

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, metastatic and preventive 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.

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

Guide to Audio Program

Audio Tape 1: *Side A* — case from Dr Dresdner, case from Dr Hussein, case from Dr Hendricks, case from Dr Hussein; *Side B* — case from Dr Hussein (continued), case from Dr Hendricks, case from Dr Astrow; **Audio Tape 2:** *Side A* — case from Dr Zerkowitz, case from Dr Schwartz, case from Dr Zerkowitz; *Side B* — case from Dr Zerkowitz (continued), case from Dr De Fusco, case from Dr Dresdner

Compact Disc 1: Tracks 1-7 — case from Dr Dresdner; Tracks 8-11 — case from Dr Hussein; Tracks 12-14 — case from Dr Hendricks; Tracks 15-26 — case from Dr Hussein;

Compact Disc 2: Tracks 1-3 — case from Dr Hendricks; Tracks 4-13 — case from Dr Astrow; Tracks 14-21 — case from Dr Zerkowitz; Tracks 22-24 — case from Dr Schwartz;

Compact Disc 3: Tracks 1-5 — case from Dr Schwartz (continued); Tracks 6-12: case from Dr Zerkowitz; Tracks 13-18 — case from Dr De Fusco; Tracks 19-21 — case from Dr Dresdner

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Case Studies

Case 1: A 74-year-old man who presented five years ago with a Grade III, ER-positive, PR-positive, HER2-negative infiltrating ductal carcinoma with 2/8 positive lymph nodes, for which he underwent a modified left radical mastectomy and local chest wall radiation therapy followed by AC → paclitaxel and tamoxifen. After 4.5 years, he presented with back pain and elevated CA27.29. PET revealed multiple abnormal bony sites in the ribs and spine, two small hepatic lesions and supraclavicular nodes (*from the practice of Dr David M Dresdner*)

Case 2: A 39-year-old woman with a 1.7-centimeter, Grade II, ER-positive, PR-positive, HER2-negative infiltrating ductal carcinoma with 7/10 positive lymph nodes (*from the practice of Dr Atif M Hussein*)

Case 3: A 49-year-old woman who presented with a palpable right breast mass and underwent a lumpectomy that revealed a 1.5-centimeter, Grade I, ER-positive, PR-positive, HER2-positive infiltrating ductal carcinoma with intermediate-grade DCIS and negative sentinel lymph node biopsy (*from the practice of Dr Carolyn B Hendricks*)

Case 4: A 56-year-old woman who underwent a left lumpectomy for a 3.1-centimeter, moderately differentiated, ER-negative, PR-negative, HER2-negative infiltrating ductal carcinoma with 3/12 positive axillary lymph nodes. She received TAC and radiation therapy. In less than one year, CEA and CA15-3 increased and CT scan revealed several hepatic lesions, largest measuring 1.6 centimeters (*from the practice of Dr Atif M Hussein*)

Case 5: A 60-year-old woman who was treated three years ago for a Stage I, ER-positive, HER2-positive left breast cancer with mastectomy and adjuvant AC and tamoxifen. Recently, she presented with a Stage IIIA, ER-positive, PR-positive, HER2-positive contralateral breast cancer with six positive nodes (*from the practice of Dr Carolyn B Hendricks*)

Case 6: An active 82-year-old woman with a 1.7-centimeter, weakly ER-positive, PR-positive, HER2-negative, poorly differentiated breast tumor with two positive nodes (*from the practice of Dr Alan B Astrow*)

Case 7: A 38-year-old woman of Ashkenazi descent with no family history of breast or ovarian cancer, who presented with a T1N1 ER-positive, PR-positive, HER2-negative invasive lobular carcinoma <2 centimeters with 1/12 positive lymph nodes. The patient underwent a mastectomy but refused adjuvant therapy. Seven years later she presented with a second primary breast cancer and metastatic disease (*from the practice of Dr Richard S Zerkowitz*)

Case 8: A 32-year-old woman who presented with a six-centimeter, Grade II, ER-positive, PR-negative, HER2-positive infiltrating ductal carcinoma at 34 weeks of pregnancy (*from the practice of Dr Michael A Schwartz*)

Case 9: A healthy and independent 97-year-old woman with osteopenia who underwent a mastectomy for a five-centimeter, ER-positive, PR-positive, HER2-negative infiltrating ductal carcinoma (*from the practice of Dr Richard S Zerkowitz*)

Case 10: A 34-year-old woman who presented with a four-centimeter, high-grade, ER-positive, PR-positive, HER2-positive breast cancer with extensive lymphovascular invasion and 3/20 positive nodes (*from the practice of Dr Patricia A De Fusco*)

Case 11: A 39-year-old woman who presented with a 0.9-centimeter, Grade II, ER-positive, PR-negative, HER2-negative lobular carcinoma with 1/9 positive nodes (*from the practice of Dr David M Dresdner*)

Evaluation Form: *Meet The Professors*, Issue 3, 2006

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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, metastatic and preventive 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

EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
Joanne L Blum, MD, PhD	5 4 3 2 1	5 4 3 2 1
Richard M Elledge, MD	5 4 3 2 1	5 4 3 2 1
Julie R Gralow, MD	5 4 3 2 1	5 4 3 2 1
Debu Tripathy, 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 Audio tapes Downloaded MP3s from website

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What other topics would you like to see addressed in future educational programs?

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What other faculty would you like to hear interviewed in future educational programs?

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Meet The Professors

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