DATA + PERSPECTIVES Clinical Investigators Explore the Current and Future Management of ER-Positive Breast Cancer

Wednesday, December 11, 2019 7:30 PM – 9:00 PM San Antonio, Texas

> Moderator Neil Love, MD

> > **Faculty**

Harold J Burstein, MD, PhD Matthew Goetz, MD

Stephen RD Johnston, MA, PhD Joseph A Sparano, MD

Disclosures for Moderator Neil Love, MD

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

Agenda

Module 1 – Dr Sparano: Use of Genomic Classifiers to Inform Therapeutic Decision-Making for Patients with ER-Positive Localized Breast Cancer (BC)

Module 2 – Dr Goetz: Optimizing the Use of CDK4/6 Inhibitors in the Management of ER-Positive Metastatic BC (mBC)

Module 3 – Dr Burstein: Current and Future Management of ER-Positive mBC After Disease Progression on CDK4/6 Inhibition

Module 4 – Prof Johnston: Novel Applications of CDK4/6 Inhibitors; Ongoing Clinical Trials

DATA + PERSPECTIVES Clinical Investigators Explore the Current and Future Management of Triple-Negative Breast Cancer

Thursday, December 12, 2019 7:30 PM – 9:00 PM San Antonio, Texas

> Moderator Neil Love, MD

> > **Faculty**

Erika Hamilton, MD Professor Sherene Loi, MBBS, PhD

Mark E Robson, MD Hope S Rugo, MD

DATA + PERSPECTIVES Clinical Investigators Explore the Current and Future Management of HER2-Positive Breast Cancer

Friday, December 13, 2019 7:30 PM – 9:00 PM San Antonio, Texas

> Moderator Neil Love, MD

> > **Faculty**

Adam M Brufsky, MD, PhD Lisa A Carey, MD

Sara Hurvitz, MD Martine J Piccart-Gebhart, MD, PhD

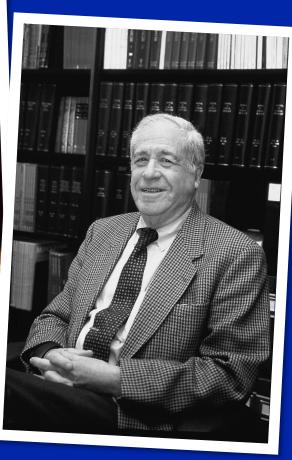
The Second Annual Miami General Medical Oncology Symposium

February 21-23, 2020
JW Marriott Miami Turnberry
Miami, Florida

Dr. Bernard Fisher, Who Revolutionized Breast Cancer Treatment, Dies at 101







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Case Presentation: Dr Goetz

41 y/o female presented with a palpable left breast mass. Biopsy demonstrated invasive ductal carcinoma, grade 2. No lymphovascular invasion. Estrogen 100%, PR 100%, HER2 negative at 0.

Patient underwent lumpectomy and sentinel lymph node biopsy. Final pathology revealed a 1.4-cm invasive ductal carcinoma and sentinel lymph nodes were negative. 21 gene Recurrence Score® was 9.

What treatment would you recommend for a 41-year-old premenopausal woman with a 1.4-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 9?

Case Presentation: Dr Goetz (continued)

Patient receives radiation therapy followed by oophorectomy and letrozole. Near the completion of the 5-year course of letrozole and at the age of 46 (2017), the patient developed abdominal pain and imaging demonstrated multiple hypodense liver lesions. A bone scan, in addition to the liver lesions, revealed an area of uptake in the right ilium as well as the left femoral head.

A biopsy of liver lesion revealed moderately differentiated adenocarcinoma, estrogen receptor-positive, PR-negative, HER2- negative.

A 46-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed bone metastases and moderately symptomatic liver metastases near the completion of 5 years of letrozole. Which treatment would you most likely recommend?

Case Presentation: Dr Goetz (continued)

After 2 years, she exhibited progression in the liver. A liver biopsy was negative for a PIK3CA mutation.

A patient who developed metastatic disease after adjuvant letrozole for ER-positive, HER2-negative breast cancer is receiving abemaciclib/fulvestrant and experiences disease progression. Genomic testing is negative for a PIK3CA mutation. Which endocrine-based treatment would you most likely recommend next?