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Miami Breast Cancer CONFERENCE® update

A Message From the Chair

Patrick I. Borgen, MD

The New Year often marks a new beginning. As we embrace 2019, I can't help but marvel at all 2018 brought us in advancing the fight against breast cancer.

2018 saw the approval of multiple PARP inhibitors, brought us the promise of immunotherapy in breast cancer, and showed us that for some patients, hormone therapy might be enough—just to name a few of the lessons to learn.

And with 2019 ramping up to be another year full of advancements, the Miami Breast Cancer Conference® is better positioned than ever. In early March, this meeting informs us how to use the latest data in our day-to-day practice.

This year we'll be discussing oncoplastic strategies, as we always do. We'll be talking about advances in breast imaging. What do the new MRIs look like? What is the role of tomosynthesis mammography in my practice? I'll be presenting our work with opioid sparing strategies in the breast cancer world. We'll be talking about precision oncology and genomics. And of course, immunotherapy and what is the future of CAR T therapy in breast cancer?

I hope you can join me and our expert faculty in Miami Beach in March!

See you there!

Sincerely,

Patrick I. Borgen, MD
Chairman, Department of Surgery
Maimonides Hospital
Director, Brooklyn Breast Cancer Program
Brooklyn, NY

"HEAR IT ON FRIDAY....
....USE IT ON MONDAY."

JOIN US!
March 7-10, 2019 • Miami Beach, FL

Benefits of Attending

- Network with your peers and leading experts.
- Challenge world-renowned thought leaders with your toughest questions.
- Learn how to apply the latest evidence, therapies, and strategies in your practice, and look forward to the coming year.

Registration starts at $499!

For more information, visit us online now at:
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PER® Physicians' Education Resource, LLC

Hear from Dr Borgen about this year's meeting!

In late October, we sat down with Dr. Borgen to discuss what makes Miami Breast special, where the field of breast cancer is headed, and what to expect at this year's meeting. Check out the excerpt of our interview below or watch the interview at **gotoper.com/go/MB19INTERVIEW.**

This transcript has been modified for clarity and conciseness.

PER®: Can you tell us a little bit about what makes Miami Breast special?

Borgen: I think Miami Breast is arguably the single most important educational event for medical teams facing with patients with breast cancer. After 34 years, Miami Breast has educated more physicians, more nurses, and more navigators, maybe more than all the other meetings combined. Miami Breast has never been more important. And this year, maybe more than ever, this is about the patient.

Breast cancer is a complicated family of diseases. Miami allows the clinician to hear all different perspectives—medical oncology, surgery, radiation, genetics—and then go home their patients and offer the best chance for a cure.

PER®: Last year, one of the biggest themes at Miami Breast was preparing for the new American Joint Committee on Cancer staging system. What would you say is the major theme of this year's meeting?

Borgen: I think there are a number of themes for Miami Breast in 2019. None is more important than the role of immuno-oncology. There are exciting data that we'll be reviewing from ESMO (European Society for Medical Oncology), looking at the role of immunotherapy in triple-negative breast cancer. We're very excited about this, and we'll do a very deep dive on that.

Looked at from 50,000 feet, a lot of what happens is about class prediction. How do we treat the specific breast cancer in the patient in front of us in the most effective way with the least comorbidities? That's a huge focus this year in Miami.

We know that even triple-negative breast cancer is a family of diseases; it's not a single disease. How do we separate the family members out? So, we'll be talking about genomics, and we'll be talking about novel biomarkers, and we'll be talking about, believe it or not, genetic testing for germline mutations and how those affect our treatment decisions. There's a lot of important stuff to talk about this year.

PER®: You mentioned ESMO. The last time we talked was just after the American Society of Clinical Oncology (ASCO) Annual Meeting. So, what's the newest research since then?

Borgen: If we go back to ASCO, we know know that with the 21-gene assay in estrogen receptor–positive, HER2-negative, node-negative breast cancer—which is a very common subset, maybe 60% to 65% of breast cancer—we can spare more and more women cytotoxic chemotherapy by showing that they are in the low recurrence score group. That was the big news coming out of ASCO.

