

# Breast Cancer<sup>®</sup>

U P D A T E

An Audio Review Journal for Nurses

Management of Breast Cancer in the Adjuvant and Metastatic Settings

**EDITOR**

Neil Love, MD

**INTERVIEWS**

Lillie D Shockney, RN, BS, MAS

Michael A Schwartz, MD

*Additional comments by three  
women with breast cancer from  
the practice of Dr Schwartz*



## A Continuing Nursing Education Audio Series

### OVERVIEW OF ACTIVITY

Breast cancer is one of the most rapidly evolving fields in oncology nursing. Published results from 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, oncology nurses must be well informed of these advances, the efficacy of new agents and regimens and strategies to minimize and manage associated toxicities. This program provides nurses with access to the latest research developments in systemic therapy and the opinions of an oncology nurse and clinical investigator with experience and expertise in the field, in addition to the perspectives of patients undergoing treatment.

### PURPOSE STATEMENT

To present the most current research developments in breast cancer and to provide the perspectives of medical oncologists, oncology nurses and patients on the diagnosis and treatment of breast cancer.

### EDUCATIONAL OBJECTIVES FOR THIS ISSUE OF *BREAST CANCER UPDATE FOR NURSES*

- Incorporate clinical trial data and the chronicity of hormone receptor-positive breast cancer when counseling patients on the selection and duration of adjuvant endocrine therapies.
- Formulate strategies to ameliorate side effects of endocrine agents and encourage adherence to therapy.
- Integrate validated genomic assays into the clinical management of hormone receptor-positive, node-negative or node-positive breast cancer.
- Recall indications, benefits and risks of targeted therapies in the adjuvant and metastatic settings.
- Educate patients on the antitumor benefits and the risks associated with bisphosphonate therapy.
- Demonstrate knowledge of systemic treatment options for metastatic breast cancer, their indications and potential side effects.
- Recognize the psychosocial and emotional needs of caregivers, patients and their loved ones facing the diagnosis and treatment of breast cancer.

### ACCREDITATION STATEMENTS

This educational activity for 1.9 contact hours is provided by Research To Practice during the period of December 2009 through December 2010.

Research To Practice is an approved provider of continuing nursing education by the New Jersey State Nurses Association, Provider Number P215-01/07-10. NJSNA is accredited by the ANCC Commission on Accreditation. Provider Approval is valid through January 31, 2010.

### HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website [ResearchToPractice.com/BCUN209](http://ResearchToPractice.com/BCUN209) also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this book and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 70 percent or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within three weeks or may be printed online.

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U P D A T E

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**FACULTY** — **Ms Shockney** and **Dr Schwartz** had no real or apparent conflicts of interest to disclose.

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**Breast Cancer Update for Nurses — Issue 2, 2009****QUESTIONS (PLEASE CIRCLE ANSWER):**

1. Research studies have shown that a significant number of patients are not compliant in taking their oral adjuvant endocrine therapies as prescribed.
  - a. True
  - b. False
2. Which of the following is appropriate for ameliorating vaginal atrophy secondary to endocrine therapy in women with breast cancer?
  - a. Astroglide® (lubricant)
  - b. Replens® (vaginal moisturizer)
  - c. Hormone replacement therapy
  - d. Both a and b
  - e. All of the above
3. A retrospective study evaluating the ATAC trial, published in *Lancet Oncology* by Cuzick and colleagues, reported fewer relapses in patients receiving adjuvant endocrine therapy — tamoxifen or anastrozole — who reported vasomotor symptoms versus those who did not experience these side effects.
  - a. True
  - b. False
4. The enzyme CYP2D6 has a significant role in the metabolism of \_\_\_\_\_.
  - a. Exemestane
  - b. Fulvestrant
  - c. Tamoxifen
5. Oncotype DX® is a diagnostic assay that predicts the likelihood of breast cancer recurrence in postmenopausal women with hormone receptor-positive, early breast cancer who \_\_\_\_\_ receiving adjuvant endocrine therapy.
  - a. Are
  - b. Are not
6. Clinical trial data published in *The New England Journal of Medicine* demonstrated a reduction in breast cancer recurrences in patients receiving which bisphosphonate?
  - a. Clodronate
  - b. Ibandronate
  - c. Pamidronate
  - d. Zoledronic acid
7. A DPD deficiency can cause a rare but severe reaction to which agent?
  - a. Capecitabine
  - b. Gemcitabine
  - c. Paclitaxel
  - d. Trastuzumab
8. Although the Oncotype DX assay has been integrated into the clinical management of node-negative tumors, recent data have emerged suggesting its potential utility in the management of node-positive tumors.
  - a. True
  - b. False
9. The risk of osteonecrosis of the jaw is associated with which of the following therapies?
  - a. Bevacizumab
  - b. Lapatinib
  - c. Trastuzumab
  - d. Zoledronic acid
10. Researchers at MD Anderson presented data at the 2008 San Antonio Breast Cancer Symposium that showed patients with small (T1a), HER2-positive tumors \_\_\_\_\_ have a significant risk of relapse.
  - a. Do
  - b. Do not

**Breast Cancer Update for Nurses — Issue 2, 2009**

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

	BEFORE	AFTER
Role of the <i>Oncotype DX</i> assay in node-positive breast cancer	4 3 2 1	4 3 2 1
Risk of noncompliance with oral endocrine therapies	4 3 2 1	4 3 2 1
Management of arthralgias secondary to aromatase inhibitors	4 3 2 1	4 3 2 1
Antitumor effect of bisphosphonates	4 3 2 1	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 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:**

- Incorporate clinical trial data and the chronicity of hormone receptor-positive breast cancer when counseling patients on the selection and duration of adjuvant endocrine therapies. . . . . 4 3 2 1 N/M N/A
- Formulate strategies to ameliorate side effects of endocrine agents and encourage adherence to therapy. . . . . 4 3 2 1 N/M N/A
- Integrate validated genomic assays into the clinical management of hormone receptor-positive, node-negative or node-positive breast cancer. . . . . 4 3 2 1 N/M N/A
- Recall indications, benefits and risks of targeted therapies in the adjuvant and metastatic settings. . . . . 4 3 2 1 N/M N/A
- Educate patients on the antitumor benefits and the risks associated with bisphosphonate therapy. . . . . 4 3 2 1 N/M N/A
- Demonstrate knowledge of systemic treatment options for metastatic breast cancer, their indications and potential side effects. . . . . 4 3 2 1 N/M N/A
- Recognize the psychosocial and emotional needs of caregivers, patients and their loved ones facing the diagnosis and treatment of breast cancer. . . . . 4 3 2 1 N/M N/A

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

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

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

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**Additional comments about this activity:**

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**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 editor 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>
Lillie D Shockney, RN, BS, MAS	4	3	2	1	4 3 2 1
Michael A Schwartz, MD	4	3	2	1	4 3 2 1
<b>Editor</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 editor for this activity:**

.....

.....

**REQUEST FOR CREDIT — Please print clearly**

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

Credentials:

- MD  DO  PharmD  NP  CNS  RN  PA  Other.....

Professional License Number: ..... Last 4 Digits of SSN (required): .....

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

City, State, Zip: .....

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

Email: .....

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

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