VOL 6 | ISSUE 1

Dermatologic Oncology™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Jeffrey Weber, MD, PhD
Keith T Flaherty, MD
Adil Daud, MD
Jason J Luke, MD

EDITOR

Neil Love, MD

OVERVIEW OF ACTIVITY

Melanoma and nonmelanoma skin cancers (basal cell carcinoma [BCC] and cutaneous squamous cell cancer [SCC]), taken together, likely represent the most prevalent form of human cancer. The vast majority of skin cancer presents as minimally invasive BCC and SCC and is highly curable with local treatment alone. However, in rare instances these characteristically indolent lesions progress and necessitate systemic intervention with the support of limited randomized clinical evidence. In contrast, malignant melanoma is the most aggressive form of skin cancer with a predilection toward distant metastases, even when identified in the early stages. Thus melanoma and nonmelanoma skin cancers are distinct entities, each posing unique challenges to the oncology community. Featuring up-to-date information on the latest research developments along with expert perspectives, this CME activity is designed to assist medical oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Use biomarkers, clinical characteristics and mutational analyses to select individualized front-line and subsequent treatment approaches for patients with advanced melanoma.
- Recall available clinical trial evidence to safely and effectively incorporate targeted and immunotherapeutic approaches into the management of metastatic BRAF mutation-positive melanoma.
- Recognize immune-related adverse events associated with immune checkpoint inhibitors, and formulate strategies to minimize and/or manage these side effects.
- Assess the rationale for and clinical trial data with anti-PD-1/PD-L1 antibodies for patients with Merkel cell carcinoma, and optimally integrate available agents into current treatment algorithms.
- Formulate a long-term clinical plan for the management of locally advanced or metastatic BCC incorporating existing and investigational treatments.
- Appraise new data with investigational agents and strategies demonstrating promising activity in melanoma and nonmelanoma skin cancer, and discuss ongoing trial opportunities with eligible patients.

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 4.5 *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, which includes participation in the evaluation component, enables the participant to earn up to 4.5 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**.

Personal information and data sharing: Research To Practice aggregates deidentified user data for program-use analysis, program development, activity planning and site improvement. We may provide aggregate and deidentified data to third parties, including commercial supporters. We do not share or sell personally identifiable information to any unaffiliated third parties or commercial supporters. Please see our privacy policy at **ResearchToPractice.com/Privacy-Policy** for more information.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the audio tracks, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/DOU118/CME**. A complete list of supporting references may also be accessed at **ResearchToPractice.com/DOU118**. The corresponding video program is available as an alternative at **ResearchToPractice.com/DOU118/Video**.

This activity is supported by educational grants from Array BioPharma Inc, Bristol-Myers Squibb Company, Genentech BioOncology, Merck and Novartis.

Release date: April 2018; Expiration date: April 2019

TABLE OF CONTENTS

FACULTY INTERVIEWS

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

EDITOR

Neil Love, MD
Research To Practice
Miami, Florida

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.

FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Weber** — Advisory Committee: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology, GlaxoSmithKline, Merck, Novartis; Ownership Interest: Altor Bioscience Corp, CytomX Therapeutics; Patents: Biodesix Inc, Moffitt Cancer Center. **Dr Flaherty** — Advisory Committee: Amgen Inc, Sanofi Genzyme, X4 Pharmaceuticals; Board of Directors: Clovis Oncology, Loxo Oncology Inc, Strata Oncology; Consulting Agreements: Bristol-Myers Squibb Company, Genentech BioOncology, Merck, Novartis, Roche Laboratories Inc, Sanofi Genzyme, Takeda Oncology; Contracted Research: Novartis, Sanofi Genzyme; Scientific Advisory Board: Adaptimmune, Aeglea BioTherapeutics, Amgen Inc, Apricity Therapeutics, Array BioPharma Inc, Asana BioSciences, Driver, FogPharma, GRAIL, Incyte Corporation, Oncoceutics Inc, Sanofi Genzyme, Scancell, Shattuck Labs, Tolero Pharmaceuticals, Viralytics. **Dr Daud** — Advisory Committee: Bristol-Myers Squibb Company, Genentech BioOncology, Merck, Novartis; Consulting Agreements: Bristol-Myers Squibb Company, Genentech BioOncology, Merck, Novartis, OncoSec Medical, Pfizer Inc; Contracted Research: Bristol-Myers Squibb Company, GlaxoSmithKline, Merck, OncoSec Medical, Pfizer Inc; Ownership Interest: OncoSec Medical. **Dr Luke** — Clinical Trials: AbbVie Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celldex Therapeutics, Corvus Pharmaceuticals, Delcath Systems Inc, Five Prime Therapeutics Inc, Genentech BioOncology, Immunocore, Incyte Corporation, Intensity Therapeutics, MacroGenics Inc, MedImmune Inc, Merck, Novartis, Pharmacyclics LLC, an AbbVie Company, Tesaro Inc; Consulting Agreements: 7 Hills Pharma LLC, Actym Therapeutics Inc, Amgen Inc, Array BioPharma Inc, AstraZeneca Pharmaceuticals LP, Benevir Biopharm Inc, Bristol-Myers Squibb Company, Castle Biosciences Incorporated, CheckMate Pharmaceuticals, EMD Serono Inc, Gilead Sciences Inc, Janssen Biotech Inc, Merck, NewLink Genetics, Nimbus Therapeutics, Novartis, Palleon Pharmaceuticals, Syndax Pharmaceuticals Inc, Tempest Therapeutics.

EDITOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Interview with Jeffrey Weber, MD, PhD

Tracks 1-23

Track 1	COMBI-AD: Results from a Phase III trial of adjuvant dabrafenib and trametinib for resected Stage III BRAF-mutated melanoma
Track 2	CheckMate 238: Efficacy and safety of adjuvant nivolumab versus ipilimumab in resected Stage III/IV melanoma
Track 3	Potential benefit of targeted therapy in the adjuvant versus the metastatic setting
Track 4	Choosing between dabrafenib/trametinib and nivolumab as adjuvant therapy for BRAF-mutant melanoma
Track 5	Therapeutic options for patients who experience disease progression on adjuvant treatment
Track 6	Risk of disease relapse with adjuvant immunotherapy versus targeted therapy for patients with node-positive disease
Track 7	Emerging data with checkpoint inhibitors added to BRAF/MEK inhibitor combinations for metastatic melanoma
Track 8	Long-term survival rates for patients with metastatic melanoma after treatment with targeted agents or immunotherapy
Track 9	Checkpoint inhibitor-associated immune-related adverse events
Track 10	Choice of nivolumab and ipilimumab versus either therapy alone for newly diagnosed BRAF wild-type metastatic melanoma
Track 11	Role of PD-L1 expression as a predictive marker of response to immune checkpoint inhibitors
Track 12	Biologic rationale for the addition of HDAC inhibitors to immunotherapy
Track 13	Activity and tolerability of the IDO inhibitor epacadostat in combination with anti-PD-1 antibodies in melanoma
Track 14	Efficacy and safety profiles of the BRAF/MEK inhibitor combinations dabrafenib/trametinib, vemurafenib/cobimetinib and encorafenib/binimetinib for BRAF-mutant melanoma
Track 15	Association of the diversity and composition of the gut microbiome with response to anti-PD-1 blockade in patients with metastatic melanoma
Track 16	Ongoing trials of immunotherapy combinations in patients with melanoma refractory to immune checkpoint inhibitors
Track 17	**Case:** A 72-year-old man with basal cell carcinoma (BCC) achieves a very good partial response to the hedgehog inhibitor vismodegib
Track 18	Efficacy and tolerability of the hedgehog inhibitors vismodegib and sonidegib
Track 19	Monitoring and management of immune-related adverse events associated with immune checkpoint inhibitors
Track 20	**Case:** A 37-year-old man with Stage IIIC resected melanoma discontinues adjuvant nivolumab after 9 months due to a stress fracture of the left tibial plateau
Track 21	Role of chimeric antigen receptor T-cell therapy in melanoma
Track 22	**Case:** A 45-year-old man with recurrent BRAF wild-type Stage IV melanoma and scleroderma achieves a complete response to pembrolizumab after disease progression on multiple therapies
Track 23	Use of immune checkpoint inhibitors in patients with preexisting autoimmune diseases

Interview with Keith T Flaherty, MD

Tracks 1-23

Track 1	Effects of novel therapies on the long-term outcomes of patients with metastatic melanoma
Track 2	Survival of patients with metastatic melanoma who receive immunotherapy compared to targeted therapy

