

Oncology Nursing™

U P D A T E

Melanoma Edition

Clinical Investigator and Nursing Perspectives
on the Management of Common Cancers

FACULTY INTERVIEWS

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EDITOR

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Oncology Nursing Update Melanoma Edition

A Continuing Nursing Education Audio Series

OVERVIEW OF ACTIVITY

Skin cancer is the most commonly diagnosed cancer in the United States. Melanoma accounts for less than 2% of all skin cancer cases but the vast majority of skin cancer deaths. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on long-term outcomes for patients with melanoma. However, the advent of targeted therapy and immunotherapy has led to recent improvements in disease-free and overall survival in select patient populations. Published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with melanoma, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses with expertise in the field. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with melanoma.

PURPOSE STATEMENT

To present the most current research developments and to provide the perspectives of nurse practitioners and clinical investigators on the diagnosis and treatment of melanoma.

LEARNING OBJECTIVES

- Recall the scientific rationale for the ongoing investigation of immunotherapeutic approaches in melanoma.
- Recognize immune-related adverse events associated with ipilimumab and nivolumab alone and in combination, and offer supportive management strategies to minimize and/or manage these side effects.
- Evaluate existing and emerging research information demonstrating the benefit 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.
- Counsel patients regarding the risk of adverse events associated with BRAF and MEK inhibitor therapy, and implement appropriate surveillance and management strategies.

ACCREDITATION STATEMENT

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This educational activity for 1.5 contact hours is provided by Research To Practice during the period of February 2016 through February 2017.

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The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points.

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FOR SUCCESSFUL COMPLETION

This is an audio CNE program. This booklet contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website ResearchToPractice.com/ONUMelanoma116 also includes links to relevant abstracts and full-text articles.

To receive credit, participants should read the learning objectives and faculty disclosures, listen to the CD and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/ONUMelanoma116/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. Your statement of credit will be mailed to you within 3 weeks or may be printed online.

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SELECT PUBLICATIONS

Daud A et al. **Updated overall survival (OS) results for BRF113220, a phase I-II study of dabrafenib alone versus combined dabrafenib and trametinib in patients with BRAF V600 metastatic melanoma (MM).** *Proc ASCO* 2015;**Abstract 9036.**

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Naidoo J et al. **Immune modulation for cancer therapy.** *Br J Cancer* 2014;111(12):2214-9.

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Wolchok J et al. **Atypical patterns of response in patients (pts) with metastatic melanoma treated with pembrolizumab (MK-3475) in KEYNOTE-001.** *Proc ASCO* 2015;**Abstract 3000.**

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following is true regarding the use of ipilimumab in the treatment of melanoma?
 - a. It improves overall survival
 - b. It works by blocking PD-1
 - c. It elicits responses in about 60% of patients when used as monotherapy
 - d. All of the above
2. The addition of the MEK inhibitor trametinib to the BRAF inhibitor dabrafenib increases the risk of squamous cell carcinomas.
 - a. True
 - b. False
3. Side effects commonly associated with BRAF/MEK inhibitors include _____.
 - a. Rash
 - b. Fever
 - c. Gastrointestinal toxicities
 - d. Both a and b
 - e. All of the above
4. Somatic mutations in the BRAF gene occur in approximately _____ of all melanomas.
 - a. 10%
 - b. 50%
 - c. 95%
5. Grade 3/4 colitis that occurs with immunotherapy for melanoma can be managed by _____.
 - a. Drug discontinuation
 - b. The use of corticosteroids
 - c. Both a and b
 - d. Neither a nor b
6. FDA-approved immune checkpoint inhibitors for the treatment of advanced melanoma include _____.
 - a. Nivolumab
 - b. Pembrolizumab
 - c. Dabrafenib
 - d. Both a and b
 - e. All of the above
7. Which of the following statements is true regarding the use of BRAF/MEK inhibitors for patients with BRAF mutation-positive melanoma?
 - a. They elicit a benefit in progression-free survival
 - b. Resistance usually develops in the first year of therapy
 - c. Both a and b
 - d. None of the above
8. Clinical responses to immunotherapy with checkpoint inhibitors are often durable.
 - a. True
 - b. False

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
Management of colitis and pneumonitis associated with checkpoint inhibitors	4 3 2 1	4 3 2 1
Progression-free survival advantage with the combination of BRAF and MEK inhibitors for BRAF mutation-positive melanoma	4 3 2 1	4 3 2 1
Response to anti-PD-1 therapy alone and in combination with ipilimumab for metastatic melanoma	4 3 2 1	4 3 2 1
Cardiomyopathy and myelosuppression associated with BRAF/MEK inhibitors	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 melanoma do you see per year? patients

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 yes, how will it help you improve patient care?

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:

- Recall the scientific rationale for the ongoing investigation of immunotherapeutic approaches in melanoma.4 3 2 1 N/M N/A
- Recognize immune-related adverse events associated with ipilimumab and nivolumab alone and in combination, and offer supportive management strategies to minimize and/or manage these side effects.4 3 2 1 N/M N/A
- Evaluate existing and emerging research information demonstrating the benefit 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
- Counsel patients regarding the risk of adverse events associated with BRAF and MEK inhibitor therapy, and implement appropriate surveillance and management strategies.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?

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What additional information or training do you need on the activity topics or other oncology-related topics?

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Additional comments about this activity:

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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			
Evan J Lipson, MD	4	3	2	1	4	3	2	1
Stephanie Andrews, MS, ANP-BC	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:

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Other comments about the faculty and editor for this activity:

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.....

REQUEST FOR CREDIT — Please print clearly

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