

Using the Morbidity and Mortality Conference Model to Explore and Improve Community-Based Oncology Care (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, radiation oncologists and other healthcare providers involved in the treatment of lung, colorectal and ovarian cancers.

OVERVIEW OF ACTIVITY

The clinical care of patients with incurable solid tumors is a challenging dilemma that practicing oncologists confront on a daily basis. Despite the existence of evidence-based treatment guidelines, many areas of inconsistency persist within academic and community settings. Given the heightened emphasis across oncology on the provision of high-quality care, endeavors designed to fill the resulting performance gaps are greatly needed.

The morbidity and mortality conference model traditionally evaluates disease management and potential areas for quality improvement. This program uses the model to gain insight into how patients who recently died of non-small cell lung cancer (NSCLC), colorectal cancer (CRC) and ovarian cancer (OC) were cared for during their metastatic disease course and how specific approaches used align with evidence-based guidelines. Featuring information on the latest clinical and research developments along with expert perspectives, this activity is designed to assist medical oncologists with the formulation of up-to-date strategies for the long-term care of patients with metastatic NSCLC, CRC and OC.

LEARNING OBJECTIVES

- Identify opportunities to foster shared decision-making and heighten the engagement and satisfaction of patients and family members throughout the cancer care journey.
- Evaluate the current variability in the integration of specific agents, regimens and therapeutic approaches into the care of patients with metastatic NSCLC, CRC and OC, and use the input of clinical investigators to formulate optimal treatment strategies.
- Recall the scientific rationale for and emerging efficacy data with novel agents or therapeutic approaches in NSCLC and OC, and counsel appropriately selected patients about study participation.

- Implement a plan of care to prevent and ameliorate toxicities associated with existing and investigational therapies used in the management of advanced CRC.
- Recognize the benefits of early palliative care for patients with metastatic disease, and integrate this information, as appropriate, into current clinical treatment algorithms.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 1.75 *AMA PRA Category 1 Credit™*. 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, which includes participation in the evaluation component, enables the participant to earn up to 1.75 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 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/MorbidityMortality17/Video/CME.

CONTENT VALIDATION AND DISCLOSURES

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.

LUNG CANCER 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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Consulting Agreements: ACEA Biosciences Inc, Genentech BioOncology, Helsinn Group, Peregrine Pharmaceuticals Inc, Pfizer Inc; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Exelixis Inc, Genentech BioOncology, Gilead Sciences Inc, Lilly, Novartis, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Roche Laboratories Inc, Xcovery; **Grants:** Clovis Oncology, Exelixis Inc, Gilead Sciences Inc, Pharmacyclics LLC, an AbbVie Company, Xcovery.

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No relevant conflicts of interest to disclose.

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COLORECTAL CANCER 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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No relevant conflicts of interest to disclose.

OVARIAN CANCER 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

- Ferrell BR et al. **Integration of palliative care into standard oncology care: American Society of Clinical Oncology clinical practice guideline update.** *J Clin Oncol* 2017;35(1):96-112.
- Herbst R et al. **Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): A randomised controlled trial.** *Lancet* 2016;387(10027):1540-50.
- Kaufman B et al. **Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation.** *J Clin Oncol* 2015;33(3):244-50.
- Langer C et al. **Randomized, phase 2 study of carboplatin and pemetrexed with or without pembrolizumab as first-line therapy for advanced NSCLC: KEYNOTE-021 cohort G.** *Proc ESMO* 2016;Abstract LBA46_PR.
- Ledermann JA et al. **Overall survival in patients with platinum-sensitive recurrent serous ovarian cancer receiving olaparib maintenance monotherapy: An updated analysis from a randomised, placebo-controlled, double-blind, phase 2 trial.** *Lancet Oncol* 2016;17(11):1579-89.
- Mirza MR et al. **Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer.** *New Engl J Med* 2016;375(22):2154-64.
- Reck M et al. **Pembrolizumab versus chemotherapy for PD-L1-positive non-small-cell lung cancer.** *N Engl J Med* 2016;375(19):1823-33.
- Temel JS et al. **Early palliative care for patients with metastatic non-small-cell-lung cancer.** *N Engl J Med* 2010;363(8):733-42.
- Ziel K et al. **The morbidity and mortality conference (MMC) concept applied to contemporary oncology practice: Retrospective findings on management of 233 patients (pts) who died of ovarian cancer (OC), colorectal cancer (CRC) and wild-type (no identified targetable mutation) nonsquamous non-small cell lung cancer (WTLC).** *Proc ASCO* 2017;Abstract e18195.