Interview with Dr Flaherty (continued)

Track 3	Selection of targeted agents versus immunotherapy in the front-line setting for patients with BRAF mutation-positive melanoma
Track 4	Effect of PD-L1 expression on response to immune checkpoint inhibitors
Track 5	Comparison of the efficacy and safety of combination therapy versus monotherapy with immune checkpoint inhibitors
Track 6	Duration of immunotherapy and targeted therapies to achieve optimal clinical benefit
Track 7	Correlation between tumor mutational burden and response to immune checkpoint inhibitors
Track 8	Activity and tolerability of BRAF/MEK inhibitors in combination with anti-PD-1/PD-L1 antibodies
Track 9	Association between the gut microbiome and response to anti-PD-1 antibody-based therapy in metastatic melanoma
Track 10	Effect of disease burden and type of response on outcomes of patients with metastatic melanoma
Track 11	Potential implications of results of the COMBI-AD and CheckMate 238 trials for adjuvant decision-making for patients with resected Stage III/IV melanoma
Track 12	Comparison of the mechanisms of action, activity and safety profiles of encorafenib/binimetinib, dabrafenib/trametinib and vemurafenib/cobimetinib for BRAF-mutant melanoma
Track 13	Selection of first-line therapy for patients with BRAF-mutant metastatic melanoma
Track 14	Ongoing trials of MEK inhibitors with or without anti-PD-1/PD-L1 antibodies in NRAS-mutated melanoma
Track 15	Rationale for the investigation of immune checkpoint inhibitors in combination with MEK inhibitors
Track 16	Mechanism of action and activity of the cancer stemness inhibitor napabucasin
Track 17	Choice of vismodegib versus sonidegib for advanced BCC
Track 18	Dose modifications and treatment holidays to mitigate the side effects associated with hedgehog inhibitors
Track 19	**Case:** A 72-year-old woman who presents with a rapidly enlarging subcutaneous nodule on her right arm is diagnosed with Merkel cell carcinoma
Track 20	Pathophysiology of Merkel cell carcinoma and rationale for the use of anti-PD-1/PD-L1 antibodies
Track 21	Incidence and clinical presentation of Merkel cell carcinoma
Track 22	Neoadjuvant therapy for melanoma
Track 23	**Case:** A 21-year-old woman with node-positive, BRAF V600E mutation-positive Stage III melanoma receives dabrafenib/trametinib after disease progression on talimogene laherparepvec and anti-PD-1/anti-CTLA-4 therapy

Interview with Adil Daud, MD

Tracks 1-17

Track 1	Incidence and spectrum of immune-related adverse events associated with immune checkpoint inhibitors
Track 2	Perspective on the utility of immune checkpoint inhibitors in patients with preexisting autoimmune diseases
Track 3	**Case:** A 35-year-old man with Stage III melanoma and a history of Guillain-Barré syndrome develops diabetes after receiving adjuvant pembrolizumab
Track 4	Viewpoint on the use of immune checkpoint inhibitors or targeted therapy in the adjuvant setting
Track 5	Hepatic and dermatologic side effects associated with immunotherapy
Track 6	Management of brain metastases in patients with melanoma
Track 7	Approach to single-agent versus combination treatment with immune checkpoint inhibitors as first-line therapy for metastatic melanoma

Interview with Dr Daud (continued)

Track 8	Effect of the gut microflora on response to immunotherapy
Track 9	Emerging data with immunotherapy combinations in patients with melanoma
Track 10	Biology of Merkel cell carcinoma and implications for treatment with anti-PD-1/PD-L1 antibodies
Track 11	Benefits and risks of adjuvant nivolumab versus dabrafenib/trametinib for BRAF-mutated melanoma
Track 12	**Case:** A 47-year-old man with previously treated BRAF mutation-positive metastatic melanoma receives vemurafenib/cobimetinib
Track 13	Indirect comparison of the activity and tolerability profiles of BRAF/MEK inhibitor combinations (dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib)
Track 14	Clinical outcomes for patients with metastatic uveal melanoma treated with anti-PD-1/PD-L1 antibodies
Track 15	Targeting NRAS mutations with CDK4/6 inhibitors in patients with melanoma
Track 16	**Case:** A 58-year-old man with metastatic BCC experiences a good response to vismodegib but discontinues treatment due to dysgeusia
Track 17	Incidence and management of KIT-mutated melanoma

