



Visiting Professors

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

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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[®]
UPDATE



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 patients with metastatic breast cancer (mBC). Instead, numerous acceptable agents and regimens represent a plethora of therapeutic options, and treatment decisions are often individualized based on variables that include 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 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.
- Query patients receiving systemic therapies about the incidence of specific side effects, and implement supportive measures or dose/schedule modifications as needed.
- Review data on the continuation of biologic therapy with disease progression, and apply this information to clinical practice.

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HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CD and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at VisitingProfs.com.

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CME INFORMATION

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FACULTY — Drs Harwin and Love had 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 Pegram** — *Advisory Committee*: Amgen Inc, Bristol-Myers Squibb Company, Genentech BioOncology, Genomic Health Inc, GlaxoSmithKline, Pfizer Inc; *Speakers Bureau*: Genentech BioOncology, GlaxoSmithKline, Sanofi-Aventis.

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VISITING PROFESSORS DOWNLOADABLE AUDIO AND PODCASTS

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following is a common characteristic of infiltrating lobular carcinoma?
 - a. Hormone receptor-positive
 - b. HER2-negative
 - c. Often metastasizes to the gastrointestinal tract
 - d. All of the above
2. According to the retrospective subset analysis of ECOG-E2100, the hazard ratio for progression-free survival associated with the addition of bevacizumab to paclitaxel was similar for patients with ER-positive disease and those with ER-negative disease.
 - a. True
 - b. False
3. The half-life of bevacizumab is approximately _____.
 - a. 12 hours
 - b. Seven days
 - c. 14 days
 - d. 21 days
4. The Phase I dose-escalation trial of lapatinib with trastuzumab determined that _____ doses of lapatinib could be used.
 - a. Full
 - b. Reduced
 - c. Increased
 - d. None of the above
5. Joyce O'Shaughnessy presented data at ASCO 2008 from a randomized trial of lapatinib with or without trastuzumab in women who had previously received trastuzumab.
 - a. True
 - b. False
6. At ASCO 2007, Storniolo reported no significant cardiac safety signals for the combination of lapatinib and trastuzumab.
 - a. True
 - b. False
7. Which of the following are commonly observed side effects associated with the combination of capecitabine and lapatinib?
 - a. Diarrhea
 - b. Hand-foot syndrome
 - c. Fatigue
 - d. Alopecia
 - e. a, b and c
 - f. All of the above
8. A pathology report on ER or PR analysis should include _____.
 - a. Percentage of nuclei with positive staining
 - b. ER/PR positivity or negativity
 - c. Intensity of nuclei staining
 - d. None of the above
 - e. All of the above

Educational Assessment and Credit Form
Visiting Professors Breast Cancer, 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

- Use of bevacizumab in combination with chemotherapy or hormonal therapy in the treatment of mBC 4 3 2 1
- Evaluation of pathology reports on HER2 and ER/PR status..... 4 3 2 1
- Clinical use of trastuzumab and/or lapatinib for patients with HER2-positive mBC..... 4 3 2 1
- Side effects of lapatinib alone or in combination with chemotherapeutic agents 4 3 2 1
- Strategies to minimize wound-healing complications associated with bevacizumab 4 3 2 1
- Distinguishing between side effects associated with treatment and those associated with disease..... 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

- Use of bevacizumab in combination with chemotherapy or hormonal therapy in the treatment of mBC 4 3 2 1
- Evaluation of pathology reports on HER2 and ER/PR status..... 4 3 2 1
- Clinical use of trastuzumab and/or lapatinib for patients with HER2-positive mBC..... 4 3 2 1
- Side effects of lapatinib alone or in combination with chemotherapeutic agents 4 3 2 1
- Strategies to minimize wound-healing complications associated with bevacizumab 4 3 2 1
- Distinguishing between side effects associated with treatment and those associated with disease..... 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:

- 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
- 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
- Review 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:

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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							
William N Harwin, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Neil Love, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Mark D Pegram, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

.....

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Other comments about the faculty for this activity:

.....

.....

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

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:

Email:

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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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