

Breast Cancer[®]

U P D A T E

An Audio Review Journal for Surgeons
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Eric P Winer, MD
Kelly K Hunt, MD
David M Euhus, MD
Julia R White, MD

EDITOR


Neil Love, MD

CONTENTS

2 Audio CDs

This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program.



 Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/BCUS215

 Follow us at Facebook.com/ResearchToPractice  Follow us on Twitter @DrNeilLove

Breast Cancer Update for Surgeons

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Historically, surgery has been the primary mode of treatment for early breast cancer. However, as science has advanced and novel technologies and adjunctive therapies have become available, the diagnostic, surgical and medical management of the disease has escalated in complexity. Hence, the multifaceted treatment of breast cancer now requires the input of an interdisciplinary group of expert care providers. This paradigm shift has created the challenge of ensuring that knowledge of major clinical advances in local and systemic breast cancer therapy is effectively disseminated among all members of the cross-functional team. To bridge the gap between research and patient care, *Breast Cancer Update for Surgeons* uses one-on-one interviews with leading breast cancer investigators to efficiently distill the latest research developments so they may be incorporated into clinical practice as appropriate. By providing access to cutting-edge data and expert perspectives, this CME program assists breast surgeons in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Develop an understanding of the histopathologic characteristics, patterns of metastasis and responsiveness to chemotherapy of invasive lobular carcinoma.
- Appreciate the information provided by genomic platforms to assess risk and individualize therapy for patients with ductal carcinoma in situ and early breast cancer.
- Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-positive early breast cancer.
- Understand the pathophysiology of breast implant-associated anaplastic large cell lymphoma, and formulate optimal strategies for the management of this condition.
- Develop an evidence-based approach to the management of the axilla in patients with localized breast cancer and a positive sentinel lymph node biopsy.
- Recognize the role of partial breast irradiation techniques in the management of breast cancer.
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials.

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 enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABS MAINTENANCE OF CERTIFICATION

This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Surgery MOC Program. It is the responsibility of each individual to remain apprised of the current requirements for his or her board-specific MOC Program. For more information about the ABS MOC Program, visit www.absurgery.org.

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 CDs, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/BCUS215/CME.

This activity is supported by educational grants from Genentech BioOncology and Genomic Health Inc.

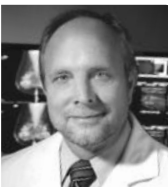
FACULTY INTERVIEWS



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



3 Kelly K Hunt, MD
Hamill Foundation Distinguished Professor of Surgery
in Honor of Dr Richard G Martin Sr
Chief, Surgical Breast Section, Department of Surgical Oncology
The University of Texas MD Anderson Cancer Center
Houston, Texas



4 David M Euhus, MD
Chief, Breast Surgery Section
Professor of Surgery
Johns Hopkins University
Baltimore, Maryland



4 Julia R White, MD
Professor and Vice Chair, Radiation Oncology
Director of Breast Radiation Oncology
Klotz Chair for Clinical Research
Department of Radiation Oncology
Comprehensive Cancer Center – Arthur G James Hospital
The Ohio State University
Columbus, Ohio

5 SELECT PUBLICATIONS

6 POST-TEST

7 EDUCATIONAL ASSESSMENT AND CREDIT FORM

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.

If you would like to discontinue your complimentary subscription to *Breast Cancer Update for Surgeons*, please email us at Info@ResearchToPractice.com, call us at (800) 648-8654 or fax us at (305) 377-9998. Please include your full name and address, and we will remove you from the mailing list.

EDITOR



Neil Love, MD
Research To Practice
Miami, Florida

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 conflicts of interest with faculty, planners and managers of CME activities. 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 — **Dr Euhus** has no relevant conflicts of interest to disclose. The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Winer** — Contracted Research: Genentech BioOncology. **Dr Hunt** — Advisory Committee: Armada Health Care. **Dr White** — Advisory Committee and Contracted Research: Genomic Health Inc.

EDITOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Have Questions or Cases You Would Like Us to Pose to the Faculty?