Interview with Jason J Luke, MD

Tracks 1-21

Track 1	Results of the Phase I/II ECHO-202/KEYNOTE-037 trial of the IDO inhibitor epacadostat in combination with pembrolizumab in advanced melanoma
Track 2	Mechanism of action and safety-profile of epacadostat alone or in combination with an immune checkpoint inhibitor
Track 3	Emerging role of LAG-3 and TIM-3 inhibition in immune checkpoint blockade strategies
Track 4	ADVISE: A planned Phase I adaptive study to match patients with solid tumors to various immunotherapy combinations based on biomarker assessment
Track 5	Diagnostic comparison of CT scans and colonoscopy for immune-related colitis in patients with ipilimumab-treated advanced melanoma
Track 6	Underlying pathobiology leading to immune-related adverse events in patients receiving immunotherapy
Track 7	Activity of immune checkpoint inhibitors and targeted therapies in patients with advanced melanoma and brain metastases
Track 8	Role of radiation therapy in the treatment algorithm for patients with melanoma and brain metastases
Track 9	Risk factors, incidence and mortality rates of melanoma and nonmelanoma skin cancers
Track 10	ONTRAC: Results of a Phase III trial of nicotinamide for nonmelanoma skin cancer chemoprevention
Track 11	Pathophysiology of BCC
Track 12	Role of the hedgehog signaling pathway inhibitors in BCC
Track 13	Side-effect profiles of hedgehog inhibitors
Track 14	**Case:** A 62-year-old man receives vismodegib for locally recurrent, unresectable BCC
Track 15	Vismodegib-associated side effects
Track 16	Epidemiology and biology of Merkel cell carcinoma
Track 17	Management of Merkel cell carcinoma
Track 18	Response to PD-1/PD-L1 blockade in Merkel cell carcinoma
Track 19	**Case:** A 61-year-old man with metastatic Merkel cell carcinoma
Track 20	Activity and tolerability of anti-PD-1/anti-CTLA-4 combination therapy for Merkel cell carcinoma
Track 21	Epidemiology, etiology and therapeutic options for squamous cell carcinoma of the skin

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following is true regarding the Phase III COMBI-AD study evaluating adjuvant dabrafenib/trametinib compared to placebo for patients with Stage III melanoma and BRAF mutations?**
   a. The study enrolled patients with completely resected Stage III disease
   b. The study failed to meet its primary endpoint of relapse-free survival
   c. Fewer than 5% of patients discontinued treatment due to drug-related or treatment-related toxicity

2. **The Phase III CheckMate 238 study investigating adjuvant nivolumab versus ipilimumab for resected Stage III/IV melanoma demonstrated _____.**
   a. A significantly longer recurrence-free survival in favor of nivolumab
   b. A lower rate of Grade 3/4 adverse events with ipilimumab
   c. Both a and b

3. **Which of the following statements is true regarding Merkel cell carcinoma?**
   a. It progresses rapidly
   b. It often metastasizes to the pancreas
   c. Only the virus-associated form responds to anti-PD-1/PD-L1 antibodies
   d. All of the above
   e. Both a and b

4. **Patients with melanoma treated with the combination of vemurafenib/cobimetinib are more likely to experience _____ than those receiving the combination of dabrafenib/trametinib or encorafenib/binimetinib.**
   a. Palmar-plantar erythrodysesthesia
   b. Photosensitivity

5. **The target of the monoclonal antibody relatlimab is _____.**
   a. PD-1
   b. CTLA-4
   c. LAG-3

6. **The Phase I/II ECHO-202/KEYNOTE-037 trial of epacadostat in combination with pembrolizumab for patients with advanced melanoma demonstrated _____.**
   a. An overall response rate of about 60%
   b. Median progression-free survival of about 1 year
   c. Both a and b

7. **The Phase III ONTRAC study demonstrated that the use of nicotinamide was effective in reducing the rates of which of the following skin cancers?**
   a. BCC
   b. Melanoma
   c. Squamous cell carcinoma
   d. All of the above
   e. Both a and c
   f. Both b and c

