**WEB REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name (internal)** | ESMO Breast | **Project Code** | PB4LSS028 |
| **Virtual Project Manager** | Choose an item. | **Clinical Program Manager** | Amy Furedy |
| **Compliance** | ---------- | **Editor** | Christi Gray |

**Launch Date/Internal Launch Date:**

**Project Type**

Webcast

Downloadable Slides

CD/DVD

Podcast

Other:

**Email Blast Included?**

Yes

No

Subject Line:

**Number of E-Blasts**

Only One

Two

Three  
Other Amount:

Dates to Blast or Special Requests:

**Cross Promotion**

Yes

No

If Yes, List Activities: combined ESMO webcast E-blast?

**Target Audience**

US  
EX-US  
Global (Both EX-US & US)  
Other or Special:

Additional Emails (Supporters?):

**Slides**

Slides Included

Yes

No

Slide Location:

Slides Available By:

**Slides Synched? (if included in webcast)**

Yes

No

**Webpage Content (All Copy)**

Content Status (Final/Approved):  
  
Content Available by:

**CME?**

Yes ACCME

No

**CME Posttest Link:**

**Webcast/PDS URL:**

**Additional Components**

Cases with Voting

Polls

Video Segmentation

Table of Contents

Other:

**Mobile App Title:**

**LIVE MEETING-ASSOCIATED VIRTUAL ACTIVITIES**

**[Meeting-Associated Webcast]---VERIFY with Clinical after the meeting to see what presentation are to be included**

**Raising the Bar in Breast Cancer Care: Answering Clinically Relevant Questions**

**ACTIVITY FEATURES**

[Icon] Interactive Presentation

[Icon] Downloadable Slides

[Icon] CME-Certified

[Icon] Polling

**ACTIVITY OVERVIEW**

This CME-Certified Webcast contains **video and downloadable slides** from the symposium Raising the Bar in Breast Cancer Care: Answering Clinically Relevant Questions, a prIME Oncology educational activity that was held at the 2014 ESMO Congress in Madrid, Spain on 26 September.

**TOPICS**

How do you measure success? Recent progress in breast cancer

*Martine Piccart, MD, PhD*

Selection of therapy for high volume, recurrent HER2-negative metastatic breast cancer (MBC)

*Javier Cortés, MD, PhD*

Optimizing outcomes in metastatic triple-negative breast cancer (TNBC): The search for targets

*David Miles, MD, FRCP*

Advanced high-grade estrogen receptor (ER)-positive breast cancer: A wolf in sheep’s clothing?

*Edith A. Perez, MD*

Role of combining anti-HER therapies in the neoadjuvant setting for HER2-positive early breast cancer

*Javier Cortés, MD, PhD*

Optimal anti-HER2 approach in metastatic HER2-positive breast cancer

*Edith A. Perez, MD*

Consideration of patient preference in selecting anti-HER2 therapy

*David Miles, MD, FRCP*

**FACULTY**

Martine Piccart, MD, PhD

Institute Jules Bordet

Brussels, Belgium

Javier Cortés, MD, PhD

Vall d’Hebron University Hospital

Barcelona, Spain

David Miles, MD, FRCP

Mount Vernon Cancer Centre

London, United Kingdom

Edith A. Perez, MD

Mayo Clinic

Jacksonville, Florida, United States

**TARGET AUDIENCE**

This educational activity is designed for medical oncologists, surgical and radiation oncologists, and other healthcare professionals involved and/or interested in the management of patients with breast cancer.

**LEARNING OBJECTIVES**

After successful completion of this educational activity, participants should be able to:

* Describe recent advances in the management of early-stage and advanced breast cancer, particularly regarding the use of targeted therapies
* Employ optimal treatment strategies for patients with HER2-negative breast cancer, including those with triple-negative or advanced high-grade ER-positive breast cancer, based on current treatment guidelines and emerging clinical trial data
* Apply novel approaches for the treatment of patients with early-stage and advanced HER2-positive breast cancer, including the use of novel HER2-targeted therapies, new drug formulations, and combination strategies

**PROVIDER**

This activity is provided by prIME Oncology.

**CONTINUING EDUCATION**

prIME Oncology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



prIME Oncology designates this enduring activity for a maximum of XX *AMA PRA Category 1 Credits™.*Physicians should claim only credit commensurate with the extent of their participation in the activity.

**SUPPORTER**

This educational activity is supported by F. Hoffmann-La Roche Ltd.

**ACTIVITY DATE**

Release Date: 3 November 2014

Expiration Date: 3 November 2015

**MOBILE APP VIEW ACTIVITY TEXT PER VIDEO**Insert presentation-specific text for the “View Activity” action item on the mobile app.

**Method of Participation**  
There are no fees for participating in and receiving CME credit for this activity. In order to receive credit, participants must successfully complete the online posttest and activity evaluation. Your participation in this CME activity will be recorded in prIME Oncology's database. However, upon request, your CME credit certificate will be emailed to you. Technical requirements may be found under the [Terms of Use](http://www.primeoncology.org/footer-e-pages/terms_of_use.aspx).Links to the posttest are available on the video player pages.

In order to receive credit, participants must successfully complete the online posttest with 80% or higher.

**Disclosure of Relevant Financial Relationships**  
prIME Oncology assesses relevant financial relationships with its instructors, planners, managers, and other individuals who are in a position to control the content of CME activities. Any potential conflicts of interest that are identified are thoroughly vetted by prIME Oncology for fairness, balance, and scientific objectivity of data, as well as patient care recommendations. prIME Oncology is committed to providing its learners with high-quality CME activities and related materials that promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial entity.

