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

OVERVIEW OF ACTIVITY
Breast cancer remains the most frequently diagnosed cancer in women, and in 2015 in the United States alone the disease will culminate in an estimated 231,840 new cases and 40,290 deaths. Advances in screening and prevention have resulted in a steady down-stage migration at the time of disease presentation, such that only 5% of women have identifiable distant metastases at primary diagnosis. Consequently, the number of individuals living with breast cancer has increased substantially, as has the population “at risk” for recurrent disease. While the diagnosis and treatment of breast cancer remain, in many ways, more advanced than in other solid cancers, challenging issues in the basic management of this disease continue to require refinement.

Published results from ongoing trials lead to the continuing emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing medical oncologist must be well informed of these advances. To bridge the gap between research and patient care, this program uses a discussion with Drs Lisa A Carey and Eric P Winer about treatment controversies and the integration of key data sets into the practical management of breast cancer.

LEARNING OBJECTIVES
• Apply the results of emerging clinical trial data to the best-practice care of patients with breast cancer.
• Assimilate new clinical trial evidence into the therapeutic algorithm for advanced ER-positive postmenopausal breast cancer.
• Appreciate the similarities and differences among existing genomic assays, and use this information to select appropriate platforms to assess risk and individualize therapy for patients with invasive and noninvasive early breast cancer.
• Develop an understanding of emerging efficacy and side-effect data with novel agents and strategies under evaluation for early breast cancer.
• Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials investigating novel therapeutic agents and strategies.

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This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/RTPONDEmB115/CME.

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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:
Lisa A Carey, MD  
Richardson and Marilyn Jacobs Preyer Distinguished Professor for Breast Cancer Research  
Chief, Division of Hematology and Oncology  
Physician-in-Chief  
North Carolina Cancer Hospital  
Associate Director for Clinical Research  
Lineberger Comprehensive Cancer Center  
Chapel Hill, North Carolina

No real or apparent conflicts of interest to disclose.

Eric P Winer, MD  
Thompson Chair in Breast Cancer Research  
Chief, Division of Women's Cancers  
Dana-Farber Cancer Institute  
Professor of Medicine  
Harvard Medical School  
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Contracted Research: Genentech BioOncology.

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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 2015  
Expiration date: September 2016
Alternate approaches for clinical Stage II or III estrogen receptor positive breast cancer neoadjuvant treatment (ALTERNATE) in postmenopausal women: A Phase III study. NCT01953588


Goetz M et al. MONARCH 3: A randomized phase III study of anastrozole or letrozole plus abemaciclib, a CDK4/6 inhibitor, or placebo in first-line treatment of women with HR+, HER2-locoregionally recurrent or metastatic breast cancer (MBC). Proc ASCO 2015;Abstract TPS624.


PALLAS: PALbociclib CoLlaborative Adjuvant Study — A randomized Phase III trial of palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for hormone receptor positive (HR+)/human epidermal growth factor receptor 2 (HER2)-negative early breast cancer. NCT02513394

Patnaik A et al. LY2835219, a novel cell cycle inhibitor selective for CDK4/6, in combination with fulvestrant for patients with hormone receptor positive (HR+) metastatic breast cancer. Proc ASCO 2014;Abstract 534.


Tamoxifen citrate, letrozole, anastrozole, or exemestane with or without chemotherapy in treating patients with invasive RxPONDER breast cancer. NCT01272037


Turner N et al. PALOMA3: A double-blind, phase III trial of fulvestrant with or without palbociclib in pre- and post-menopausal women with hormone receptor-positive, HER2-negative metastatic breast cancer that progressed on prior endocrine therapy. Proc ASCO 2015;Abstract LBA502.