

# 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 ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. To offer optimal patient care — including the option of clinical trial participation — practicing medical oncologists, hematologists and hematology-oncology fellows must be well informed of these advances. *Meet The Professors* utilizes relevant case-based discussions between community oncologists and clinical investigators to help practicing clinicians incorporate this information into their management strategies for patients with breast cancer.

## LEARNING OBJECTIVES

- Evaluate the clinical implications of emerging clinical trial data in breast cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, metastatic and preventive settings.
- Counsel patients who are postmenopausal with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen.
- Talk with patients who are premenopausal about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions.
- Implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings.
- Appraise the emerging data on various adjuvant chemotherapy approaches, including modified doses and schedules 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.
- Assess the emerging data for novel biologic and molecular-targeted therapies with clinical activity in breast cancer, and determine how these should be incorporated into the treatment algorithm for appropriate patients with metastatic disease, including patients with triple-negative tumors.

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## Guide to Audio Program

**Compact Disc 1:** Tracks 1-6 — case from Dr Bobrow; Tracks 7-11 — case from Dr Vacirca; Tracks 12-17 — case from Dr Schwartz; **Compact Disc 2:** Tracks 1-7 — case from Dr Astrow; Tracks 8-10 — case from Dr Marcom; Tracks 11-13 — case from Dr Hoffman; Tracks 14-16 — case from Dr Moss; **Compact Disc 3:** Tracks 1-5 — case from Dr Allison; Tracks 6-7 — case from Dr Seigel; Tracks 8-11 — case from Dr Lunin; Tracks 12-13 — case from Dr Levy

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## Medical Oncologist Community Panel

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### **Mary Ann K Allison, MD**

Comprehensive Cancer  
Centers of Nevada  
Siena Campus  
Henderson, Nevada

### **Alan B Astrow, MD**

Director, Division of Medical  
Oncology/Hematology  
Maimonides Cancer Center  
Brooklyn, New York

### **Samuel N Bobrow, MD**

Associate Clinical Professor of  
Medicine, Yale University  
Attending Physician at  
Yale-New Haven Hospital  
Attending Physician at the  
Hospital of St Raphael  
New Haven, Connecticut

### **Kenneth R Hoffman, MD, MPH**

Teaneck, New Jersey

### **Isaac Levy, MD**

Memorial Hospital West  
Pembroke Pines, Florida

### **Scott D Lunin, MD**

Florida Cancer Specialists  
Port Charlotte, Florida

### **Paul K Marcom, MD**

Duke University  
Medical Center  
Durham, North Carolina

### **Robert A Moss, MD**

President  
Medical Oncology Association  
of Southern California  
Private Practice  
Fountain Valley, California

### **Michael A Schwartz, MD**

Attending  
Mount Sinai Medical Center  
Miami Beach, Florida

### **Leonard J Seigel, MD**

Bienes Cancer Center  
Ft Lauderdale, Florida

### **Jeffrey L Vacirca, MD**

Assistant Professor of  
Medicine at University  
Hospital, Stony Brook  
North Shore Hematology/  
Oncology Associates  
East Setauket, New York

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## Case Studies

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**Case 1 from the practice of Samuel N Bobrow, MD:** A 63-year-old woman was treated six years previously with local therapy alone for a 0.9-cm, node-negative, ER-negative, PR-negative, HER2-positive invasive ductal carcinoma (IDC). In February 2007, she was treated with bilateral mastectomies and docetaxel/cyclophosphamide (TC) followed by trastuzumab for a second 0.9-cm, ipsilateral, node-negative, ER-negative, PR-negative, HER2-positive IDC (presented to Drs Geyer and Mackey).

**Case 2 from the practice of Jeffrey L Vacirca, MD:** An 80-year-old woman with a history of diabetes, hypertension and CHF was diagnosed with multifocal (4-cm, 2.8-cm and 2.5-cm), ER-positive, PR-positive, HER2-positive, poorly differentiated lobular carcinoma with signet ring features and 13/14 positive axillary lymph nodes, for which she underwent mastectomy and axillary node dissection. She received TCH with growth factor support followed by an aromatase inhibitor (presented to Drs Budd and Galow).

**Case 3 from the practice of Michael A Schwartz, MD:** A 36-year-old woman with a 2-cm, Grade III, ER-positive, PR-positive, HER2-negative, node-negative IDC had an Oncotype DX™ recurrence score of 27 and was treated with chemotherapy followed by radiation therapy and hormonal therapy (presented to Drs Budd and Galow).

**Case 4 from the practice of Alan B Astrow, MD:** A 56-year-old woman was treated with dose-dense AC → paclitaxel for a 3.7-cm, triple-negative, node-negative left breast tumor. One year later, she developed right upper quadrant pain and multiple liver metastases (presented to Drs Geyer and Mackey).

**Case 5 from the practice of Paul K Marcom, MD:** A 48-year-old premenopausal woman presented with a 5-cm, triple-negative breast tumor, and CT/PET revealed diffuse bone and nodal metastatic disease. LVEF was 20 percent. She was diagnosed with cardiomyopathy, for which she received an ACE inhibitor, beta-blocker and furosemide. Her tumor was treated with carboplatin, nab paclitaxel and bevacizumab (presented to Drs Budd and Galow).