**Faculty Disclosures**  
The faculty reported the following financial relationships or relationships to products or devices they or their spouses/life partners have with commercial interest related to the content of this activity:

Dr Cortés has disclosed that he has received consulting fees from Roche and Celgene. He has received fees for non-CME services from Roche, Novartis, Celgene, and Eisai. He has agreed to disclose any unlabeled/unapproved uses of drugs or products referenced in his presentation.

Dr Miles has disclosed that he has received consulting fees from Roche, GNE, and Novartis. He has agreed to disclose any unlabeled/unapproved uses of drugs or products referenced in his presentation.

Dr Perez has disclosed that she has no relevant financial relationships. She has agreed to disclose any unlabeled/unapproved uses of drugs or products referenced in her presentation.

Dr Piccart has disclosed that she serves as a board member for PharmaMar. She disclosed to have received honoraria or consulting fees from Amgen, Astellas, AstraZeneca, Bayer, Eli Lilly, Invivis, MSD, Novartis, Pfizer, Roche-Genentech, Sanofi Aventis, Symphogen, Synthon, and Verastem. Dr Piccart disclosed that her institute has received research grants from most companies. She has agreed to disclose any unlabeled/unapproved uses of drugs or products referenced in her presentation.

The employees of prIME Oncology have disclosed: [[note: for Roche activities, only list Bojana, Trudy, and Regulatory/Compliance Manager]]

• Bojana Pajk (clinical content reviewer/planner) – no relevant financial relationships

• Trudy Stoddert (editorial content reviewer) – no relevant financial relationships

•

Disclosure Regarding Unlabeled Use

This activity may contain discussion of published and/or investigational uses of agents that are not indicated by the US Food and Drug Administration or European Medicines Agency. Please refer to the official prescribing information for each product discussed for discussions of approved indications, contraindications, and warnings.

Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patients’ conditions and possible contraindications or dangers in use, review of any applicable manufacturer’s product information, and comparison with recommendations of other authorities.

1. **Web Activity Page Titles**

Landing Page Title: Raising the Bar in Breast Cancer Care: Answering Clinically Relevant Questions  
Activity Page Title: Raising the Bar in Breast Cancer Care: Answering Clinically Relevant Questions

1. **Meta Description**

Presentations on the treatment of early and advanced HER2-negative and HER2-positive breast cancers, with a focus on targeted therapies

**Key Words and Key Phrases**Key Words/Key Phrases

Breast cancer

HER2-positive breast cancer

HER2-negative breast cancer

Triple-negative breast cancer (TNBC)

Metastatic breast cancer

Advanced breast cancer

Early breast cancer

Bevacizumab

Trastuzumab

T-DM1

Pertuzumab

Lapatinib

Pathologic complete response (pCR) breast cancer

Targeted therapies breast cancer

Progression-free survival (PFS) breast cancer

Anti HER2 therapy

Antiangiogenic agents breast cancer

Platinum chemotherapy TNBC

mTOR inhibitors breast cancer

everolimus

PARP inhibitors breast cancer

Dual HER2 blockade

PrefHer

Subcutaneous trastuzumab

Questions for voting:

Question #1:

**Which of the following outcomes do you feel is the most important when selecting therapy for a “fit” patient who suffers recurrent HER2-negative breast cancer with significant visceral organ involvement but adequate hepatic and renal function?**

1. **Rapid response rate**
2. **Improved progression-free survival**
3. **Improved overall survival**
4. **Least toxicity**

Question #2:

**Which of the following is the best approach for a patient with TNBC who suffers recurrent, metastatic breast cancer eight months after completion of adjuvant chemotherapy with an anthracycline + cyclophosphamide + taxane?**

1. **Platinum-containing combination chemotherapy**
2. **Bevacizumab-containing combination therapy**
3. **Clinical trial with other agents targeting VEGF/VEGFR, EGFR, mTOR, PARP**

Question #3:

**A 55-year-old patient with T2N2M0 right breast cancer was treated with adjuvant chemotherapy with AC x 4 followed by weekly paclitaxel x 12. Her tumor was high grade, ER-25%, PR-5%, HER2 “1+” by IHC, Ki67- 25%. She develops metastatic disease with multiple liver metastases just 8 months after beginning anastrozole. Her ECOG performance status is 1 and liver function tests are normal. What would you recommend at this time?**

1. **Exemestane + mTOR inhibitor (everolimus)**
2. **Single agent chemotherapy**
3. **Combination chemotherapy**
4. **Chemotherapy + bevacizumab**
5. **Chemotherapy + other targeted agent in a clinical trial**

Question #4:

**Do you believe that dual HER2 blockade combined with chemotherapy is the best strategy for neoadjuvant therapy in a patient with operable HER2-positive breast cancer?**

1. **Yes**
2. **No**
3. **Uncertain**

Question #5:

**Which of the following (in addition to bone-targeted treatment) would you recommend for treatment of metastatic ER-negative, HER2-positive breast cancer (in lung and bone) in a patient who received one year of adjuvant trastuzumab combined with chemotherapy with disease recurrence 18 months later?**

1. **Trastuzumab + single agent chemotherapy**
2. **Trastuzumab + pertuzumab + taxane**
3. **Lapatinib + single agent chemotherapy**
4. **Trastuzumab emtansine (TDM-1)**
5. **TDM-1 + pertuzumab**
6. **TDM-1 + pertuzumab + taxane**

Question #6:

**What dose and schedule of trastuzumab would you select for a patient with metastatic HER2-positive disease who has been in remission on maintenance intravenous trastuzumab for one year?**

1. **Continue three weekly intravenous trastuzumab**
2. **Change to three weekly subcutaneous trastuzumab at the next appointment**
3. **Change to three weekly subcutaneous trastuzumab when the disease progresses**
4. **Discontinue all trastuzumab until disease progresses**