8. **The hedgehog inhibitor sonidegib when used in the treatment of BCC _____.**
   a. Can cause changes in taste, muscle spasms and hair loss
   b. Can achieve response after the reinitiation of therapy following a treatment holiday to mitigate toxicities
   c. Is not as well tolerated as vismodegib
   d. All of the above
   e. Both a and b
   f. Both a and c

9. **Patients with metastatic uveal melanoma typically have _____.**
   a. Durable responses to single-agent anti-PD-1/PD-L1 antibody therapy
   b. Mutations in G proteins
   c. Both a and b

10. **Squamous cell carcinoma of the skin is associated with long-term unprotected sun exposure, and metastasis to distant sites occurs only in a small percent of patients.**
    a. True
    b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Dermatologic Oncology Update — Volume 6, Issue 1

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
COMBI-AD: Results from a Phase III trial of adjuvant dabrafenib and trametinib for Stage III BRAF-mutated melanoma after surgical resection	4 3 2 1	4 3 2 1
CheckMate 238: Efficacy and safety of adjuvant nivolumab versus ipilimumab in resected Stage III/IV melanoma	4 3 2 1	4 3 2 1
Activity and tolerability of the IDO inhibitor epacadostat in combination with immune checkpoint inhibition for patients with advanced melanoma	4 3 2 1	4 3 2 1
Efficacy and side-effect profile of the hedgehog inhibitors vismodegib and sonidegib for advanced BCC	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 the following do you see per year?

Melanoma:..... BCC:..... Merkel cell carcinoma:.....

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No

If no, please explain:.....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain):.....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

.....

The content of this activity matched my current (or potential) scope of practice.

☐ 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:

- Use biomarkers, clinical characteristics and mutational analyses to select individualized front-line and subsequent treatment approaches for patients with advanced melanoma. .....4 3 2 1 N/M N/A
- Recall available clinical trial evidence to safely and effectively incorporate targeted and immunotherapeutic approaches into the management of metastatic BRAF mutation-positive melanoma. .....4 3 2 1 N/M N/A
- Recognize immune-related adverse events associated with immune checkpoint inhibitors, and formulate strategies to minimize and/or manage these side effects.. .....4 3 2 1 N/M N/A
- Assess the rationale for and clinical trial data with anti-PD-1/PD-L1 antibodies for patients with Merkel cell carcinoma, and optimally integrate available agents into current treatment algorithms. .....4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Formulate a long-term clinical plan for the management of locally advanced or metastatic BCC incorporating existing and investigational treatments. . . . . 4 3 2 1 N/M N/A
- Appraise new data with investigational agents and strategies demonstrating promising activity in melanoma and nonmelanoma skin cancer, and discuss ongoing trial opportunities with eligible patients.. . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain: . . . . . .

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
Jeffrey Weber, MD, PhD	4 3 2 1	4 3 2 1
Keith T Flaherty, MD	4 3 2 1	4 3 2 1
Adil Daud, MD	4 3 2 1	4 3 2 1
Jason J Luke, MD	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

REQUEST FOR CREDIT — Please print clearly

Name: . . . . . Specialty: . . . . . .

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other. . . . . .

Street Address: . . . . . Box/Suite: . . . . . .

City, State, Zip: . . . . . .

Telephone: . . . . . Fax: . . . . . .

Email: . . . . . .

Research To Practice designates this enduring material for a maximum of 4.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: . . . . . Date: . . . . . .

☐ **I would like Research To Practice to submit my CME credits to the ABIM to count toward my MOC points. I understand that because I am requesting MOC credit, Research To Practice will be required to share personally identifiable information with the ACCME and ABIM.**

Additional information for MOC credit (required):

Date of Birth (Month and Day Only): __ __ / __ __ ABIM 6-Digit ID Number: . . . . . .

If you are not sure of your ABIM ID, please visit http://www.abim.org/online/findcand.aspx.

The expiration date for this activity is April 2019. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/DOU118/CME.

QID 1928

Dermatologic Oncology™ UPDATE

PRSRT STD
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT #1317

Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

This activity is supported by educational grants from
Array BioPharma Inc, Bristol-Myers Squibb Company,
Genentech BioOncology, Merck and Novartis.

Research To Practice®

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

Release date: April 2018
Expiration date: April 2019
Estimated time to complete: 4.5 hours

This program is printed on MacGregor XP paper, which is manufactured in accordance with the world's leading forest management certification standards.