Speaker Bio

Georgia Litsas, MSN, ANP, BC, AOCNP, is a nurse practitioner in the Breast Oncology Center at Dana Farber Cancer Institute in Boston, Massachusetts. She specializes in the care of women with breast cancer in both the medical oncology and surgical oncology departments.

Ms Litsas has received many honors and awards, and was most recently selected as a 2007-2008 fellow in the Oncology Nursing Society Leadership Development Institute. In addition, she has been a member of such professional organizations as the Oncology Nursing Society.

Ms Litsas earned a master of science in nursing degree from Northeastern University in Boston, Massachusetts, and completed certification as an adult nurse practitioner and advanced oncology nurse practitioner.

Indications
Adjuvant indications
Herceptin is indicated for adjuvant treatment of HER2-overexpressing node-positive or node-negative (ER/PR-negative or with one high-risk feature) breast cancer:
- As part of a treatment regimen containing doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
- With docetaxel and carboplatin
- As a single agent following multi-modality anthracycline-based therapy.

Metastatic indications
Herceptin is indicated:
- In combination with paclitaxel for the first line treatment of HER2-overexpressing metastatic breast cancer
- As a single agent for treatment of HER2 overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease.

Boxed WARNINGS and Additional Important Safety Information
Cardiotoxicity and Cardiac Monitoring
Herceptin administration can result in sub-clinical and clinical cardiac failure manifesting as congestive heart failure (CHF) and decreased left ventricular ejection fraction (LVEF).

- The incidence and severity of left ventricular cardiac dysfunction was highest in patients who received Herceptin concurrently with anthracycline-containing chemotherapy regimens.
- Discontinue Herceptin treatment in patients receiving adjuvant therapy and strongly consider discontinuation of Herceptin in patients with metastatic breast cancer who develop a clinically significant decrease in left ventricular function. Anthracycline-containing chemotherapy regimens should be monitored closely for left ventricular dysfunction. Treatment should be interrupted if cardiac dysfunction occurs.
- More frequent monitoring should be employed if Herceptin is withheld in patients who develop significant left ventricular cardiac dysfunction. In unadjudicated clinical trials, cardiac ischemia or infarction occurred in the Herceptin containing regimens.

Infusion Reactions, Pulmonary Toxicity and Neutropenia
Serious infusion reactions and pulmonary toxicity have occurred; fatal infusion reactions have been reported.

- In most cases, symptoms occurred during or within 24 hours of administration of Herceptin. Herceptin infusion should be interrupted for patients experiencing dizziness or clinically significant hypertension. Patients should be monitored until signs and symptoms completely resolve. Discontinue Herceptin for infusion reactions manifesting as anaphylaxis, angioedema, interstitial pneumonitis, or acute respiratory distress syndrome. Elevation of chemotherapy-induced neutropenia has also occurred.

Hypersensitivity Reactions
- Herceptin can cause urticaria and fatal harm when administered to a pregnant woman.

- Office of Adverse Events
The most common adverse events associated with Herceptin use were fever, nausea, vomiting, infusion reactions, diarrhea, infections, increased cough, headache, fatigue, dyspnea, rashes, neutropenia, anemia, and nausea.

- Please see the accompanying Herceptin full prescribing information including Boxed WARNINGS and additional important safety information.
Objectives
- Describe the role of HER2 and HER2 overexpression in breast cancer.
- Discuss key Herceptin trial data in HER2-positive breast cancer.
- Identify key nursing management considerations of Herceptin-related toxicities.

Registration Information
To reserve your place for Nursing Considerations for HER2-positive Breast Cancer: THE ROLE OF HERCEPTIN®, please complete the attached form and fax it to 1 (888) 251-5650 or call toll free 1 (877) 282-4050. You can also register for the dinner program via the web at www.NurseTLCRegister.com. In accordance with strict PHRMA guidelines, guests are not permitted to attend. This program is intended for invited, registered healthcare professionals. Due to limited seating, we suggest you respond as soon as possible.

We look forward to your participation in this important and exciting initiative.

Please note this is a promotional program and no CEUs will be offered.