



Visiting Professors

A case-based discussion on the management of metastatic breast cancer

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**LAUNCH
ISSUE**

Featuring a clinical investigator's perspective on a day spent visiting patients with metastatic breast cancer in the clinic of a community oncologist



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Breast Cancer[®]
U P D A T E



Visiting Professors: A case-based discussion on the management of metastatic breast cancer

OVERVIEW OF ACTIVITY

Currently, no standardized algorithm or sequencing of therapies exists for the treatment of metastatic breast cancer (MBC). Instead, numerous acceptable agents and regimens represent a plethora of therapeutic options, and treatment decisions are often individualized based on mitigating variables including specific tumor/disease characteristics, age, comorbidities, prior exposure to endocrine/biologic/chemotherapy and the side-effect profiles of individual agents. For this reason, current clinical management of MBC is dictated by a number of clinical scenarios in which multiple treatment choices may be available, but the optimal strategy is highly debatable and may be dependent on a diverse array of considerations. To provide clinicians with strategies to better manage the entire set of needs of patients with MBC, this new series employs a unique case-based approach, including the perspectives of leading breast cancer investigators on their strategies for managing the intricacies of treatment decision-making in the metastatic setting. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to patient care.

LEARNING OBJECTIVES

- Select appropriate, individualized treatment plans for patients with MBC, based on multiple clinical and psychosocial factors.
- Provide patient care from a holistic perspective — including communicating with patients, loved ones and caregivers about the psychosocial and economic aspects of living with MBC — and implement appropriate management and referral strategies.
- Evaluate the source of pathology reporting, and retest patients with questionable or potentially inconclusive results.
- Assess whether patients with MBC are adhering to oral anticancer medications, and implement specific communication strategies to effectively capture this information.
- Query patients receiving systemic therapies about the incidence of specific side effects, and implement supportive measures or dose/schedule modifications as needed.
- Assess data on the continuation of biologic therapy with disease progression, and apply this information to clinical practice.

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FACULTY — Drs Schwartz and Winer had no real or apparent conflicts of interest to disclose.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. In a small preoperative trial for women with triple-negative breast cancer, the pathologic complete response rate with single-agent cisplatin was approximately _____.
 - a. 60 percent
 - b. 40 percent
 - c. 20 percent
 - d. Five percent
2. In a randomized trial reported at ASCO 2008 evaluating lapatinib with or without _____, the combination was found to significantly improve progression-free survival among women with HER2-positive metastatic breast cancer that had progressed on trastuzumab.
 - a. Ixabepilone
 - b. Trastuzumab
 - c. Bevacizumab
 - d. None of the above
3. Which of the following side effects is associated with lapatinib?
 - a. Diarrhea
 - b. Skin rash
 - c. Fatigue
 - d. All of the above
4. A randomized trial comparing exemestane to fulvestrant for women with metastatic disease that had progressed on a nonsteroidal aromatase inhibitor found the two to be equivalent.
 - a. True
 - b. False
5. In a randomized trial for women with HER2-positive metastatic disease that had progressed on a trastuzumab-containing regimen, capecitabine with trastuzumab appeared to be better than capecitabine alone.
 - a. True
 - b. False
6. Neuropathy is not associated with the use of ixabepilone.
 - a. True
 - b. False
7. Which of the following side effects is associated with bevacizumab?
 - a. Hypertension
 - b. Proteinuria
 - c. Nephrotic syndrome
 - d. All of the above
8. Severe diarrhea is a side effect often associated with capecitabine.
 - a. True
 - b. False
9. Ixabepilone is indicated in combination with capecitabine for the treatment of metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or for patients whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated.
 - a. True
 - b. False
10. The vast majority (>90 percent) of women diagnosed with lobular breast cancer have hormone receptor-negative tumors.
 - a. True
 - b. False
11. Studies have demonstrated a high incidence of CNS metastases in women with triple-negative breast cancer.
 - a. True
 - b. False

Educational Assessment and Credit Form
Visiting Professors Breast Cancer, 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 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

- Dermatomyositis as a potential complication of breast cancer and its treatment . . . 4 3 2 1
- Phase III study evaluating lapatinib alone or in combination with trastuzumab in patients with pretreated MBC 4 3 2 1
- Role of breast cancer surgery in patients with MBC 4 3 2 1
- Potential role of lapatinib in the management of brain metastases 4 3 2 1
- Endocrine treatment for the patient with ER-positive disease that progresses on ovarian suppression and an aromatase inhibitor . . . 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

- Dermatomyositis as a potential complication of breast cancer and its treatment . . . 4 3 2 1
- Phase III study evaluating lapatinib alone or in combination with trastuzumab in patients with pretreated MBC 4 3 2 1
- Role of breast cancer surgery in patients with MBC 4 3 2 1
- Potential role of lapatinib in the management of brain metastases 4 3 2 1
- Endocrine treatment for the patient with ER-positive disease that progresses on ovarian suppression and an aromatase inhibitor . . . 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:

- Select appropriate, individualized treatment plans for patients with MBC, based on multiple clinical and psychosocial factors 4 3 2 1 N/M N/A
- Provide patient care from a holistic perspective — including communicating with patients, loved ones and caregivers about the psychosocial and economic aspects of living with MBC — and implement appropriate management and referral strategies. 4 3 2 1 N/M N/A
- Evaluate the source of pathology reporting, and retest patients with questionable or potentially inconclusive results. 4 3 2 1 N/M N/A
- Assess whether patients with MBC are adhering to oral anticancer medications, and implement specific communication strategies to effectively capture this information. 4 3 2 1 N/M N/A
- Query patients receiving systemic therapies about the incidence of specific side effects, and implement supportive measures or dose/schedule modifications as needed. 4 3 2 1 N/M N/A
- Assess data on the continuation of biologic therapy with disease progression, and apply this information to clinical practice. 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?

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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 = Very good				3 = Above average				2 = Adequate				1 = Suboptimal			
	Knowledge of subject matter								Effectiveness as an educator							
Michael A Schwartz, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Eric P Winer, 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:

.....

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Professional Designation:

MD DO PharmD NP RN PA Other

Medical License/ME Number: Last 4 Digits of SSN (required):

Street Address: Box/Suite:

City, State, Zip:

Telephone: Fax:

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: Date:

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Visiting Professors

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