Submit them to us via Facebook or Twitter
and we will do our best to get them answered for you

 [Facebook.com/ResearchToPractice](https://www.facebook.com/ResearchToPractice) or  [Twitter @DrNeilLove](https://twitter.com/DrNeilLove)

Interview with Eric P Winer, MD

Tracks 1-19

- Track 1** Histopathologic characteristics of invasive lobular carcinoma (ILC) of the breast
- Track 2** Responsiveness of ILC to neoadjuvant chemotherapy
- Track 3** Unique imaging features and biology of ILC
- Track 4** Metastatic patterns and response to chemotherapy for ILC
- Track 5** **Case discussion:** A 47-year-old woman who received treatment in 2009 for weakly ER-positive, PR-negative, HER2-negative Stage I breast cancer (BC) presents 5 years later with an isolated triple-negative chest wall recurrence
- Track 6** “Adjuvant” chemotherapy for isolated locoregional recurrence
- Track 7** Incidence of local recurrence and metastatic disease after mastectomy
- Track 8** Therapeutic options for managing locoregional recurrence of HER2-positive BC
- Track 9** Mechanism of action and efficacy of T-DM1
- Track 10** Side effects and tolerability of trastuzumab/paclitaxel versus T-DM1
- Track 11** Value of the *Oncotype DX*® assay in predicting chemotherapy benefit for patients with ER-positive, HER2-negative BC
- Track 12** Clinical use of a scalp hypothermia system to prevent chemotherapy-induced alopecia
- Track 13** **Case discussion:** A 38-year-old woman presents with a 4.5-cm, triple-negative breast tumor and a palpable axillary node
- Track 14** Approach to neoadjuvant therapy for patients with ER-positive, HER2-negative BC
- Track 15** Utility of the 21-gene Recurrence Score® (RS) for patients with ER-positive BC in the neoadjuvant setting
- Track 16** Choice of neoadjuvant therapy for HER2-positive BC
- Track 17** Perspective on the use of (neo)adjuvant pertuzumab
- Track 18** **Case discussion:** A 52-year-old woman with a 2-cm, moderately differentiated, strongly ER/PR-positive, HER2-negative BC, 2 of 4 positive sentinel nodes and an *Oncotype DX* RS of 20 declines chemotherapy
- Track 19** Role of the *Oncotype DX* assay in adjuvant decision-making

Interview with Kelly K Hunt, MD

Tracks 1-12

- Track 1** **Case discussion:** A 48-year-old woman with a 4.4-cm cancerous phyllodes tumor of the breast undergoes a segmental mastectomy, declines radiation therapy (RT) and is being followed up with surveillance
- Track 2** Biology and management of phyllodes tumors of the breast
- Track 3** **Case discussion:** A 61-year-old woman who received breast implants in 2001 is diagnosed with breast implant-associated anaplastic large cell lymphoma (BI-ALCL)
- Track 4** Pathophysiology of BI-ALCL
- Track 5** **Case discussion:** A 40-year-old woman who received breast augmentation with textured breast implants in 2007 is diagnosed with BI-ALCL and undergoes radical resection of the left chest wall with removal of the implant and capsule
- Track 6** Role of chemotherapy in the management of BI-ALCL
- Track 7** **Case discussion:** A 51-year-old woman with a Grade II, weakly ER/PR-positive, HER2-amplified infiltrating ductal carcinoma (IDC) and axillary lymph node involvement receives neoadjuvant therapy and is enrolled on the Alliance A011202 trial
- Track 8** Targeted axillary dissection for node-positive BC
- Track 9** Selection of patients with HER2-positive BC for neoadjuvant therapy

Interview with Dr Hunt (continued)

Tracks 1-12

Track 10 Case discussion: A 46-year-old woman with ER/PR-positive, HER2-negative IDC receives neoadjuvant therapy and undergoes a left skin-sparing mastectomy with sentinel lymph node dissection and a prophylactic right skin-sparing mastectomy

Track 11 Viewpoint on neoadjuvant endocrine therapy to facilitate breast-conserving surgery and predict benefit from chemotherapy

Track 12 Role of MRI in preoperative treatment planning for patients with BC

Interview with David M Euhus, MD

Tracks 1-14

Track 1 Case discussion: A 55-year-old woman with a 1.5-cm cluster of calcifications on a screening mammogram is diagnosed with Grade III ER/PR-negative ductal carcinoma in situ (DCIS) with comedo necrosis

