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Oncology Practice™ UPDATE

An Audio Review Journal for Nurse Practitioners and Physician Assistants Specializing in Oncology

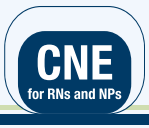
EDITOR

Neil Love, MD

ROUNDTABLE DISCUSSION

Charles L Vogel, MD

Julie A Plantamura, RN, MSN, FNPc



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A Continuing Education Audio Series

STATEMENT OF NEED/TARGET AUDIENCE

Breast cancer is one of the most rapidly evolving fields in oncology. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents with unique side-effect profiles and changes in the indications for existing treatments. To provide optimal patient care, the nurse practitioner, physician assistant and clinical nurse specialist must be well informed of treatment advances and the evidence-based rationale for current management strategies.

PURPOSE STATEMENT

The purpose of this activity is to provide nurse practitioners, physician assistants and clinical nurse specialists with information that helps them formulate up-to-date clinical management strategies for patients with breast cancer. To achieve this goal, *Oncology Practice Update* features the management perspectives of leading oncology investigators and practicing clinicians.

LEARNING OBJECTIVES

- Discuss the clinical implications of emerging clinical trial data in breast cancer, and apply this information to strategies in the adjuvant and metastatic settings.
- Evaluate the benefits and risks of endocrine therapy for the treatment of patients who are pre- and postmenopausal and have hormone receptor-positive breast cancer, and integrate this information into clinical practice.
- Describe the benefits and risks of various chemotherapeutic agents and regimens in the adjuvant and metastatic settings, and discuss this information with patients.
- Implement strategies, including supportive care measures and patient education, to minimize and manage toxicities secondary to systemic therapies.
- Determine the value of genetic assays and computerized risk models for predicting a patient's risk of breast cancer recurrence and the benefit of adjuvant therapy.
- Explain the psychosocial and emotional needs of caregivers, patients and their loved ones, in the context of breast cancer diagnosis and treatment, and prepare management strategies that encompass care for the patient as a whole.

CREDIT DESIGNATION STATEMENTS

CNE INFORMATION

Nurses: This educational activity for 1.7 contact hours is provided by Research To Practice during the period of December 2007 through December 2008. Research To Practice is an approved provider of continuing nursing education by the New Jersey State Nurses Association, Provider Number P215-01/07-10. NJSNA is accredited by the ANCC Commission on Accreditation. Provider approval is valid through January 31, 2010.

Nurse Practitioners: This program has been approved for 1.7 contact hours of continuing education (which includes 0.5 hours of pharmacology) by the American Academy of Nurse Practitioners. Program ID 0710492. Participants may claim only the portion of the program that they successfully completed.

CME-PA INFORMATION

Physician Assistants: This program has been reviewed and is approved for a maximum of 1.75 hours of AAPA Category I CME credit by the Physician Assistant Review Panel. Approval is valid for one year from the issue date of December 10, 2007. Participants may submit the self assessment at any time during that period. This program was planned in accordance with AAPA's CME Standards for Enduring Material Programs and for Commercial Support of Enduring Material Programs.

HOW TO USE THIS ACTIVITY

This is an audio CNE/CME program. This book contains CNE/CME information, including learning objectives, faculty disclosures, a Post-test and an Evaluation Form. The corresponding website **OncologyPracticeUpdate.com** also includes links to relevant abstracts and full-text articles. The Post-test and Evaluation Form may be completed in this book and either mailed to Research To Practice, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310.

Successful completion of the self assessment (Post-test) is required to earn CNE contact hours or Category I (Preapproved) CME credit. Successful completion is defined as a cumulative score of at least 70 percent correct on the Post-test. Your statement of credit will be mailed to you within three weeks or may be printed online.

This program is supported by educational grants from Abraxis BioScience, AstraZeneca Pharmaceuticals LP and Genomic Health Inc.

