Poster PO3-02-01

San Antonio Breast Cancer Symposium®; December 5-9, 2023

Educational Opportunities to Improve Community Healthcare Professionals' Management of High-Risk HR-Positive/HER2-Negative Early Breast Cancer

Marie N. Becker, PhD[1];Timothy A. Quill, PhD[1]; Erika Hamilton, MD[2]; Joyce O'Shaughnessy, MD[3]

1. Clinical Care Options, LLC, Reston, VA. 2. Breast and Gynecologic Cancer Research Program, Sarah Cannon Research Institute, Tennessee Oncology, Nashville, TN. 3. Breast Cancer Research Program, Baylor University Medical Center, Texas Oncology, US Oncology Network, Dallas, TX.

Background

- The treatment landscape for patients with hormone receptor–positive/HER2-negative early breast cancer (HR+/HER2- EBC) has evolved with the emergence of adjuvant CDK4/6 inhibitor therapy as a new option for patients with a high risk of disease recurrence.
- The monarchE phase III trial found an invasive disease-free survival benefit for adjuvant abemaciclib plus endocrine therapy (ET) in patients with HR+/HER2- node-positive breast cancer at high risk of disease recurrence.[1,2] The FDA approval in 2021 was for patients with HR+/HER2-, node-positive EBC at high risk of recurrence and a Ki-67 score ≥20%. In March 2023, the FDA removed the requirement for Ki-67 expression.[3,4] Current guidelines recommend consideration of adjuvant abemaciclib plus ET for this patient population.[5]
- This analysis of an educational activity examines community healthcare professionals' (HCPs') awareness and practice regarding the use of adjuvant abemaciclib.

Methods

- Between November 2022 and September 2023, we conducted a series of 30 regional educational activities for HCPs focused on management of high-risk HR+/HER2- EBC.
- Each activity included an interactive lecture led by a clinical investigator with expertise in managing patients with high-risk HR+/HER2- EBC and polling questions designed to assess key aspects of HCP knowledge and practice in the optimal management of high-risk HR+/HER2- EBC.
- A wider HCP audience was able to view an interactive on-demand webcast with the same content and embedded polling questions.

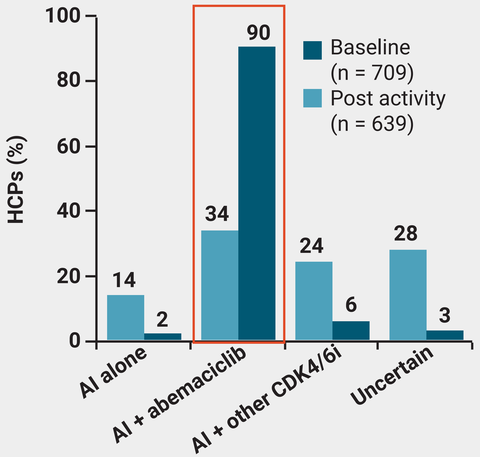
Supported by an educational grant from Lilly.

Results

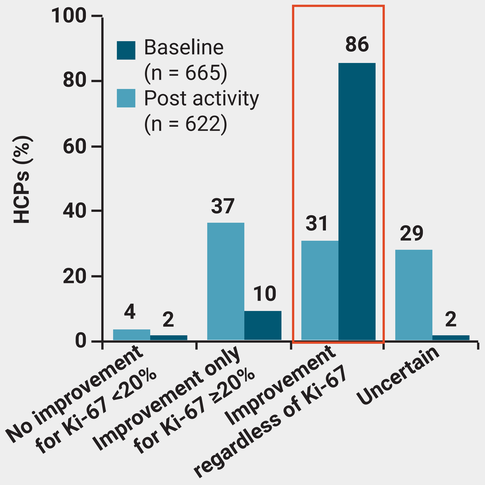
Education improves HCP familiarity with up-to-date clinical trial data and guideline recommendations

