

QUICK
RESULTS

Newsletter

Saturday, March 1

This newsletter is an outgrowth of numerous requests over the years to provide meeting attendees with documentation of the audiences responses to the many interactive questions presented during the meeting. These results will be incorporated into a special post-meeting report that will be mailed to attendees.

RESULTS OF FRIDAY’S INTERACTIVE QUESTIONS

SESSION A – Critical Issues in Surgical Anatomy of the Breast

8:00 AM

Do you utilize ductoscopy in your practice?

- 1

Yes

8%
- 2

No, not currently

49%
- 3

No, and I do not plan to

30%
- 4

No, but I plan to do so in the future

13%

8:15 AM

About what percentage of sentinel node biopsies that you perform are positive for tumor?

- 1

≤ 10%

25%
- 2

11%-20%

42%
- 3

21%-30%

26%
- 4

31%-40%

6%
- 5

41%-50%

0%
- 6

>50%

0%

8:30 AM

For those who have performed sentinel node biopsies, what technique do you generally utilize?

- 1

Dye

14%
- 2

Radioisotope

6%
- 3

Both

78%
- 4

Other

0%
- 5

Not applicable

2%

8:45 AM

56-year-old woman with 2-cm BCA in upper outer quadrant and 1-cm BCA in lower inner quadrant. Is SNB a good option?

- 1

Yes

64%
- 2

No

36%

9:00 AM

42-year-old woman with 3-cm BCA who wants mastectomy with immediate reconstruction using TRAM flap. Is SNB a good option?

- 1

Yes

85%
- 2

No

15%

9:15 AM

55-year-old woman with 2-cm BCA high in the upper outer quadrant in the tail of Spence. Is SNB a good option?

- 1

Yes

83%
- 2

No

17%

9:30 AM

Is SLNB now a standard of care for patients with clinical T1NO cancer?

- 1

Yes

75%
- 2

No

19%
- 3

Don’t Know

7%

9:45 AM

Is sentinel node biopsy a useful procedure after neoadjuvant chemotherapy?

- 1

Yes

62%
- 2

No

38%

Tumor Panel #2

11:00 AM CASE #1

Case Summary: This 80-year-old woman is in excellent health. A nonpalpable density detected by mammography in the upper outer quadrant of the left breast reveals ER/PR-positive, HER2-positive (IHC 3+) infiltrating ductal carcinoma. Sentinel node biopsy is positive.

1.1 If this patient were eligible for the ACOS-Z11 trial, what advice should she be given regarding participation?

- 1

Strongly encourage participation

33%
- 2

Provide the option of participation but not encourage very strongly

47%
- 3

Discourage participation

20%
- 4

Other

1%

The patient has a lumpectomy and a 2.3-cm IDC is removed. Axillary dissection demonstrates 5 nodes that are positive for tumor.

1.2 Should the tumor be tested for HER2 with FISH?

- 1

Yes

54%
- 2

No

46%

The tumor tests positive for HER2 on FISH.

1.3 Should trastuzumab be part of her adjuvant therapy?

- 1

Yes

44%
- 2

No

56%

1.4 What endocrine therapy, if any, should be suggested?

- 1

None

2%
- 2

Tamoxifen

45%
- 3

Anastrozole

51%
- 4

Other aromatase inhibitor

1%
- 5

Other

0%

CASE #1 (Continued)

1.5 What chemotherapy, if any, should be suggested?

- 1 None 50%
- 2 AC x 4 21%
- 3 CMF 20%
- 4 Anthracycline regimen x 6 1%
- 5 Taxane/anthracycline regimen ... 6%
- 6 Dose-dense chemotherapy approach including ATC 1%
- 7 Carboplatin, taxane 0%
- 8 Other 0%

1.6 If this patient were eligible for CALGB 49907 (capecitabine vs AC/CMF), what advice should she be given regarding participation?

- 1 Strongly encourage participation 29%
- 2 Provide the option of participation but not encourage very strongly 53%
- 3 Discourage participation because she should not receive systemic therapy 16%
- 4 Discourage participation because you prefer another systemic therapy 1%
- 5 Other 1%

CASE #2

Case Summary: This 61-year-old woman has a stereotactic core biopsy of micro-calcifications detected by mammography in the upper outer quadrant of the left breast. Histopathologic examination of the cores reveals an intermediate-grade ER/PR-positive DCIS with comedo histology. The patient wishes to have breast conservation and is scheduled for excision. The patient had a prior hysterectomy.

2.1 Should the patient undergo sentinel node biopsy?

- 1 Yes 40%
- 2 No 60%

2.2 The lesion is excised with a minimum of 1-cm margins. It measures 18 mm in maximum diameter. Should the patient undergo breast irradiation?