Track 2 Genomic assays as a tool for determining the risk of DCIS progression

Track 3 Assessing BC mortality after diagnosis of DCIS

Track 4 Importance of local excision in decreasing the risk of DCIS progression

Track 5 Perspective on the utility of the Oncotype DX DCIS assay in assessing benefit from RT

Track 6 Benefits and risks of RT for DCIS

Track 7 Management of ER-positive DCIS

Track 8 Case discussion: A 28-year-old woman with multicentric ER/PR-positive, HER2-positive, node-positive BC receives neoadjuvant docetaxel/carboplatin/

trastuzumab/pertuzumab before bilateral nipple-sparing mastectomy

Track 9 Criteria for selecting patients for nipple-sparing mastectomy

Track 10 Axillary lymph node dissection versus axillary RT for patients with node-positive BC

Track 11 Case discussion: A 60-year-old woman undergoes a partial mastectomy for a 2-cm, ER-positive, HER2-negative IDC with a minimal DCIS component

Track 12 Evaluating margins and potential need for re-excision in patients with DCIS

Track 13 Perspective on the use of cavity shave margins in patients undergoing partial mastectomy for BC

Track 14 Rationale for RxPONDER: A Phase III trial of adjuvant endocrine therapy with or without chemotherapy for patients with node-positive BC and an RS of 25 or lower

Interview with Julia R White, MD

Tracks 1-7

Track 1 Evolution and refinement of partial breast irradiation techniques

Track 2 Perspective on the use of external beam RT versus internal brachytherapy

Track 3 Predicting recurrence risk after local excision with and without RT for patients with DCIS

Track 4 Use of the Oncotype DX DCIS Score™ to facilitate decision-making regarding the value of RT

Track 5 Feasibility of a second lumpectomy for ipsilateral breast tumor recurrence after breast-conserving surgery

Track 6 Management of local recurrence after mastectomy

Track 7 Use of RT with hyperthermia to treat bulky chest wall recurrences

SELECT PUBLICATIONS

A phase III, randomized clinical trial of standard adjuvant endocrine therapy +/- chemotherapy in patients with 1-3 positive nodes, hormone receptor-positive and HER2-negative breast cancer with Recurrence Score (RS) of 25 or less. RxPONDER: A clinical trial Rx for positive node, endocrine responsive breast cancer. NCT01272037

Aebi S et al. **Chemotherapy for isolated locoregional recurrence of breast cancer (CALOR): A randomised trial.** *Lancet Oncol* 2014;15(2):156-63.

Alliance 011202: A randomized phase III trial comparing axillary lymph node dissection to axillary radiation in breast cancer patients (cT1-3 N1) who have positive sentinel lymph node disease after neoadjuvant chemotherapy. NCT01901094

APHINITY: A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer. NCT01358877

Caudle A et al. **Selective surgical localization of axillary lymph nodes containing metastases in patients with breast cancer: A prospective feasibility trial.** *JAMA Surg* 2015;150(2):137-43.

Chagpar AB et al. **A randomized, controlled trial of cavity shave margins in breast cancer.** *N Engl J Med* 2015;373(6):503-10.

Clemens MW et al. **Breast implant-associated anaplastic large cell lymphoma: Proposal for optimal management.** *Proc ASCO* 2015; **Abstract 8550.**

Landercasper J et al. **Toolbox to reduce lumpectomy reoperations and improve cosmetic outcome in breast cancer patients: The American Society of Breast Surgeons consensus conference.** *Ann Surg Oncol* 2015;22(10):3174-83.

McCart Reed AE et al. **Invasive lobular carcinoma of the breast: Morphology, biomarkers and 'omics.** *Breast Cancer Res* 2015;17:12.

Metzger Filho O et al. **Relative effectiveness of letrozole compared with tamoxifen for patients with lobular carcinoma in the BIG 1-98 trial.** *J Clin Oncol* 2015;33(25):2772-9.

Narod S et al. **Breast cancer mortality after a diagnosis of ductal carcinoma in situ.** *JAMA Oncol* 2015;1(7):888-96.

