

# Breast Cancer<sup>®</sup>

U P D A T E

Conversations with Oncology Investigators  
Bridging the Gap between Research and Patient Care

**MODERATOR**

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**FACULTY**

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***SPECIAL ISSUE***

**Proceedings from a Clinical  
Investigator Think Tank**



**CME**  
Certified



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## Breast Cancer Update

### A Continuing Medical Education Audio Series

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#### 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. In order to offer optimal patient care — including the option of clinical trial participation — clinicians must be well informed of these advances. To bridge the gap between research and patient care, this program features leading oncology investigators debating the merits, applications and limitations of emerging data sets. By providing access to the latest research developments and expert perspectives, this CME program assists medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

#### LEARNING OBJECTIVES

- Apply the results of recent clinical research defining the bone-protective and anticancer role of adjuvant intravenous bisphosphonates with concomitant endocrine therapy to current treatment decisions.
- Recognize the applications and limitations of biomarker assays and genomic signatures as therapeutic decision-making aids in the management of early breast cancer.
- Develop an algorithm for the treatment of localized hormone receptor-positive breast cancer, addressing disease chronicity relative to the benefits and risks of endocrine therapy.
- Summarize existing research to support alternative doses, formulations and schedules of the commonly used adjuvant and metastatic chemotherapeutic regimens.
- Compare and contrast the efficacy and safety of trastuzumab when combined with anthracycline- and nonanthracycline-containing chemotherapy.
- Appraise the role of lapatinib and other novel anti-HER2 agents in the treatment of trastuzumab-resistant metastatic disease.
- Recall the evidence-based role of bevacizumab in the treatment of advanced breast cancer, and explain the scientific rationale for its ongoing investigation in the adjuvant setting.
- Counsel patients with anthracycline- and taxane-refractory breast cancer about the benefits and risks of further treatment with ixabepilone.
- Identify ongoing clinical trial opportunities for appropriately selected patients with breast cancer.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Gnant and colleagues reported that in a trial for premenopausal women examining ovarian suppression with tamoxifen or anastrozole, alone or combined with zoledronic acid, patients who received bisphosphonate therapy experienced which of the following?
  - a. Reduction in contralateral breast cancer
  - b. Reduction in locoregional recurrence
  - c. Reduction in distant metastases
  - d. All of the above
2. An analysis by Goss and colleagues after the unblinding of the MA17 trial showed an advantage to late, extended adjuvant endocrine therapy for women who had completed five years of tamoxifen, despite a substantial period between the discontinuation of tamoxifen and the initiation of letrozole.
  - a. True
  - b. False
3. Regarding the optimal duration of adjuvant therapy for women with early, ER/PR-positive breast cancer, data from the MA17 trial demonstrate which of the following?
  - a. Five years of adjuvant endocrine therapy is superior to 10 years
  - b. Ten years of adjuvant endocrine therapy is superior to five years
4. In the NCCTG-N9831 adjuvant trastuzumab trial, which factors were associated with an increased risk of cardiac dysfunction in patients who received AC followed by paclitaxel/trastuzumab?
  - a. Older age
  - b. Lower registration LVEF
  - c. Use of antihypertensive medications
  - d. All of the above
5. In a clinical trial evaluating capecitabine with or without ixabepilone for patients with taxane- and anthracycline-resistant metastatic breast cancer, the addition of ixabepilone resulted in a significant improvement in progression-free survival.
  - a. True
  - b. False
6. Analysis of data from NSABP-B-31 by Paik and colleagues indicates that only women with HER2-positive breast cancer experience clinical benefit from adjuvant trastuzumab.
  - a. True
  - b. False
7. Data from the Phase II trial incorporating bevacizumab into dose-dense AC followed by paclitaxel suggest incorporation of this agent into anthracycline-containing adjuvant therapy is feasible in terms of safety parameters assessed.
  - a. True
  - b. False
8. The CALGB is conducting a clinical trial evaluating paclitaxel versus \_\_\_\_\_ versus ixabepilone, combined with bevacizumab, for patients with advanced breast cancer.
  - a. Docetaxel
  - b. Nanoparticle albumin-bound (*nab*) paclitaxel
  - c. Capecitabine
9. In the AVADO trial, the addition of bevacizumab to docetaxel as first-line therapy for women with metastatic breast cancer resulted in significant improvement in which endpoint?
  - a. Overall survival
  - b. Progression-free survival
  - c. Both a and b
  - d. None of the above
10. In a randomized study reported by O'Shaughnessy and colleagues, the combination of lapatinib and trastuzumab did not improve progression-free survival compared to lapatinib alone for heavily pretreated patients with HER2-positive metastatic breast cancer progressing on trastuzumab.
  - a. True
  - b. False

**EDUCATIONAL ASSESSMENT AND CREDIT FORM**

*Breast Cancer Update — Think Tank Issue 2, 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 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Impact of delayed endocrine therapy on hormone-responsive disease .....	4	3	2	1
Development of anti-HER2 regimens to overcome acquired trastuzumab resistance ..	4	3	2	1
Utility of maintenance bevacizumab in clinical practice .....	4	3	2	1
Clinical trial data on ixabepilone in metastatic breast cancer .....	4	3	2	1

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

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Impact of delayed endocrine therapy on hormone-responsive disease .....	4	3	2	1
Development of anti-HER2 regimens to overcome acquired trastuzumab resistance ..	4	3	2	1
Utility of maintenance bevacizumab in clinical practice .....	4	3	2	1
Clinical trial data on ixabepilone in metastatic breast cancer .....	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 be able to:**

- Apply the results of recent clinical research defining the bone-protective and anticancer role of adjuvant intravenous bisphosphonates with concomitant endocrine therapy to current treatment decisions..... 4 3 2 1 N/M N/A
- Recognize the applications and limitations of biomarker assays and genomic signatures as therapeutic decision-making aids in the management of early breast cancer..... 4 3 2 1 N/M N/A
- Develop an algorithm for the treatment of localized hormone receptor-positive breast cancer, addressing disease chronicity relative to the benefits and risks of endocrine therapy..... 4 3 2 1 N/M N/A
- Summarize existing research to support alternative doses, formulations and schedules of the commonly used adjuvant and metastatic chemotherapeutic regimens..... 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and safety of trastuzumab when combined with anthracycline- and nonanthracycline-containing chemotherapy..... 4 3 2 1 N/M N/A
- Appraise the role of lapatinib and other novel anti-HER2 agents in the treatment of trastuzumab-resistant metastatic disease..... 4 3 2 1 N/M N/A
- Recall the evidence-based role of bevacizumab in the treatment of advanced breast cancer, and explain the scientific rationale for its ongoing investigation in the adjuvant setting..... 4 3 2 1 N/M N/A
- Counsel patients with anthracycline- and taxane-refractory breast cancer about the benefits and risks of further treatment with ixabepilone..... 4 3 2 1 N/M N/A
- Identify ongoing clinical trial opportunities for appropriately selected patients with 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:**

.....

**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 moderator and faculty for this educational activity**

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal	
<b>Faculty</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>
Lisa A Carey, MD	4	3	2	1	4 3 2 1
Paul E Goss, MD, PhD	4	3	2	1	4 3 2 1
Daniel F Hayes, MD	4	3	2	1	4 3 2 1
Allan Lipton, MD	4	3	2	1	4 3 2 1
Andrew D Seidman, MD	4	3	2	1	4 3 2 1
George W Sledge Jr, MD	4	3	2	1	4 3 2 1
<b>Moderator</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:**

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**Other comments about the moderator and faculty for this activity:**

.....

**REQUEST FOR CREDIT — Please print clearly**

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