**Case 6 from the practice of Kenneth R Hoffman, MD, MPH:** A 76-year-old man underwent a simple mastectomy in 1999 for breast cancer of unknown stage. Follow-up in 2007 revealed a 3 x 5 x 4.2-cm left supraclavicular lymph node mass, and biopsy was consistent with a triple-negative adenocarcinoma of the breast (presented to Drs Budd and Galow).

**Case 7 from the practice of Robert A Moss, MD:** A 54-year-old woman whose metastatic breast cancer progressed through a number of hormonal, chemotherapy and biologic treatments developed pulmonary metastases with lymphangitic spread, rapidly increasing dyspnea and bone pain, for which she received nab paclitaxel/bevacizumab and experienced dramatic symptom relief. Trastuzumab was added to her treatment, and after one year she had slowly progressive disease and was switched to lapatinib/capecitabine (presented to Drs Budd and Galow).

**Case 8 from the practice of Mary Ann K Allison, MD:** An 84-year-old woman with medically controlled, asymptomatic CAD and myeloproliferative syndrome was diagnosed with a 10-cm, strongly ER-positive, weakly PR-positive, HER2-negative infiltrating lobular carcinoma. After six months of neoadjuvant therapy with an aromatase inhibitor, she underwent a lumpectomy (positive margins and two positive nodes) followed by a mastectomy and radiation therapy. She is now receiving an aromatase inhibitor and a bisphosphonate without complications (presented to Drs Geyer and Mackey).

**Case 9 from the practice of Leonard J Seigel, MD:** A 40-year-old woman diagnosed with a 1-cm, poorly differentiated, Grade III, ER-positive, PR-positive, HER2-positive IDC discontinued tamoxifen after two years and currently intends to undergo fertility treatment (presented to Drs Budd and Galow).

**Case 10 from the practice of Scott D Lunin, MD:** A 39-year-old woman was diagnosed with a 2-cm, moderately differentiated, ER-positive, PR-positive, HER2-negative IDC and a 3-cm lung mass that was confirmed on biopsy to be metastatic breast cancer (presented to Drs Budd and Galow).

**Case 11 from the practice of Isaac Levy, MD:** A 78-year-old woman was diagnosed with a 10-cm, triple-negative invasive breast carcinoma of myoepithelial origin with adenocystic features and several enhancing bony lesions in the pelvis and L5 vertebral body, with bone biopsy histologically identical to the primary tumor. She was treated with dose-dense AC → paclitaxel and zoledronic acid (presented to Drs Geyer and Mackey).

## Educational Assessment and Credit Form: Meet The Professors Breast Cancer, Issue 1, 2008

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 ONE — Please tell us about your experience with this educational activity

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Treatment of patients with triple-negative tumors . . . . . 4 3 2 1  
 Role of *Oncotype* DX in clinical decision-making . . . . . 4 3 2 1  
 Approach to patients with HER2-positive disease progressing on trastuzumab . . . . . 4 3 2 1  
 Selection of endocrine therapy for postmenopausal patients with ER-positive disease . . . . . 4 3 2 1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Treatment of patients with triple-negative tumors . . . . . 4 3 2 1  
 Role of *Oncotype* DX in clinical decision-making . . . . . 4 3 2 1  
 Approach to patients with HER2-positive disease progressing on trastuzumab . . . . . 4 3 2 1  
 Selection of endocrine therapy for postmenopausal patients with ER-positive disease . . . . . 4 3 2 1

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

Yes  No

If no, please explain: .....

**Will this activity help you improve patient care?**

Yes  No  Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

Yes  No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

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

**As a result of this activity, I will:**

- Evaluate the clinical implications of emerging clinical trial data in breast cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, metastatic and preventive settings. . . . . 4 3 2 1 N/M N/A
- Counsel patients who are postmenopausal with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen. . . . . 4 3 2 1 N/M N/A
- Talk with patients who are premenopausal about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions. . . . . 4 3 2 1 N/M N/A
- Implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings. . . . . 4 3 2 1 N/M N/A
- Appraise the emerging data on various adjuvant chemotherapy approaches, including modified doses and schedules and the use of taxanes, and explain the absolute risks and benefits of adjuvant chemotherapy regimens to patients. . . . . 4 3 2 1 N/M 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. . . . . 4 3 2 1 N/M N/A
- Assess the emerging data for novel biologic and molecular-targeted therapies with clinical activity in breast cancer, and determine how these should be incorporated into the treatment algorithm for appropriate patients with metastatic disease, including patients with triple-negative tumors. . . . . 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What other practice changes will you make or consider making as a result of this activity?

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What additional information or training do you need on the activity topics or other oncology-related topics?

.....

Additional comments about this activity:

.....

May we include you in future assessments to evaluate the effectiveness of this activity?

Yes  No

**PART TWO — Please tell us about the faculty for this educational activity**

Faculty	4 = Expert				3 = Above average				2 = Competent				1 = Insufficient			
	Knowledge of subject matter								Effectiveness as an educator							
G Thomas Budd, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Charles E Geyer Jr, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Julie R Galow, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
John Mackey, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

.....

Other comments about the faculty for this activity:

.....

.....

**REQUEST FOR CREDIT — Please print clearly**

Name: ..... Specialty: .....

Degree:

MD  DO  PharmD  NP  BS  RN  PA  Other.....

Medical License/ME Number: ..... Last 4 Digits of SSN (required): .....

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City, State, Zip: .....

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I certify my actual time spent to complete this educational activity to be \_\_\_\_\_ hour(s).

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MTPB108

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