VOL 6, ISSUE 1

Visiting Professors

A case-based discussion on the management of breast cancer

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Featuring clinical investigators' perspectives on a day spent visiting patients with breast cancer in the clinics of general oncologists

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Visiting Professors: A case-based discussion on the management of breast cancer

OVERVIEW OF ACTIVITY

Individualized treatment decisions for patients with metastatic breast cancer (mBC) are driven by disease and patient characteristics. ER-positive disease, which represents approximately 63% of all cases, is perhaps the most nuanced subtype in regard to therapeutic decision-making in the advanced setting. Unlike other phenotypes, for which systemic therapy almost always includes chemotherapy, for patients with hormonally driven tumors the availability of effective endocrine therapy may initially abrogate and significantly delay the need for cytotoxic intervention. This important distinction has historically added complexity to the care of these patients as clinicians are consistently forced to evaluate the risk-benefit ratios of the many available options and give significant consideration to the preferences of patients when making therapeutic recommendations. While this and several other factors have defined the management of ER-positive mBC, several groundbreaking advances now add even greater challenges to this prevalent clinical situation.

To provide clinicians with therapeutic strategies to address the disparate needs of patients with ER-positive mBC, the *Visiting Professors* series employs an innovative case-based approach that unites the perspectives of leading breast cancer investigators and general oncologists as they explore the intricacies of treatment decisions. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of these patients.

LEARNING OBJECTIVES

- Implement a clinical plan for the management of ER-positive mBC, considering the patient's clinical presentation, prior treatment course and psychosocial status.
- Assess the FDA indications for the commercially available CDK4/6 inhibitors, and discern how these agents can be optimally employed in the management of ER-positive mBC.
- Educate patients regarding the unique side effects associated with approved and investigational CDK4/6 inhibitors, and develop preventive and emergent strategies to reduce or ameliorate these toxicities.
- Appraise clinical situations in which endocrine therapy alone or in combination with HER2-directed therapy should be considered in the management of ER-positive, HER2-positive metastatic disease.
- Consider the mechanisms of action, available research data and potential clinical benefits of other novel therapies under development, and counsel patients with advanced ER-positive breast cancer regarding ongoing research opportunities.

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Discussion with Sara M Tolaney, MD, MPH and Sulfi Ibrahim, MD

Tracks 1-27

Track 1	**Case:** A 64-year-old woman presents with de novo ER-positive, HER2-negative breast cancer and bone metastases
Track 2	Selection of therapy for patients with de novo ER-positive metastatic breast cancer (mBC)
Track 3	Efficacy and tolerability of the CDK4/6 inhibitors palbociclib, abemaciclib and ribociclib
Track 4	Activity and side effects of palbociclib/letrozole for ER-positive mBC
Track 5	Perspective on removal of the primary tumor in patients with metastatic disease
Track 6	Viewpoint on switching CDK4/6 inhibitors for patients experiencing disease progression
Track 7	Investigation of CDK4/6 inhibitors in the adjuvant setting
Track 8	Activity of CDK4/6 inhibitors in patients with brain metastases
Track 9	**Case:** A 65-year-old woman with ER-positive, HER2-negative mBC and a PIK3CA mutation
Track 10	Molecular profiling for patients with relapsed ER-positive mBC
Track 11	Use of abemaciclib monotherapy after disease progression on palbociclib
Track 12	Ongoing investigation of PI3K inhibitors for ER-positive mBC
Track 13	BRCA mutation testing for patients with ER-positive mBC
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Track 15	Palbociclib-associated side effects
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Track 17	**Case:** A 75-year-old man with ER-positive, HER2-negative breast cancer and metastatic disease to the chest wall
Track 18	Incidence and presentation of ER-positive breast cancer in men
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Track 20	Management of ER-positive, HER2-negative breast cancer in men
Track 21	**Case:** A 64-year-old woman initially diagnosed with ER-positive, HER2-negative breast cancer experiences a change in HER2 status during the course of metastatic disease
Track 22	Activity of everolimus/exemestane in patients with ER-positive mBC
Track 23	Selection of endocrine therapy for patients with HER2-positive breast cancer
Track 24	Role of CDK4/6 inhibitors in the treatment of ER-positive, HER2-positive mBC
Track 25	**Case:** A 54-year-old woman with ER-positive, HER2-negative mBC whose disease progresses through multiple rounds of therapy is found to harbor an ESR1 mutation and hENT1 amplification
Track 26	Treatment options for patients with ER-positive mBC and ESR1 mutations
Track 27	Role of immune checkpoint inhibitors in the treatment of ER-positive mBC

