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Dermatologic Oncology™ UPDATE

Systemic Management of Melanoma, Basal Cell and Squamous Cell Carcinoma

Bridging the Gap between Research and Patient Care

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Dermatologic Oncology Update
A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Taken together, melanoma and nonmelanoma skin cancer — basal cell and cutaneous squamous cell cancer (BCC and SCC) — likely represent the most prevalent form of human cancer. Fortunately, the vast majority of skin cancers present as minimally invasive BCC and SCC and, as such, are highly curable with local treatment alone. However, in rare instances, these characteristically indolent lesions progress and necessitate systemic intervention with the support of limited randomized clinical evidence. In contrast, malignant melanoma is the most aggressive form of skin cancer with a predilection toward distant metastases, even when identified in the clinically early stages of disease. Thus melanoma and nonmelanoma skin cancer are distinct entities, each posing unique challenges to the oncology community. Featuring information on the latest research developments along with expert perspectives, this CME activity is designed to assist medical oncologists, hematologist-oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Integrate practice-changing clinical trial results into the treatment algorithm for front-line and subsequent management of advanced melanoma and nonmelanoma skin cancer.
- Develop evidence-based treatment plans for patients with advanced BRAF V600E mutation-positive and wild-type melanoma.
- Compare and contrast the patterns of tumor response resulting from melanoma treatment with cytotoxic agents versus kinase inhibitors versus immunotherapeutic agents.
- Recognize immune-related adverse events associated with anti-CTLA-4 antibody therapy, and offer supportive management strategies to minimize and/or manage these side effects.
- Identify patients with locally advanced or metastatic BCC for whom Hedgehog inhibitor therapy may be an appropriate treatment option.
- Counsel appropriately selected patients about participation in ongoing clinical trials.

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SELECT PUBLICATIONS

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Treatment with vemurafenib can result in the regression of melanoma harboring _____.

a. Activating mutations in the KIT gene
b. BRAF V600E mutation
c. Neither a nor b
d. Both a and b

2. Ipilimumab is an anti-CTLA-4 antibody that has demonstrated activity in patients with metastatic melanoma with objective response rates of approximately 10% to 20%.

a. True
b. False

3. A Phase III EORTC trial evaluated adjuvant therapy with pegylated interferon alpha-2b versus _____ for patients with resected Stage III melanoma.

a. High-dose interferon
b. Observation
c. Neither a nor b

4. Grade 3 or 4 diarrhea induced by ipilimumab therapy should be treated with _____.

a. Fluid and electrolyte replacement only
b. Motility agents
c. Systemic steroids
d. None of the above

5. Common side effects associated with vemurafenib include _____.

a. Rash
b. Secondary nonmelanoma skin cancer
c. Hyperkeratotic lesions
d. Photosensitivity reaction
e. All of the above

6. _____ is a small-molecule Hedgehog inhibitor used in the treatment of BCC.

a. Vismodegib
b. Ipilimumab
c. Trametinib

7. A pivotal Phase III trial of vemurafenib versus dacarbazine for patients with BRAF V600E mutation-positive advanced melanoma reported a 63% decrease in the risk of death for patients who received vemurafenib compared to dacarbazine.

a. True
b. False

8. Which of the following are common vismodegib-related adverse events?

a. Ageusia
b. Muscle cramping
c. Both a and b
d. Neither a nor b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Dermatologic Oncology Update — Issue 1, 2012

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 1 — 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
Incidence, mechanism of development and management of vemurafenib-associated secondary nonmelanoma skin cancer	4 3 2 1	4 3 2 1
Steroid discontinuation prior to initiation of ipilimumab	4 3 2 1	4 3 2 1
Rationale for dual targeting of BRAF and MEK signaling in melanoma	4 3 2 1	4 3 2 1
Phase III study results with pegylated interferon alpha-2b versus observation as adjuvant therapy for Stage III melanoma	4 3 2 1	4 3 2 1
Management of vismodegib-associated ageusia and muscle cramping	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: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

☐ 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:

- Integrate practice-changing clinical trial results into the treatment algorithm for front-line and subsequent management of advanced melanoma and nonmelanoma skin cancer. . . . . 4 3 2 1 N/M N/A
- Develop evidence-based treatment plans for patients with advanced BRAF V600E mutation-positive and wild-type melanoma. . . . . 4 3 2 1 N/M N/A
- Compare and contrast the patterns of tumor response resulting from melanoma treatment with cytotoxic agents versus kinase inhibitors versus immunotherapeutic agents. . . . . 4 3 2 1 N/M N/A
- Recognize immune-related adverse events associated with anti-CTLA-4 antibody therapy, and offer supportive management strategies to minimize and/or manage these side effects. . . . . 4 3 2 1 N/M N/A
- Identify patients with locally advanced or metastatic BCC for whom Hedgehog inhibitor therapy may be an appropriate treatment option. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about participation in ongoing clinical trials . . . . . 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain: .....

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 2 — 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
Karl Lewis, MD	4 3 2 1	4 3 2 1
Antoni Ribas, MD, PhD	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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Name: ..... Specialty: .....

Professional Designation:

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

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

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