Lung Cancer™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

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SPECIAL ISSUE

Proceedings from a Clinical Investigator Think Tank

CME Certified

Lung Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Lung cancer is the leading cause of cancer mortality in the United States in both men and women, resulting in more deaths than breast, prostate, colon and pancreatic cancer combined. Progress in the screening, prevention and treatment of this disease has been limited, and approximately 85 percent of patients who develop lung cancer will die from it. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on patient outcomes. However, with the advent of biologic agents, recent improvements have been seen in time to progression and survival in lung cancer clinical trials. Published results from ongoing and completed studies lead to the continual emergence of novel therapeutic strategies and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with experts' perspectives, this CME program is designed to assist medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies for the care of patients with lung cancer.

LEARNING OBJECTIVES

- Critically assess the current utility of EGFR testing (IHC, FISH and mutation analyses) in the selection of treatment for patients with non-small cell lung cancer (NSCLC).
- Identify patients with Stage IB NSCLC who may benefit from adjuvant chemotherapy.
- Formulate individualized treatment plans addressing the first-, second- and third-line management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics.
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC.
- Define the relative and absolute contraindications for the safe use of bevacizumab in the systemic management of lung cancer.
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC.
- Counsel appropriately selected patients with lung cancer about participation in ongoing clinical trials.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

Research To Practice designates this educational activity for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at **LungCancerUpdate.com/ThinkTank**.

This program is supported by educational grants from Abraxis BioScience, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology/OSI Oncology, ImClone Systems Incorporated, Pfizer Inc and Sanofi-Aventis.

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POST-TEST

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **In the FLEX trial, a Phase III study of cisplatin/vinorelbine with or without cetuximab in the first-line treatment of patients with advanced NSCLC, the addition of cetuximab _____ provide a survival advantage.**
   a. Did
   b. Did not

2. **A TTF-1-_____ immunophenotype is present in the majority of adenocarcinomas of the lung.**
   a. Negative
   b. Positive

3. **Safety data from the AVAiL and ARIES trials, evaluating bevacizumab in the treatment of NSCLC, did not reveal increased rates of hemorrhage in patients receiving bevacizumab who were started on anticoagulant therapy.**
   a. True
   b. False

4. **Data from the ATLAS and PASSPORT trials support the safety of _____ combined with standard therapy for patients with advanced NSCLC and treated brain metastases.**
   a. Bevacizumab
   b. Cetuximab
   c. Panitumumab

5. **The BETA trial, evaluating second-line therapy for advanced disease, is comparing bevacizumab with placebo to bevacizumab with _____.**
   a. Cetuximab
   b. Docetaxel
   c. Erlotinib

6. **In a Phase III trial of patients with advanced NSCLC who had not experienced progression on induction chemotherapy, superior progression-free survival was recorded among patients who received maintenance _____ with best supportive care (BSC) versus those who received placebo and BSC.**
   a. Bevacizumab
   b. Pemetrexed
   c. Sunitinib
   d. Vandetanib

7. **Which of the following is an advantage of nanoparticle albumin-bound (*nab*) paclitaxel over paclitaxel?**
   a. Lack of premedication requirement
   b. Shorter time of administration
   c. Both a and b

8. **Two ongoing registration trials are evaluating vandetanib, one comparing vandetanib to erlotinib and a second examining _____ with or without vandetanib.**
   a. Docetaxel
   b. Pemetrexed
   c. *Nab* paclitaxel

9. **Vandetanib is an oral agent that targets which of the following receptors?**
   a. EGFR
   b. VEGFR
   c. Both a and b

10. **Hypothyroidism is a toxicity commonly associated with the use of _____.**
    a. Sorafenib
    b. Sunitinib
    c. Both a and b

11. **A Phase III RTOG study evaluating radiation therapy (60 versus 74 Gray) and weekly carboplatin/paclitaxel was recently amended to add cetuximab based on its synergy with radiation therapy.**
    a. True
    b. False

Post-test answer key: 1a, 2b, 3a, 4a, 5c, 6b, 7c, 8a, 9c, 10b, 11a

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lung Cancer Update — Think Tank Issue 1, 2008

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART ONE — Please tell us about your experience with this educational activity

BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

FLEX trial: Use of cetuximab as first-line therapy for metastatic NSCLC	4 3 2 1
Phase III trial of maintenance pemetrexed with BSC versus BSC for metastatic NSCLC	4 3 2 1
Emerging role of vandetanib, sunitinib and sorafenib in NSCLC	4 3 2 1
Relative and absolute contraindications for bevacizumab	4 3 2 1
Role of EGFR testing in NSCLC	4 3 2 1

AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

FLEX trial: Use of cetuximab as first-line therapy for metastatic NSCLC	4 3 2 1
Phase III trial of maintenance pemetrexed with BSC versus BSC for metastatic NSCLC	4 3 2 1
Emerging role of vandetanib, sunitinib and sorafenib in NSCLC	4 3 2 1
Relative and absolute contraindications for bevacizumab	4 3 2 1
Role of EGFR testing in NSCLC	4 3 2 1

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No

If no, please explain: .....

Will this activity help you improve patient care?

☐ Yes ☐ No ☐ Not applicable

If no, please explain: .....

Did the activity meet your educational needs and expectations?

☐ Yes ☐ No

If no, please explain: .....

Please respond to the following LEARNER statements by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

As a result of this activity, I will be able to:

- Critically assess the current utility of EGFR testing (IHC, FISH and mutation analyses) in the selection of treatment for patients with non-small cell lung cancer (NSCLC). . . . . 4 3 2 1 N/M N/A
- Identify patients with Stage IB NSCLC who may benefit from adjuvant chemotherapy. . . . 4 3 2 1 N/M N/A
- Formulate individualized treatment plans addressing the first-, second- and third-line management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics. . . . . 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC. . . 4 3 2 1 N/M N/A
- Define the relative and absolute contraindications for the safe use of bevacizumab in the systemic management of lung cancer. . . . . 4 3 2 1 N/M N/A
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with lung cancer about participation in ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

What other practice changes will you make or consider making as a result of this activity?

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What additional information or training do you need on the activity topics or other oncology-related topics?

.....

Additional comments about this activity:

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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

☐ Yes, I am willing to participate in a follow-up survey. ☐ No, I am not willing to participate in a follow-up survey.

PART TWO — Please tell us about the moderator and faculty for this educational activity

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal				
Faculty	**Knowledge of subject matter**				**Effectiveness as an educator**			
Paul A Bunn Jr, MD	4	3	2	1	4	3	2	1
Walter J Curran Jr, MD	4	3	2	1	4	3	2	1
David Jablons, MD	4	3	2	1	4	3	2	1
Edward S Kim, MD	4	3	2	1	4	3	2	1
Rogerio C Lilenbaum, MD	4	3	2	1	4	3	2	1
Thomas J Lynch, MD	4	3	2	1	4	3	2	1
Vincent A Miller, MD	4	3	2	1	4	3	2	1
Ronald B Natale, MD	4	3	2	1	4	3	2	1
Mark A Socinski, MD	4	3	2	1	4	3	2	1
Antoinette J Wozniak, MD	4	3	2	1	4	3	2	1
Moderator	**Knowledge of subject matter**				**Effectiveness as an educator**			
Neil Love, MD	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

.....

Other comments about the moderator and faculty for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other.....

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City, State, Zip:.....

Telephone:..... Fax:.....

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature:..... Date:.....

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