

Meet The Professors

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



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UPDATE



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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HOW TO USE THIS CME ACTIVITY

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 BioScience, AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Genomic Health Inc and Roche Laboratories Inc.

Guide to Audio Program

Compact Disc 1: Tracks 1-15 — case from Dr Papish; Tracks 16-20 — case from Dr Freedman;
Compact Disc 2: Tracks 1-5 — case from Dr Moss; Tracks 6-8 — case from Dr Steinecker;
Tracks 9-16 — case from Dr Lowenthal; Tracks 17-20 — cases from Dr Cohen; **Compact Disc 3:**
Tracks 1-7 — case from Dr Lobo; Tracks 8-9 — case from Dr Lowenthal; Tracks 10-11 — case from Dr Drapkin; Tracks 12-17 — cases from Dr Hon; Tracks 18-20 — case from Dr Papish

CONTENT VALIDATION AND DISCLOSURES

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Allan Freedman, MD
Snellville, Georgia

Jeremy K Hon, MD
Huntsville, Alabama

Christopher F Lobo, MD
Port Charlotte, Florida

Dennis A Lowenthal, MD
Short Hills, New Jersey

Robert A Moss, MD
Fountain Valley, California

Steven W Papish, MD
Morristown, New Jersey

Patricia H Steinecker, MD
Oak Brook, Illinois

MEET THE PROFESSORS AUDIO TAPES

Historically, *Meet The Professors* and our other series have included audio cassettes as part of the overall program. Due to changes in technology, waning interest and a desire to responsibly conserve resources, we have eliminated cassettes from regular distribution.

We know that a portion of our audience still relies on this format, and we will make cassette tapes available upon request. If you would like to receive *Meet The Professors* and our other programs that have previously been available on tape, visit [ResearchToPractice.com/TapeSubscriptions](https://www.researchtopractice.com/TapeSubscriptions) and register as a tape subscriber. Please note, you only need to register once to receive tapes for all the programs you subscribe to.

We hope you continue to enjoy *Meet The Professors* and our other series. Thank you for listening.

Case Studies

Case 1 from the practice of Dr Steven W Papish: A 65-year-old woman who underwent mastectomy for a 5-cm, Grade II, ER-positive, PR-positive, HER2-negative, node-negative, infiltrating lobular carcinoma. Her Oncotype DX™ score was eight, but she elected to receive TC (docetaxel/cyclophosphamide) followed by an aromatase inhibitor.

Case 2 from the practice of Dr Allan Freedman: A 45-year-old woman with a diffuse, inflammatory, Grade III, triple-negative, node-positive, infiltrating ductal carcinoma and lymphovascular invasion. Shortly after five cycles of neoadjuvant doxorubicin/docetaxel, salvage mastectomy and radiation therapy, she developed multiple asymptomatic pulmonary metastases for which she received nine cycles of nanoparticle albumin-bound (*nab*) paclitaxel with bevacizumab.

Case 3 from the practice of Dr Robert A Moss: A 59-year-old woman with a 2-cm, Grade II, ER-negative, PR-negative, HER2-positive, node-negative breast tumor. Following mastectomy, she enrolled in BCIRG 006 and received AC → docetaxel/trastuzumab.

Case 4 from the practice of Dr Patricia H Steinecker: A 60-year-old woman who underwent lumpectomy for a 1.2-cm, Grade I, ER-positive, PR-positive, HER2-negative, node-negative, infiltrating ductal carcinoma. Her Oncotype DX score was 10, and she elected to receive adjuvant anastrozole alone.

Case 5 from the practice of Dr Dennis A Lowenthal: A 58-year-old woman who underwent a modified radical mastectomy at the age of 40 for a 3-cm, moderately differentiated, ER-positive, PR-positive, node-positive, invasive ductal carcinoma. She received adjuvant CAF and five years of tamoxifen. Twelve years after initial diagnosis, she developed metastatic disease. Testing of her original tumor tissue revealed FISH amplification, and she received fulvestrant/trastuzumab followed by weekly paclitaxel/trastuzumab. Although she experienced allergic reactions to paclitaxel and docetaxel, she tolerated *nab* paclitaxel, which caused a partial tumor response.

