



Fourth Annual
*Orlando Breast
Cancer Conference*

Chairman:

Hyman B. Muss, MD
Professor of Medicine
University of Vermont
School of Medicine

Co-Chairs:

Olufunmilayo I. Olopade, MD
Professor of Medicine
University of Chicago
Pritzker School of Medicine

Mark D. Pegram, MD
Professor of Medicine
David Geffen School of
Medicine at UCLA

Program Director:

John Pippen, Jr., MD, FACP
Attending Physician
Chair, Breast Tumor Site Committee
Baylor-Sammons Cancer Center

March 31 - April 1, 2007

**Rosen Shingle Creek,
Orlando, Florida**

Register Today At:

www.mdeducationconferences.com/2007BreastCancer

This activity is sponsored by:



CME Supporters

We would like to thank and acknowledge our CME Supporters

Genentech BioOncology

AstraZeneca / Abraxis Oncology

Bristol-Myers Squibb Oncology

Lilly Oncology

Pfizer Oncology

Sanofi-Aventis Oncology

Amgen

Exagen Diagnostics, Inc.

Genomic Health

Roche Oncology

Panel Discussion Cases

The Fourth Annual
Orlando Breast Cancer Conference
March 31 – April 1, 2007

Session Chair

Orlando E. Silva, MD

Session Co-Chair

John Pippin Jr., MD, FACP

Case #1

- A 37 year old with no family history of breast or ovarian cancer presents after right mastectomy for a 3.2 cm cancer
- 3 of 15 lymph nodes are positive
- Tumor is high grade and ER-/PR-
- HER2 positive by FISH
- Metastatic work-up is negative

Case 1, continued

- The patient has read in a popular magazine that “red devil” chemotherapy is no longer necessary
- You suggest:
 - A. AC x 4 then paclitaxel and trastuzumab
 - B. Docetaxel, carboplatin, and trastuzumab (TCH)
 - C. Docetaxel, cytoxan (TC) x 4, and trastuzumab
 - D. Do topoisomerase II assay before decision

Case #1, continued

- If AC followed by paclitaxel is chosen, do you routinely give the chemotherapy on a dose dense schedule?
- A. Yes
- B. No

- Is it safe to do so?
- A. Yes
- B. No
- C. Uncertain

Case # 2

- A 62 year old patient is on adjuvant endocrine therapy with anastrozole. She reports joint stiffness and hot flashes.
- 10-15 hot flashes/24 hours, some of which wake her up
- No help from venlafaxine and Vitamin E
- You encourage exercise, avoidance of caffeine, and maintaining a cool environment

Case 2, continued...

- You also would...
- A. Change to tamoxifen
- B. Change to another AI
- C. Add gabapentin
- D. Other

Case # 3

- A 39 year old with no family history of breast or ovarian cancer see you after surgery for treatment recommendations:
- Tumor is 0.9 cm Infiltrating ductal cancer
- grade II-III (MIB-1 is 50-60%)
- ER+/PR+ and HER-2 negative
- Nodes are negative
- There is one small area of possible LVI
- She is premenopausal and healthy

Case 3, continued

- The patient has read about oncoTypeDX on the web, and asks for this evaluation.
- Would you order the test?
 - A. Yes
 - B. No

Case 3, continued

- The risk score comes back in the intermediate range. You would suggest:
- A. Tamoxifen only
- B. Chemotherapy followed by tamoxifen
- C. Ovarian ablation or suppression then an AI
- D. Chemo followed by ovarian ablation or suppression (if her menses return), and an AI
- Participation in the TailorX (PACCT-1) trial

Case # 4

- A 33 year old presents with a 2.6 cm infiltrating ductal cancer
- ER and PR and HER-2 are negative
- Tumor is high grade (MIB-1 70%)
- Nodes are negative
- Metastatic workup is negative
- Family history is negative
- She has been on OCPs for 5 years
- She is willing to take chemo, but preserving fertility is very important to her

Case 4, continued

- You would:
- A. Proceed with chemotherapy
- B. Give an LH/RH agonist for ovarian “protection”, and proceed with chemo
- C. Send her to a fertility specialist to discuss IVF or having oocytes harvested and preserved
- D. Other

Case #5

- Currently 61 year old patient presented in 2000 after left MRM/latissimus flap reconstruction for a 2.2 cm infiltrating ductal cancer
- Two nodes were positive, ER/PR+, HER/2-
- Received AC x 4, then 5 years of tamoxifen
- Now has a 9 mm lesion in a prior incision line on the reconstructed breast, which is breast cancer with the same features as the original
- Metastatic workup is negative, including PET imaging

Case 5, continued

- You would suggest:
- A. Chemotherapy, radiation, and an AI
- B. Radiation and an AI
- C. An AI
- D. Something else



Fourth Annual
*Orlando Breast
Cancer Conference*

Chairman:

Hyman B. Muss, MD
Professor of Medicine
University of Vermont
School of Medicine

Co-Chairs:

Olufunmilayo I. Olopade, MD
Professor of Medicine
University of Chicago
Pritzker School of Medicine

Mark D. Pegram, MD
Professor of Medicine
David Geffen School of
Medicine at UCLA

Program Director:

John Pippen, Jr., MD, FACP
Attending Physician
Chair, Breast Tumor Site Committee
Baylor-Sammons Cancer Center

March 31 - April 1, 2007

**Rosen Shingle Creek,
Orlando, Florida**

Register Today At:

www.mdeducationconferences.com/2007BreastCancer

This activity is sponsored by:

