WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Moderator
Neil Lewis, MD

Faculty
Rowan T Chlebowski, MD, PhD
Lluis Sastre, MD
Joyce O'Shaughnessy, MD
Bryan P Schneider, MD
Eric P Winer, MD

Contents
1 Audio CD

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

Audio Program Guide
Q3 Roundtable Discussion
Track 1: Chemotherapy and the PARP inhibitor BSI-201 in triple-negative metastatic breast cancer (mBC)
Track 2: Case discussion: A 35-year-old woman with a 12-cm, triple-negative breast cancer (BC) experiences disease progression after one cycle of neoadjuvant TAC
Track 3: Risk of recurrence for patients with small, node-negative, HER2-positive BC
Track 4: Phase II trial of olaparib/panobinostat backbone for node-negative, HER2-positive BC
Track 5: Prospective on the apparent benefit of olaparib backbone for patients with HER2-neo BC
Track 6: Perspectives on the role of trastuzumab and trastuzumab emtansine (T-DM1) in HER2-positive BC
Track 7: Lapatinib alone or in combination with backbone for patients with HER2-positive mBC progressing
Track 8: Phase II trial of olaparib with backbone for patients with HER2-positive mBC
Track 9: Treatment for patients with small, node-positive, HER2-positive BC
Track 10: One-month estimates of backbone therapy with olaparib backbone for HER2-positive BC
Track 11: T-DM1 trial: Impact on survival among women with metastatic breast cancer and received before trastuzumab

Tracking and Reporting:
This program is supported by educational grants from AstraZeneca Pharmaceuticals LP, Genentech BioOncology and Genomic Health Inc.
WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Moderator:
Neil Love, MD

Faculty:
Rowan T Chlebowski, MD, PhD
Luca Gianni, MD
Joyce O'Shaughnessy, MD
Bryan P Schneider, MD
Eric P Winer, MD

Contents:
1 Audio CD

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

CD 1
Roundtable Discussion
Track 1
Chemotherapy and the PARP inhibitor BSI-201 in triple-negative metastatic breast cancer (mBC)
Track 2
Case discussion: A 35-year-old woman with a 12-cm, triple-negative breast cancer (BC) experiences disease progression after one cycle of neoadjuvant TAC
Track 3
Risk of recurrence for patients with small, node-negative, HER2-positive BC
Track 4
Phase II trial of olaparib plus letrozole for postmenopausal, HER2-positive BC
Track 5
Prospective use of olaparib in patients with germline BRCA1 or BRCA2 mutations
Track 6
Olaparib monotherapy for patients with breast cancer and germline BRCA1 or BRCA2 mutations
Track 7
Lapatinib alone or in combination with toceranib or pazopanib for patients with HER2-positive BC
Track 8
Outcomes of olaparib in patients with heavily pretreated HER2-positive BC
Track 9
First-line approach for patients with adenocarcinoma, node-negative, HER2-positive BC
Track 10
Olaparib in combination with olaparib and toceranib for patients with HER2-positive BC
Track 11
NAC T-DM1 trial: Bevacizumab in combination with chemotherapy and targeted therapies in patients with metastatic BC
Track 12
Initial results of the first trial of nivolumab in patients with advanced BC
Track 13
Case discussion: A 49-year-old premenopausal woman with a 1.5-cm, node-negative, ER-positive, HER2-negative infiltrating ductal carcinoma receives a low OncoType DX® Recurrence Score® and experiences a local recurrence after two years of adjuvant tamoxifen
Track 14
Treatment approach for patients with HER2-negative BC
Track 15
Use of fulvestrant 500 mg/month for postmenopausal patients with ER-positive mBC
Track 16
Clinical trial evaluation of high-dose fulvestrant in the adjuvant setting
Track 17
Research evidence related to the question of continuation of bevacizumab after disease progression
Track 18
RIBBON 2 and AVADO trials evaluating chemotherapeutic agents in combination with bevacizumab in mBC
Track 19
Perspective on the NSABP-C-08 study results: Adjuvant FOLFOX with or without bevacizumab in colon cancer
Track 20
Chemotherapy/bevacizumab for patients with mBC and intact primary BC
Track 21
Use of bevacizumab for patients with central nervous system metastases
Track 22
Chemotherapy/bevacizumab in the treatment of triple-negative mBC
Track 23
Clinical role of the OncoType DX assay in ER-positive BC
Track 24
Prognostic and predictive value of the OncoType DX assay for postmenopausal women with node-positive, ER-positive BC
Track 25
Use of the OncotypeDX and MammaPrint® assays in clinical practice
Track 26
Ongoing prospective trials of adjuvant therapy based on risk assessment with the Oncotype DX assay.

