

Renal Cell Cancer™

U P D A T E

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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CME
Certified



Renal Cell Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Advances in the biologic understanding of renal cell cancer (RCC) and the emergence of clinical trial data with targeted therapeutic agents have resulted in the availability of novel treatment strategies for this challenging disease. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical or urologic oncologist must be well informed of these rapidly evolving data sets. To bridge the gap between research and patient care, *Renal Cell Cancer Update* utilizes one-on-one discussions with leading oncology investigators. By providing access to the latest research developments and expert perspectives, this CME activity assists medical and urologic oncologists with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Apply an understanding of the biology of advanced RCC, including inactivation of the von Hippel-Lindau tumor suppressor gene and the pathway leading to VEGF overexpression, to therapeutic decision-making.
- Identify patient characteristics that may help to distinguish the individualized utility of nephrectomy in the era of effective targeted therapies for metastatic renal cell carcinoma (mRCC).
- Apply the results of existing and emerging clinical research to the evidence-based selection of front-line and subsequent therapy for mRCC.
- Develop an approach for the sequencing of therapies for advanced RCC, incorporating biologic response modifiers, tyrosine kinase inhibitors (TKIs), anti-VEGF antibodies and mTOR inhibitors.
- Educate patients with mRCC about the safety and tolerability of VEGF TKIs, mTOR inhibitors and VEGF monoclonal antibody therapy.
- Recommend supportive measures to enhance the tolerability of targeted therapeutic agents for RCC, including the use of dose reductions, schedule changes or alternative therapies.
- Counsel appropriately selected patients with RCC about the availability of ongoing clinical trial participation.

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FACULTY



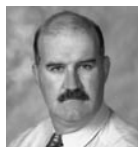
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QUESTIONS (PLEASE CIRCLE ANSWER):

1. In a Phase II presurgical feasibility study of bevacizumab for patients with untreated mRCC, approximately _____ of patients experienced some degree of tumor shrinkage.
 - a. 10 percent
 - b. 30 percent
 - c. 50 percent
 - d. 70 percent
2. According to the product label, patients intolerant to the standard dose of sunitinib should have their dose initially reduced to _____.
 - a. 10 mg
 - b. 37.5 mg
 - c. 50 mg
3. The randomized, adjuvant Phase III ECOG-E2805 (ASSURE) trial is evaluating _____ versus _____ versus observation for patients with resected RCC.
 - a. Bevacizumab; interferon
 - b. Bevacizumab; erlotinib
 - c. Sunitinib; sorafenib
 - d. Axitinib; sorafenib
4. The ongoing Phase III COMPARZ trial is comparing _____ to _____ as first-line therapy for patients with mRCC.
 - a. Axitinib; sorafenib
 - b. Bevacizumab; erlotinib
 - c. Pazopanib; sunitinib
5. A study by Ryan and colleagues of sunitinib with erlotinib for patients with advanced RCC reported that the combination might be particularly active in patients who have received prior _____ therapy.
 - a. IL-2
 - b. Bevacizumab
 - c. Pazopanib
6. The SELECT trial demonstrated that overexpression of carbonic anhydrase 9 (CA9) is a predictive marker for improved progression-free and overall survival in response to high-dose IL-2 therapy in patients with mRCC.
 - a. True
 - b. False
7. Both sorafenib and sunitinib can cause hand-foot skin reactions in patients with RCC.
 - a. True
 - b. False
8. The Phase II TORAVA trial evaluated which of the following agents?
 - a. Sunitinib
 - b. Interferon and bevacizumab
 - c. Temsirolimus and bevacizumab
 - d. All of the above
9. The Phase III PISCES trial evaluated quality of life and patient preference with sunitinib versus _____ for mRCC.
 - a. Sorafenib
 - b. Pazopanib
 - c. Axitinib
10. An ongoing trial in Europe is evaluating whether sunitinib therapy alone is noninferior to nephrectomy followed by sunitinib with regard to patient survival.
 - a. True
 - b. False
11. Noninfectious pneumonitis, a potentially serious adverse event, has been reported in association with _____ therapy.
 - a. mTOR inhibitor
 - b. VEGF TKI
 - c. VEGF monoclonal antibody
12. The ongoing Phase II BeST trial is comparing _____ alone to three different treatment doublets for patients with mRCC.
 - a. Sorafenib
 - b. Sunitinib
 - c. Bevacizumab
 - d. Interferon

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Renal Cell Cancer Update — Issue 1, 2010

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		
Role of nephrectomy for mRCC in the era of effective targeted therapies	4 3 2 1	4 3 2 1		
Dose reduction, schedule change or alternative therapy for patients intolerant to sunitinib	4 3 2 1	4 3 2 1		
Sorafenib for elderly patients with RCC	4 3 2 1	4 3 2 1		
Distinct side effects and tolerability of mTOR inhibitors	4 3 2 1	4 3 2 1		
Presurgical bevacizumab for primary tumor downstaging in mRCC	4 3 2 1	4 3 2 1		
ECOG-E2805 (ASSURE): Adjuvant sunitinib versus sorafenib versus placebo for resected RCC	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 an understanding of the biology of advanced RCC, including inactivation of the von Hippel-Lindau tumor suppressor gene and the pathway leading to VEGF overexpression, to therapeutic decision-making. 4 3 2 1 N/M N/A
- Identify patient characteristics that may help to distinguish the individualized utility of nephrectomy in the era of effective targeted therapies for metastatic renal cell carcinoma (mRCC). 4 3 2 1 N/M N/A
- Apply the results of existing and emerging clinical research to the evidence-based selection of front-line and subsequent therapy for mRCC. 4 3 2 1 N/M N/A
- Develop an approach for the sequencing of therapies for advanced RCC, incorporating biologic response modifiers, tyrosine kinase inhibitors (TKIs), anti-VEGF antibodies and mTOR inhibitors. 4 3 2 1 N/M N/A
- Educate patients with mRCC about the safety and tolerability of VEGF TKIs, mTOR inhibitors and VEGF monoclonal antibody therapy. 4 3 2 1 N/M N/A
- Recommend supportive measures to enhance the tolerability of targeted therapeutic agents for RCC, including the use of dose reductions, schedule changes or alternative therapies. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with RCC about the availability of ongoing clinical trial participation. 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
Eric Jonasch, MD	4	3	2	1	4 3 2 1
David I Quinn, MBBS, PhD	4	3	2	1	4 3 2 1
David F McDermott, MD	4	3	2	1	4 3 2 1
Bernard J Escudier, MD	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:

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Signature: Date:

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