



Visiting Professors

A case-based discussion on the management of lung cancer in the adjuvant, locally advanced and metastatic settings

CLINICAL INVESTIGATOR

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Featuring a clinical investigator's perspective on a day spent visiting patients with lung cancer in the clinic of a community-based oncologist



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From the publishers of:

Lung Cancer™
U P D A T E



Visiting Professors: A case-based discussion on the management of lung cancer in the adjuvant, locally advanced and metastatic settings

OVERVIEW OF ACTIVITY

Lung cancer is increasingly recognized as a heterogeneous group of neoplasms. Not long ago, it was clinically sufficient to differentiate between small cell lung cancer and non-small cell lung cancer (NSCLC). Individualized treatment decisions are increasingly driven by genetic biomarkers in addition to histologic subtype and patient-specific characteristics. In order to offer optimal patient care — including the option of clinical trial participation — practicing medical oncologists must be well informed of this increased understanding of the phenotypically unique subsets of lung cancer to enable customized treatment planning. To provide clinicians with therapeutic strategies for addressing the disparate needs of patients with lung cancer, the *Visiting Professors* audio series employs an innovative, case-based approach that unites the perspectives of leading lung cancer investigators and community oncologists as they explore the intricacies of clinical decision-making. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of patients with lung cancer.

LEARNING OBJECTIVES

- Use case-based learning and shared clinical insight to provide comprehensive and compassionate oncology care.
- Refine current treatment approaches through the appraisal of therapeutic advances in lung cancer.
- Counsel patients about the expected side effects and benefits of different adjuvant chemotherapy regimens.
- Formulate an approach to first-line and maintenance therapy for patients with nonsquamous NSCLC based on best current evidence, and recall the rationale for and design of ongoing clinical trials addressing these issues.
- Use prognostic and predictive clinical and molecular markers to aid in treatment decision-making for NSCLC.
- Counsel appropriately selected patients about the availability of ongoing clinical trials.

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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, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located in the back of this monograph or on our website at ResearchToPractice.com/VPL112/CME.

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FACULTY — **Dr Lowenthal** 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 Lilenbaum** — *Consulting Agreements:* Celgene Corporation, Genentech BioOncology.

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QUESTIONS (PLEASE CIRCLE ANSWER):

- 1. In the ECOG-E4599 trial, which evaluated first-line carboplatin/paclitaxel with or without bevacizumab, approximately 12% of the patients were diagnosed with NSCLC not otherwise specified, and their outcomes were similar to the outcomes for patients with known adenocarcinoma histology.**
 - a. True
 - b. False
- 2. Lower extremity edema is a documented side effect that may be associated with long-term pemetrexed use.**
 - a. True
 - b. False
- 3. The PARAMOUNT trial, which evaluated maintenance pemetrexed versus placebo for patients with advanced nonsquamous NSCLC who received first-line platinum/pemetrexed, demonstrated a significant improvement in _____.**
 - a. Overall survival
 - b. Progression-free survival
 - c. Both a and b
- 4. A Phase III French trial (IFCT-GFPC 0502) for patients with advanced NSCLC who received first-line cisplatin/gemcitabine demonstrated significant benefit with which approach compared to observation?**
 - a. Continuation maintenance therapy with gemcitabine
 - b. Switch maintenance therapy with erlotinib
 - c. Both a and b
- 5. In a Phase III clinical trial reported at ASCO 2010, carboplatin with weekly paclitaxel resulted in superior _____ compared to single-agent chemotherapy for elderly patients with advanced NSCLC.**
 - a. Overall survival
 - b. Progression-free survival
 - c. Response rate
 - d. All of the above
- 6. Published data indicate that approximately 10% of never smokers with NSCLC have an EGFR tumor mutation.**
 - a. True
 - b. False
- 7. In the IPASS trial of first-line gefitinib versus carboplatin/paclitaxel for never smokers or former light smokers, the objective response rate to chemotherapy was twice as high for _____ NSCLC as for _____ NSCLC.**
 - a. EGFR wild-type; EGFR-mutant
 - b. EGFR-mutant; EGFR wild-type
 - c. No difference by EGFR status was reported
- 8. The combination of the irreversible EGFR tyrosine kinase inhibitor (TKI) afatinib and cetuximab resulted in a response rate of approximately 30% among _____.**
 - a. Patients with previously untreated, advanced EGFR-mutant NSCLC
 - b. Patients with acquired resistance to an EGFR TKI
- 9. The PointBreak study is comparing the ECOG-E4599 regimen to which of the following?**
 - a. Carboplatin/paclitaxel/ bevacizumab → maintenance paclitaxel/bevacizumab
 - b. Carboplatin/pemetrexed/ bevacizumab → maintenance bevacizumab
 - c. Carboplatin/pemetrexed/ bevacizumab → maintenance pemetrexed/bevacizumab
- 10. In the randomized Phase II TREAT study, which of the following regimens was associated with fewer adverse events and lower rates of discontinuation?**
 - a. Cisplatin/vinorelbine
 - b. Cisplatin/pemetrexed
 - c. Cisplatin/docetaxel

Educational Assessment and Credit Form
Visiting Professors Lung Cancer, 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			
Phase III studies — PARAMOUNT and IFCT-GFPC 0502 — supporting continuation maintenance therapy in NSCLC	4	3	2	1	4	3	2	1
PointBreak: A Phase III study of pemetrexed/carboplatin/bevacizumab followed by maintenance pemetrexed/bevacizumab versus the ECOG-E4599 regimen for Stage IIIB/IV nonsquamous NSCLC	4	3	2	1	4	3	2	1
Carboplatin and weekly paclitaxel versus single-agent chemotherapy for elderly patients with advanced NSCLC	4	3	2	1	4	3	2	1
TREAT: A randomized Phase II trial on the refinement of adjuvant chemotherapy with cisplatin/pemetrexed versus cisplatin/vinorelbine for early-stage 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:

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; no changes will be made
- ☐ 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:

- Use case-based learning and shared clinical insight to provide comprehensive and compassionate oncology care..... 4 3 2 1 N/M N/A
- Refine current treatment approaches through the appraisal of therapeutic advances in lung cancer..... 4 3 2 1 N/M N/A
- Counsel patients about the expected side effects and benefits of different adjuvant chemotherapy regimens..... 4 3 2 1 N/M N/A
- Formulate an approach to first-line and maintenance therapy for patients with nonsquamous NSCLC based on best current evidence, and recall the rationale for and design of ongoing clinical trials addressing these issues. 4 3 2 1 N/M N/A
- Use prognostic and predictive clinical and molecular markers to aid in treatment decision-making for NSCLC..... 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about the availability of 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:

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☐ 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			
Rogério C Lilenbaum, MD		4	3	2	1	4	3	2	1
Dennis A Lowenthal, 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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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: Date:

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Visiting Professors

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