapeutic options and how best to manage brain metastases, which occur in approximately 50% of patients with metastatic HER2-positive disease. In addition to the preceding issues, HER2 test results are discordant between primary and metastatic disease for 5% to 10% of patients, necessitating management approaches that may have a significant impact on treatment.

By providing access to the latest research developments and expert perspectives on the treatment of HER2-positive breast cancer in the neoadjuvant, adjuvant and metastatic settings, these proceedings from a case-based CME symposium held at the 2014 ASCO Annual Meeting aim to assist medical oncologists, breast surgeons and other healthcare providers as they attempt to formulate optimal disease management strategies in the face of a constantly evolving body of knowledge.

LEARNING OBJECTIVES
• Compare and contrast expert perspectives on HER2-positive breast cancer treatment recommendations, and use this information to refine or validate existing management strategies.
• Individualize the selection of evidence-based neoadjuvant and adjuvant systemic regimens for patients with HER2-overexpressing early breast cancer.
• Implement a clinical plan for the management of advanced HER2-positive breast cancer, incorporating existing and emerging targeted treatments.
• Develop an evidence-based algorithm for the treatment of advanced hormone receptor-positive, HER2-positive premenopausal and postmenopausal breast cancer, including the use of endocrine, biologic and chemotherapeutic agents.
• Communicate the availability of ongoing clinical trials evaluating novel anti-HER2 strategies, and counsel appropriately selected patients about study participation.

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FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

Harold J Burstein, MD, PhD
Associate Professor of Medicine
Harvard Medical School
Breast Oncology Center
Dana-Farber Cancer Institute
Boston, Massachusetts

No real or apparent conflicts of interest to disclose.

Edith A Perez, MD
Deputy Director at Large
Mayo Clinic Cancer Center
Group Vice Chair
Alliance of Clinical Trials in Oncology
Serene M and Frances C Durling Professor of Medicine
Mayo Clinic
Jacksonville, Florida

No real or apparent conflicts of interest to disclose.

Kimberly L Blackwell, MD
Professor of Medicine
Director, Breast Cancer Program
Duke Cancer Institute
Durham, North Carolina

No real or apparent conflicts of interest to disclose.

Mark D Pegram, MD
Susy Yuan-Huey Hung Professor of Medicine
Director of the Breast Oncology Program
Director, Molecular Therapeutics Program
Stanford Cancer Institute
Stanford University School of Medicine
Stanford, California

Consulting Agreements: Celgene Corporation, Cepheid, Genentech BioOncology, Shionogi Inc.

Fabrice André, MD, PhD
Professor, Department of Medical Oncology
Institut Gustave Roussy
Villejuif, France

Advisory Committee: Amgen Inc, Roche Laboratories Inc; Consulting Agreements: Boehringer Ingelheim Pharmaceuticals Inc, Genentech BioOncology, Novartis Pharmaceuticals Corporation; Contracted Research: Celgene Corporation, Genentech BioOncology; Speakers Bureau: Celgene Corporation, Genomic Health Inc.

CONSULTING ONCOLOGISTS — The following consulting oncologists (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

Patricia A DeFusco, MD
Clinical Assistant Professor of Medicine
University of Connecticut School of Medicine
Director, Hartford Hospital Breast Program
Physician Leader
Hartford Healthcare Cancer Institute
Breast Disease Management Team
Hartford, Connecticut

No real or apparent conflicts of interest to disclose.

Bonni L Guerin, MD
Director of Breast Cancer Treatment and Prevention
Overlook Medical Center
Summit, New Jersey

Speakers Bureau: Celgene Corporation, Genomic Health Inc.

Carolyn B Hendricks, MD
The Center for Breast Health
Bethesda, Maryland

No real or apparent conflicts of interest to disclose.

Kert D Sabbath, MD
Smilow Cancer Hospital
Harold Leever Regional Cancer Center
Waterbury, Connecticut

No real or apparent conflicts of interest to disclose.

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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: September 2014
Expiration date: September 2015
Select Publications

Harold J Burstein, MD, PhD


Edith A Perez, MD
A study of pertuzumab in addition to chemotherapy and Herceptin (trastuzumab) as adjuvant therapy in patients with HER2-positive primary breast cancer. NCT01358877

O'Sullivan CCM et al. Efficacy of adjuvant trastuzumab (T) compared with no T for patients (pts) with HER2-positive breast cancer and tumors ≤2cm: A meta-analysis of the randomized trastuzumab trials. Proc ASCO 2014;Abstract 508.

Kimberly L Blackwell, MD


Mark D Pegram, MD
Select Publications


**Fabrice André, MD, PhD**
