

# Meet The Professors

A case-based discussion on the management  
of breast cancer in the adjuvant and  
metastatic settings



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UPDATE



# Meet The Professors: A case-based discussion on the management of breast cancer in the adjuvant and metastatic settings

## STATEMENT OF NEED/TARGET AUDIENCE

Breast cancer is one of the most rapidly evolving fields in medical oncology. Published results from a plethora of 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 — the practicing medical oncologist must be well informed of these advances. In order to incorporate research advances into developing treatment strategies for patients, the CME program *Meet The Professors* utilizes case-based discussions between community oncologists and clinical investigators.

## LEARNING OBJECTIVES

- Critically evaluate the clinical implications of emerging clinical trial data in breast cancer treatment and incorporate these data into management strategies in the adjuvant, neoadjuvant, metastatic and preventive settings.
- Counsel postmenopausal patients with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen, and counsel premenopausal women about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions.
- Describe and implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings.
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including dose-dense treatment and the use of taxanes, and explain the absolute risks and benefits of adjuvant chemotherapy regimens to patients.
- Evaluate the emerging data for biologic therapies and determine how these should be incorporated into the treatment algorithm for appropriate patients with metastatic disease.
- Describe the computerized risk models and genetic markers to determine prognostic information on the quantitative risk of breast cancer relapse, and when applicable, utilize these to guide therapy decisions.

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## Guide to Audio Program

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**Audio Tape 1:** *Side A* — case from Dr Luedke, case from Dr Seigel; *Side B* — case from Dr Seigel (continued), case from Dr Hart, case from Dr Hendricks; **Audio Tape 2:** *Side A* — case from Dr Dresdner, case from Dr Hussein, case from Dr Luedke; *Side B* — case from Dr Reeves, case from Dr Harwin, case from Dr Lowenthal, case from Dr Harwin

**Compact Disc 1:** Tracks 1-12 — case from Dr Luedke; Tracks 13-21 — case from Dr Seigel; Tracks 22-26 — case from Dr Hart; **Compact Disc 2:** Tracks 1-9 — case from Dr Hendricks; Tracks 10-17 — case from Dr Dresdner; Tracks 18-25 — case from Dr Hussein; **Compact Disc 3:** Tracks 1-5 — case from Dr Luedke; Tracks 6-12 — case from Dr Reeves; Tracks 13-19 — case from Dr Harwin; Tracks 20-25 — case from Dr Lowenthal; Tracks 26-27 — case from Dr Harwin

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## Faculty Affiliations

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**Howard A Burris III, MD**  
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Sarah Cannon Research  
Institute  
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**Daniel F Hayes, MD**  
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The University of Texas  
Health Science Center at  
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San Antonio, Texas



**George W Sledge Jr, MD**  
Professor of Medicine  
Ballve-Lantero Professor of  
Oncology  
Indiana University  
Medical Center  
Indianapolis, Indiana

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## Medical Oncologist Community Panel

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**David M Dresdner, MD**  
St Petersburg, Florida  
**Philip Glynn, MD**  
Springfield, Massachusetts  
**Lowell L Hart, MD**  
Fort Myers, Florida  
**William N Harwin, MD**  
Fort Meyers, Florida

**Carolyn B Hendricks, MD**  
Bethesda, Maryland  
**Atif M Hussein, MD**  
Hollywood, Florida  
**Dennis A Lowenthal, MD**  
Short Hills, New Jersey  
**Susan L Luedke, MD**  
St Louis, Missouri

**William G Reeves, MD**  
Youngstown, Ohio  
**Leonard J Seigel, MD**  
Fort Lauderdale, Florida

## CONTENT VALIDATION AND DISCLOSURES

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The scientific staff and consultants for Research To Practice are involved in the development and review of content for educational activities and report the following real or apparent conflicts of interest for themselves (or their spouses/partners) that have been resolved through a peer review process: Richard Kaderman, PhD, Neil Love, MD, Douglas Paley, Michelle Paley, MD, Margaret Peng, Lilliam Sklaver Poltorack, PharmD, Chris Thomson, MD, MS and Kathryn Ault Ziel, PhD — no real or apparent conflicts of interest to report; Sally Bogert, RNC, WHCNP — shareholder of Amgen Inc. Research To Practice receives education grants from Abraxis Oncology, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc, Biogen Idec, Genentech BioOncology, Genomic Health Inc, Roche Laboratories Inc and Sanofi-Aventis, who have no influence on the content development of our educational activities.

In addition, the following faculty (and their spouses/partners) have reported real or apparent conflicts of interest that have been resolved through a peer review process:

**Dr Burris** — **Consulting Fees:** Genentech BioOncology, Novartis Pharmaceuticals; **Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents:** Sanofi-Aventis. **Dr Hayes** — **No financial interests or affiliations to disclose.** **Dr Ravdin** — **Consulting Fees:** AstraZeneca Pharmaceuticals LP, Sanofi-Aventis; **Ownership Interest:** Adjuvant! Inc. **Dr Sledge** — **Consulting Fees:** Genentech BioOncology, Roche Laboratories Inc; **Contracted Research:** Sanofi-Aventis.