Discussion with Kathy D Miller, MD and Laila Agrawal, MD

Tracks 1-19

Track 1	**Case:** A 70-year-old woman receives palbociclib/letrozole for ER-positive, HER2-negative mBC
Track 2	Emergence of ESR1 mutations in breast cancer progression
Track 3	Clinical significance of estrogen receptor mutations
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Track 7	Schedule of administration and CNS activity of abemaciclib
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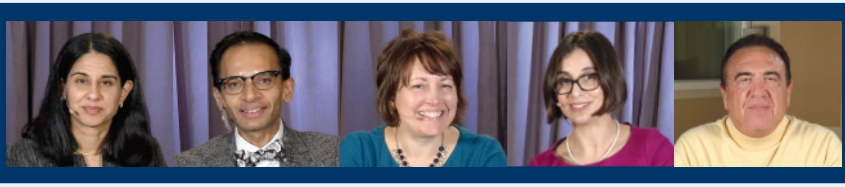
Track 9	Side effects associated with CDK4/6 inhibitors
Track 10	**Case:** A 57-year-old woman initially diagnosed with ER-positive, HER2-negative localized breast cancer develops rapidly progressive metastasis to the chest wall that is biopsy-proven to be triple-negative
Track 11	PI3K mutations and implications for therapy
Track 12	Management of ER-positive breast cancer with chest wall metastases
Track 13	**Case:** A 61-year-old woman who received 1 year of adjuvant tamoxifen for ER-positive, HER2-negative breast cancer develops metastatic disease 20 years later
Track 14	Effect of tamoxifen therapy duration on breast cancer recurrence
Track 15	Effect of behavioral counseling on patient attitude and quality of life
Track 16	**Case:** A 73-year-old woman diagnosed with Stage IIIC ER-positive breast cancer in 1995 experiences recurrence 6 years later with metastases to the spine
Track 17	Management of stomatitis/mucositis and pneumonitis associated with everolimus
Track 18	Therapeutic options for patients with ER-positive mBC after disease progression on everolimus/ exemestane
Track 19	High-dose estrogen therapy for patients with ER-positive mBC

Video Program

View the corresponding video interviews with (from left) Drs Tolaney, Ibrahim, Miller and Agrawal by Dr Love at www.ResearchToPractice.com/VPB118/Video



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 (A011106). NCT01953588

Arpino G et al. **Primary analysis of PERTAIN: A randomized, two-arm, open-label, multicenter phase II trial assessing the efficacy and safety of pertuzumab given in combination with trastuzumab plus an aromatase inhibitor in first-line patients with HER2-positive and hormone receptor-positive metastatic or locally advanced breast cancer.** San Antonio Breast Cancer Symposium 2016;**Abstract S3-04**.

Baselga J et al. **Everolimus in postmenopausal hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2012;366(6):520-9.

Burke KA et al. **The landscape of somatic genetic alterations in BRCA1 and BRCA2 breast cancers.** San Antonio Breast Cancer Symposium 2016;**Abstract S2-02**.

Cardoso F et al. **Everolimus (EVE) plus endocrine therapy in patients with estrogen receptor-positive (ER+), human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer (BC): First- and second-line data from the BOLERO-4 study.** *Proc ASCO* 2017;**Abstract 1010**.

Corona SP, Generali D. **Abemaciclib: A CDK4/6 inhibitor for the treatment of HR+/HER2- advanced breast cancer.** *Drug Des Devel Ther* 2018;12:321-30.

Curigliano G et al. **Ribociclib plus letrozole in early breast cancer: A presurgical, window-of-opportunity study.** *Breast* 2016;28:191-8.

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

Goetz MP et al. **MONARCH 3: Abemaciclib as initial therapy for advanced breast cancer.** *J Clin Oncol* 2017;35(32):3638-46.

Hortobagyi GN et al. **Ribociclib as first-line therapy for HR-positive, advanced breast cancer.** *N Engl J Med* 2016;375(18):1738-48.

Janni W et al. **First-line ribociclib plus letrozole for postmenopausal women with hormone receptor-positive (HR+), HER2-negative (HER2-) advanced breast cancer (ABC): MONALEESA-2 safety results.** *Proc ASCO* 2017;**Abstract 1047**.

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

Lee A, Djamgoz MBA. **Triple negative breast cancer: Emerging therapeutic modalities and novel combination therapies.** *Cancer Treat Rev* 2018;62:110-22.

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**.

Masuda N et al. **Palbociclib in combination with letrozole as first-line treatment for advanced breast cancer: A Japanese phase II study.** *Cancer Sci* 2018;109(3):803-13.

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 (PALLAS). NCT02513394

Robertson JF et al. **Fulvestrant 500 mg versus anastrozole 1 mg for hormone receptor-positive advanced breast cancer (FALCON): An international, randomised, double-blind, phase 3 trial.** *Lancet* 2016;388(10063):2997-3005.

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.

Robson ME at al. **OlympiAD: Phase III trial of olaparib monotherapy versus chemotherapy for patients (pts) with HER2-negative metastatic breast cancer (mBC) and a germline BRCA mutation (gBRCAm).** *Proc ASCO* 2017;**Abstract LBA4**.

Sledge GW 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.

Toi M et al. **A phase III trial of adjuvant capecitabine in breast cancer patients with HER2-negative pathologic residual invasive disease after neoadjuvant chemotherapy (CREATE-X, JBCRG-04).** San Antonio Breast Cancer Symposium 2015;**Abstract S1-07**.

