Head and Neck Cancer Update

Volume 1, Issue 1 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists and other healthcare providers involved in the treatment of head and neck and thyroid cancers.

OVERVIEW OF ACTIVITY

Head and neck cancers account for approximately 3% of all cancers in the United States. Treatment for patients with head and neck cancer is complex and requires a multidisciplinary team of individuals with specialized expertise. Thyroid cancer is one of the most rapidly increasing cancers in the United States with an estimated 56,870 new cases expected to be diagnosed in 2017. Most patients with thyroid cancer can be cured with local treatments and radioactive iodine. Medical oncology intervention typically only occurs for those patients with progressive metastatic disease.

Published results from ongoing trials lead to the continuing emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical oncologist must be well informed of these advances. This program uses one-on-one discussion with leading oncology investigators about treatment controversies and the integration of key data sets into the practical management of cancers of the head, neck and thyroid.

LEARNING OBJECTIVES

- Counsel patients with HPV-positive squamous cell carcinoma of the head and neck (SCCHN) about the contribution of the virus to the etiology and prognosis of their disease, and consider this information as part of protocol and nonresearch treatment planning.
- Appreciate available safety and efficacy data with the use of cetuximab alone or in combination with other local or systemic therapies, and appropriately integrate this agent into the management of locally advanced, recurrent or metastatic SCCHN.
- Appraise the rationale for and clinical data with investigational anti-PD-1/PD-L1 antibodies in patients with SCCHN, and use this information to counsel appropriate individuals regarding clinical trial opportunities or expanded access programs with these agents.
- Communicate the benefits and risks of approved targeted biologic therapies to patients with metastatic thyroid cancer (TC), and develop an evidence-based algorithm to sequence available options based on disease- and patient-specific characteristics.
- Appreciate the recent FDA approval of lenvatinib for metastatic differentiated TC, and discern how this agent can be optimally integrated into clinical practice.
- Recognize the roles of cabozantinib and vandetanib in the management of metastatic medullary TC, and ensure appropriate supportive care measures to minimize the side effects associated with these agents.

ACCREDITATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 Medical Knowledge 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 review the CME information, 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/HNCU117/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/HNCU117**.

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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

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Select Publications

A multicenter, randomized, double-blind phase 2 trial of lenvatinib (E7080) in subjects with 131I-refractory differentiated thyroid cancer to evaluate whether an oral starting dose of 18 mg daily will provide comparable efficacy to a 24-mg starting dose, but have a better safety profile. NCT02702388

Argiris A et al. **A randomized, open-label, phase 3 study of nivolumab in combination with ipilimumab vs EXTREME regimen (cetuximab + cisplatin/carboplatin + fluorouracil) as first-line therapy in patients with recurrent or metastatic squamous cell carcinoma of the head and neck-CheckMate 651.** *Proc ESMO* 2016;**Abstract 1016TiP**.

Bauml J et al. **Pembrolizumab for platinum- and cetuximab-refractory head and neck cancer: Results from a single-arm, phase II study.** *J Clin Oncol* 2017;35(14):1542-9.

Bonner JA et al. **Radiotherapy plus cetuximab for locoregionally advanced head and neck cancer: 5-year survival data from a phase 3 randomised trial, and relation between cetuximab-induced rash and survival.** *Lancet Oncol* 2010;11(1):21-8.

Brose MS et al. **Effect of age on the efficacy and safety of lenvatinib in radioiodine-refractory differentiated thyroid cancer in the phase III SELECT trial.** *J Clin Oncol* 2017;[Epub ahead of print].

Brose MS et al. **Timing of multikinase inhibitor initiation in differentiated thyroid cancer.** *Endocr Relat Cancer* 2017;24(5):237-42.

Brose MS et al. **Vemurafenib in patients with BRAF(V600E)-positive metastatic or unresectable papillary thyroid cancer refractory to radioactive iodine: A non-randomised, multicentre, open-label, phase 2 trial.** *Lancet Oncol* 2016;17(9):1272-82.

Brose MS et al; DECISION Investigators. **Sorafenib in radioactive iodine-refractory, locally advanced or metastatic differentiated thyroid cancer: A randomised, double-blind, phase 3 trial.** *Lancet* 2014;384(9940):319-28.

Cohen EE et al. **Axitinib is an active treatment for all histologic subtypes of advanced thyroid cancer: Results from a phase II study.** *J Clin Oncol* 2008;26(29):4708-13.

Combination targeted therapy with pembrolizumab and lenvatinib in progressive, radioiodine-refractory differentiated thyroid cancers. NCT02973997

Elisei R et al. **Cabozantinib in progressive medullary thyroid cancer.** *J Clin Oncol* 2013;31(29):3639-46.

Fakhry C et al. **The prognostic role of sex, race, and human papillomavirus in oropharyngeal and nonoropharyngeal head and neck squamous cell cancer.** *Cancer* 2017;123(9):1566-75.

Ferris RL et al. **Nivolumab for recurrent squamous-cell carcinoma of the head and neck.** *N Engl J Med* 2016;375(19):1856-67.

Klochikhin A et al. **Phase 3 trial of pembrolizumab as a first-line treatment in subjects with recurrent/metastatic head and neck squamous cell carcinoma: KEYNOTE-048.** ESMO Symposium on Immuno-Oncology 2015;**Abstract 11TiP**.

Licitra L et al. **Phase 3 study of durvalumab (MEDI4736) alone or in combination with tremelimumab versus standard of care (SoC) in platinum-resistant recurrent or metastatic (R/M) squamous cell carcinoma of the head and neck (SCCHN): EAGLE.** *Proc ESMO* 2015;**Abstract 341TiP**.

Lu W et al. **Acupuncture for chemoradiation therapy-related dysphagia in head and neck cancer: A pilot randomized sham-controlled trial.** *Oncologist* 2016;21(12):1522-9.

Phase III trial of radiotherapy plus cetuximab versus chemoradiotherapy in HPV-associated oropharynx cancer. NCT01302834

Sacco AG, Worden FP. **Molecularly targeted therapy for the treatment of head and neck cancer: A review of the ErbB family inhibitors.** *Onco Targets Ther* 2016;9:1927-43.

Schlumberger M et al. **Lenvatinib versus placebo in radioiodine-refractory thyroid cancer.** *N Engl J Med* 2015;372(7):621-30.

Seiwert TY et al. **Safety and clinical activity of pembrolizumab for treatment of recurrent or metastatic squamous cell carcinoma of the head and neck (KEYNOTE-012): An open-label, multicentre, phase 1b trial.** *Lancet Oncol* 2016;17(7):956-65.

Wolf GT et al. **Survival rates using individualized bioselection treatment methods in patients with advanced laryngeal cancer.** *JAMA Otolaryngol Head Neck Surg* 2017;143(4):355-66.