

Lung Cancer™

U P D A T E

An Audio Review Journal for Nurses

EDITOR

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INTERVIEWS

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OVERVIEW OF ACTIVITY

Lung cancer is the leading cause of cancer mortality in the United States for both men and women. 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. Published results from clinical trials lead to the continual emergence of novel therapeutic strategies and changes in the indications for existing treatments. In order to offer optimal patient care, oncology nurses must be well informed of these advances. *Lung Cancer Update for Nurses* provides an overview of the latest research developments and up-to-date clinical management strategies in lung cancer paired with the opinions of a nurse practitioner and clinical investigator experienced in the treatment of lung cancer.

PURPOSE STATEMENT

To present the most current research developments in lung cancer and to provide the perspectives of a nurse practitioner and clinical investigator on the diagnosis and treatment of lung cancer.

EDUCATIONAL OBJECTIVES FOR THIS ISSUE OF *LUNG CANCER UPDATE FOR NURSES*

- Apply the results of emerging research with novel chemotherapies and regimens to the management of non-small cell lung cancer (NSCLC).
- Offer best-practice supportive management strategies to address side effects and toxicities associated with the systemic treatment of NSCLC.
- Effectively utilize tumor histology and biomarkers in making evidence-based lung cancer treatment decisions.
- Counsel appropriate patients about the benefits and risks of monoclonal antibodies targeting vascular endothelial growth factor (VEGF) or epidermal growth factor receptor (EGFR) in the treatment of NSCLC.
- Educate patients with EGFR-mutated NSCLC about the individualized clinical utility of tyrosine kinase inhibitors targeting this growth pathway.
- Recognize the psychosocial and emotional needs of caregivers, patients and their loved ones associated with the diagnosis and treatment of lung cancer.

ACCREDITATION STATEMENTS

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of September 2009 through September 2010.

Research To Practice is an approved provider of continuing nursing education by the New Jersey State Nurses Association, Provider Number P215-01/07-10. NJSNA is accredited by the ANCC Commission on Accreditation. Provider Approval is valid through January 31, 2010.

HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website ResearchToPractice.com/LGUN109 also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this book and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 70 percent or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within three weeks or may be printed online.

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QUESTIONS (PLEASE CIRCLE ANSWER):

- In Stage I lung cancer, how many lymph nodes may be positive for cancer?**
 - Zero
 - One to three
 - Four to six
- Bevacizumab is a monoclonal antibody that targets which of the following?**
 - Epidermal growth factor receptor
 - Vascular endothelial growth factor
 - Both a and b
 - Neither a nor b
- In the clinical trial CAN-NCIC-BR21, comparing erlotinib to placebo for patients with advanced stage NSCLC, a survival advantage _____ observed for the patients who received erlotinib.**
 - Was
 - Was not
- In clinical trials evaluating bevacizumab for the treatment of metastatic lung cancer, the incidence of pulmonary hemorrhage was greater among patients who had _____.**
 - Tumors with squamous cell histology
 - Tumors with nonsquamous cell histology
 - History of hemoptysis prior to treatment
 - Both a and c
- ECOG-E1505 is evaluating adjuvant _____ with or without bevacizumab for patients with completely resected Stage IB to IIIA NSCLC.**
 - Cisplatin-based chemotherapy
 - Carboplatin-based chemotherapy
 - Pemetrexed monotherapy
- In the ECOG-E4599 trial, chemotherapy combined with _____ versus chemotherapy alone increased survival for patients with advanced NSCLC.**
 - Bevacizumab
 - Cetuximab
 - Erlotinib
 - Panitumumab
- Side effects of the tyrosine kinase inhibitors gefitinib and erlotinib may be worsened when these agents are taken _____.**
 - With a meal
 - On an empty stomach
- Strategies for the prevention of rash associated with EGFR inhibitors include which of the following?**
 - Use of a moisturizer
 - Application of sunscreen when exposed to direct sunlight
 - Taking the medication with meals
 - Both a and b
 - All of the above
- Bevacizumab is contraindicated in patients previously treated for brain metastases.**
 - True
 - False
- Potential side effects of bevacizumab include which of the following?**
 - Hypertension
 - Proteinuria
 - Epistaxis
 - Hand-foot syndrome
 - a, b and c

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lung Cancer Update for Nurses — Issue 1, 2009

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

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Strategies for prevention of rash associated with EGFR inhibitors	4 3 2 1	4 3 2 1
Supportive management of bevacizumab-induced side effects	4 3 2 1	4 3 2 1
Quantitative effect of adjuvant systemic therapy on recurrence of NSCLC	4 3 2 1	4 3 2 1
Value of tumor histology and biomarkers in making treatment decisions in NSCLC	4 3 2 1	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 learning objectives (LOs) by circling the appropriate selection:

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

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

- Apply the results of emerging research with novel chemotherapies and regimens to the management of non-small cell lung cancer (NSCLC). 4 3 2 1 N/M N/A
- Offer best-practice supportive management strategies to address side effects and toxicities associated with the systemic treatment of NSCLC. 4 3 2 1 N/M N/A
- Effectively utilize tumor histology and biomarkers in making evidence-based lung cancer treatment decisions. 4 3 2 1 N/M N/A
- Counsel appropriate patients about the benefits and risks of monoclonal antibodies targeting vascular endothelial growth factor (VEGF) or epidermal growth factor receptor (EGFR) in the treatment of NSCLC. 4 3 2 1 N/M N/A
- Educate patients with EGFR-mutated NSCLC about the individualized clinical utility of tyrosine kinase inhibitors targeting this growth pathway. 4 3 2 1 N/M N/A
- Recognize the psychosocial and emotional needs of caregivers, patients and their loved ones associated with the diagnosis and treatment of lung cancer. . . . 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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:

.....

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 faculty and editor for this educational activity

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal						
Faculty					Knowledge of subject matter					Effectiveness as an educator
Alan B Sandler, MD	4	3	2	1		4	3	2	1	
Beth Eaby, MSN, CRNP, OCN	4	3	2	1		4	3	2	1	
Editor					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 faculty and editor for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

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- MD DO PharmD NP CNS RN PA Other.....

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