- 1 Yes 73%
- 2 It is an option, but not necessary 21%
- 3 No 5%
- 4 Other 0%

2.3 Should tamoxifen be suggested?

- 1 Yes 82%
- 2 It is an option, but not necessary 16%
- 3 No 2%
- 4 Other 0%

2.4 If this patient were eligible for NSABP B-35 or IBIS-II randomizing patients to tamoxifen vs anastrozole, what advice should she be given regarding participation?

- 1 Strongly encourage participation 62%
- 2 Provide the option of participation but not encourage very strongly 36%
- 3 Discourage participation 2%
- 4 Other 0%

CASE #3

Case Summary: This 44-year-year old woman had a lumpectomy and breast irradiation four years ago for a grade 2 DCIS. She was then started on tamoxifen, which she continues to receive. FNA of a 1-cm nodule in the lumpectomy scar reveals adenocarcinoma.

3.1 What surgery, if any, should be recommended?

- 1 Excision 2%
- 2 Excision, sentinel node biopsy (SNB) 28%
- 3 Excision, axillary node dissection (AND) 6%
- 4 MRM and SNB 53%
- 5 MRM and AND 9%
- 6 Other 1%

The lesion is excised with 1-cm margins. It is an ER/PR-negative, HER2-negative (IHC) infiltrating ductal carcinoma. Sentinel node biopsy is negative on H & E but positive on IHC.

3.2 Should axillary dissection generally be recommended?

- 1 Yes 53%
- 2 No 47%

3.3 What chemotherapy, if any, should be suggested?

- 1 None 8%
- 2 AC x 4 56%
- 3 CMF 7%
- 4 Anthracycline regimen x 6 6%
- 5 Taxane/anthracycline regimen .. 20%
- 6 Dose-dense chemotherapy approach including ATC 2%
- 7 Other 1%

CASE #4

Case Summary: 58-year-old woman underwent a modified radical mastectomy for a 1.8-cm ER/PR-positive, HER2-positive (FISH) node-negative infiltrating ductal carcinoma. She received 4 cycles of AC chemotherapy followed by tamoxifen. Three years later she is evaluated for a grand mal seizure. Physical exam reveals several small (1 cm) subcutaneous nodules on the abdominal wall. CT scan of brain reveals a 2-cm lesion in the left parietal lobe with surrounding edema. Decadron and anticonvulsants are started. Biopsy of a subcutaneous nodule reveals recurrent disease. Bone scan is negative.

4.1 What generally should be the recommended approach to the brain metastasis?

- 1 Excision 6%
- 2 Excision and radiation 32%
- 3 Radiation alone 57%
- 4 No specific therapy 1%
- 5 Other 4%

4.2 What should be the initial recommendation re: systemic therapy

- 1 Trastuzumab 5%
- 2 Trastuzumab plus endocrine therapy 23%
- 3 Endocrine therapy 15%
- 4 Chemotherapy 6%
- 5 Trastuzumab plus chemotherapy 18%
- 6 Trastuzumab plus chemotherapy plus endocrine therapy 32%
- 7 None 0%
- 8 Other 0%

4.3 For those recommending endocrine therapy alone or in combination, which endocrine therapy?

- 1 Aromatase inhibitor 86%
- 2 Fulvestrant 11%
- 3 Other 3%

2:15 PM

How often do you use the Internet to access medical information related to your practice?

- 1 Daily 18%
- 2 Weekly 31%
- 3 Monthly 32%
- 4 Never 19%

2:30 PM

Would you recommend postmastectomy radiation therapy for a 43-year-old woman with a 4.2-cm tumor and 5 positive nodes?

- 1 Yes 91%
- 2 No 9%

2:45 PM

Would you recommend postmastectomy radiation therapy for a 43-year-old woman with a 4.2-cm tumor and 3 positive nodes?

- 1 Yes 66%
- 2 No 34%

3:00 PM

Would you recommend postmastectomy radiation therapy for a 78-year-old woman with a 4.2-cm tumor and 3 positive nodes?

- 1 Yes 33%
- 2 No 67%

3:15 PM

Would you recommend postmastectomy radiation therapy for a 78-year-old woman with a 4.2-cm tumor and 5 positive nodes?

- 1 Yes 70%
- 2 No 30%

3:30 PM

62-year-old woman with 0.8-cm IDC excised with 1-cm margins. Sentinel node negative. If intraoperative radiation therapy were available, would you offer it to the patient?

- 1 Yes 56%
- 2 No 44%

3:45 PM

63-year-old woman with comedo DCIS. Excised with margins 0.5 cm or more. Your recommendation:

- 1 Radiotherapy/tamoxifen 74%
- 2 Radiotherapy/anastrozole 10%
- 3 Further surgery/radiation/tamoxifen 15%
- 4 Further surgery/radiation/anastrozole 1%

4:00 PM

In what percentage of your patients is accessibility or travel to radiation therapy an important issue?

- 1 0%-25% 71%
- 2 26%-50% 15%
- 3 51%-75% 10%
- 4 76%-100% 4%



20th Annual Miami Breast Cancer Conference

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