MU | 2008 VOL 1 | ISSUE 1

Melanoma™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

EDITOR

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INTERVIEWS

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LAUNCH ISSUE

CME Certified

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A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

The incidence of melanoma continues to increase significantly, and it occurs in younger patients relative to other malignancies. Melanoma is also increasing more rapidly in men than any other malignancy, and in women it is developing more rapidly than all other types of cancer with the exception of lung cancer. In 2008, approximately 62,500 new cases will be diagnosed in the United States and 8,500 patients will die from the disease. That said, these figures are likely underestimates, as superficial and in situ melanomas are often treated on an outpatient basis and are not reported. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical oncologist must be well informed of advances in the diagnosis and treatment of this disease. To bridge the gap between research and practice, this issue of *Melanoma Update* features one-on-one discussions with leading oncology investigators Drs Keith T Flaherty and John M Kirkwood. By including information on the latest research developments and expert perspectives, this activity assists clinicians with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Critically evaluate the implications of emerging research findings on the systemic treatment of melanoma, and incorporate these data into management strategies in the metastatic setting.
- Discuss the current placement of interleukin and interferon in the melanoma treatment algorithm, and contrast the tolerability profiles of these immunologic agents with cytotoxic chemotherapy.
- Assess the benefits and risks of evidence-based chemotherapeutics utilized in the management of melanoma, and use this information to develop individualized treatment strategies for patients with advanced disease.
- Consider the oncogenic mutations that play an important role in the etiology and pathogenesis of melanoma when formulating treatment strategies using biologic therapies.
- Provide a summary of the scientific rationale and recent research results that support the early activity of novel chemotherapeutic agents, CTLA4-blocking antibodies, multikinase inhibitors and VEGF inhibitors in patients with melanoma, and appraise their future clinical applicability.
- Counsel appropriately selected patients with melanoma 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 1.5 *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 CD and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at **MelanomaUpdate.com**.

This program is supported by educational grants from Abraxis BioScience, Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc, GlaxoSmithKline and Synta Pharmaceuticals Corp.

Last review date: August 2008; Release date: August 2008; Expiration date: August 2009

CME INFORMATION

Melanoma™ UPDATE

FACULTY AFFILIATIONS

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CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — **Dr Love** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Flaherty** — Advisory Committee: Bayer Pharmaceuticals Corporation, Bristol-Myers Squibb Company, Centocor Ortho Biotech Services, Onyx Pharmaceuticals Inc, Pfizer Inc, Pharmion Corporation, Schering-Plough Corporation, Wyeth; Speakers Bureau: Wyeth. **Dr Kirkwood** — Advisory Committee: GlaxoSmithKline, Pfizer Inc, Schering-Plough Corporation; Paid Research: Bayer Pharmaceuticals Corporation, Bristol-Myers Squibb Company, Eli Lilly and Company, Novartis Pharmaceuticals Corporation, Pfizer Inc, Schering-Plough Corporation; Speakers Bureau: Schering-Plough Corporation.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **ECOG-E2603 is a Phase III randomized trial evaluating _____ with or without sorafenib in patients with chemotherapy-naïve metastatic melanoma.**
   a. Dacarbazine
   b. Temozolomide
   c. Carboplatin/paclitaxel
   d. None of the above

2. **In a Phase II randomized trial of dacarbazine with or without sorafenib for patients with chemotherapy-naïve metastatic melanoma, the addition of sorafenib was found to double the _____.**
   a. Response rate
   b. Progression-free survival
   c. Overall survival
   d. Both a and b
   e. None of the above

3. **Which of the following agents is a CTLA4-blocking antibody?**
   a. Tremelimumab
   b. Ipilimumab
   c. Sorafenib
   d. Both a and b
   e. All of the above

4. **In a Phase III randomized trial of tremelimumab versus chemotherapy (dacarbazine or temozolomide) for patients with metastatic melanoma, the overall survival was better for patients treated with tremelimumab.**
   a. True
   b. False

5. **Treatment with budesonide reduces the incidence of ipilimumab-related colitis.**
   a. True
   b. False

6. **In two clinical trials for patients with melanoma, vaccines have been shown to reduce overall survival.**
   a. True
   b. False

7. **To date, all melanoma patients with C-KIT mutations who have been treated with _____ have experienced tumor responses.**
   a. Sorafenib
   b. Imatinib
   c. Sunitinib
   d. Dasatinib

8. **In a Phase II trial of high-dose interferon with tremelimumab for metastatic melanoma, a correlation was observed between autoimmunity induction and the induction of major response.**
   a. True
   b. False

9. **A proposed Phase III trial has been designed to evaluate *nab* paclitaxel versus _____ for patients with previously untreated metastatic melanoma.**
   a. Dacarbazine
   b. Temsirolimus
   c. Bevacizumab

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

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Melanoma Update — 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

- Role of the activating mutations in B-raf kinase in the pathogenesis of melanoma 4 3 2 1
- Efficacy of sorafenib alone or in combination with chemotherapy in metastatic melanoma 4 3 2 1
- Efficacy of the CTLA4 antibodies tremelimumab and ipilimumab in metastatic melanoma 4 3 2 1
- Response to imatinib in patients with melanoma who have C-KIT mutations 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

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- Response to imatinib in patients with melanoma who have C-KIT mutations 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 evaluate the implications of emerging research findings on the systemic treatment of melanoma, and incorporate these data into management strategies in the metastatic setting. . . . . 4 3 2 1 N/M N/A
- Discuss the current placement of interleukin and interferon in the melanoma treatment algorithm, and contrast the tolerability profiles of these immunologic agents with cytotoxic chemotherapy. . . . . 4 3 2 1 N/M N/A
- Assess the benefits and risks of evidence-based chemotherapeutics utilized in the management of melanoma, and use this information to develop individualized treatment strategies for patients with advanced disease. . . . . 4 3 2 1 N/M N/A
- Consider the oncogenic mutations that play an important role in the etiology and pathogenesis of melanoma when formulating treatment strategies using biologic therapies. . . . . 4 3 2 1 N/M N/A
- Provide a summary of the scientific rationale and recent research results that support the early activity of novel chemotherapeutic agents, CTLA4-blocking antibodies, multikinase inhibitors and VEGF inhibitors in patients with melanoma, and appraise their future clinical applicability . . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with melanoma 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?

. . . . . .

. . . . . .

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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.....

May we include you in future assessments to evaluate the effectiveness of this activity?

☐ Yes ☐ No

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

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal				
Faculty	**Knowledge of subject matter**				**Effectiveness as an educator**			
Keith T Flaherty, MD	4	3	2	1	4	3	2	1
John M Kirkwood, MD	4	3	2	1	4	3	2	1
Neil Love, MD	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

.....

Other comments about the faculty for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

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

Professional Designation:

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

Medical License/ME Number:..... Last 4 Digits of SSN (required):.....

Street Address:..... Box/Suite:.....

City, State, Zip:.....

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

Email:.....

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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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Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc,
GlaxoSmithKline and Synta Pharmaceuticals Corp.

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Last review date: August 2008
Release date: August 2008
Expiration date: August 2009
Estimated time to complete: 1.5 hours