

# Real-Life Decisions

Proceedings from a Case-Based  
Symposium on the Management of  
Early and Advanced Breast Cancer



*Featuring Faculty Perspectives on New Data Sets Presented  
at the 33<sup>rd</sup> Annual San Antonio Breast Cancer Symposium*

## Faculty

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Mark D Pegram, MD  
Joseph A Sparano, MD  
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## Moderator

Neil Love, MD

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UPDATE



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# *Real-Life Decisions: Proceedings from a Case-Based Symposium on the Management of Early and Advanced Breast Cancer* — A Continuing Medical Education Program

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## 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 2010 San Antonio Breast Cancer Symposium use 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 and hematology-oncology fellows in the formulation of up-to-date clinical management strategies for 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 recent clinical research when recommending HER2-directed therapy for patients with trastuzumab-naïve and previously exposed breast cancer.
- Communicate the benefit-risk profile of bevacizumab and its evidence-based therapeutic partners to appropriate patients with metastatic breast cancer.
- Counsel appropriately selected patients with breast cancer about the supportive and therapeutic roles of bisphosphonates in disease management.
- Employ case-based learning to the individualized selection of endocrine therapy for patients with newly diagnosed or progressive estrogen receptor-positive breast cancer.

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**FACULTY** — Drs **Burriss** and **Winer** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which

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### Neil Love, MD

Research To Practice  
Miami, Florida

## MODERATOR

*Real-Life Decisions: Proceedings from a Case-Based Symposium on the Management of Early and Advanced Breast Cancer*

QUESTIONS (PLEASE CIRCLE ANSWER):

1. Currently, ongoing clinical trials are evaluating hormonal therapy with bevacizumab for patients with ER-positive, HER2-negative metastatic breast cancer.
  - a. True
  - b. False
2. In the GEPARQUINTO neoadjuvant study of lapatinib versus trastuzumab in combination with anthracycline/taxane-based chemotherapy in HER2-positive early breast cancer, which treatment had a higher rate of pathologic complete response (pCR)?
  - a. Lapatinib
  - b. Trastuzumab
  - c. Neither; treatments were equivalent
3. The AZURE trial demonstrated an increase in survival when bisphosphonates were employed in the adjuvant treatment setting.
  - a. True
  - b. False
4. A study by Tang and colleagues reported at San Antonio 2010 demonstrated that incorporating clinical and pathologic factors with the Oncotype DX® Recurrence Score® resulted in an improvement in the ability to predict benefit from chemotherapy.
  - a. True
  - b. False
5. The CLEOPATRA study is evaluating docetaxel/trastuzumab with or without \_\_\_\_\_ as first-line therapy for patients with HER2-positive metastatic breast cancer.
  - a. Pertuzumab
  - b. Lapatinib
  - c. T-DM1
6. The NSABP is conducting a Phase III study of adjuvant chemotherapy with or without trastuzumab for patients with HER2-normal breast cancer.
  - a. True
  - b. False
7. Which of the following breast cancer molecular profiles are mutually exclusive of each other?
  - a. Triple-negative and BRCA1 mutation-negative
  - b. HER2-positive and BRCA1 mutation-positive
  - c. ER-positive and BRCA1 mutation-positive
  - d. None of the above
8. In the Phase III NeoALTTO neoadjuvant study in HER2-negative early breast cancer, the pCR rate for the combination of lapatinib/trastuzumab was not higher than that for lapatinib or trastuzumab alone.
  - a. True
  - b. False
9. Dr Pegram and colleagues published data from a large clinical cohort demonstrating a marked increase in intratumoral, tumor-synthesized VEGF expression in which of the following breast cancer subsets?
  - a. HER2-negative
  - b. HER2-positive
  - c. Neither a nor b
10. A meta-analysis presented at the 2010 San Antonio Breast Cancer Symposium indicated that the Oncotype DX Recurrence Score was associated with approximately a 30 percent absolute reduction in the use of adjuvant chemotherapy.
  - a. True
  - b. False
11. In the GEPARQUINTO and NeoALTTO neoadjuvant studies for patients with HER2-positive early breast cancer, approximately what proportion of patients could not tolerate the planned dose of lapatinib?
  - a. Less than 10 percent
  - b. Approximately one third of patients
  - c. Approximately 60 percent

**EDUCATIONAL ASSESSMENT AND CREDIT FORM**

*Real-Life Decisions: Proceedings from a Case-Based Symposium on the Management of Early and Advanced Breast Cancer*

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?**

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal
			<b>BEFORE</b>	<b>AFTER</b>
Prognostic and predictive utility of <i>Oncotype DX</i> in node-positive breast cancer	4	3	2	1
Results of neoadjuvant studies (GEPARQUINTO, NeoSphere, NeoALTO) in HER2-positive early breast cancer	4	3	2	1
Current fulvestrant dosing recommendations	4	3	2	1
Clinical data with adjuvant bisphosphonates from the AZURE trial	4	3	2	1

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

Yes       No

If no, please explain: .....

**Please identify how you will change your practice as a result of completing this activity (select all that apply).**

- This activity validated my current practice; no changes will be made
- Create/revise protocols, policies and/or procedures
- Change the management and/or treatment of my patients
- Other (please explain): .....

**If you intend to implement any changes in your practice, please provide one or more examples:**

.....

**The content of this activity matched my current (or potential) scope of practice.**

Yes       No

If no, please explain: .....

**Please respond to the following learning objectives (LOs) by circling the appropriate selection:**

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

**As a result of this activity, I will be able to:**

- 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 ..... 4 3 2 1 N/M N/A
- Apply the results of recent clinical research when recommending HER2-directed therapy for patients with trastuzumab-naïve and previously exposed breast cancer. .... 4 3 2 1 N/M N/A
- Communicate the benefit-risk profile of bevacizumab and its evidence-based therapeutic partners to appropriate patients with metastatic breast cancer... 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with breast cancer about the supportive and therapeutic roles of bisphosphonates in disease management.. 4 3 2 1 N/M N/A
- Employ case-based learning to the individualized selection of endocrine therapy for patients with newly diagnosed or progressive estrogen receptor-positive breast cancer ..... 4 3 2 1 N/M N/A

**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

Would you recommend this activity to a colleague?

Yes       No

If no, please explain:

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**

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal				
<b>Faculty</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
Howard A Burriss III, MD	4	3	2	1	4	3	2	1
Clifford Hudis, MD	4	3	2	1	4	3	2	1
Mark D Pegram, MD	4	3	2	1	4	3	2	1
Joseph A Sparano, MD	4	3	2	1	4	3	2	1
Eric P Winer, MD	4	3	2	1	4	3	2	1
<b>Moderator</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
Neil Love, MD	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

Other comments about the faculty and moderator for this activity:

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

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# Breast Cancer®

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