CNE/CME-PA INFORMATION

Oncology Practice™ UPDATE

EDITOR

Neil Love, MD
Medical Oncologist
Editor, *Oncology Practice Update*
Research To Practice
Miami, Florida

FACULTY

Charles L Vogel, MD
Senior Research Advisor for
Breast Cancer
Aptium Oncology
Lynn Regional Cancer Center
West Campus
Boca Raton Community Hospital
Scientific Advisor, Cancer Research
Network Inc
Boca Raton, Florida

Julie A Plantamura, RN, MSN, FNPc
Board Certified Family
Nurse Practitioner
North Shore Hematology-
Oncology Associates PC
East Setauket, New York

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CNE/CME activities. Real or apparent conflicts of interest are identified and resolved by a peer review content validation process. The content of each activity is reviewed by a member of the RTP scientific staff and an external, independent peer reviewer for fair balance, bias and scientific objectivity of studies referenced and patient care recommendations.

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, either current or within the past 12 months, for themselves (or their spouses/partners) that have been resolved through a peer review process:

Regina Cunningham, PhD, RN, AOCN, Richard Kaderman, PhD, Neil Love, MD, Douglas Paley, Margaret Peng, Lilliam Sklaver Poltorack, PharmD, Fredrica Preston, RNC, NP, AOCN, Jean Treacy, RN, CS, AOCNP, Erin Wall and Kathryn Ault Ziel, PhD — no real or apparent conflicts of interest to report; **Aviva Asnis-Alibozek, PA-C, MPAS** — salary: AstraZeneca Pharmaceuticals LP; shareholder of AstraZeneca Pharmaceuticals LP; **Sally Bogert, RNC, WHCNP** — shareholder of Amgen Inc and Genentech BioOncology. Research To Practice receives educational grants from Abraxis BioScience, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc, Biogen Idec, Genentech BioOncology/OSI Pharmaceuticals Inc, Genomic Health Inc, GPC Biotech, ImClone Systems, 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 Vogel — Consulting Fees: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology, GlaxoSmithKline, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis; Contracted Research: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bionovo, Genentech BioOncology, GlaxoSmithKline, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis, Sopherion Therapeutics Inc, Taiho Pharmaceutical Co Ltd; Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents: Amgen Inc, AstraZeneca Pharmaceuticals LP, Genentech BioOncology, GlaxoSmithKline, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis.
Ms Plantamura — No financial interests or affiliations to disclose.

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POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **In the TAILORx study, intermediate risk is defined as an Onco*type* DX™ recurrence score from _____.**
   a. 11 to 25
   b. 35 to 40
   c. None of the above
2. **Patients with hormone receptor-positive, node-negative breast cancer and a(n) _____ recurrence score on the Onco*type* DX assay have a high likelihood of benefiting from adjuvant chemotherapy.**
   a. High
   b. Intermediate
   c. Low
   d. Both a and c
3. **In the MA17 trial, comparing letrozole to placebo for patients who had completed five years of adjuvant tamoxifen, patients taking the placebo who began letrozole following the unblinding of the trial _____ experience benefit from delayed adjuvant endocrine therapy.**
   a. Did
   b. Did not
4. **According to national guidelines, primary growth factor prophylaxis should be routinely considered with chemotherapy if the patient's risk of febrile neutropenia is _____ or greater.**
   a. 20 percent
   b. 40 percent
   c. 60 percent
5. **Premedicating patients with antihistamines and/or dexamethasone to avoid hypersensitivity reactions _____ required when administering *nab* paclitaxel.**
   a. Is
   b. Is not
6. **Potential side effects associated with the use of docetaxel include which of the following?**
   a. Epiphora
   b. Fatigue
   c. Nail changes
   d. Hand-foot syndrome
   e. a, b and c
7. **Most lobular breast tumors are HER2- _____.**
   a. Positive
   b. Negative
8. **In a randomized trial comparing *nab* paclitaxel to traditional paclitaxel, both administered every three weeks, which agent demonstrated a greater antitumor effect?**
   a. *Nab* paclitaxel
   b. Paclitaxel
9. **Clinical trials have demonstrated that bone loss secondary to aromatase inhibitors can be abrogated with the use of bisphosphonates.**
   a. True
   b. False
10. **Chlebowski reported that in the Women's Intervention Nutrition Study, the reduction in the relapse rate secondary to dietary changes was greater in patients with _____ breast cancer.**
    a. ER-positive
    b. ER-negative
11. **In a clinical trial that compared doxorubicin/cyclophosphamide to docetaxel/cyclophosphamide in the adjuvant setting, which regimen was more effective in reducing the risk of recurrence?**
    a. Doxorubicin/cyclophosphamide
    b. Docetaxel/cyclophosphamide
12. **Women with BRCA1 or BRCA2 mutations who are diagnosed with breast cancer have approximately a _____ percent risk of developing contralateral breast cancer.**
    a. Two
    b. 12
    c. 40
    d. 80
13. **For women with hormone receptor-positive, early breast cancer, the risk of recurrence is highest during which time period?**
    a. Years one to five after diagnosis
    b. Years five to 15 after diagnosis
    c. Neither — the rate of recurrence is similar
14. **US Oncology is planning to conduct a trial comparing adjuvant docetaxel/cyclophosphamide (TC) to TAC chemotherapy.**
    a. True
    b. False

