

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, nonanthracycline-based regimens 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 that provide prognostic and predictive information on the quantitative risk of breast cancer relapse and/or treatment response, 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 these 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 BioScience, AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Genomic Health Inc and Roche Laboratories Inc.

Guide to Audio Program

Compact Disc 1: Tracks 1-6 — case from Dr Gearhart; Tracks 7-12 — case from Dr Hendricks; Tracks 13-18 — case from Dr Zerkowitz; Tracks 19-22 — case from Dr Glynn; **Compact Disc 2:** Tracks 1-3 — case from Dr Hart; Tracks 4-5 — case from Dr Kumar; Tracks 6-9 — case from Dr Hoffman; Tracks 10-21 — cases from Dr Schwartz; **Compact Disc 3:** Tracks 1-13 — case from Dr Stebel; Tracks 14-17 — case from Dr Astrow; Tracks 18-21 — case from Dr De Fusco

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Dr Holmes — Consulting Fees: Amgen Inc, GlaxoSmithKline, Pfizer Inc, Wyeth. **Dr Schwartzberg — Consulting Fees:** Sanofi-Aventis; **Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents:** AstraZeneca Pharmaceuticals LP, Genentech BioOncology. **Dr Seidman — Consulting Fees:** Abraxis BioScience, Genentech BioOncology; **Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents:** Abraxis BioScience, AstraZeneca Pharmaceuticals LP, Eli Lilly and Company, Genentech BioOncology, Genomic Health Inc, Merck and Company Inc, Novartis Pharmaceuticals Corporation.

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Medical Oncologist Community Panel

Alan B Astrow, MD
Brooklyn, New York

Patricia A De Fusco, MD
Hartford, Connecticut

Bonni L Gearhart, MD
Summit, New Jersey

Philip Glynn, MD
Springfield, Massachusetts

Lowell L Hart, MD
Fort Myers, Florida

Carolyn B Hendricks, MD
Bethesda, Maryland

Kenneth R Hoffman, MD
Teaneck, New Jersey

Kapisthalam S Kumar, MD
New Port Richie, Florida

Michael A Schwartz, MD
Miami Beach, Florida

Andrea F Stebel, MD
Newport Beach, California

Richard S Zilkowitz, MD
Norwalk, Connecticut

MEET THE PROFESSORS DOWNLOADABLE AUDIO

MP3 audio files are available for download on our website www.MeetTheProfessors.com/download-audio

Case Studies

Case 1 from the practice of Bonni L Gearhart, MD: A 49-year-old obese woman with insulin-dependent diabetes, hypertension and hypercholesterolemia presented with a palpable 3.3-cm, high-grade, ER-negative, PR-negative, HER2-positive, clinically node-negative but pN0(i+) infiltrating ductal carcinoma (IDC) (presented to Dr Cobleigh and Dr Holmes).

Case 2 from the practice of Carolyn B Hendricks, MD: A 44-year-old woman diagnosed two years prior with a 2.2-cm, Grade III, triple-negative IDC with negative axillary node dissection. She declined adjuvant chemotherapy despite recommendation by her treating oncologist, was lost to routine follow-up and now presents with disseminated bony and visceral metastases (presented to Dr Cobleigh and Dr Holmes).

Case 3 from the practice of Richard S Zerkowicz, MD: A 51-year-old perimenopausal woman was diagnosed in 2002 with two distinct, ipsilateral breast lesions in different quadrants, measuring 0.8 centimeters and 2.5 centimeters. Pathology postmastectomy revealed ER-positive, PR-negative, HER2-positive invasive breast cancer at both sites and a negative SLNBx. She received adjuvant FEC and initiated endocrine therapy. She now complains of shortness of breath and pleuritic chest pain (presented to Dr Cobleigh and Dr Holmes).

