TARGET AUDIENCE
This activity is intended for medical oncologists and other healthcare providers involved in the treatment of breast cancer (BC).

OVERVIEW OF ACTIVITY
BC remains the most frequently diagnosed cancer in women, and in 2015 it is estimated that the disease culminated in 234,190 new cases and 40,730 deaths in the United States alone. 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 BC has increased substantially, as has the population “at risk” for recurrent disease.

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 (micro- or macroscopic) 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 her 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.

These proceedings from a CME symposium during the 38th annual San Antonio Breast Cancer Symposium explore the most significant therapeutic advances during the previous year by using the perspectives of leading BC experts on challenging cases and questions submitted by clinicians in the community to frame a relevant discussion of how this information has aided in the refinement of current routine clinical practice and ongoing research. This CME activity will help medical oncologists integrate these findings into best-practice disease management strategies.

LEARNING OBJECTIVES
• Appreciate the similarities and differences between existing genomic assays, and use this information to select an appropriate platform or platforms to assess risk and individualize therapy for patients with invasive early BC.
• Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-overexpressing early BC.
• Implement a long-term clinical plan for the management of metastatic HER2-positive BC, incorporating existing, recently approved and investigational targeted treatments.
• Apply the results of emerging research to the initial and long-term care of localized, hormone receptor-positive pre- and postmenopausal BC.
• Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC, including the use of endocrine, biologic and chemotherapeutic agents.
• Recognize the recent FDA approval of palbociclib for patients with ER-positive metastatic BC (mBC), and discern how this agent can be optimally integrated into clinical practice.
• Consider clinical data and patient preferences in the selection and sequencing of available therapeutic agents for patients with ER/PR-negative, HER2-negative mBC, including the option of clinical trial participation.
• Appraise the rationale for and clinical data with investigational anti-PD-1 and/or anti-PD-L1 antibodies in patients with mBC.
• Counsel appropriately selected patients with BC about participation in ongoing clinical trials investigating novel therapeutic agents and strategies.

ACCREDITATION STATEMENT
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CREDIT DESIGNATION STATEMENT
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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity enables the participant to earn up to 2.25 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 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/SanAntonioBC15/Video/CME.

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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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No relevant conflicts of interest to disclose.

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No relevant conflicts of interest to disclose.

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Consulting Agreements: Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech BioOncology, Genomic Health Inc, Lilly, Merck, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc.

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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

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Luca Gianni, MD
Chan A et al. Invasive disease-free survival benefit following neratinib as extended adjuvant therapy in centrally-confirmed HER2 positive early-stage breast cancer: The ExteNET phase III randomized placebo-controlled trial. Proc ASCO 2015;Abstract 117.

Clifford Hudis, MD

Harold J Burstein, MD, PhD
Infante JR et al. LEE011, a potent and selective CDK4/6 inhibitor, under preclinical and clinical investigation. International Congress on Targeted Anticancer Therapies 2014;Abstract O4.4.
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