

Meet The Professors:

*Oncologist and Nurse Investigators Consult on
Challenging Cases of Actual Patients*

*Proceedings from a Four-Part Satellite Symposia Series Hosted in
Conjunction with the 2010 Oncology Nursing Society Annual Congress*

Non-Hodgkin's Lymphomas and Chronic Lymphocytic Leukemia

Faculty

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Lisa H Downs, MSN, CRNP

Amy Goodrich, CRNP-AC

Stephanie A Gregory, MD

Multiple Myeloma

Faculty

Beth Faiman, RN, MSN, APRN-BC, AOCN

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Breast Cancer

Faculty

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Non-Small Cell Lung Cancer

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Meet The Professors:

Oncologist and Nurse Investigators Consult on Challenging Cases of Actual Patients with Non-Hodgkin's Lymphomas and Chronic Lymphocytic Leukemia, Multiple Myeloma, Breast Cancer and Non-Small Cell Lung Cancer

OVERVIEW OF ACTIVITY

The comprehensive clinical management of both solid tumors and hematologic cancers is continuously evolving, with new research introducing the utility of novel systemic and supportive therapeutic agents maturing almost daily.

Breast and lung cancer, in isolation, comprise a significant proportion of routine oncology practice and are thus of particular relevance to ongoing education targeting the cross-functional treatment team. Although breast cancer may have a protracted natural history relative to tumors of the lung, both diseases are currently managed with a diverse array of antineoplastic agents, including cytotoxic chemotherapy and molecular-targeted or biologic agents, each with unique side effects and toxicities. In the case of breast cancer, hormonal therapy adds yet another layer of clinical management complexity that oncology care providers must be prepared to successfully address.

In the hematologic cancer space, the non-Hodgkin's lymphomas (NHL), including chronic lymphocytic leukemia (CLL), and multiple myeloma (MM) are among the most prevalent diseases, and both have been the focus of recent clinical knowledge acquisition and resulting incremental treatment advances. This substantial progress necessitates learning opportunities to ensure that best-practice interventional and supportive management strategies are employed.

The integral role of oncology nurses in the communication and delivery of cancer care spans the psychosocial, supportive and therapeutic management spectra. These pivotal practitioners must be well versed in the evidence to effectively counsel their patients about treatment benefit, risk and impact on quality of life. This activity features group discussion with leading oncology nurses and medical oncologists reviewing the latest research developments in context with practical case application.

PURPOSE STATEMENT

To provide the perspectives of oncology nurses and medical oncologists regarding evidence-based treatment recommendations, rational supportive care algorithms and a review of the newest research developments affecting the care of patients with NHL/CLL, MM, breast cancer and lung cancer.

EDUCATIONAL OBJECTIVES

- Formulate strategies to educate patients with NHL or CLL about the benefits and risks of evidence-based treatment options, including chemotherapy, radioimmunotherapy, monoclonal antibodies, immunomodulators, proteasome inhibitors and stem cell transplant.
- Provide guidance to patients with active MM about the efficacy and safety of systemic regimens used in the transplant and nontransplant settings, including consolidation and maintenance approaches.
- Recognize the indications for hormonal, chemotherapeutic and/or biologic treatment of breast cancer, and explain the side effects associated with each.
- Communicate the benefits and risks of chemotherapy, tyrosine kinase inhibitors and biologic agents to patients with advanced non-small cell lung cancer (NSCLC) who are eligible for front-line, maintenance or subsequent systemic treatment.
- Develop a plan of care to address side effects, quality of life and medication adherence for patients with NHL/CLL, MM, breast cancer or lung cancer.

ACCREDITATION STATEMENT

This educational activity for 4.8 contact hours is provided by Research To Practice during the period of October 2010 through October 2011.

Research To Practice is an approved provider of continuing nursing education by the NJSNA, an accredited approver, by the American Nurses Credentialing Center's Commission on Accreditation.