NSABP-B-51/RTOG 1304: A randomized phase III clinical trial evaluating post-mastectomy chestwall and regional nodal XRT and post-lumpectomy regional nodal XRT in patients with positive axillary nodes before neoadjuvant chemotherapy who convert to pathologically negative axillary nodes after neoadjuvant chemotherapy. NCT01872975

Porche BA et al. **Long term outcomes in patients with phyllodes tumor of the breast: The UT MD Anderson experience.** San Antonio Breast Cancer Symposium 2014; **Abstract P1-15-03.**

Rakovitch E et al. **A large prospectively-designed study of the DCIS Score: Predicting recurrence risk after local excision for ductal carcinoma in situ patients with and without irradiation.** San Antonio Breast Cancer Symposium 2014; **Abstract S5-04.**

Rugo H et al. **Clinical performance of the DigniCap system, a scalp hypothermia system, in preventing chemotherapy-induced alopecia.** *Proc ASCO* 2015; **Abstract 9518.**

Rutter CE et al. **Influence of a 21-gene Recurrence Score assay on chemotherapy delivery in breast cancer.** *Clin Breast Cancer* 2016;16(1):59-62.

Sagara Y et al. **Surgical options and locoregional recurrence in patients diagnosed with invasive lobular carcinoma of the breast.** *Ann Surg Oncol* 2015;22(13):4280-6.

Solin LJ et al. **Surgical excision without radiation for ductal carcinoma in situ of the breast: 12-year results from the ECOG-ACRIN E5194 study.** *J Clin Oncol* 2015;33(33):3938-44.

Solin LJ et al. **A multigene expression assay to predict local recurrence risk for ductal carcinoma in situ of the breast.** *J Natl Cancer Inst* 2013;105(10):701-10.

Sparano JA et al. **Prospective validation of a 21-gene expression assay in breast cancer.** *N Engl J Med* 2015;373(21):2005-14.

Varma S et al. **Simultaneous radiotherapy and superficial hyperthermia for high-risk breast carcinoma: A randomised comparison of treatment sequelae in heated versus non-heated sectors of the chest wall hyperthermia.** *Int J Hyperthermia* 2012;28(7):583-90.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. Invasive lobular carcinoma of the breast is typically of which molecular subtype?
 - a. ER/PR-negative, HER2-negative
 - b. ER/PR-negative, HER2-positive
 - c. ER/PR-positive, HER2-negative
 - d. ER/PR-positive, HER2-positive
2. Phyllodes tumors of the breast should be treated aggressively with wide margin resection and radiation therapy regardless of whether the tumor is benign, borderline or malignant.
 - a. True
 - b. False
3. Breast implant-associated anaplastic large cell lymphoma _____.
 - a. Is usually associated with textured implants
 - b. Is generally associated with disseminated disease
 - c. Occurs in the fluid and scar capsule surrounding an implant
 - d. Both a and c
 - e. All of the above
4. The ongoing APHINITY trial is evaluating the addition of _____ to chemotherapy/trastuzumab as adjuvant therapy for HER2-positive primary breast cancer.
 - a. Eribulin
 - b. Bevacizumab
 - c. Pertuzumab
5. The RAPID trial comparing accelerated partial breast irradiation using 3-dimensional conformal external beam radiation therapy (3D-CRT) to whole breast irradiation for patients with invasive or in situ breast cancer who had undergone breast-conserving surgery showed comparatively adverse cosmetic results with 3D-CRT.
 - a. True
 - b. False
6. Pertuzumab has been approved by the FDA for use in breast cancer in the following setting:
 - a. Neoadjuvant
 - b. Adjuvant
 - c. Both a and b
7. The *Oncotype DX* 21-gene Recurrence Score predicts _____ for patients with early-stage, node-negative, ER-positive invasive breast cancer.
 - a. Chemotherapy benefit
 - b. Likelihood of distant breast cancer recurrence
 - c. Both a and b
 - d. Neither a nor b
8. A recent paper in *JAMA Oncology* demonstrated that among patients with ductal carcinoma in situ who had undergone lumpectomy, radiation therapy was associated with a reduction in 10-year mortality from breast cancer.
 - a. True
 - b. False
9. The use of cavity shave margins compared to standard partial mastectomy for patients with breast cancer is associated with _____.
 - a. Reduction in the rate of reexcision
 - b. Negative effects on cosmesis
 - c. A decrease in the volume of tissue excised
 - d. Both a and c
 - e. All of the above
10. Which of the following statements is true regarding the use of T-DM1 in the management of HER2-positive breast cancer?
 - a. It is an antibody-drug conjugate composed of pertuzumab and DM1
 - b. It can cause liver function abnormalities and thrombocytopenia
 - c. It is more difficult to tolerate than trastuzumab/paclitaxel