Looking at ESMO, we know that in PD-L1/PD-1–positive, triple-negative breast cancer, there's an option that appears to be affective in the immuno-oncology space. We've also been looking at data with CDK4/6 inhibitors coupled with estrogen receptor downregulators, again in the metastatic setting, showing great effect.

There's also this perennial question about how long is long enough to block HER2. How long should trastuzumab be given? And, of course, in the United States, the standard is 12 months. But there are increasing data that maybe, possibly, 6 months might be as effective. A few papers at ESMO looked at that question, as well—so really, a lot of exciting stuff coming out of Europe.

PER®: You just referred to the Persephone trial with trastuzumab, know both Sara Hurvitz and Mark Pegram will be discussing in their lectures in Miami. Can you preview some of that discussion?

Borgen: I suspect that several speakers will be looking at Persephone from different perspectives. Although the trial showed no substantial difference between 6 and 12 months, there are differences in the outcome. It looks, for example, that the cardiotoxicity rate in European patients is about twice the cardiotoxicity rate in US patients. We need to do a deep dive on that.

Having said that, there are 5 or 6 studies now that suggest that 6 months might eventually be the right answer. However, until we have a meta-analysis looking at individual patient subsets, our standard is still 12 months in this country.

PER®: And what about the TAILORx trial that Joseph Sparano will be discussing?

Borgen: Both the low-risk group that was reported from TAILORx and the randomized intermediate group from TAILORx have led us in the same direction, and I would summarize it by saying "de-escalation."

In the 1990s, every woman with a 1-cm or greater breast cancer got chemotherapy. Node negative, node positive, high grade, or low grade—which meant the vast majority of women got chemotherapy. And there were trail data suggesting a survival benefit in the small but real group of patients. In those days, we were probably treating 100 women to help 6 or 8.

What TAILORx has brought us to is: Let's identify those patients who will actually get the most benefit from chemo, while sparing the low-risk patients. So, with the 2 TAILORx studies now we can show that 60% to 70% of women who would have gotten chemotherapy in the 1990s, would not benefit from it today. This is extremely important. This is extremely good news for our patients with ER-positive, HER2-negative breast cancer.

PER®: We have discussed talks other people will be giving at Miami Breast. What talks will you be giving?

Borgen: My passion for the past few years has been the opioid crisis in the United States and, frankly, worldwide. In 2017, 72,000 Americans lost their lives to opioid addiction. We know that 4 out of 5 heroin users started with MD-prescribed opioids. We must change this.

In the oncology world and in the breast cancer world, there are 250,000 women having breast cancer surgery every year,but there are 700,000 having procedures for what turns out to be benign disease or having reconstructive surgery. So, a million American women and some men are having surgery.

We have to find ways to achieve our goals of treating breast cancer, without opioids. So, I'm going to give one of the plenary sessions talks about what we've done at Maimonides Medical Center in Brooklyn, where we have a deep experience with opioid-free surgery. I'll be presenting our experience and sharing our strategy with the audience.

PER®: You're also talking about physician burnout.

Borgen: I'm too burned out to talk about that. Breast cancer is a very high-volume, long-hours field. Sometimes my colleagues refer to it as the "bad news business" because we spend so much time sharing biopsy reports that show cancer or tests that show metastasis or treatments that might not be quite as effective as we like. That takes a toll on the physicians who are giving the bad news, often in high numbers, and so, we will have several speakers dealing with strategies to confront and address physician burnout.

PER®: Anything else you want to add?

Borgen: The only thing I would say is, to anyone out there watching or reading who hasn't been to Miami Breast—give it a try. It's a unique experience. It's a chance to learn what your colleagues are thinking and to interact with our world-class faculty. Miami Beach in March is not so bad, either. This year we've actually shortened the program a little bit for more beach time, more pool time, and more family time. So, bring your family come down to Miami, and I hope to see you there!

WATCH THE INTERVIEW WITH PATRICK I. BORGEN, MD!

To watch the full interview and hear additional insights from Borgen on physician burnout, the opioid crisis in breast cancer, and what to expect at this year's conference, please visit **gotoper.com/go/MB19INTERVIEW.**

Miami Breast Cancer CONFERENCE® update

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