# Meet The Professors:
## Breast Cancer Edition, 2018

## CME Information

### TARGET AUDIENCE

This program is intended for medical oncologists, hematology-oncology fellows and other allied healthcare professionals involved in the treatment of breast cancer (BC).

### OVERVIEW OF ACTIVITY

BC 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. Featuring a round-table discussion on the management of BC with expert case-based perspectives along with the latest research developments, this CME activity is designed to assist medical oncologists, hematologist-oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

### LEARNING OBJECTIVES

- Develop an evidence-based algorithm for the treatment of hormone-sensitive advanced BC, including the use of endocrine, biologic and chemotherapeutic agents.
- Implement a clinical plan for the management of metastatic HER2-positive BC, incorporating existing and emerging targeted treatments.
- Consider published research findings and patient preferences in the selection and sequencing of available and investigational therapeutic agents for patients with metastatic triple-negative BC.
- Understand emerging efficacy data and side effects with the use of PARP inhibitors for patients with BRCA-mutated advanced BC, and consider the therapeutic implications of these findings on clinical care.
- Consider the use of available biomarkers and genomic assays to assess risk and individualize therapy for patients with BC in the neoadjuvant and adjuvant settings.
- Recall the results of pivotal trials introducing effective new BC therapeutic agents, and identify their potential effects on existing treatment algorithms.
- Identify ongoing trials of investigational approaches in BC, and obtain consent and refer patients for study 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 2.75 *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 2.75 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 an audio component. To receive credit, the participant should review the CME information, listen to the listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/MTPBreast18/CME**. The corresponding video program is available as an alternative at **ResearchToPractice.com/MTPBreast18/Video**.

## CONTENT VALIDATION AND DISCLOSURES

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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**Contracted Research:** Amgen Inc, Bayer HealthCare Pharmaceuticals, BioMarin, Boehringer Ingelheim Pharmaceuticals Inc, Cascadian Therapeutics, Dignitana, Genentech BioOncology, GlaxoSmithKline, Lilly, Medivation Inc, a Pfizer Company, Merrimack Pharmaceuticals Inc, Novartis, OBI Pharma Inc, Pfizer Inc, Puma Biotechnology Inc, Roche Laboratories Inc, Seattle Genetics; **Paid Travel:** Bayer HealthCare Pharmaceuticals, Lilly, Novartis, OBI Pharma Inc.

**George W Sledge Jr, MD**
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**Advisory Committee:** Syndax Pharmaceuticals Inc, Taiho Oncology Inc; Contracted Research: Genentech BioOncology.

**COMMUNITY ONCOLOGISTS** — The following community oncologists (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

**Lauren Carcas, MD**
Miami Cancer Institute
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Miami, Florida

No relevant conflicts of interest to disclose.

**Patricia A DeFusco, MD**
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No relevant conflicts of interest to disclose.

**Andrea Stebel, MD**
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**Speakers Bureau:** Celgene Corporation.

**MODERATOR** — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, 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, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals 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 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 2018

**Expiration date:** March 2019

## Select Publications


**Alternate approaches for clinical stage II or III estrogen receptor positive breast cancer neoadjuvant treatment (ALTERNATE) in postmenopausal women: A phase III study.** NCT01953588

Blum JL et al. **Anthracyclines in early breast cancer: The ABC trials — USOR 06-090, NSABP B-46-I/USOR 07132, and NSABP B-49 (NRG Oncology).** *J Clin Oncol* 2017;35(23):2647-55.

Cardoso F et al; MINDACT Investigators. **70-gene signature as an aid to treatment decisions in early-stage breast cancer.** *N Engl J Med* 2016;375(8):717-29.

Carey LA. **De-escalating and escalating systemic therapy in triple negative breast cancer.** *Breast* 2017;34(Suppl 1):112-5.

Chan A et al; ExteNET Study Group. **Neratinib after trastuzumab-based adjuvant therapy in patients with HER2-positive breast cancer (ExteNET): A multicentre, randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2016;17(3):367-77.

Dhesy-Thind S et al. **Use of adjuvant bisphosphonates and other bone-modifying agents in breast cancer: A Cancer Care Ontario and American Society of Clinical Oncology Clinical Practice Guideline.** *J Clin Oncol* 2017;35(18):2062-81.

Early Breast Cancer Trialists' Collaborative Group (EBCTCG). **Adjuvant bisphosphonate treatment in early breast cancer: Meta-analyses of individual patient data from randomised trials.** *Lancet* 2015;386(10001):1353-61.

Finn RS et al. **Palbociclib and letrozole in advanced breast cancer.** *N Engl J Med* 2016;375(20):1925-36.

Freedman R. **TBCRC 022: Phase II trial of neratinib + capecitabine for patients (Pts) with human epidermal growth factor receptor 2 (HER2+) breast cancer brain metastases (BCBM).** *Proc ASCO* 2017;**Abstract 1005**.

Gluz O et al. **West German Study Group phase III PlanB trial: First prospective outcome data for the 21-Gene Recurrence Score assay and concordance of prognostic markers by central and local pathology assessment.** *J Clin Oncol* 2016;34(20):2341-9.

Harris L et al. **Use of biomarkers to guide decisions on adjuvant systemic therapy for women with early-stage invasive breast cancer: American Society of Clinical Oncology Clinical Practice Guideline.** *J Clin Oncol* 2016;34(10):1134-50.

King TA et al. **A prospective analysis of surgery and survival in stage IV breast cancer (TBCRC 013).** *Proc ASCO* 2016;**Abstract 1006**.

Krop I et al. **Use of biomarkers to guide decisions on adjuvant systemic therapy for women with early-stage invasive breast cancer: American Society of Clinical Oncology clinical practice guideline focused update.** *J Clin Oncol* 2017;35(24):2838-47.

Kuang Y et al. **The emergence of ESR1 mutations is associated with aromatase inhibitor and fulvestrant therapy.** *Proc AACR* 2017;**Abstract 4950**.

Love N et al. **HER2 and estrogen receptor status drive decisions regarding the use of neoadjuvant chemotherapy.** San Antonio Breast Cancer Symposium 2015;**Abstract P1-14-20**.

Malorni L et al. **A phase II trial of the CDK4/6 inhibitor palbociclib (P) as single agent or in combination with the same endocrine therapy (ET) received prior to disease progression, in patients (pts) with hormone receptor positive (HR+) HER2 negative (HER2-) metastatic breast cancer (mBC) (TREnd trial).** *Proc ASCO* 2017;**Abstract 1002**.

Ramhorst M et al. **A phase III trial of neoadjuvant chemotherapy with or without anthracyclines in the presence of dual HER2-blockade for HER2+ breast cancer: The TRAIN-2 study (BOOG 2012-03).** *Proc ASCO* 2017;**Abstract 507**.

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

Shak S et al. **Breast cancer specific survival in 38,568 patients with node negative hormone receptor positive invasive breast cancer and Onco*type* DX Recurrence Score results in the SEER database.** San Antonio Breast Cancer Symposium 2015;**Abstract P5-15-01**.

Sledge G et al. **MONARCH 2: Abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy.** *J Clin Oncol* 2017;35(25):2875-84.

Spoerke JM et al. **Heterogeneity and clinical significance of ESR1 mutations in ER-positive metastatic breast cancer patients receiving fulvestrant.** *Nat Commun* 2016;7:11579.

Tolaney S et al. **Seven-year (yr) follow-up of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC).** *Proc ASCO* 2017;**Abstract 511**.

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**.