From the publishers of:
WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Moderator:
Neil Love, MD

Faculty:
Rowan T Chlebowski, MD, PhD
Luca Gianni, MD
Joyce O'Shaughnessy, MD
Bryan P Schneider, MD
Eric P Winer, MD

Contents:
1 Audio CD

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

CD 1
Roundtable Discussion
Track 1
Chemotherapy and the PARP inhibitor BSI-201 in triple-negative metastatic breast cancer (mBC)
Track 2
Case discussion: A 35-year-old woman with a 12-cm, triple-negative breast cancer (BC) experiences disease progression after one cycle of neoadjuvant TAC
Track 3
Risk of recurrence for patients with small, node-negative, HER2-positive BC
Track 4
Phase II trial of olaparib plus letrozole for postmenopausal, HER2-positive BC
Track 5
Prospective use of olaparib in patients with germline BRCA1 or BRCA2 mutations
Track 6
Olaparib monotherapy for patients with breast cancer and germline BRCA1 or BRCA2 mutations
Track 7
Lapatinib alone or in combination with toceranib or pazopanib for patients with HER2-positive BC
Track 8
Outcomes of olaparib in patients with heavily pretreated HER2-positive BC
Track 9
First-line approach for patients with adenocarcinoma, node-negative, HER2-positive BC
Track 10
Olaparib in combination with olaparib and toceranib for patients with HER2-positive BC
Track 11
NAC T-DM1 trial: Bevacizumab in combination with chemotherapy and targeted therapies in patients with metastatic BC
Track 12
Initial results of the first trial of nivolumab in patients with advanced BC
Track 13
Case discussion: A 49-year-old premenopausal woman with a 1.5-cm, node-negative, ER-positive, HER2-negative infiltrating ductal carcinoma receives a low OncoType DX® Recurrence Score® and experiences a local recurrence after two years of adjuvant tamoxifen
Track 14
Treatment approach for patients with HER2-negative BC
Track 15
Use of fulvestrant 500 mg/month for postmenopausal patients with ER-positive mBC
Track 16
Clinical trial evaluation of high-dose fulvestrant in the adjuvant setting
Track 17
Research evidence related to the question of continuation of bevacizumab after disease progression
Track 18
RIBBON 2 and AVADO trials evaluating chemotherapeutic agents in combination with bevacizumab in mBC
Track 19
Perspective on the NSABP-C-08 study results: Adjuvant FOLFOX with or without bevacizumab in colon cancer
Track 20
Chemotherapy/bevacizumab for patients with mBC and intact primary BC
Track 21
Use of bevacizumab for patients with central nervous system metastases
Track 22
Chemotherapy/bevacizumab in the treatment of triple-negative mBC
Track 23
Clinical role of the OncoType DX assay in ER-positive BC
Track 24
Prognostic and predictive value of the OncoType DX assay for postmenopausal women with node-positive, ER-positive BC
Track 25
Use of the OncotypeDX and MammaPrint® assays in clinical practice
Track 26
Ongoing prospective trials of adjuvant therapy based on risk assessment with the Oncotype DX assay.

