

# Challenging Cases in Prostate Cancer

## *Oncologist and Nurse Investigators Consult on Actual Patients from the Practices of the Invited Faculty*

### CNE Information

#### TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of prostate cancer.

#### OVERVIEW OF ACTIVITY

Cancers of the genitourinary system affect hundreds of thousands of individuals within the United States each year, accounting for almost 30% of all newly diagnosed human cancers. Although virtually all locally advanced or metastatic sites of tumor are initially reliant upon androgen stimulation for growth and respond to treatment with androgen deprivation therapy, inevitably resistance to hormone blockade eventually develops, culminating in the recurrence of highly aggressive castration-resistant prostate cancer (CRPC). Research advances focused specifically on this population occurring within the past several years have resulted in a paradigm shift to the multidisciplinary care of this disease.

Thus, the long-term care of patients with prostate cancer remains an important issue for researchers and clinicians alike, and oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the maintenance of patient physical and psychosocial well-being. These video proceedings from the first part of a 6-part integrated CNE curriculum originally held at the 2014 ONS Annual Congress feature discussions with leading prostate cancer investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

#### PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with prostate cancer.

#### LEARNING OBJECTIVES

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of CRPC,

including “secondary” hormonal agents, chemotherapy and immunotherapeutics.

- Develop a plan to manage the side effects associated with commonly used systemic therapies in CRPC to support patient quality of life and minimize the potential for treatment discontinuation.
- Review the available efficacy and safety data related to the use of radium-223 dichloride and other bone-targeted agents in patients with skeletal metastases to facilitate appropriate counseling for these individuals.
- Identify opportunities to enhance the collaborative role of oncology nurses in the biopsychosocial care of patients with advanced prostate cancer to optimize clinical and quality-of-life outcomes.
- Recall ongoing trials of investigational approaches and agents in advanced prostate cancer, and refer patients and obtain consent for study participation.

#### ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

#### CREDIT DESIGNATION STATEMENT

This educational activity for 2.2 contact hours is provided by Research To Practice during the period of August 2014 through August 2015.

#### FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video and complete the Post-test and Educational Assessment and Credit Form located at [ResearchToPractice.com/ONSProstate2014/CNE](http://ResearchToPractice.com/ONSProstate2014/CNE). A statement of credit will be issued only upon receipt of a completed Post-test with a score of 75% or better and a completed Educational Assessment and Credit Form.

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Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CNE activities. Real or

apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

**FACULTY** — 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:

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**MODERATOR** — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc, Teva Oncology and VisionGate Inc.

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**Hardware/Software Requirements:**

A high-speed Internet connection  
A monitor set to 1280 x 1024 pixels or more  
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later  
Adobe Flash Player 10.2 plug-in or later  
Adobe Acrobat Reader  
(Optional) Sound card and speakers for audio

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

## Select Publications

**A randomized, open-label, phase 2 trial of sipuleucel-T with concurrent versus sequential administration of abiraterone acetate plus prednisone in men with metastatic castrate resistant prostate cancer (mCRPC). NCT01487863**

Attard G et al. **Phase I clinical trial of a selective inhibitor of CYP17, abiraterone acetate, confirms that castration-resistant prostate cancer commonly remains hormone driven.** *J Clin Oncol* 2008;26(28):4563-71.

Beer TM et al. **Enzalutamide in men with chemotherapy-naïve metastatic prostate cancer (mCRPC): Results of phase III PREVAIL study.** Genitourinary Cancers Symposium 2014;Abstract LBA1.

**CHAARTED: ChemoHormonal therapy versus Androgen Ablation Randomized Trial for Extensive Disease in prostate cancer [CHAARTED]. NCT00309985**

De Bono JS et al. **Primary, secondary, and quality-of-life endpoint results from the phase III AFFIRM study of MDV3100, an androgen receptor signaling inhibitor.** *Proc ASCO* 2012;Abstract 4519.

De Bono JS et al. **Prednisone plus cabazitaxel or mitoxantrone for metastatic castration-resistant prostate cancer progressing after docetaxel treatment: A randomised open-label trial.** *Lancet* 2010;376(9747):1147-54.

Fizazi K et al. **Abiraterone acetate for treatment of metastatic castration-resistant prostate cancer: Final overall survival analysis of the COU-AA-301 randomised, double-blind, placebo-controlled phase 3 study.** *Lancet Oncol* 2012;13(10):983-92.

Foran-Tuller K et al. **Posttraumatic stress symptoms in children of mothers diagnosed with breast cancer.** *J Psychosoc Oncol* 2012;30(1):41-56.

Halperin EC, Perez CA, Brady LW, eds. **Principles and Practice of Radiation Oncology.** 5<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2008.

Kantoff PW et al. **Sipuleucel-T immunotherapy for castration-resistant prostate cancer.** *N Engl J Med* 2010;363(5):411-22.

Kantoff PW et al. **Updated survival results of the IMPACT trial of sipuleucel-T for metastatic castration-resistant prostate cancer (CRPC).** Genitourinary Cancers Symposium 2010;Abstract 08.

McDevitt MR et al. **Radioimmunotherapy with alpha-emitting nuclides.** *Eur J Nucl Med* 1998;25(9):1341-51.

National Institutes of Health. **NIH-funded study shows increased survival in men with metastatic prostate cancer who receive chemotherapy when starting hormone therapy** [press release]. Available at: <http://www.nih.gov/news/health/dec2013/nci-05.htm>.

Nilsson S et al. **1.5-year post-treatment follow-up of radium-223 dichloride (Ra-223) in patients with castration-resistant prostate cancer (CRPC) and bone metastases from the phase 3 ALSYMPCA study.** Genitourinary Cancers Symposium 2014;Abstract 09.

Parker C et al. **Alpha emitter radium-223 and survival in metastatic prostate cancer.** *N Engl J Med* 2013;369(3):213-23.

Ryan CJ et al. **Abiraterone in metastatic prostate cancer without previous chemotherapy.** *N Engl J Med* 2013;368(2):138-48.

Scher HI et al. **Increased survival with enzalutamide in prostate cancer after chemotherapy.** *N Engl J Med* 2012;367(13):1187-97.

Smith DC et al. **Cabozantinib in patients with advanced prostate cancer: Results of a phase II randomized discontinuation trial.** *J Clin Oncol* 2013;31(4):412-9.

Tran C et al. **Development of a second-generation antiandrogen for treatment of advanced prostate cancer.** *Science* 2009;324(5928):787-90.

Weaver KE et al. **Parental cancer and the family: A population-based estimate of the number of US cancer survivors residing with their minor children.** *Cancer* 2010;116(18):4395-401.