# Breast Cancer®

An Audio Review Journal for Oncology Nurses

Management of Breast Cancer in the Adjuvant and Metastatic Settings

EDITOR

Neil Love, MD

### **FACULTY**

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John Mackey, MD

Maureen Major, RN, MS

Additional comments by a woman with breast cancer



### A Continuing Nursing Education (CNE) Audio Series Activity

### 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 systemic agents, novel therapies, clinical trials and research findings demands that oncology nurses remain dedicated to continuing education in order to offer their patients the best care possible. This program provides registered nurses access to the most up-to-date research developments in breast cancer and the opinions of oncology nurses and research leaders with experience and expertise in the field. This information can be effectively translated into everyday patient management decisions.

### 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 ONCOLOGY NURSES

- Discuss the clinical implications of emerging clinical trial data in breast cancer treatment and how to incorporate these data into management strategies in the adjuvant, neoadjuvant, metastatic and preventive settings.
- Describe ongoing clinical trials available to patients with breast cancer.
- Explain the risks and benefits of adjuvant aromatase inhibitors and of sequencing aromatase inhibitors after tamoxifen in postmenopausal patients with ER-positive breast cancer.
- Review the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions.
- Describe an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the
  adjuvant, neoadjuvant and metastatic settings.
- Discuss the selection and sequencing of endocrine therapy in appropriate patients with metastatic disease.
- · Describe the risks and benefits of combination versus single-agent chemotherapy.
- Describe the computerized risk models and genetic markers to determine prognostic information on the quantitative risk of breast cancer relapse.
- Explain the risks and benefits of incorporating bevacizumab into standard chemotherapy for the management of metastatic disease.

### **ACCREDITATION STATEMENTS**

### CNA/ANCC

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### HOW TO USE THIS CNE ACTIVITY

This is an audio CNE activity. This book contains a continuing nursing education post-test, and the corresponding website <a href="www.BreastCancerUpdate.com/Nurses">www.BreastCancerUpdate.com/Nurses</a> includes links to relevant full-text articles and abstracts. There are no fees for participating and receiving CNE credit for this activity. To receive credit during the period of March 2006 through March 2007, participants should read the learning objectives and faculty disclosures, listen to the CDs, review the internet references and complete the post-test and evaluation form located in the back of this book or on the <a href="www.BreastCancerUpdate.com/Nurses">www.BreastCancerUpdate.com/Nurses</a> website and mail or fax the evaluation form to Postgraduate Institute for Medicine.

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### Breast Cancer Update for Oncology Nurses — Issue 1, 2006

### QUESTIONS (PLEASE CIRCLE ANSWER):

1.	<b>Aromatase</b>	inhibitors can be	e effective
	in	patients	with
	<b>ER-positive</b>	breast cancer.	

- a. Premenopausal
- b. Postmenopausal
- c. Both pre- and postmenopausal
- 2. Aromatase inhibitors inhibit the enzyme aromatase, which normally converts androgens from the adrenal glands into estrogens.
  - a. True
  - b. False
- 3. Which agent is superior in diseasefree survival in the trials comparing aromatase inhibitors to tamoxifen in the adjuvant setting?
  - a. Tamoxifen
  - b. Aromatase inhibitors
- 4. Which of the following adverse events occur less frequently with anastrozole than with tamoxifen?
  - a. Endometrial cancer
  - b. Fractures
  - c. Thromboembolic events
  - d. Both a and b
  - e. Both a and c
- In the ECOG-E2100 trial, the addition of bevacizumab to paclitaxel significantly response rate and the duration of progression-free survival.
  - a. Increased
  - b. Decreased
- Patients with node-negative, ERpositive disease and a high recurrence score, according to the Oncotype DX<sup>TM</sup> assay, have been shown to benefit from adjuvant
  - a. Tamoxifen
  - b. Anastrozole
  - c. Fulvestrant
  - d. Chemotherapy
- 7. Which endocrine agent is given by intramuscular injection and has few side effects?
  - a. Tamoxifen
  - b. Anastrozole
  - c. Letrozole
  - d. Fulvestrant

- 8. Five clinical trials have reported that adjuvant trastuzumab given 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. 40 percent
  - e. 50 percent
- In the BCIRG 006 trial, the combination of docetaxel, carboplatin and trastuzumab in the adjuvant setting reduced the risk of recurrence without increasing the risk of congestive heart failure.
  - a. True
  - b. False
- 10. Which of the following measures can reduce a patient's risk of osteoporosis when the patient is taking aromatase inhibitors?
  - a. Exercise
  - b. Calcium supplementation
  - c. Bisphosphonates
  - d. All of the above
  - e. None of the above
- 11. In the Women's Intervention Nutrition Study (WINS), women randomly assigned to the dietary intervention group had a significantly lower incidence of breast cancer relapse.
  - a. True
  - b. False
- The Oncotype DX assay can be used to determine the risk of distant recurrence at 10 years in tamoxifen-treated patients with node-negative, ER-positive breast cancer.
  - a. True
  - b. False
- 13. In a study conducted by Lesley Fallowfield, approximately of patients preferred an intramuscular injection versus an oral agent in the treatment of metastatic disease.
  - a. Five percent
  - b. 10 to 15 percent
  - c. 25 to 30 percent
  - d. 66 percent

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Postgraduate Institute for Medicine (PIM) respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. You must complete this evaluation form to receive acknowledgment of participation for this activity.

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Outstanding	Good	Satisfactory	Fair	Poor		
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• 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						
EXTENT TO WHICH PROGRAM ACTIVITIES MET THE IDENTIFIED OBJECTIVES Upon completion of this activity, participants should be better able to:						
		clinical trial data in breast o				
		into management strategies eventive settings		5 4 3 2 1		
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standard chemotherapy for the management of metastatic disease						
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Faculty	Knowledge of subject matter	Effectiveness as an educator
Clifford Hudis, MD	5 4 3 2 1	5 4 3 2 1
John Mackey, MD	5 4 3 2 1	5 4 3 2 1
Maureen Major, RN, MS	5 4 3 2 1	5 4 3 2 1

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Will assist me in improving patient care.	5	4	3	2	1
Fulfilled my educational needs	5	4	3	2	1
Avoided commercial bias or influence.	5	4	3	2	1

### IMPACT OF THE ACTIVITY

The information presented (check all that apply	The	information	presented (	(check all	that	apply):
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### **EVALUATION FORM**

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Will the information presented cause you	
Yes No	, , , ,
If yes, please describe any change(s) you	plan to make in your practice as a result of this activity:
How committed are you to making these	changes?
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Do you feel future activities on this subject	ct matter are necessary and/or important to your practice?
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