

# 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

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**INTERVIEWS**

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**ROUNDTABLE DISCUSSION**

Charles E Geyer Jr, MD

John Mackey, MD



## A Continuing Nursing Education Audio Series

### STATEMENT OF NEED/TARGET AUDIENCE

Medical oncology, particularly breast cancer, is one of the most rapidly advancing and developing fields of medicine. The constant emergence of new systemic agents, new indications for existing agents, novel therapies, clinical trials and research data demands that oncology nurses remain dedicated to continuing education in order to offer their patients the best care possible. This program provides nurses with access to the most up-to-date research developments in breast cancer and the opinions of oncology nurses and clinical investigators with experience and expertise in the field. This information can be effectively translated into everyday management decisions.

### PURPOSE STATEMENT

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

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

- Discuss the clinical implications of emerging clinical trial data in breast cancer, and apply this information to strategies in the (neo)adjuvant and metastatic settings.
- Evaluate the benefits and risks of endocrine therapy for the treatment of hormone receptor-positive breast cancer, and integrate this information into clinical practice.
- Describe the benefits and risks of various chemotherapeutic agents and regimens in the adjuvant and metastatic settings, and discuss this information with patients.
- Counsel appropriately selected patients about the risks and benefits of biologic agents in the adjuvant and metastatic settings.
- Implement strategies, including supportive care measures and patient education, to minimize and manage toxicities secondary to systemic therapies.
- Determine the value of genetic assays and computerized risk models for predicting a patient's risk of breast cancer recurrence and the benefit of adjuvant therapy.
- Explain the psychosocial and emotional needs of caregivers, patients and their loved ones, and prepare management strategies that encompass care for the patient as a whole.

### ACCREDITATION STATEMENTS

This educational activity for 2.8 contact hours is provided by Research To Practice during the period of April 2008 through April 2009.

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 [BreastCancerUpdate.com/Nurses](http://BreastCancerUpdate.com/Nurses) 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, 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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## Breast Cancer®

U P D A T E

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FACULTY — **Dr Geyer** — No real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Burris** — Consulting Fees: Celgene Corporation, Keryx Biopharmaceuticals Inc, Novartis Pharmaceuticals Corporation; Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents: Sanofi-Aventis. **Dr Mackey** — Honoraria: Amgen Inc, AstraZeneca Pharmaceuticals LP, Roche Laboratories Inc, Sanofi-Aventis. **Ms Palmieri** — Consulting Fees: Bristol-Myers Squibb Company, Roche Laboratories Inc; Speakers Bureau: Abraxis BioScience, Genentech BioOncology. **Dr Perez** — Contracted Research: Genentech BioOncology, GlaxoSmithKline, Novartis Pharmaceuticals Corporation, Sanofi-Aventis.

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**Breast Cancer Update for Nurses — Issue 1, 2008****QUESTIONS (PLEASE CIRCLE ANSWER):**