From the publishers of:
WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Moderator:
Neil Love, MD

Faculty:
Rowan T Chlebowski, MD, PhD
Luca Gianni, MD
Joyce O'Shaughnessy, MD
Bryan P Schneider, MD
Eric P Winer, MD

Contents:
1 Audio CD

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

CD 1
Roundtable Discussion
Track 1
Chemotherapy and the PARP inhibitor BSI-201 in triple-negative metastatic breast cancer (mBC)
Track 2
Case discussion: A 35-year-old woman with a 12-cm, triple-negative breast cancer (BC) experiences disease progression after one cycle of neoadjuvant TAC
Track 3
Risk of recurrence for patients with small, node-negative, HER2-positive BC
Track 4
Phase II trial of olaparib plus letrozole for postmenopausal, HER2-positive BC
Track 5
Prospective use of olaparib in patients with germline BRCA1 or BRCA2 mutations
Track 6
Olaparib monotherapy for patients with breast cancer and germline BRCA1 or BRCA2 mutations
Track 7
Lapatinib alone or in combination with toceranib or pazopanib for patients with HER2-positive BC
Track 8
Outcomes of olaparib in patients with heavily pretreated HER2-positive BC
Track 9
First-line approach for patients with adenocarcinoma, node-negative, HER2-positive BC
Track 10
Olaparib in combination with olaparib and toceranib for patients with HER2-positive BC
Track 11
NAC T-DM1 trial: Bevacizumab in combination with chemotherapy and targeted therapies in patients with metastatic BC
Track 12
Initial results of the first trial of nivolumab in patients with advanced BC
Track 13
Case discussion: A 49-year-old premenopausal woman with a 1.5-cm, node-negative, ER-positive, HER2-negative infiltrating ductal carcinoma receives a low OncoType DX® Recurrence Score® and experiences a local recurrence after two years of adjuvant tamoxifen
Track 14
Treatment approach for patients with HER2-negative BC
Track 15
Use of fulvestrant 500 mg/month for postmenopausal patients with ER-positive mBC
Track 16
Clinical trial evaluation of high-dose fulvestrant in the adjuvant setting
Track 17
Research evidence related to the question of continuation of bevacizumab after disease progression
Track 18
RIBBON 2 and AVADO trials evaluating chemotherapeutic agents in combination with bevacizumab in mBC
Track 19
Perspective on the NSABP-C-08 study results: Adjuvant FOLFOX with or without bevacizumab in colon cancer
Track 20
Chemotherapy/bevacizumab for patients with mBC and intact primary BC
Track 21
Use of bevacizumab for patients with central nervous system metastases
Track 22
Chemotherapy/bevacizumab in the treatment of triple-negative mBC
Track 23
Clinical role of the OncoType DX assay in ER-positive BC
Track 24
Prognostic and predictive value of the OncoType DX assay for postmenopausal women with node-positive, ER-positive BC
Track 25
Use of the OncotypeDX and MammaPrint® assays in clinical practice
Track 26
Ongoing prospective trials of adjuvant therapy based on risk assessment with the Oncotype DX assay.
WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Track 1: What is the best treatment for HER2-positive triple-negative breast cancer (mBC)?
Track 2: Case discussion: A 35-year-old woman with a 12-cm, triple-negative breast cancer (BC) experiences disease progression after one cycle of neoadjuvant TAC (taxol, doxorubicin, cyclophosphamide).
Track 3: Risk of recurrence for patients with small, node-negative, HER2-positive BC.
Track 4: Phase II trial of adjuvant paclitaxel/trastuzumab for node-negative, HER2-positive BC.
Track 5: Lapatinib alone or in combination with trastuzumab for patients with HER2-positive BC.
Track 6: Efficacy of adjuvant trastuzumab in patients with breast-penetrating HER2-positive BC.
Track 7: Treatment approaches for patients with adjuvant, node-negative, HER2-positive BC.
Track 8: Use of trastuzumab in patients who have developed HER2-positive BC.
Track 9: CD 1: Treatment approaches for patients with small, node-negative, HER2-positive BC.
Track 10: Use of non-anthracycline-containing chemotherapy with adjuvant trastuzumab for HER2-positive BC.
Track 11: MA17 trial: Outcomes among women who were premenopausal at baseline and received extended adjuvant letrozole after becoming amenorrheic.
Track 12: CONFIRM trial: Fulvestrant 250 mg versus 500 mg for postmenopausal women with ER-positive mBC.
Track 13: Case discussion: A 49-year-old premenopausal woman with a 1.5-cm, node-negative, ER-positive, HER2-negative infiltrating ductal carcinoma receives a low Oncotype DX® Recurrence Score and experiences a local recurrence after two years of adjuvant tamoxifen.
Track 14: Treatment approach for premenopausal patients with ER-positive BC.
Track 15: Use of fulvestrant 500 mg/month for postmenopausal patients with ER-positive mBC.
Track 16: Clinical trial evaluation of high-dose fulvestrant in the adjuvant setting.
Track 17: Research evidence related to the question of continuation of bevacizumab after disease progression.
Track 18: RIBBON 2 and AVADO trials evaluating chemotherapeutic agents in combination with bevacizumab in mBC.
Track 19: Perspective on the NSABP-C-08 study results: Adjuvant FOLFOX with or without bevacizumab in colon cancer.
Track 20: Chemotherapy/bevacizumab for patients with mBC and intact primary BC.
Track 21: Use of bevacizumab for patients with central nervous system metastases.
Track 22: Chemotherapy/bevacizumab in the treatment of triple-negative mBC.
Track 23: Clinical role of the Oncotype DX assay in ER-positive BC.
Track 24: Prognostic and predictive value of the Oncotype DX assay for postmenopausal women with node-positive BC.
Track 25: Use of the Oncotype DX and MammaPrint® assays in clinical practice.
Track 26: Improving prognosis-based surgical therapy based on risk assessment with the Oncotype DX assay.
WHAT CLINICIANS WANT TO KNOW
Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

