

Meet The Professors

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



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FACULTY

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U P D A T E



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

OVERVIEW OF ACTIVITY

Breast cancer is one of the most rapidly evolving fields in medical oncology. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. To offer optimal patient care — including the option of clinical trial participation — practicing medical oncologists, hematologists and hematology-oncology fellows must be well informed of these advances. *Meet The Professors* uses relevant case-based discussions between community oncologists and clinical investigators to help practicing clinicians incorporate this information into their management strategies for breast cancer.

LEARNING OBJECTIVES

- Devise a treatment algorithm for patients with locally advanced and metastatic triple-negative breast cancer, incorporating chemotherapy, novel molecular-targeted agents and clinical trial participation, when appropriate.
- Counsel pre- and postmenopausal patients with ER-positive breast cancer about the risks and benefits of endocrine therapy, addressing agent sequence and duration of treatment.
- Utilize genomic assays to quantify recurrence risk, aid in the selection of appropriate treatment and improve the accuracy of biomarker testing.
- Compare and contrast the safety and efficacy of anthracycline- and nonanthracycline-containing adjuvant regimens when recommending chemotherapy for patients with Stage I to Stage III breast cancer.
- Consider the utility of further testing of HER2 status by IHC and additional analysis for those patients with HER2-equivocal disease on immediate analysis by FISH.
- Select treatment strategies for HER2-positive early and advanced breast cancer, considering the utility of trastuzumab for node-negative tumors.
- Implement an algorithm for cardiac monitoring of patients receiving trastuzumab for the treatment of HER2-positive breast cancer.
- Assess the clinical activity of established and novel anti-HER2 agents and anti-angiogenic agents in patients with HER2-positive tumors progressing on trastuzumab.
- Communicate the benefits and risks of neoadjuvant systemic therapy to patients with locally advanced breast cancer.
- Apply the results of emerging research to effectively and safely integrate bevacizumab into the front-line treatment of metastatic breast cancer.
- Counsel appropriately selected patients about participation in ongoing clinical trials.

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

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COMMUNITY PANEL — **Drs Ferris, Lichter, Lo, Merchant and Morrell** had no real or apparent conflicts of interest to disclose. **Dr Asik** — **Advisory Committee:** CI. **Dr Drullinsky** — **Speakers Bureau:** NP. **Dr Rahman** — **Advisory Committee:** BMS, GB, GSK; **Consulting Agreement:** AI; **Speakers Bureau:** AI, GB, GSK. **Dr Sabbath** — **Advisory Committee:** BMS; **Speakers Bureau:** AI; **Stock Ownership:** AI, CC, GSK, NP. **Dr Stebel** — **Speakers Bureau:** AB, GH, NP, PI, SA. **Dr Tedesco** — **Advisory Committee:** CC, GSK.

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Medical Oncologist Community Panel

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Memorial Sloan-Kettering Cancer Center
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Karen L Tedesco, MD

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Case Studies

Case 1 from the practice of Louise Morrell, MD: A 40-year-old woman of Ashkenazi Jewish descent with a BRCA1 mutation underwent bilateral mastectomy for a large, triple-negative, poorly differentiated infiltrating ductal carcinoma (IDC), followed by dose-dense AC → paclitaxel. One year later, she underwent surgical resection of a solitary lung metastasis. She soon experienced disease progression and received capecitabine/bevacizumab, on which she experienced a complete clinical remission for nearly one year. Upon disease recurrence, she entered trial of PARP inhibitor and experienced a dramatic response that has now lasted 10 months (*presented to Drs O'Regan and Vogel*).

Case 2 from the practice of Kert D Sabbath, MD: A 53-year-old woman with cerebral palsy underwent a modified mastectomy for a T2, Grade III, ER/PR-positive, HER2-negative, node-negative infiltrating ductal carcinoma, followed by docetaxel/cyclophosphamide, then anastrozole. Two years later, she developed elevation of her liver enzymes, and CT revealed a single hepatic lesion. She was switched to tamoxifen, but six weeks later multiple hepatic lesions were visualized and she began weekly paclitaxel (*presented to Drs O'Regan and Vogel*).

Case 3 from the practice of Linda Ferris, DO: A 60-year-old woman received neoadjuvant AC for a 6.5-cm, ER/PR-negative, HER2-positive, Grade III invasive ductal breast tumor with a palpable node and skin changes suggestive of inflammatory disease. After four cycles, restaging PET/CT was negative, and she underwent a mastectomy and axillary node dissection, with pathology revealing small nests of invasive ductal carcinoma cells, extensive ductal carcinoma in situ and 15 negative nodes. She received radiation therapy, paclitaxel and one year of trastuzumab postoperatively and is now receiving letrozole with no evidence of disease (*presented to Drs O'Regan and Vogel*).

Case 4 from the practice of Pamela R Drullinsky, MD: A 35-year-old nurse underwent a lumpectomy for a 1.5-cm, moderately differentiated, ER/PR-positive, HER2-negative invasive ductal carcinoma with lymphovascular invasion. The Oncotype DX® Recurrence Score® was 14, and the patient requested adjuvant chemotherapy and is receiving CMF (*presented to Drs O'Regan and Vogel*).

Case 5 from the practice of Andrea Stebel, MD: A 38-year-old woman experienced a complete clinical response after three cycles of neoadjuvant FEC-100 followed by three cycles of docetaxel for a locally advanced, triple-negative, high-grade tumor with matted axillary nodes. A bilateral mastectomy was performed, and pathologic assessment revealed a complete response (*presented to Drs Buzdar and Ravdin*).