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/ONS110 also includes links to relevant abstracts and full-text articles.

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CNE INFORMATION

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CNE INFORMATION

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Non-Hodgkin's Lymphomas and Chronic Lymphocytic Leukemia

1. In ECOG-E3404, patients with diffuse large B-cell lymphoma receive R-CHOP for four cycles and continue the R-CHOP if their PET scan is negative or switch to _____ if the PET scan is positive.
 - a. CHOP
 - b. Single-agent rituximab
 - c. R-ICE
2. Dr Rummel and colleagues reported a progression-free survival advantage and a more favorable tolerability profile with _____ in comparison to R-CHOP as first-line therapy for patients with advanced follicular lymphoma (FL) or mantle-cell lymphoma.
 - a. Bendamustine/rituximab (BR)
 - b. Single-agent rituximab
 - c. CHOP
3. Which of the following improvements has been shown in the PRIMA trial with maintenance rituximab for FL?
 - a. Improvement in progression-free survival
 - b. Improvement in overall survival
 - c. Both a and b
 - d. None of the above
4. Which of the following risk factors is associated with the development of tumor lysis syndrome?
 - a. Highly proliferative tumor
 - b. Chemosensitive tumor with high LDH level
 - c. Uric acid elevation
 - d. All of the above
5. Compared to R-CHOP, BR is associated with which of the following?
 - a. Less nausea/vomiting
 - b. Less fatigue
 - c. Less peripheral neuropathy
 - d. Less neutropenia
 - e. No alopecia
 - f. All of the above

Multiple Myeloma

1. Dr San Miguel and colleagues reported that the addition of bortezomib to melphalan/prednisone therapy provided an overall survival benefit for elderly patients with previously untreated MM.
 - a. True
 - b. False
2. A study reported at ASH 2009 indicated that the addition of maintenance therapy following induction therapy for patients with previously untreated MM did not result in improved progression-free survival rates.
 - a. True
 - b. False
3. Studies evaluating a twice-weekly administration of bortezomib versus a once-weekly administration have reported significant reductions in the incidence of treatment-related Grade III or IV neuropathy with weekly bortezomib.
 - a. True
 - b. False
4. In the ECOG-E4A03 trial, low-dose dexamethasone in combination with lenalidomide was associated with _____ compared to high-dose dexamethasone in combination with lenalidomide.
 - a. A lower overall response rate
 - b. Improvement in overall survival
 - c. Both of the above
5. Prophylactic aspirin has demonstrated a reduction in the incidence of thrombosis in patients with MM who receive lenalidomide.
 - a. True
 - b. False

POST-TEST QUESTIONS (PLEASE CIRCLE ANSWER):

Breast Cancer

- Potential side effects of bevacizumab include which of the following?**
 - Hypertension
 - Hand-foot syndrome
 - Proteinuria
 - Both a and c
- In the AVADO study, which of the following single chemotherapeutic agents was combined with bevacizumab as treatment for metastatic breast cancer?**
 - Capecitabine
 - Docetaxel
 - Paclitaxel
 - All of the above
- Benefits of nanoparticle albumin-bound (nab) paclitaxel include which of the following?**
 - Avoidance of corticosteroid premedications
 - Shorter infusion time than standard paclitaxel
 - Oral administration
 - Both a and b
- The CLEOPATRA trial is evaluating docetaxel/trastuzumab with or without _____ as first-line therapy for HER2-positive metastatic breast cancer.**
 - Lapatinib
 - Pertuzumab
 - T-DM1
 - None of the above
- T-DM1 is a novel agent that combines a maytansine derivative with _____.**
 - Docetaxel
 - Trastuzumab
 - Bevacizumab
 - None of the above