Turner NC et al; PALOMA3 Study Group. **Palbociclib in hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2015;373(3):209-19.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following statements is true regarding PI3K inhibitors under investigation for ER-positive mBC?**
   a. They are associated with diarrhea, hyperglycemia and pneumonitis
   b. They do not elicit objective responses when administered as monotherapy
   c. Both a and b
   d. Neither a nor b

2. **In the Phase II PERTAIN trial investigating trastuzumab with an aromatase inhibitor with or without pertuzumab as first-line therapy for hormone receptor-positive, HER2-positive locally advanced or metastatic breast cancer, the addition of pertuzumab resulted in a significant improvement in progression-free survival.**
   a. True
   b. False

3. **The TRINITI-1 trial is assessing everolimus and exemestane in combination with _____ for patients with hormone receptor-positive, HER2-negative locally advanced or metastatic breast cancer after disease progression on a CDK4/6 inhibitor.**
   a. Taselisib
   b. Abemaciclib
   c. Ribociclib

4. **The FALCON trial evaluating fulvestrant versus anastrozole for postmenopausal patients with locally advanced or metastatic hormone receptor-positive breast cancer who had not received previous endocrine therapy demonstrated superior efficacy with anastrozole.**
   a. True
   b. False

5. **The stomatitis associated with everolimus _____.**
   a. Appears early in the course of treatment
   b. Can be prevented in some cases with a prophylactic mouthwash
   c. Can be managed with dose reduction
   d. All of the above
   e. Both a and b

6. **Which of the following statements is true regarding the CDK4/6 inhibitor abemaciclib?**
   a. It does not demonstrate single-agent activity
   b. It is active in patients with hormone receptor-positive, HER2-negative breast cancer and brain metastases
   c. It is administered on a continuous schedule
   d. All of the above
   e. Both b and c

7. **The CDK4/6 inhibitor ribociclib _____.**
   a. Is administered on a 3 weeks on, 1 week off schedule
   b. Seems to be associated with less cardiac toxicity in comparison to palbociclib
   c. Both a and b

8. **The Phase II monarcHER trial for patients with hormone receptor-positive, HER2-positive locally advanced or metastatic breast cancer is comparing the CDK4/6 inhibitor _____ in combination with trastuzumab with or without fulvestrant to chemotherapy and trastuzumab.**
   a. Ribociclib
   b. Abemaciclib
   c. Taselisib

9. **Patients with ER-positive advanced breast cancer who harbor ESR1 mutations are more likely to respond to _____.**
   a. Anastrozole
   b. Fulvestrant
   c. Letrozole
   d. All of the above

10. **Strategies for the management of neutropenia associated with palbociclib include _____.**
    a. Withholding the drug
    b. Dose reductions
    c. Switching to abemaciclib
    d. All of the above
    e. Both a and b

Educational Assessment and Credit Form

Visiting Professors: Breast Cancer — Volume 6, Issue 1

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Side effects associated with the CDK4/6 inhibitors abemaciclib, palbociclib and ribociclib for ER-positive mBC	4 3 2 1	4 3 2 1
Activity of novel PI3K inhibitors for patients with ER-positive mBC	4 3 2 1	4 3 2 1
Management of ER-positive mBC in men	4 3 2 1	4 3 2 1
Role of BRCA mutation testing for patients with ER-positive mBC	4 3 2 1	4 3 2 1
Schedule of administration and CNS activity of abemaciclib	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice

☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

Approximately how many new patients with breast cancer do you see per year? ..... patients

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No

If no, please explain:.....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

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☐ Other (please explain):.....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

.....

The content of this activity matched my current (or potential) scope of practice.

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Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Implement a clinical plan for the management of ER-positive mBC, considering the patient's clinical presentation, prior treatment course and psychosocial status. . . . . .4 3 2 1 N/M N/A
- Assess the FDA indications for the commercially available CDK4/6 inhibitors, and discern how these agents can be optimally employed in the management of ER-positive mBC. . . . . .4 3 2 1 N/M N/A
- Educate patients regarding the unique side effects associated with approved and investigational CDK4/6 inhibitors, and develop preventive and emergent strategies to reduce or ameliorate these toxicities.. . . . . .4 3 2 1 N/M N/A
- Appraise clinical situations in which endocrine therapy alone or in combination with HER2-directed therapy should be considered in the management of ER-positive, HER2-positive metastatic disease. . . . . .4 3 2 1 N/M N/A
- Consider the mechanisms of action, available research data and potential clinical benefits of other novel therapies under development, and counsel patients with advanced ER-positive breast cancer regarding ongoing research opportunities. . . . . .4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

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.....

Would you recommend this activity to a colleague?

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4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Sara M Tolaney, MD, MPH	4 3 2 1	4 3 2 1
Sulfi Ibrahim, MD	4 3 2 1	4 3 2 1
Kathy D Miller, MD	4 3 2 1	4 3 2 1
Laila Agrawal, MD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

.....

Other comments about the faculty and editor for this activity:

.....

.....

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