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Meet The Professors

A case-based discussion on the management of breast cancer in the adjuvant and metastatic settings

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Breast Cancer® UPDATE

CME Certified

Meet The Professors: A case-based discussion on the management of breast cancer in the adjuvant and metastatic settings

STATEMENT OF NEED/TARGET AUDIENCE

Breast cancer is one of the most rapidly evolving fields in medical oncology. Published results from a plethora of ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical oncologist must be well informed of these advances. In order to incorporate research advances into developing treatment strategies for patients, the CME program *Meet The Professors* utilizes case-based discussions between community oncologists and clinical investigators.

GLOBAL LEARNING OBJECTIVES

- Critically evaluate the clinical implications of emerging clinical trial data in breast cancer treatment and incorporate these data into management strategies in the adjuvant, neoadjuvant and metastatic settings.
- Counsel postmenopausal patients with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen, and counsel premenopausal women about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions.
- Describe and implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings.
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including dose-dense treatment and the use of taxanes, and explain the absolute risks and benefits of adjuvant chemotherapy regimens to patients.
- Describe the computerized risk models and genetic markers to determine prognostic information on the quantitative risk of breast cancer relapse, and when applicable, utilize these to guide therapy decisions.
- Counsel appropriately selected patients with metastatic disease about selection and sequencing of endocrine therapy and chemotherapies and about the risks and benefits of chemotherapeutic agents alone or in combination with biologic therapy.

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This CME activity contains both audio and print components. To receive credit, the participant should listen to the CDs, review the CME information and complete the Evaluation Form located in the back of this book or on our website, **MeetTheProfessors.com**.

This program is supported by education grants from Abraxis Oncology, AstraZeneca Pharmaceuticals LP, Genentech BioOncology and Roche Laboratories Inc.

Guide to Audio Program

Compact Disc 1: Tracks 1-10 — case from Dr Allison; Tracks 11-21 — case from Dr Schnell; Tracks 22-24 — case from Dr Smith; **Compact Disc 2:** Tracks 1-4 — case from Dr Smith (continued); Tracks 5-9 — case from Dr Towell; Tracks 10-13 — case from Dr Reeves; Tracks 14-16 — case from Dr Garrido; Tracks 17-21 — case from Dr Deutsch; **Compact Disc 3:** Track 1 — case from Dr Deutsch (continued); Tracks 2-6 — case from Dr Hussein; Tracks 7-12 — case from Dr Grabelsky; Track 13 — case from Dr Deutsch; Tracks 14-17 — case from Dr Hart; Tracks 18-20 — case from Dr Allison

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Medical Oncologist Community Panel

Case Studies

Case 1 from the practice of Dr Mary Ann K Allison: A 53-year-old woman who, as part of a clinical trial, received dose-dense AC, nanoparticle albumin-bound (*nab*) paclitaxel and tamoxifen for a 2.2-cm, Grade III, ER-negative, PR-positive, HER2-negative invasive ductal carcinoma with lymphovascular invasion and 1/16 positive nodes. Within a year, she developed a subpectoral mass.

Case 2 from the practice of Dr Frederick M Schnell: A 58-year-old woman who received CMF in 1988 after a modified radical mastectomy (MRM) for ER-positive, PR-positive, node-negative, invasive breast cancer. Eleven years later, she underwent excision and radiation therapy for a contralateral, 0.8-cm, ER-positive, PR-positive, HER2-negative, node-negative, invasive ductal carcinoma with DCIS. In 2004, she presented with widespread metastatic disease.

Case 3 from the practice of Dr Frederick P Smith: A 65-year-old woman treated four years ago for a 1.6-cm, ER-positive, PR-positive, HER2-negative, node-negative infiltrating ductal carcinoma. She received tamoxifen for three years, then began anastrozole, but three months later, a CT revealed hepatic metastases.

Case 4 from the practice of Dr Brenda L Towell: A 54-year-old woman treated with mastectomy, dose-dense AC/paclitaxel, radiation therapy and tamoxifen three years ago for a three-centimeter, ER-positive, PR-negative, HER2-negative breast tumor with 11 positive nodes. A year later, she was switched to goserelin and anastrozole because of rising serum tumor markers and within a few weeks exhibited lymphangitic lung metastases.

Case 5 from the practice of Dr William G Reeves: A 54-year-old woman who underwent a lumpectomy for a 2.3-cm, ER-positive, PR-positive, HER2-negative, moderately differentiated infiltrating ductal carcinoma with negative sentinel nodes and an Onco*type* DX™ score of nine. She has been on anastrozole for the past 2.5 years.