Case 4 from the practice of Philip Glynn, MD: A 76-year-old widow in otherwise good health presented with back pain and a large breast mass causing skin contracture and erosion. Biopsy revealed an ER-positive, PR-positive, HER2-positive infiltrating lobular carcinoma, and staging work-up revealed hypercalcemia and metastatic involvement of the thoracic and lumbar spine (presented to Dr Cobleigh and Dr Holmes).

Case 5 from the practice of Lowell L Hart, MD: A 59-year-old woman in excellent health diagnosed with a 3.1-cm, highly proliferative, triple-negative, node-negative breast tumor. The patient entered a clinical trial of adjuvant AC/docetaxel in combination with bevacizumab. (presented to Dr Cobleigh and Dr Holmes).

Case 6 from the practice of Kapisthalem S Kumar, MD: A 59-year-old woman with a right mammographic breast abnormality was found to have a 3-mm focus of atypia on excisional biopsy, subsequently determined to be an infiltrating ductal carcinoma with tubular features. Wide local excision and extended SLNBx demonstrated a small residual focus of a Grade I, ER-positive, PR-positive, HER2-negative tumor with negative margins and one of eight positive nodes (presented to Dr Cobleigh and Dr Holmes).

Case 7 from the practice of Kenneth R Hoffman, MD: A 34-year-old woman in her tenth week of pregnancy was found to have a 2.3-cm, ER-negative, PR-negative, HER2-positive IDC. She underwent therapeutic interruption of pregnancy followed by mastectomy and axillary dissection, revealing two of 21 positive nodes (presented to Dr Cobleigh and Dr Holmes).

Case 8 from the practice of Michael A Schwartz, MD: A 57-year-old postmenopausal woman reporting a two-year history of gradual right breast hardening ultimately presented with an ulcerating and bleeding lesion spanning both breasts. Surgical biopsy revealed ER-positive, PR-positive, HER2-negative, Grade II IDC with regional nodal and chest wall involvement and diffuse bone metastases (presented to Dr Schwartzberg and Dr Seidman).

Case 9 from the practice of Andrea F Stebel, MD: A 66-year-old woman was diagnosed with a 5-cm, ER-positive, PR-negative, HER2-negative sentinel lymph node-negative infiltrating lobular cancer, treated with lumpectomy and radiation therapy. The patient wished to avoid cytotoxic chemotherapy and, after an Oncotype DX™ recurrence score of 15, received only adjuvant endocrine systemic treatment (presented to Dr Schwartzberg and Dr Seidman).

Case 10 from the practice of Alan B Astrow, MD: An 86-year-old woman was found to have a 1.9-cm, Grade II, ER-negative, PR-negative, HER2-positive IDC with six of 15 positive axillary nodes. Extent of disease evaluation showed no evidence of distant metastases and medical history was notable for controlled hypertension and mild Parkinsonism. She received adjuvant capecitabine with trastuzumab (presented to Dr Schwartzberg and Dr Seidman).

Case 11 from the practice of Patricia A De Fusco, MD: A 65-year-old woman diagnosed five years prior with a 1.7-cm, ER-positive, HER2-negative, invasive breast tumor with associated LVI and two of 15 positive nodes. She was treated with mastectomy, four cycles of AC and 2.5 years of adjuvant tamoxifen followed by a planned switch to anastrozole. She now presents with increasing lower back pain (presented to Dr Schwartzberg and Dr Seidman).

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 3, 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, nonanthracycline-based regimens 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 that provide prognostic and predictive information on the quantitative risk of breast cancer relapse and/or treatment response, 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 these 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 |
|------------------------|-----------------------------|------------------------------|
| Melody A Cobleigh, MD | 5 4 3 2 1 | 5 4 3 2 1 |
| Frankie A Holmes, MD | 5 4 3 2 1 | 5 4 3 2 1 |
| Lee S Schwartzberg, MD | 5 4 3 2 1 | 5 4 3 2 1 |
| Andrew D Seidman, 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

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.....

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MTPB307

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Meet The Professors

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