Case 6 from the practice of Dr Seymour M Cohen: A 56-year-old woman who underwent modified radical mastectomy in June 2003 for a 4.1-cm, poorly differentiated, ER-negative, PR-negative, HER2-positive, node-positive, ductal carcinoma. She received adjuvant dose-dense AC → weekly paclitaxel. Following the initial report of the adjuvant trastuzumab data, she received a year of delayed trastuzumab.

Case 7 from the practice of Dr Cohen: A 45-year-old woman who underwent lumpectomy for a 3-cm, moderately differentiated, ER-negative, PR-positive, node-negative, infiltrating ductal carcinoma. She received CMF, radiation therapy and tamoxifen as adjuvant therapy. Eight years later, when she developed metastatic disease, her original tumor tissue was found to be HER2-positive, and she received several trastuzumab-containing regimens.

Case 8 from the practice of Dr Christopher F Lobo: A 45-year-old woman who presented with triple-negative locally advanced and metastatic breast cancer.

Case 9 from the practice of Dr Lowenthal: A 64-year old woman who was treated in 1987 with lumpectomy and radiation therapy for a 1.4-cm, moderately differentiated, ER-positive, PR-positive, HER2-negative, node-negative, infiltrating ductal carcinoma. In 2002, she developed asymptomatic metastatic disease for which she received 3.5 years of letrozole and zoledronic acid followed by fulvestrant.

Case 10 from the practice of Dr Robert Drapkin: A 45-year-old woman diagnosed in February 2000 with a 6-cm, ER-positive, PR-positive, HER2-positive, ductal carcinoma and 33 positive lymph nodes. She received adjuvant AC → docetaxel, and her menses halted. In August 2001, she developed bone metastases and started on tamoxifen/goserelin, trastuzumab and pamidronate.

Case 11 from the practice of Dr Jeremy K Hon: An active 79-year-old woman diagnosed in 2005 with a 1.6-cm, ER-positive, PR-negative, HER2-positive, infiltrating ductal carcinoma for which she received adjuvant anastrozole and trastuzumab.

Case 12 from the practice of Dr Hon: An 85-year-old woman who underwent lumpectomy in 1999 for a 3.5-cm, ER-positive, PR-positive, node-negative breast tumor. She received adjuvant tamoxifen and radiation therapy. In December 2004, she was diagnosed with surgically unresectable angiosarcoma of the breast. Paclitaxel and bevacizumab were administered and led to a tumor response.

Case 13 from the practice of Dr Papish: A 65-year-old woman who underwent bilateral mastectomy in 1994 for a 2.5-cm, ER-positive, PR-positive, HER2-negative, node-positive, infiltrating lobular carcinoma and extensive LCIS. She received concurrent moderate-dose AC followed by five years of tamoxifen as adjuvant therapy. Five years following the completion of tamoxifen, she received multiple endocrine manipulations for rising tumor markers. Progressive intra-abdominal disease was detected, and she received capecitabine and experienced a significant tumor response.

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 2, 2007

Research To Practice respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please complete this Evaluation Form. A certificate of completion will be issued upon receipt of your completed Evaluation Form.

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

EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
Daniel R Budman, MD	5 4 3 2 1	5 4 3 2 1
Nancy E Davidson, MD	5 4 3 2 1	5 4 3 2 1
Clifford Hudis, MD	5 4 3 2 1	5 4 3 2 1
Edith A Perez, MD	5 4 3 2 1	5 4 3 2 1
Martine J Piccart-Gebhart, MD, PhD	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

Which of the following audio formats of this program did you use?

- Audio CDs
- Downloaded MP3s from website

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 2, 2007

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.....

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.....

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MTPB207

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Meet The Professors

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