HCP Knowledge Regarding Management of High-Risk HR+/HER2- High-Risk EBC

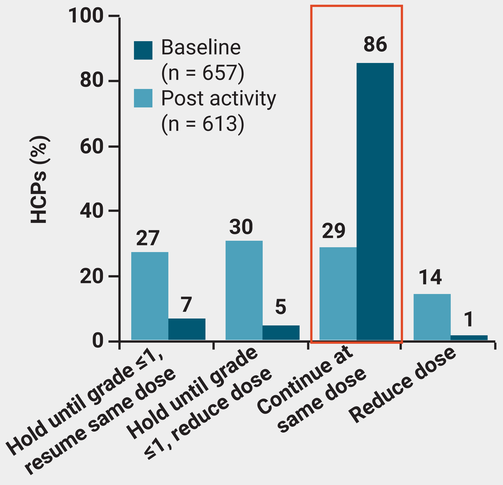
Selection of Adjuvant Therapy for a Patient With High-Risk, Node-Positive HR+/HER2- EBC



Knowledge of iDFS Based on Ki-67 Levels With Adjuvant Abemaciclib in the monarchE Trial

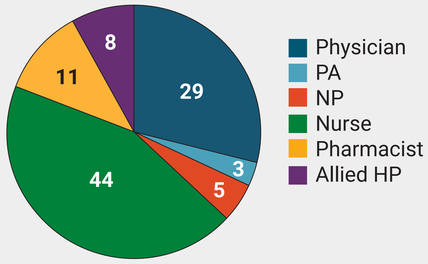


Management of Grade 2 Neutropenia for a Patient Receiving Adjuvant Abemaciclib

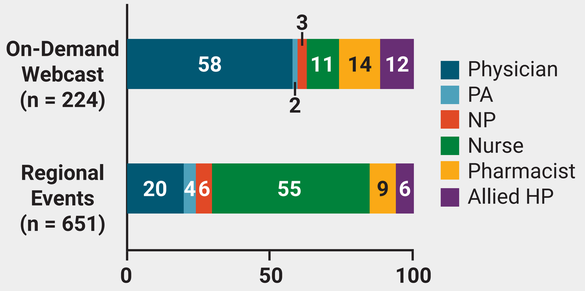


HCP Learner Demographics

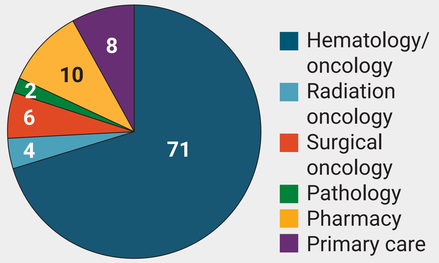
HCPs by Role (%) (n = 875)



HCP Participation by Role (%)



HCPs by Specialty (%) (n = 879)



N = 1015 learners

Conclusions

- HCPs' knowledge of and practice concerning adjuvant abemaciclib as a newer approved therapy for patients with high-risk HR+/HER2- EBC remain suboptimal.
- Postapproval changes to the label indication for adjuvant abemaciclib plus ET therapy and continuing evolution of treatment guidelines based on emerging clinical trial data make it imperative that HCPs remain up-to-date to achieve optimal treatment outcomes for their patients.
- Our results suggest an ongoing need for expert guidance and educational activities on the use of adjuvant abemaciclib therapy for appropriate patients with high-risk HR+/HER2- EBC.
- Data also suggest that different HCP roles may prefer different methods of educational delivery.
- As the treatment landscape for HR+/HER2- EBC continues to evolve with the potential approval of additional new therapies, this educational need will increase with a clear impact on optimizing and individualizing adjuvant therapy strategies for patients with HR+/HER2- EBC.

References

1. Johnston. J Clin Oncol. 2020;38:3987.
2. Johnston. Lancet Oncol. 2023;24:77.
3. FDA.gov. FDA expands early breast cancer indication for abemaciclib with endocrine therapy. March 3, 2023.
4. Abemaciclib [prescribing information]. Indianapolis, IN: Eli Lilly; 2023.
5. NCCN clinical practice guidelines in oncology: breast cancer. V4.2023.

Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from SABCS® and the author of this poster.

Definitions not defined in text: AI, aromatase inhibitor; HP, health professional; iDFS, invasive disease-free survival; NP, nurse practitioner; PA, physician associate.

This presentation is the intellectual property of the author/presenter.
Contact them at: mbecker@clinicaloptions.com