

Meet The Professors

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



MODERATOR

Neil Love, MD

FACULTY

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Breast Cancer[®]
UPDATE



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

OVERVIEW OF ACTIVITY

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* uses relevant case-based discussions between community oncologists and clinical investigators to help practicing clinicians incorporate this information into their management strategies for breast cancer.

LEARNING OBJECTIVES

- Incorporate the use of validated biomarkers and genomic assays in the quantification of disease risk and the selection of appropriate treatment for breast cancer.
- Compare and contrast the safety and efficacy of anthracycline- and nonanthracycline-containing adjuvant regimens when recommending chemotherapy for patients with early breast cancer.
- Devise an algorithm for the endocrine treatment of pre- and postmenopausal women with ER-positive early breast cancer, addressing total duration of therapy, management of side effects and the evolving role of bisphosphonates.
- Recommend treatment strategies for HER2-positive early and advanced breast cancer, considering the utility of trastuzumab for small, node-negative tumors in addition to the individualized and sequential use of chemobiologic regimens.
- Recognize the risks and benefits of the first-line use of bevacizumab for HER2-negative metastatic breast cancer.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.
- Assess the effectiveness of personal strategies for preventing emotional and physical “burnout” in the practice of oncology.

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MEET THE PROFESSORS DOWNLOADABLE AUDIO AND PODCASTS

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

Guide to Audio Program

Track 1 — case from Dr Hoffman; Track 2 — case from Dr Levy; Track 3 — case from Dr Freedman; Track 4 — case from Dr Gearhart; Track 5 — case from Dr Farber; Track 6 — case from Dr Astrow; Track 7 — case from Dr Moss; Track 8 — case from Dr Vacirca; Track 9 — case from Dr Seigel

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COMMUNITY PANEL — **Drs Freedman, Hoffman and Levy** had no real or apparent conflicts of interest to disclose. **Dr Astrow — Consulting Agreement:** Pfizer Inc. **Dr De Fusco — Speakers Bureau:** AstraZeneca Pharmaceuticals LP, Novartis Pharmaceuticals Corporation. **Dr Farber — Stock Ownership:** Celgene Corporation. **Dr Gearhart — Speakers Bureau:** Eli Lilly and Company, Sanofi-Aventis. **Dr Kanner — Advisory Committee:** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Eisai Inc, Millennium: The Takeda Oncology Company. **Dr Moss — Advisory Committee:** Celgene Corporation, Millennium: The Takeda Oncology Company, Pharmion Corporation; **Paid Research:** Abraxis BioScience, Amgen Inc, Archimedes Development Limited, Eisai Inc, Genentech BioOncology, Novartis Pharmaceuticals Corporation, Ortho Biotech Products LP, Pharmatech Inc, Sanofi-Aventis, Taiho Pharmaceutical Co Ltd. **Dr Seigel — Stock Ownership:** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech BioOncology, Millennium: The Takeda Oncology Company. **Dr Vacirca — Speakers Bureau:** Abraxis BioScience, OSI Oncology, Sanofi-Aventis. **Dr Zelkowitz — Speakers Bureau:** Pfizer Inc.

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Medical Oncologist Community Panel (continued)

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Teaneck, New Jersey

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Richard S Zekowitz, MD

Chief, Section Heme/
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Medical Director
Smilow Breast Health Center at
Norwalk Hospital
Clinical Affiliate/
Consultant at MSKCC
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Case Studies

Case 1 from the practice of Kenneth R Hoffman, MD, MPH: In 1994, a 57-year-old postmenopausal woman was diagnosed with Stage II, ER-positive, PR-positive breast cancer and was treated with lumpectomy, radiation therapy and five years of adjuvant tamoxifen. She was free of disease until November 2006, when she had a grand mal seizure and was found to have a single ER-positive, HER2-negative brain metastasis that was surgically removed. In February 2008, she developed a nonproductive cough and was found to have multiple lung lesions on chest x-ray and a palpable left supraclavicular lymph node, biopsy of which showed ER-negative, HER2-positive disease. Bilateral mammogram and breast MRI were negative (*presented to Drs Chlebowski and Jones*).

Case 2 from the practice of Isaac Levy, MD: In 2001, a 51-year-old premenopausal woman was diagnosed with two ipsilateral (1.7-cm and 1.2-cm), well-differentiated, ER-positive, PR-positive, HER2-negative breast tumors with negative axillary nodes and positive margins. She underwent a modified simple mastectomy, after which she was found to have no residual invasive cancer and uninvolved margins. Subsequently, she was treated with four cycles of adjuvant AC and five years of adjuvant tamoxifen, at which point additional endocrine therapy was considered (*presented to Drs Chlebowski and Jones*).