From the publishers of:
Breast Cancer®
UPDATE

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

TRACKS
1-26 Roundtable Discussion

Copyright © 2010 Research To Practice.
WHAT CLINICIANS WANT TO KNOW

Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

Proceedings from a CME Satellite Symposium at the 32nd Annual San Antonio Breast Cancer Symposium

Moderator
Neil Love, MD

Faculty
Rowan T Chlebowski, MD, PhD
Luca Gianni, MD
Joyce O’Shaughnessy, MD
Bryan P Schneider, MD
Eric P Winer, MD

Bonus web audio featuring Drs Chlebowski and Winer answering clinical questions submitted by symposium attendees online at: ResearchToPractice.com

From the publishers of:
Breast Cancer UPDATE

Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/SABCS10
What Clinicians Want To Know: Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

A Continuing Medical Education Program

OVERVIEW OF ACTIVITY

Breast cancer is one of the most rapidly evolving fields in medical oncology. Results from numerous ongoing trials lead to the continual emergence of new therapeutic agents, treatment strategies and diagnostic and prognostic tools. To bridge the gap between research and patient care, these proceedings from a case-based CME satellite symposium at the 2009 San Antonio Breast Cancer Symposium utilize the perspectives of clinical investigators, in addition to the exchange among these individuals, to apply evidence-based concepts to routine practice. By providing access to the latest research developments and expert opinions on the disease, this activity will assist medical oncologists, hematologists and hematology-oncology fellows in the formulation of up-to-date clinical management strategies for patients with breast cancer.

LEARNING OBJECTIVES

• Use currently available tissue-based genomic assays to assist with therapeutic decision-making in the management of node-negative and node-positive early breast cancer.
• Apply the results of existing data and emerging research when selecting the optimal duration and sequence of endocrine therapy for appropriate patients.
• Optimize the treatment of HER2-overexpressing breast cancer through rational integration of existing and emerging HER2-directed agents.
• Communicate the benefit-risk profile of bevacizumab and its evidence-based therapeutic partners to appropriate patients with metastatic breast cancer.
• Incorporate the findings from recent clinical trials into the individualized selection and sequence of chemotherapy for patients with early or advanced triple-negative breast cancer.
• Counsel appropriately selected patients about the availability of ongoing clinical trial participation.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CD and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at CME.ResearchToPractice.com.