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## Case Studies:

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**Case 1:** A 58-year-old woman with a two-centimeter, ER/PR-negative, node-negative breast cancer with lymphovascular invasion who refused adjuvant chemotherapy and presented six months later with hepatomegaly, back pain, abnormal liver function tests and imaging that indicated bone and liver metastases (*from the practice of Dr Susan L Luedke*)

**Case 2:** A 54-year-old woman with a 1.4-centimeter, moderately differentiated, ER/PR-positive, HER2-negative, node-negative invasive ductal carcinoma (*from the practice of Dr Leonard J Seigel*)

**Case 3:** A 57-year-old woman with a six-millimeter, Grade II, ER-positive/PR-negative DCIS who had difficulty tolerating adjuvant tamoxifen (*from the practice of Dr Lowell L Hart*)

**Case 4:** A 27-year-old Ashkenazi Jewish woman with a family history of early-age onset breast cancer with a three-centimeter, ER/PR-positive, HER2-positive, node-negative, Grade II invasive ductal carcinoma and extensive DCIS (*from the practice of Dr Carolyn B Hendricks*)

**Case 5:** A 56-year-old woman with a three-centimeter, poorly differentiated, ER/PR-negative, HER2-negative breast cancer with 3/16 positive nodes who received dose-dense AC followed by paclitaxel and 16 months later developed visceral metastases (*from the practice of Dr David M Dresdner*)

**Case 6:** A very active 67-year-old woman with a 2.2-centimeter, poorly differentiated, ER/PR-positive, HER2-positive infiltrating ductal carcinoma with 4/11 positive nodes (*from the practice of Dr Atif M Hussein*)

**Case 7:** An 81-year-old woman with a history of hypertension, diabetes and hyperlipidemia and has ER/PR-positive, HER2-negative breast cancer with two positive lymph nodes (*from the practice of Dr Susan L Luedke*)

**Case 8:** A very active 82-year-old woman with an ER-positive breast cancer who refused treatment and three years later presented with a tumor-induced automastectomy with contralateral breast nodules and a lung nodule (*from the practice of Dr William G Reeves*)

**Case 9:** A 62-year-old woman who presented with a malignant left pleural effusion and was treated for non-small cell lung cancer and was later determined to have ER/PR-positive, HER2-negative breast cancer (*from the practice of Dr William N Harwin*)

**Case 10:** A 53-year-old woman with a strong family history of breast cancer presented with an eight- to 10-centimeter, ER/PR-positive, HER2-positive, poorly differentiated breast cancer with both ductal and lobular features (*from the practice of Dr Dennis A Lowenthal*)

**Case 11:** A 39-year-old woman with an ER-positive, PR-negative, HER2-negative breast cancer with 27/27 positive lymph nodes who was treated with dose-dense AC followed by paclitaxel and became amenorrheic. She began receiving tamoxifen 15 months ago and has resumed menses. (*from the practice of Dr William N Harwin*)

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**GLOBAL LEARNING OBJECTIVES**

To what extent does this issue of *MTP* address the following global learning objectives?

- Critically evaluate the clinical implications of emerging clinical trial data in breast cancer treatment and incorporate these data into management strategies in the adjuvant, neoadjuvant, metastatic and preventive settings. . . . . 5 4 3 2 1 N/A
- Counsel postmenopausal patients with ER-positive breast cancer about the risks and benefits of adjuvant aromatase inhibitors and of switching to or sequencing aromatase inhibitors after tamoxifen, and counsel premenopausal women about the risks and benefits of adjuvant ovarian suppression alone or with other endocrine interventions. . . . . 5 4 3 2 1 N/A
- Describe and implement an algorithm for HER2 testing and treatment of patients with HER2-positive breast cancer in the adjuvant, neoadjuvant and metastatic settings. . . . . 5 4 3 2 1 N/A
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including dose-dense treatment and the use of taxanes, and explain the absolute risks and benefits of adjuvant chemotherapy regimens to patients. . . . . 5 4 3 2 1 N/A
- Evaluate the emerging data for biologic therapies and determine how these should be incorporated into the treatment algorithm for appropriate patients with metastatic disease. . . . . 5 4 3 2 1 N/A
- Describe the computerized risk models and genetic markers to determine prognostic information on the quantitative risk of breast cancer relapse, and when applicable, utilize these to guide therapy decisions. . . . . 5 4 3 2 1 N/A

**EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS**

Faculty	Knowledge of subject matter	Effectiveness as an educator
Howard A Burriss III, MD	5 4 3 2 1	5 4 3 2 1
Daniel F Hayes, MD	5 4 3 2 1	5 4 3 2 1
Peter M Ravdin, MD, PhD	5 4 3 2 1	5 4 3 2 1
George W Sledge Jr, MD	5 4 3 2 1	5 4 3 2 1

**OVERALL EFFECTIVENESS OF THE ACTIVITY**

- Objectives were related to overall purpose/goal(s) of activity . . . . . 5 4 3 2 1
- Related to my practice needs . . . . . 5 4 3 2 1
- Will influence how I practice . . . . . 5 4 3 2 1
- Will help me improve patient care . . . . . 5 4 3 2 1
- Stimulated my intellectual curiosity . . . . . 5 4 3 2 1
- Overall quality of material . . . . . 5 4 3 2 1
- Overall, the activity met my expectations . . . . . 5 4 3 2 1
- Avoided commercial bias or influence . . . . . 5 4 3 2 1

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MTPB206

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# Meet The Professors

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