Case 3 from the practice of Allan Freedman, MD: A 66-year-old woman was diagnosed with a 1.2-cm, node-negative, Grade II, ER-positive, PR-negative, HER2-negative infiltrating ductal carcinoma (IDC), for which she underwent a lumpectomy. She enrolled in the TAILORx trial and had an Oncotype DX® Recurrence Score® of 37 (*presented to Drs Chlebowski and Jones*).

Case 4 from the practice of Bonni L Gearhart, MD: A 26-year-old woman presented with a 4-cm, Grade II, ER-positive, PR-negative, HER2-negative IDC and synchronous bone metastases (*presented to Drs Chlebowski and Jones*).

Case 5 from the practice of Leonard R Farber, MD: A 56-year-old postmenopausal woman was diagnosed with a 2-cm, Grade II, ER-positive (90% staining), PR-positive (40% staining), node-negative IDC. HER2 was IHC 3+ and FISH nonamplified. The Oncotype DX assay classified the tumor as strongly ER-positive, PR-positive and HER2-negative, with a Recurrence Score of 13 (*presented to Drs Chlebowski and Jones*).

Case 6 from the practice of Alan B Astrow, MD: A 44-year-old premenopausal woman with a history of DCIS presented with a 1.7-cm, Grade II, ER-equivocal (5% staining), PR-negative, HER2-positive, node-negative IDC (*presented to Dr Pegram*).

Case 7 from the practice of Robert A Moss, MD: A 52-year-old premenopausal woman was diagnosed with a moderately differentiated, strongly ER- and PR-positive, HER2-negative, node-positive (0.75-mm focus in one lymph node) IDC (*presented to Dr Pegram*).

Case 8 from the practice of Jeffrey L Vacirca, MD: A 52-year-old woman with a history of diabetes and hypertension underwent mastectomy and sentinel lymph node biopsy for a 1.7-cm, ER-positive, PR-positive, HER2-negative breast tumor. One of two sentinel lymph nodes was positive, and a subsequent PET scan revealed lung metastases (*presented to Dr Pegram*).

Case 9 from the practice of Leonard J Seigel, MD: A 59-year-old woman (Dr Seigel's wife) was diagnosed with a 1.6-cm, Grade II, strongly ER-positive, PR-negative, HER2-negative, node-positive IDC (*presented to Dr Pegram*).

**Educational Assessment and Credit Form:
Meet The Professors Breast Cancer, Issue 2, 2008**

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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 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Role of the Oncotype DX assay in clinical decision-making.....	4	3	2	1
Current and evolving anti-HER2 treatment strategies in the adjuvant and metastatic settings.....	4	3	2	1
Long-term adjuvant endocrine therapy for pre- and postmenopausal patients, including the use of bisphosphonates.....	4	3	2	1
Clinical trials incorporating bevacizumab into the adjuvant setting.....	4	3	2	1
Physicians' perspectives on managing "burnout" in medical oncology.....	4	3	2	1

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

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Long-term adjuvant endocrine therapy for pre- and postmenopausal patients, including the use of bisphosphonates.....	4	3	2	1
Clinical trials incorporating bevacizumab into the adjuvant setting.....	4	3	2	1
Physicians' perspectives on managing "burnout" in medical oncology.....	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 be able to:

- Incorporate the use of validated biomarkers and genomic assays in the quantification of disease risk and the selection of appropriate treatment for breast cancer.....4 3 2 1 N/M N/A
- Compare and contrast the safety and efficacy of anthracycline- and nonanthracycline-containing adjuvant regimens when recommending chemotherapy for patients with early breast cancer.....4 3 2 1 N/M N/A
- Devise an algorithm for the endocrine treatment of pre- and postmenopausal women with ER-positive early breast cancer, addressing total duration of therapy, management of side effects and the evolving role of bisphosphonates.....4 3 2 1 N/M N/A
- Recommend treatment strategies for HER2-positive early and advanced breast cancer, considering the utility of trastuzumab for small, node-negative tumors in addition to the individualized and sequential use of chemobiologic regimens.....4 3 2 1 N/M N/A
- Recognize the risks and benefits of the first-line use of bevacizumab for HER2-negative metastatic breast cancer.....4 3 2 1 N/M N/A
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.....4 3 2 1 N/M N/A
- Assess the effectiveness of personal strategies for preventing emotional and physical "burnout" in the practice of oncology.....4 3 2 1 N/M N/A

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

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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

Additional comments about this activity:

As part of our ongoing, continuous, quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

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No, I am not willing to participate in a follow-up survey.

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

Table with 2 main sections: Faculty and Moderator. Each section has columns for Knowledge of subject matter and Effectiveness as an educator, with sub-columns for ratings 4, 3, 2, 1. Faculty listed include Rowan T Chlebowski, Stephen E Jones, and Mark D Pegram. Moderator listed is Neil Love.

Please recommend additional faculty for future activities:

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