

Meet The Professors

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



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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

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 research leaders.

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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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 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 Bhardwaj, case from Dr Bobrow, case from Dr Hoffman; *Side B* — case from Dr Hoffman (continued), case from Dr Lichter, case from Dr Lo; **Audio Tape 2:** *Side A* — case from Dr Vacirca, case from Dr L Farber; *Side B* — case from Dr L Farber (continued), case from Dr C Farber, case from Dr Henningson; **Compact Disc 1:** Tracks 1-7 — case from Dr Bhardwaj; Tracks 8-13 — case from Dr Bobrow; Tracks 14-17 — case from Dr Hoffman; Tracks 18-21 — case from Dr Lichter; **Compact Disc 2:** Tracks 1-2 — case from Dr Lichter (continued); Tracks 3-5 — case from Dr Lo; Tracks 6-19 — case from Dr Vacirca; **Compact Disc 3:** Tracks 1-5 — case from Dr L Farber; Tracks 6-13 — case from Dr C Farber; Tracks 14-18 — case from Dr Henningson

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Dr Muss — Consulting Fees: Amgen Inc, Genentech Inc, Ortho Biotech Products LP, Pfizer Inc, Roche Laboratories Inc; **Ownership Interest:** Amgen Inc; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Aureon Laboratories Inc, Bristol-Myers Squibb Company, Celgene Corporation, Coley Pharmaceutical Group Inc, Genentech Inc, Genetics Institute, GlaxoSmithKline, ImClone Systems, Ligand Pharmaceuticals Incorporated, Merck and Company Inc, Novartis Pharmaceuticals Corporation, Ortho Biotech Products LP, Pfizer Inc, Sandoz, Sanofi-Aventis, Schering-Plough Corporation; **Membership:** American Society of Clinical Oncology. **Dr Pegram — Consulting Fees:** Genentech Inc, Sanofi-Aventis; **Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents:** Genentech Inc, Sanofi-Aventis. **Dr Rugo — Contracted Research:** Genentech Inc. **Dr Swain —** No financial interests or affiliations to disclose.

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Case Studies

Case 1: A 65-year-old, overweight woman with previously treated hypertension, a history of viral myocarditis and an LVEF of 50 percent who presented with a 1.2-cm, Grade III, strongly ER-positive, PR-positive, HER2-positive, node-negative infiltrating lobular and ductal carcinoma with a high Ki-67 (*from the practice of Dr Sushil Bhardwaj*)

Case 2: A 60-year-old woman with a family history of BRCA2 mutation who was diagnosed with a two-cm, ER-positive, PR-positive, HER2-positive, node-negative breast tumor after a routine mammography following a prophylactic oophorectomy. After bilateral mastectomies, FAC and tamoxifen, biopsy revealed ER-negative, PR-negative, HER2-negative left supraclavicular and axillary lymph nodes (*from the practice of Dr Samuel N Bobrow*)

Case 3: A 62-year-old woman who was initially diagnosed at age 45 with Stage III, moderately differentiated, ER-positive, PR-positive breast cancer and underwent a modified radical mastectomy (MRM) followed by doxorubicin-based chemotherapy. Investigation of upper leg and hip pain with X-ray and CT scan 16 years later revealed ER-positive, PR-positive bone metastases (*from the practice of Dr Kenneth R Hoffman*)

Case 4: A 61-year-old woman who underwent a left MRM without chemotherapy or hormonal therapy at age 45 for a 0.4-cm, ER-positive, PR-positive, node-negative comedocarcinoma with multifocal LCIS and DCIS. She underwent a total hysterectomy at age 47. Thirteen years after treatment of her primary, she developed a 1.5 x 1.5-cm, ER-positive, PR-negative, HER2-negative recurrence in the reconstructed breast (*from the practice of Dr Stephen M Lichter*)

Case 5: A 55-year-old woman who received a mastectomy, a modified AC → paclitaxel regimen, tamoxifen and chest wall radiation therapy for a 6.5-cm, ER-positive, PR-positive, HER2-negative lobular carcinoma with 25 positive nodes at age 48. She presented four years later with upper abdominal pain, nausea and vomiting. Endoscopy demonstrated a partial obstruction of the gastric outlet area and biopsy revealed an infiltrating carcinoma, consistent with her previous primary breast cancer (*from the practice of Dr K M Steve Lo*)

Case 6: A 32-year-old woman who underwent right (and left prophylactic) mastectomy for a T2/N1, poorly differentiated, ER-positive, PR-positive, HER2-positive ductal carcinoma at age 29. She was treated with dose-dense AC → paclitaxel and discontinued tamoxifen after six months to become pregnant. Recently she developed right upper quadrant abdominal discomfort. Ultrasound and biopsy revealed multiple ER-positive, PR-positive, HER2-positive hepatic metastases. She is 26 weeks pregnant (*from the practice of Dr Jeffrey L Vacirca*)

Case 7: A 64-year-old woman who presented in December 2001 with a 2.7-cm, strongly ER-positive, PR-positive, HER2-negative infiltrating ductal carcinoma with 1/19 positive nodes and was treated with an MRM and FAC₁₀₀. She has nearly completed five years of an aromatase inhibitor (*from the practice of Dr Leonard R Farber*)

Case 8: A 41-year-old woman who had a negative mammogram and ultrasound after complaints of ill-defined fullness in her left breast. After several months, she developed pain in her left breast, with a palpable eight-cm mass in the upper outer quadrant and matted axillary nodes up to 1.5 centimeters. Core biopsies revealed an ER-negative, PR-negative, HER2-negative carcinoma with papillary features and dense infiltration of tumor emboli within the lymphatics and blood vessels (*from the practice of Dr Charles M Farber*)

Case 9: A 69-year-old woman with a history of hypertension, hypercholesterolemia and COPD who underwent a mastectomy for a 1.5-cm focus of ER-positive, PR-positive, HER2-positive DCIS and a 0.5-cm, ER-negative, PR-negative, HER2-positive invasive breast cancer (*from the practice of Dr Carl T Henningson Jr*)

Evaluation Form: *Meet The Professors Breast Cancer, Issue 4, 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
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Mark D Pegram, MD	5 4 3 2 1	5 4 3 2 1
Hope S Rugo, MD	5 4 3 2 1	5 4 3 2 1
Sandra M Swain, 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

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

- Audio CDs Audio tapes Downloaded MP3s from website

Evaluation Form: *Meet The Professors* Breast Cancer, Issue 4, 2006

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Meet The Professors

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