Non-Small Cell Lung Cancer

- Because of the risk of pulmonary hemorrhage, bevacizumab should not be administered to patients with _____.**
 - Controlled hypertension
 - Hemoptysis
 - Squamous cell histology
 - Both b and c
- In a study of maintenance pemetrexed after initial carboplatin/paclitaxel treatment, the maintenance therapy resulted in an approximate five-month overall survival benefit for patients with advanced _____ NSCLC.**
 - Adenocarcinoma
 - Squamous cell
 - Both a and b
- In the IPASS trial of first-line treatment for patients with metastatic NSCLC, patients whose tumors had EGFR mutations experienced greater clinical benefit with _____ than with chemotherapy.**
 - Gefitinib
 - Bevacizumab
 - Cetuximab
 - All of the above
- The frequency of EGFR mutations in never smokers is approximately _____.**
 - Five percent
 - 10 percent
 - 50 percent
 - 90 percent
- The frequency of the EML4-ALK fusion oncogene in the overall population of patients with NSCLC is approximately _____.**
 - Five percent
 - 20 percent
 - 50 percent
 - 80 percent

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Meet The Professors: Oncologist and Nurse Investigators Consult on Challenging Cases of Actual Patients with Non-Hodgkin's Lymphomas and Chronic Lymphocytic Leukemia, Multiple Myeloma, Breast Cancer and Non-Small Cell Lung Cancer

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	
BR versus R-CHOP as first-line treatment for low-grade lymphomas	4	3	2	1
PRIMA trial: Rituximab maintenance after up-front rituximab/chemotherapy induction in FL	4	3	2	1
Safety and tolerability of lenalidomide/bortezomib/dexamethasone (RVD) in patients with MM	4	3	2	1
Management of bortezomib-associated peripheral neuropathy in MM	4	3	2	1
SPARC protein as a potential predictor of response to nab paclitaxel in breast cancer	4	3	2	1
Thromboprophylaxis for patients with MM receiving IMiD®-containing therapy	4	3	2	1
Incidence and management of bevacizumab-associated hypertension	4	3	2	1

Has the activity unfairly influenced you toward a particular product or service?

Yes No

If yes, please describe what was presented:

Will this activity help you improve patient care?

Yes No Not applicable

If yes, how will it help you improve patient care?

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:

- Formulate strategies to educate patients with NHL or CLL about the benefits and risks of evidence-based treatment options, including chemotherapy, radioimmunotherapy, monoclonal antibodies, immunomodulators, proteasome inhibitors and stem cell transplant.4 3 2 1 N/M N/A
- Provide guidance to patients with active MM about the efficacy and safety of systemic regimens used in the transplant and nontransplant settings, including consolidation and maintenance approaches.4 3 2 1 N/M N/A
- Recognize the indications for hormonal, chemotherapeutic and/or biologic treatment of breast cancer, and explain the side effects associated with each.4 3 2 1 N/M N/A
- Communicate the benefits and risks of chemotherapy, tyrosine kinase inhibitors and biologic agents to patients with advanced non-small cell lung cancer (NSCLC) who are eligible for front-line, maintenance or subsequent systemic treatment.4 3 2 1 N/M N/A
- Develop a plan of care to address side effects, quality of life and medication adherence for patients with NHL/CLL, MM, breast cancer or 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?

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

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Additional comments about this activity:

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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 each tumor type and the moderator for this educational activity

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

Tumor type	Subject matter				Effectiveness			
	4	3	2	1	4	3	2	1
Non-Hodgkin's Lymphomas and Chronic Lymphocytic Leukemia	4	3	2	1	4	3	2	1
Multiple Myeloma	4	3	2	1	4	3	2	1
Breast Cancer	4	3	2	1	4	3	2	1
Non-Small Cell Lung Cancer	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 faculty and moderator for this activity:

.....

.....

REQUEST FOR CREDIT — PLEASE PRINT CLEARLY

Name: Specialty:

Credentials:

- LPN RN CNS NP Other

Street Address: Box/Suite:

City, State, Zip:

Telephone: Fax:

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