This program is supported by educational grants from AstraZeneca Pharmaceuticals LP, Genentech BioOncology and Genomic Health Inc.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Last review date: March 2010; Release date: March 2010; Expiration date: March 2011
**CONTENT VALIDATION AND DISCLOSURES**

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

**FACULTY**

- **Rowan T Chlebowski, MD, PhD**
  - Professor of Medicine
  - David Geffen School of Medicine at UCLA
  - Chief, Division of Medical Oncology and Hematology
  - Harbor-UCLA Medical Center
  - Torrance, California

- **Luca Gianni, MD**
  - Director of Medical Oncology 1
  - Department of Medical Oncology
  - Istituto Nazionale Tumori di Milano
  - Milan, Italy

- **Bryan P Schneider, MD**
  - Assistant Professor
  - Department of Medicine
  - Division of Hematology/Oncology
  - The Indiana University Melvin and Bren Simon Cancer Center
  - Indianapolis, Indiana

- **Eric P Winer, MD**
  - Thompson Investigator in Breast Cancer Research
  - Chief, Division of Women’s Cancers, Dana-Farber Cancer Institute
  - Professor of Medicine
  - Harvard Medical School
  - Boston, Massachusetts

- **Joyce O’Shaughnessy, MD**
  - Co-Director, Breast Cancer Research Program
  - Baylor-Charles A Sammons Cancer Center
  - Texas Oncology, PA
  - US Oncology
  - Dallas, Texas

**RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS** — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.
POST-TEST

What Clinicians Want To Know: Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

QUESTIONS (PLEASE CIRCLE ANSWER):

1. In the MD Anderson analysis of clinical outcomes among patients with node-negative breast cancer smaller than one centimeter, the five-year disease-free survival rate for patients with HER2-positive disease was _______ compared to 94 percent for those with HER2-negative disease.
   a. 55 percent
   b. 77 percent
   c. 89 percent

2. In a randomized trial for patients with heavily pretreated HER2-positive metastatic breast cancer with disease progression on trastuzumab, the combination of lapatinib/trastuzumab compared to lapatinib alone resulted in a significant _______ improvement in overall survival.
   a. One-month
   b. Two-month
   c. Four-month

3. T-DM1 contains the humanized anti-HER2 monoclonal antibody trastuzumab linked to a highly potent antimicrotubule drug (DM1) derived from maytansine.
   a. True
   b. False

4. In Kathy Albain’s analysis of the Oncotype DX® assay, postmenopausal patients with node-positive, ER-positive breast cancer at which of the following risk levels derived a breast cancer-specific survival benefit from CAF chemotherapy followed by tamoxifen versus tamoxifen alone?
   a. Low risk
   b. Intermediate risk
   c. High risk
   d. Both b and c

5. In the AVADO trial, response rate and progression-free survival improved with the addition of bevacizumab to docetaxel compared to docetaxel alone for the first-line treatment of metastatic breast cancer.
   a. True
   b. False

6. Which of the following ongoing prospective trials evaluating Oncotype DX includes patients with node-positive breast cancer?
   a. TAILORx study
   b. Milan/European study
   c. Neither a nor b
   d. Both a and b

7. In the CONFIRM trial, which compared fulvestrant 500 mg to 250 mg for postmenopausal women with ER-positive metastatic breast cancer, high-dose fulvestrant resulted in a _______ time to disease progression compared to standard-dose fulvestrant.
   a. Equivalent
   b. Inferior
   c. Superior

8. When combined with bevacizumab as first-line therapy for metastatic breast cancer, which of the following chemotherapeutic agents have been associated with improvement in time to disease progression compared to chemotherapy alone?
   a. Taxanes
   b. Anthracyclines
   c. Capecitabine
   d. All of the above