Case 6 from the practice of Dr Sara M Garrido: A 53-year-old woman with a history of hypertension and hypercholesterolemia who underwent a lumpectomy for a 0.8-cm, poorly differentiated, ER-negative, PR-negative, HER2-positive, node-negative, invasive ductal carcinoma with DCIS. She received six cycles of TCH followed by trastuzumab for a year.

Case 7 from the practice of Dr Margaret A Deutsch: A 70-year-old woman who presented with a 1.8-cm, ER-positive, PR-negative, HER2-positive tumor. Refusing chemotherapy, she underwent radiation therapy and began anastrozole and trastuzumab.

Case 8 from the practice of Dr Atif M Hussein: A 35-year-old woman with a five- to six-centimeter breast mass consisting of DCIS and high-grade, ER-positive (in 35 percent of cells), PR-negative (in less than one percent of cells), HER2-negative invasive tumor. She received four cycles of TAC and underwent mastectomy. Pathology revealed a 2.7-cm area of DCIS and 14 negative nodes.

Case 9 from the practice of Dr Stephen A Grabelsky: A 57-year-old woman who underwent a modified radical mastectomy nine years ago for a 2.6-cm, ER-positive, PR-positive breast tumor with 2/12 positive nodes, followed by CMF and five years of tamoxifen. Two years later, she developed a chest wall recurrence.

Case 10 from the practice of Dr Deutsch: A 47-year-old woman who presented with a 1.1-cm, triple-negative, invasive medullary breast cancer. Three years ago, she was treated with lumpectomy, radiation therapy and tamoxifen for DCIS. The patient has a strong family history of breast cancer, including her mother and two aunts.

Case 11 from the practice of Dr Lowell L Hart: A 37-year-old mother of three who presented in the first trimester of pregnancy with a four- to five-centimeter, ER-positive, PR-negative, Grade III, HER2-amplified breast tumor. The pregnancy was terminated, and she received neoadjuvant TCH. At surgery, pathology revealed a 0.8-cm area of DCIS with 4/10 positive nodes.

Case 12 from the practice of Dr Allison: A 44-year-old woman who presented with bilateral axillary nodes, which were ER-positive, PR-positive, HER2-positive breast carcinoma. Staging work-up revealed bone and liver metastases.

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 1, 2007

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Please answer the following questions by circling the appropriate rating:

5 = Outstanding	4 = Good	3 = Satisfactory	2 = Fair	1 = Poor	N/A = Not applicable to this issue of *MTP*

GLOBAL LEARNING OBJECTIVES

To what extent does this issue of *MTP* address the following global learning objectives?

- Critically evaluate the clinical implications of emerging clinical trial data in breast cancer treatment and incorporate these data into management strategies in the adjuvant, neoadjuvant and metastatic settings. . . . . 5 4 3 2 1 N/A
- Counsel postmenopausal patients with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen, and counsel premenopausal women about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions. . . . . 5 4 3 2 1 N/A
- Describe and implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings. . . . . 5 4 3 2 1 N/A
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including dose-dense treatment and the use of taxanes, and explain the absolute risks and benefits of adjuvant chemotherapy regimens to patients. . . . . 5 4 3 2 1 N/A
- Describe the computerized risk models and genetic markers to determine prognostic information on the quantitative risk of breast cancer relapse, and when applicable, utilize these to guide therapy decisions. . . . . 5 4 3 2 1 N/A
- Counsel appropriately selected patients with metastatic disease about selection and sequencing of endocrine therapy and chemotherapies and about the risks and benefits of chemotherapeutic agents alone or in combination with biologic therapy. . . . . 5 4 3 2 1 N/A

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Faculty	Knowledge of subject matter	Effectiveness as an educator
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Matthew J Ellis, MB, PhD	5 4 3 2 1	5 4 3 2 1
John R Mackey, MD	5 4 3 2 1	5 4 3 2 1
Ruth O'Regan, MD	5 4 3 2 1	5 4 3 2 1
Kathleen I Pritchard, MD	5 4 3 2 1	5 4 3 2 1
Joseph A Sparano, MD	5 4 3 2 1	5 4 3 2 1

OVERALL EFFECTIVENESS OF THE ACTIVITY

Objectives were related to overall purpose/goal(s) of activity 5 4 3 2 1
Related to my practice needs 5 4 3 2 1
Will influence how I practice 5 4 3 2 1
Will help me improve patient care 5 4 3 2 1
Stimulated my intellectual curiosity 5 4 3 2 1
Overall quality of material 5 4 3 2 1
Overall, the activity met my expectations 5 4 3 2 1
Avoided commercial bias or influence 5 4 3 2 1

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☐ Audio CDs ☐ Downloaded MP3s from website

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 1, 2007

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.....

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