1. In the TAILORx study, patients with an intermediate recurrence score according to the *Oncotype DX*<sup>™</sup> assay are randomly assigned to receive endocrine therapy with or without \_\_\_\_\_.
  - a. Chemotherapy
  - b. Bevacizumab
  - c. Trastuzumab
  - d. Lapatinib
2. Which endocrine agent is administered by intramuscular injection?
  - a. Anastrozole
  - b. Exemestane
  - c. Fulvestrant
  - d. Tamoxifen
3. Clinical trials have reported that adjuvant trastuzumab administered to a patient with HER2-positive breast cancer reduces her risk of recurrence by approximately \_\_\_\_\_.
  - a. 10 percent
  - b. 20 percent
  - c. 30 percent
  - d. 50 percent
4. In a clinical trial evaluating trastuzumab with or without anastrozole in postmenopausal patients with HER2-positive, hormone-receptor metastatic breast cancer, an incremental efficacy benefit \_\_\_\_\_ observed with the combined regimen.
  - a. Was
  - b. Was not
5. The ALTO adjuvant trial for patients with HER2-positive breast cancer is evaluating \_\_\_\_\_.
  - a. Trastuzumab for one year
  - b. Lapatinib for one year
  - c. Combination lapatinib and trastuzumab
  - d. Sequence of the two agents
  - e. All of the above
6. Potential side effects of bevacizumab include which of the following?
  - a. Hypertension
  - b. Hand-foot syndrome
  - c. Proteinuria
  - d. Both a and c
7. Benefits of nanoparticle albumin-bound (*nab*) paclitaxel include which of the following?
  - a. Avoidance of premedications
  - b. Shorter infusion time than standard paclitaxel
  - c. Oral administration
  - d. Both a and b
8. Data presented by Fabian and colleagues showed that in patients with hypovitaminosis D prior to the initiation of an adjuvant aromatase inhibitor, vitamin D supplementation during therapy resulted in improvement in which of the following symptoms?
  - a. Alopecia
  - b. Hand-foot syndrome
  - c. Musculoskeletal complaints
  - d. Nausea and vomiting
9. In a UCLA study combining bevacizumab with trastuzumab for patients with advanced, HER2-positive breast cancer, the response rate was approximately \_\_\_\_\_ percent.
  - a. 10
  - b. 30
  - c. 50
  - d. 70
10. At five years after the initial treatment for early breast cancer, the risk of relapse is higher for women with hormone receptor-\_\_\_\_\_ breast cancer.
  - a. Positive
  - b. Negative

**Breast Cancer Update for Nurses — Issue 1, 2008**

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**

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

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Adjuvant endocrine therapy for hormone-receptive breast cancer .....	4	3	2	1
Targeted therapies for HER2-positive breast cancer .....	4	3	2	1
Use of <i>Oncotype DX</i> in adjuvant treatment decisions .....	4	3	2	1
Role of bevacizumab in the adjuvant and metastatic settings .....	4	3	2	1

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

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Adjuvant endocrine therapy for hormone-receptive breast cancer .....	4	3	2	1
Targeted therapies for HER2-positive breast cancer .....	4	3	2	1
Use of <i>Oncotype DX</i> in adjuvant treatment decisions .....	4	3	2	1
Role of bevacizumab in the adjuvant and metastatic settings .....	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

**As a result of this activity, I will:**

- Discuss the clinical implications of emerging clinical trial data in breast cancer, and apply this information to strategies in the (neo)adjuvant and metastatic settings. .... 4 3 2 1 N/M N/A
- Evaluate the benefits and risks of endocrine therapy for the treatment of hormone receptor-positive breast cancer, and integrate this information into clinical practice..... 4 3 2 1 N/M N/A
- Describe the benefits and risks of various chemotherapeutic agents and regimens in the adjuvant and metastatic settings, and discuss this information with patients..... 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about the risks and benefits of biologic agents in the adjuvant and metastatic settings. .... 4 3 2 1 N/M N/A
- Implement strategies, including supportive care measures and patient education, to minimize and manage toxicities secondary to systemic therapies. .... 4 3 2 1 N/M N/A
- Determine the value of genetic assays and computerized risk models for predicting a patient's risk of breast cancer recurrence and the benefit of adjuvant therapy.. .... 4 3 2 1 N/M N/A
- Explain the psychosocial and emotional needs of caregivers, patients and their loved ones, and prepare management strategies that encompass care for the patient as a whole..... 4 3 2 1 N/M N/A

**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?**

.....

.....

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

**Additional comments about this activity:**

.....  
.....

**May we include you in future assessments to evaluate the effectiveness of this activity?**

Yes       No

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

Faculty	4 = Expert				3 = Above average				2 = Competent				1 = Insufficient			
	Knowledge of subject matter								Effectiveness as an educator							
Howard A Burris III, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Charles E Geyer Jr, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
John Mackey, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Frances M Palmieri, RN, MSN, OCN	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Edith A Perez, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

**Please recommend additional faculty for future activities:**

.....

**Other comments about the faculty 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: .....

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Email: .....

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

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