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Breast Cancer Update for Surgeons — Issue 2, 2015

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 1 — 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
Use of cavity shave margins for patients with breast cancer undergoing partial mastectomy	4 3 2 1	4 3 2 1
Pathophysiology and management of breast implant-associated anaplastic large cell lymphoma	4 3 2 1	4 3 2 1
Utility of the Onco ^{type} DX DCIS assay in assessing the benefit of radiation therapy after lumpectomy for patients with DCIS	4 3 2 1	4 3 2 1
Management of cancerous phyllodes tumors of the breast	4 3 2 1	4 3 2 1
Efficacy of a scalp hypothermia system in preventing chemotherapy-induced alopecia	4 3 2 1	4 3 2 1
Indications for and optimal selection of neoadjuvant therapy for patients with HER2-positive early breast cancer	4 3 2 1	4 3 2 1
Mechanism of action, efficacy and tolerability of T-DM1	4 3 2 1	4 3 2 1
RxPONDER: A Phase III trial of adjuvant endocrine therapy with or without chemotherapy for patients with node-positive breast cancer and a Recurrence Score of 25 or lower	4 3 2 1	4 3 2 1

Practice Setting:

- Academic center/medical school
 Community cancer center/hospital
 Group practice
 Solo practice
 Government (eg, VA)
 Other (please specify).....

Approximately how many new patients with breast cancer do you see per year? patients

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
 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 1 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:

- Develop an understanding of the histopathologic characteristics, patterns of metastasis and responsiveness to chemotherapy of invasive lobular carcinoma..... 4 3 2 1 N/M N/A
- Appreciate the information provided by genomic platforms to assess risk and individualize therapy for patients with ductal carcinoma in situ and early breast cancer 4 3 2 1 N/M N/A
- Individualize the selection of evidence-based neoadjuvant and adjuvant chemobiologic regimens for patients with HER2-positive early breast cancer. 4 3 2 1 N/M N/A
- Understand the pathophysiology of breast implant-associated anaplastic large cell lymphoma, and formulate optimal strategies for the management of this condition. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

- Develop an evidence-based approach to the management of the axilla in patients with localized breast cancer and a positive sentinel lymph node biopsy. 4 3 2 1 N/M N/A
- Recognize the role of partial breast irradiation techniques in the management of breast cancer. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with breast cancer about participation in ongoing clinical trials. 4 3 2 1 N/M N/A

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:

.....

PART 2 — Please tell us about the faculty and editor for this educational activity

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal					
Faculty					Knowledge of subject matter	Effectiveness as an educator			
Eric P Winer, MD	4	3	2	1	4	3	2	1	
Kelly K Hunt, MD	4	3	2	1	4	3	2	1	
David M Euhus, MD	4	3	2	1	4	3	2	1	
Julia R White, MD	4	3	2	1	4	3	2	1	
Editor					Knowledge of subject matter	Effectiveness as an educator			
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:.....

Professional Designation:

MD DO PharmD NP RN PA Other

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

City, State, Zip:

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

Email:

Research To Practice designates this enduring material for a maximum of 2.75 AMA PRA Category 1 Credits™. Physicians should claim only the 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:.....

The expiration date for this activity is March 2017. 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 www.ResearchToPractice.com/BCUS215/CME.

Breast Cancer®

U P D A T E

Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

PRSRT STD
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT #1317

Copyright © 2016 Research To Practice.
This activity is supported by educational grants from
Genentech BioOncology and Genomic Health Inc.

Research To Practice®

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

Release date: March 2016
Expiration date: March 2017
Estimated time to complete: 2.75 hours



This program is printed on MacGregor XP paper, which is manufactured in
accordance with the world's leading forest management certification standards.