Case 6 from the practice of Karen L Tedesco, MD: An 82-year-old woman underwent a mastectomy and radiation therapy for a 5.1-cm, moderately differentiated, ER/PR-positive, HER2-positive infiltrating ductal carcinoma with 32 out of 32 positive nodes. She refused chemotherapy and is receiving trastuzumab and letrozole (*presented to Drs Buzdar and Ravdin*).

Case 7 from the practice of Stephen M Lichter, MD: A 72-year-old woman with multiple comorbidities underwent a mastectomy and radiation therapy for a large, ER/PR-positive, HER2-equivocal by FISH with a score of 1.9, high-grade, poorly differentiated invasive ductal carcinoma with 19 out of 27 positive nodes. She received four out of six planned cycles of adjuvant TC followed by anastrozole (*presented to Drs Buzdar and Ravdin*).

Case 8 from the practice of Noor M Merchant, MD: In 2003, a 74-year-old woman presented with T3, ER/PR-positive, HER2-negative contralateral breast cancer and lung metastases 10 years after lumpectomy and radiation therapy. She underwent a mastectomy and axillary node dissection, followed by anastrozole. She then received fulvestrant and capecitabine sequentially for progressive disease. She is currently receiving paclitaxel with bevacizumab, and after seven cycles, a PET scan reveals no evidence of disease (*presented to Drs Buzdar and Ravdin*).

Guide to Audio Program

Track 1 — case from Dr Morrell; Track 2 — case from Dr Sabbath; Track 3 — case from Dr Ferris; Track 4 — case from Dr Drullinsky; Track 5 — case from Dr Stebel; Track 6 — case from Dr Tedesco; Track 7 — case from Dr Lichter; Track 8 — case from Dr Merchant

Educational Assessment and Credit Form:
Meet The Professors Breast Cancer, Issue 3, 2008

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PART ONE — Please tell us about your experience with this educational activity

BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal
Role of the Oncotype DX assay in clinical decision-making.....	4	3	2	1
Treatment of triple-negative breast cancer . . .	4	3	2	1
Clinical trials combining bevacizumab with chemotherapy in the metastatic setting . . .	4	3	2	1
Treatment of progressive, HER2-positive breast cancer after trastuzumab therapy. . .	4	3	2	1

AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?

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Clinical trials combining bevacizumab with chemotherapy in the metastatic setting . . .	4	3	2	1
Treatment of progressive, HER2-positive breast cancer after trastuzumab therapy. . .	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 LEARNER statements by circling the appropriate selection:

4 = Yes	3 = Will consider	2 = No	1 = Already doing	N/M = Learning objective not met	N/A = Not applicable
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As a result of this activity, I will be able to:

- Devise a treatment algorithm for patients with locally advanced and metastatic triple-negative breast cancer, incorporating chemotherapy, novel molecular-targeted agents and clinical trial participation, when appropriate 4 3 2 1 N/M N/A
- Counsel pre- and postmenopausal patients with ER-positive breast cancer about the risks and benefits of endocrine therapy, addressing agent sequence and duration of treatment. 4 3 2 1 N/M N/A
- Utilize genomic assays to quantify recurrence risk, aid in the selection of appropriate treatment and improve the accuracy of biomarker testing 4 3 2 1 N/M N/A
- Compare and contrast the safety and efficacy of anthracycline- and nonanthracycline-containing adjuvant regimens when recommending chemotherapy for patients with Stage I to Stage III breast cancer. 4 3 2 1 N/M N/A
- Consider the utility of further testing of HER2 status by IHC and additional analysis for those patients with HER2-equivocal disease on immediate analysis by FISH 4 3 2 1 N/M N/A
- Select treatment strategies for HER2-positive early and advanced breast cancer, considering the utility of trastuzumab for node-negative tumors. 4 3 2 1 N/M N/A
- Implement an algorithm for cardiac monitoring of patients receiving trastuzumab for the treatment of HER2-positive breast cancer. 4 3 2 1 N/M N/A
- Assess the clinical activity of established and novel anti-HER2 agents and anti-angiogenic agents in patients with HER2-positive tumors progressing on trastuzumab 4 3 2 1 N/M N/A
- Communicate the benefits and risks of neoadjuvant systemic therapy to patients with locally advanced breast cancer. 4 3 2 1 N/M N/A
- Apply the results of emerging research to effectively and safely integrate bevacizumab into the front-line treatment of metastatic breast cancer. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about participation in ongoing clinical trials. . . 4 3 2 1 N/M N/A

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

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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

Additional comments about this activity:

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Faculty	Knowledge of subject matter				Effectiveness as an educator
Ruth O'Regan, MD	4	3	2	1	4 3 2 1
Charles L Vogel, MD	4	3	2	1	4 3 2 1
Aman U Buzdar, MD	4	3	2	1	4 3 2 1
Peter M Ravdin, MD, PhD	4	3	2	1	4 3 2 1
Moderator	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 moderator and faculty for this activity:

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Meet The Professors

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This program is supported by educational grants from
Abraxis BioScience, AstraZeneca Pharmaceuticals LP,
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Last review date: January 2009
Release date: January 2009
Expiration date: January 2010
Estimated time to complete: 2.75 hours