9. In a randomized Phase II study, the addition of the PARP inhibitor BSI-201 to gemcitabine/carboplatin resulted in a _______ reduction in the risk of death for patients with triple-negative metastatic breast cancer.
   a. 20 percent
   b. 30 percent
   c. 50 percent

10. A multicenter Phase III trial is currently evaluating gemcitabine/carboplatin with or without BSI-201 for patients with triple-negative metastatic breast cancer.
    a. True
    b. False
What Clinicians Want To Know: Addressing the Most Common Questions and Controversies in the Current Clinical Management of Breast Cancer

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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

How would you characterize your level of knowledge on the following topics?

<table>
<thead>
<tr>
<th>Topic</th>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of recurrence for patients with small, node-negative, HER2-positive breast cancer (BC)</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Survival benefit of lapatinib/trastuzumab for patients with HER2-positive metastatic breast cancer (mBC) progressing on trastuzumab</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Activity and tolerability of T-DM1 in patients with heavily pretreated HER2-positive mBC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Prognostic and predictive value of the Onco type DX assay for postmenopausal women with node-positive, ER-positive BC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Ongoing prospective trials of adjuvant therapy based on risk assessment with the Onco type DX assay</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>CONFIRM trial: Fulvestrant 250 mg versus 500 mg for postmenopausal women with ER-positive mBC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Chemotherapy/bevacizumab for HER2-negative mBC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Chemotherapy and the PARP inhibitor BSI-201 in triple-negative mBC</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

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 learning objectives (LOs) by circling the appropriate selection:

<table>
<thead>
<tr>
<th>LO</th>
<th>4 = Yes</th>
<th>3 = Will consider</th>
<th>2 = No</th>
<th>1 = Already doing</th>
<th>N/M = LO not met</th>
<th>N/A = Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this activity, I will be able to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use currently available tissue-based genomic assays to assist with therapeutic decision-making in the management of node-negative and node-positive early breast cancer.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Apply the results of existing data and emerging research when selecting the optimal duration and sequence of endocrine therapy for appropriate patients.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Optimize the treatment of HER2-overexpressing breast cancer through rational integration of existing and emerging HER2-directed agents.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communicate the benefit-risk profile of bevacizumab and its evidence-based therapeutic partners to appropriate patients with metastatic breast cancer.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Incorporate the findings from recent clinical trials into the individualized selection and sequence of chemotherapy for patients with early or advanced triple-negative breast cancer.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Counsel appropriately selected patients about the availability of ongoing clinical trial participation.</td>
<td>4 3 2 1</td>
<td>N/M</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

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.

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

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

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Knowledge of subject matter</th>
<th>Effectiveness as an educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowan T Chlebowski, MD, PhD</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Luca Gianni, MD</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Joyce O'Shaughnessy, MD</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Bryan P Schneider, MD</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Eric P Winer, MD</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
</tbody>
</table>

Moderator

<table>
<thead>
<tr>
<th>Knowledge of subject matter</th>
<th>Effectiveness as an educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil Love, MD</td>
<td>4  3  2  1</td>
</tr>
</tbody>
</table>

Please recommend additional faculty for future activities:

Other comments about the faculty and moderator for this activity:

REQUEST FOR CREDIT — Please print clearly

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

Professional Designation: MD  DO  PharmD  NP  RN  PA  Other  ........................................

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

Street Address: ........................................ Box/Suite: ........................................

City, State, Zip: ........................................

Telephone: ........................................ Fax: ........................................

Email: ........................................

Research To Practice designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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

Signature: ........................................ Date: ........................................

To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at CME.ResearchToPractice.com.
Breast Cancer®

UPDATE

Copyright © 2010 Research To Practice.
This program is supported by educational grants from
AstraZeneca Pharmaceuticals LP, Genentech BioOncology and Genomic Health Inc.

Research To Practice®

Sponsored by Research To Practice.

Last review date: March 2010
Release date: March 2010
Expiration date: March 2011
Estimated time to complete: 1.5 hours