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Dermatologic Oncology™ UPDATE

Systemic Management of Malignant Melanoma and Basal Cell Carcinoma

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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Mario Sznol, MD
Omid Hamid, MD
Kim Margolin, MD

EDITOR

Neil Love, MD

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2 Audio CDs

CME Certified

Dermatologic Oncology Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Taken together, melanoma and nonmelanoma skin cancer — basal cell carcinoma (BCC) and cutaneous squamous cell cancer (SCC) — likely represent the most prevalent form of human cancer. Fortunately, the vast majority of skin cancer presents as minimally invasive BCC and SCC and, as such, is 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, cancerous melanoma is the most aggressive form of skin cancer, with a predilection toward distant metastases, even when identified in the early stages. Thus melanoma and nonmelanoma skin cancer are distinct entities, each posing unique challenges to the oncology community. Featuring up-to-date information on the latest research developments along with expert perspectives, this CME activity is designed to assist medical oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Use biomarkers, clinical characteristics and mutational analyses to select individualized front-line and subsequent treatment approaches for patients with advanced melanoma.
- Counsel patients regarding the risk of BRAF inhibitor-associated secondary nonmelanoma skin cancers and other adverse events, and implement appropriate surveillance and management strategies.
- Recall existing and emerging research information demonstrating the impact of combining BRAF and MEK inhibitors for patients with BRAF mutation-positive metastatic melanoma, and use this information to guide treatment planning for these patients.
- Recognize immune-related adverse events associated with ipilimumab, and offer supportive management strategies to minimize and/or manage these side effects.
- Appreciate the recent FDA-approved indication for pembrolizumab for patients with metastatic melanoma, and discern how this agent can be optimally integrated into clinical practice.
- Appraise the rationale for and clinical trial data with investigational anti-PD-1 and anti-PD-L1 antibodies for advanced melanoma.
- Identify patients with locally advanced or metastatic BCC for whom vismodegib may be an appropriate treatment consideration.

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FACULTY INTERVIEWS

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EDITOR

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Dabrafenib can lead to which of the following adverse events when used in the treatment of BRAF V600 mutation-positive melanoma?**
   a. Fever
   b. Fatigue
   c. Cutaneous squamous cell carcinomas
   d. All of the above

2. **The addition of the MEK inhibitor trametinib to the BRAF inhibitor dabrafenib seems to reduce the risk of squamous cell carcinomas.**
   a. True
   b. False

3. **What proportion of patients with BCC have a mutation in the hedgehog pathway, which is targeted by vismodegib?**
   a. 10%
   b. 50%
   c. 90%

4. **In the Phase II ERIVANCE trial of vismodegib for patients with locally advanced or metastatic BCC, vismodegib was associated with which of the following side effects?**
   a. Alopecia
   b. Dysgeusia
   c. Muscle cramps
   d. All of the above
   e. None of the above

5. **The 1-year overall survival rate for patients with advanced melanoma treated with the single-agent anti-PD-1 antibody pembrolizumab was in excess of 60%.**
   a. True
   b. False

6. **Approximately what proportion of patients receiving ipilimumab for advanced melanoma require steroids?**
   a. 10% to 15%
   b. 30% to 40%
   c. 50% to 60%

7. **_____ is an anti-PD-1 antibody that was recently approved for the treatment of unresectable or metastatic melanoma with disease progression after ipilimumab and is a BRAF inhibitor in BRAF V600E mutation-positive disease.**
   a. Pembrolizumab
   b. Lambrolizumab
   c. Ipilimumab

8. **Which of the following mutations is responsive to BRAF inhibitors?**
   a. BRAF V600E
   b. BRAF V600K
   c. BRAF V600D
   d. All of the above

9. **Which of the following agents and/or combination regimens is associated with febrile episodes?**
   a. Vemurafenib with or without cobimetinib
   b. Dabrafenib with or without trametinib
   c. Neither a nor b
   d. Both a and b

10. **Side effects and toxicities associated with the use of MEK inhibitor therapy include _____.**
    a. Ophthalmic toxicity
    b. Cardiac toxicity
    c. Both a and b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Dermatologic Oncology Update — Issue 1, 2014

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
Rationale for dual targeting of BRAF and MEK signaling in melanoma	4 3 2 1	4 3 2 1
Management of MEK inhibitor-associated ophthalmic and cardiac toxicities	4 3 2 1	4 3 2 1
Management of ipilimumab-associated autoimmune side effects	4 3 2 1	4 3 2 1
Recent FDA approval of pembrolizumab for the treatment of advanced melanoma	4 3 2 1	4 3 2 1
Dysgeusia, alopecia and muscle cramps associated with vismodegib	4 3 2 1	4 3 2 1
Patient selection for immunotherapy versus BRAF/MEK inhibitors as first-line treatment for BRAF mutation-positive melanoma	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice
☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

Approximately how many new patients with dermatologic cancer do you see per year?.....patients

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:

- Use biomarkers, clinical characteristics and mutational analyses to select individualized front-line and subsequent treatment approaches for patients with advanced melanoma. . . . . 4 3 2 1 N/M N/A
- Counsel patients regarding the risk of BRAF inhibitor-associated secondary nonmelanoma skin cancers and other adverse events, and implement appropriate surveillance and management strategies. . . . . 4 3 2 1 N/M N/A
- Recall existing and emerging research information demonstrating the impact of combining BRAF and MEK inhibitors for patients with BRAF mutation-positive metastatic melanoma, and use this information to guide treatment planning for these patients. . . . . 4 3 2 1 N/M N/A
- Recognize immune-related adverse events associated with ipilimumab, and offer supportive management strategies to minimize and/or manage these side effects.. . . . . 4 3 2 1 N/M N/A
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- Appraise the rationale for and clinical trial data with investigational anti-PD-1 and anti-PD-L1 antibodies for advanced melanoma. . . . . 4 3 2 1 N/M N/A
- Identify patients with locally advanced or metastatic BCC for whom vismodegib may be an appropriate treatment consideration. . . . . 4 3 2 1 N/M N/A

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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☐ No, I am not willing to participate in a follow-up survey.

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

Faculty	Knowledge of subject matter	Effectiveness as an educator
Adil Daud, MD	4 3 2 1	4 3 2 1
Mario Sznol, MD	4 3 2 1	4 3 2 1
Omid Hamid, MD	4 3 2 1	4 3 2 1
Kim Margolin, 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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