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EVALUATION FORM

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Research To Practice respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please complete this Evaluation Form. A certificate of completion will be issued upon receipt of your completed Post-test and Evaluation Form.

Please answer the following questions by circling the appropriate rating:

5 =	4 =	3 =	2 =	1 =
Outstanding	Good	Satisfactory	Fair	Poor

LEARNING OBJECTIVES

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

- Discuss the clinical implications of emerging clinical trial data in breast cancer, and apply this information to strategies in the adjuvant and metastatic settings. 5 4 3 2 1
- Evaluate the benefits and risks of endocrine therapy for the treatment of patients who are pre- and postmenopausal and have hormone receptor-positive breast cancer, and integrate this information into clinical practice. 5 4 3 2 1
- Describe the benefits and risks of various chemotherapeutic agents and regimens in the adjuvant and metastatic settings, and discuss this information with patients. 5 4 3 2 1
- Implement strategies, including supportive care measures and patient education, to minimize and manage toxicities secondary to systemic therapies. 5 4 3 2 1
- Determine the value of genetic assays and computerized risk models for predicting a patient's risk of breast cancer recurrence and the benefit of adjuvant therapy. 5 4 3 2 1
- Explain the psychosocial and emotional needs of caregivers, patients and their loved ones, in the context of breast cancer diagnosis and treatment, and prepare management strategies that encompass care for the patient as a whole. 5 4 3 2 1

EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
Charles L Vogel, MD	5 4 3 2 1	5 4 3 2 1
Julie A Plantamura, RN, MSN, FNPc	5 4 3 2 1	5 4 3 2 1

OVERALL EFFECTIVENESS OF THE ACTIVITY

Will assist me in improving patient care. 5 4 3 2 1

Fulfilled my educational needs. 5 4 3 2 1

Avoided commercial bias or influence. 5 4 3 2 1

IMPACT OF THE ACTIVITY

The information presented (check all that apply):

☐ Reinforced my current practice/treatment habits. ☐ Enhanced my current knowledge base.

Will the information presented cause you to make any changes in your practice?

☐ Yes ☐ No

EVALUATION FORM

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IMPACT OF THE ACTIVITY (CONTINUED)

If yes, please describe any change(s) you plan to make in your practice as a result of this activity:

.....

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Additional comments about this activity:

.....

.....

.....

Which of the following audio formats of this program did you use?

☐ Audio CD ☐ Downloaded MP3s from website

FOLLOW-UP

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.

REQUEST FOR CREDIT — please print clearly

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☐ Requesting CNE contact hours ☐ Requesting CME-PA credit

FOR NURSE PRACTITIONERS ONLY

I certify my actual time spent to complete this educational activity to be as follows:

☐ I participated in the entire activity and claim 1.7 contact hours.

☐ I participated in only part of the activity and claim _____ contact hours.

Signature:..... Date:.....

OPU107

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UPDATE

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Managing Editor	Kathryn Ault Ziel, PhD
Scientific Director	Richard Kaderman, PhD
Senior Director, Medical Affairs	Aviva Asnis-Alibozek, PA-C, MPAS
Writers	Lilliam Sklaver Poltorack, PharmD Douglas Paley
Continuing Education Administrator for Nursing	Sally Bogert, RNC, WHCNP
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Web Master	John Ribeiro
Faculty Relations Manager	Melissa Vives
Contact Information	Neil Love, MD
	Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131
	Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

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UPDATE

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