TARGET AUDIENCE
This activity is intended for medical oncologists, radiation oncologists and other healthcare providers involved in the treatment of lung cancer.

OVERVIEW OF ACTIVITY
Lung cancer is the leading cause of cancer mortality in the United States for both men and women. In 2017, it is estimated that 222,500 new cases of lung and bronchus cancer will be diagnosed and 155,870 deaths will occur in the United States. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on long-term outcomes for patients with lung cancer. However, the advent of biologic and immunotherapeutic agents has led to recent improvements in disease-free and overall survival in select populations. In order to offer optimal patient care, including the option of clinical trial participation, clinicians must be well informed of these advances.

To provide clinicians with therapeutic strategies to address the disparate needs of patients with lung cancer, this program features information on the latest research developments and is designed to assist medical and radiation oncologists with the formulation of up-to-date strategies for the care of patients with lung cancer.

LEARNING OBJECTIVES
• Describe existing and emerging data on the efficacy and safety of tumor immunotherapy, including approaches directed at the PD-1 and PD-L1 pathways, and of antibody-drug conjugates in lung cancer and mesothelioma, and consider this information when counseling patients regarding protocol and clinical treatment options.

• Consider published safety and efficacy data with available and emerging therapeutic strategies, and appropriately incorporate targeted therapies into the care of patients with identified tumor driver mutations or alterations.

• Recognize the recent FDA approvals of ramucirumab and necitumumab for patients with metastatic non-small cell lung cancer (NSCLC), and discern how these agents can be safely administered to appropriate patients with squamous and nonsquamous disease.

• Compare and contrast the variable CNS permeability of approved ALK inhibitors, and use this information to guide selection of appropriate treatment for patients with ALK-positive NSCLC and brain metastases.

• Recall the scientific rationale for ongoing investigation of novel agents or therapeutic approaches in NSCLC, and counsel appropriately selected patients about study participation.

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CREDIT DESIGNATION STATEMENT
Research To Practice designates this enduring material for a maximum of 1.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)
Successful completion of this CME activity enables the participant to earn up to 1.75 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: medical oncology.

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HOW TO USE THIS CME ACTIVITY
This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/LCU316/Video/CME.
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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 conflicts of interest with faculty, planners and managers of CME activities. 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 physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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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

Last review date: February 2017  
Expiration date: February 2018


Hassan R et al. A pivotal randomized phase II study of anetumab ravtansine or vinorelbine in patients with advanced or metastatic pleural mesothelioma after progression on platinum/pemetrexed-based chemotherapy (NCT02610140). Proc ASCO 2016;Abstract TPS8576.


Park K et al. BI 1482694 (HM61713), an EGFR mutant-specific inhibitor, in T790M+ NSCLC: Efficacy and safety at the RP2D. Proc ASCO 2016;Abstract 9055.


SOLAR: An open-label, randomized phase 3 efficacy study of ASP8273 vs erlotinib or gefitinib in first-line treatment of patients with stage IIIIB/IV non-small cell lung cancer tumors with EGFR activating mutations. NCT02588261.


SWOG-S1400 (Lung-MAP): Biomarker-targeted second-line therapy in treating patients with recurrent stage IV squamous cell lung cancer. NCT02154490.


Zalcman G et al. Bevacizumab 15mg/kg plus cisplatin-pemetrexed (CP) triplet versus CP doublet in malignant pleural mesothelioma (MPM): Results of the IFCT-GFPC-0701 MAPS randomized phase 3 trial. Proc ASCO 2015;Abstract 7500.