Dermatologic Oncology Update

Issue 1, 2018 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of dermatologic cancers.

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 5.25 *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 5.25 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/DOU118/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/DOU118**.

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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 11 or later, Firefox 56 or later,
Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

Algazi AP et al. **Clinical outcomes in metastatic uveal melanoma treated with PD-1 and PD-L1 antibodies.** *Cancer* 2016;122(21):3344-53.

Ascierto PA et al. **Efficacy of BMS-986016, a monoclonal antibody that targets lymphocyte activation gene-3 (LAG-3), in combination with nivolumab in pts with melanoma.** *Proc ESMO* 2017;**Abstract LBA18**.

Chen AC et al. **A phase 3 randomized trial of nicotinamide for skin-cancer chemoprevention.** *N Engl J Med* 2015;373(17):1618-26.

Daud A et al. **Indirect treatment comparison of dabrafenib plus trametinib versus vemurafenib plus cobimetinib in previously untreated metastatic melanoma patients.** *J Hematol Oncol* 2017;10(1):3.

Daud A, Tsai K. **Management of treatment-related adverse events with agents targeting the MAPK pathway in patients with metastatic melanoma.** *Oncologist* 2017;22(7):823-33.

Davies MA et al. **Dabrafenib plus trametinib in patients with BRAFV600-mutant melanoma brain metastases (COMBI-MB): A multicentre, multicohort, open-label, phase 2 trial.** *Lancet Oncol* 2017;18(7):863-73.

Guo J et al. **Efficacy and safety of nilotinib in patients with KIT-mutated metastatic or inoperable melanoma: Final results from the global, single-arm, phase II TEAM trial.** *Ann Oncol* 2017;28(6):1380-7.

Hamid O et al. **Epacadostat plus pembrolizumab in patients with advanced melanoma: Phase 1 and 2 efficacy and safety results from ECHO-202/KEYNOTE-037.** *Proc ESMO* 2017;**Abstract 12140**.

Johnson DB et al. **Ipilimumab therapy in patients with advanced melanoma and preexisting autoimmune disorders.** *JAMA Oncol* 2016;2(2):234-40.

Johnson DB et al. **Impact of NRAS mutations for patients with advanced melanoma treated with immune therapies.** *Cancer Immunol Res* 2015;3(3):288-95.

Larkin J et al. **Combined nivolumab and ipilimumab or monotherapy in untreated melanoma.** *N Engl J Med* 2015;373(1):23-34.

Lewis K et al. **BRIM8: A randomized, double-blind, placebo-controlled study of adjuvant vemurafenib in patients (pts) with completely resected, BRAFV600+ melanoma at high risk for recurrence.** *Proc ESMO* 2017;**Abstract LBA7_PR**.

Long GV et al. **Five-year overall survival (OS) update from a phase II, open-label trial of dabrafenib (D) and trametinib (T) in patients (pts) with *BRAF* V600–mutant unresectable or metastatic melanoma (MM).** *Proc ASCO* 2017;**Abstract 9505**.

Long GV et al. **Long-term outcomes in patients with BRAF V600-mutant metastatic melanoma who received dabrafenib combined with trametinib.** *J Clin Oncol* 2017;[Epub ahead of print].

Long GV et al. **Nivolumab for patients with advanced melanoma treated beyond progression: Analysis of 2 phase 3 clinical trials.** *JAMA Oncol* 2017;3(11):1511-9.

Long GV et al. **Pembrolizumab (pembro) plus ipilimumab (ipi) for advanced melanoma: Results of the KEYNOTE-029 expansion cohort.** *Proc ASCO* 2016;**Abstract 9506**.

Long GV et al. **Baseline and postbaseline characteristics associated with treatment benefit across dabrafenib and trametinib registration pooled data.** *Proc Society for Melanoma Research Congress* 2015.

Long GV et al. **Combined BRAF and MEK inhibition versus BRAF inhibition alone in melanoma.** *N Engl J Med* 2014;371(20):1877-88.

Ma Q et al. **Prevalence of autoimmune comorbidities in patients with metastatic melanoma in the US.** *Proc ASCO* 2016;**Abstract 9529**.

Martin H et al. **Phase 1b/2 trial of ribociclib+binimetinib in metastatic *NRAS*-mutant melanoma: Safety, efficacy, and recommended phase 2 dose (RP2D).** *Proc ASCO* 2017;**Abstract 9519**.

Menzies AM et al. **Anti-PD-1 therapy in patients with advanced melanoma and preexisting autoimmune disorders (AD) or major toxicity with ipilimumab (IPI).** *Proc ASCO* 2016;**Abstract 9515**.

Robert C et al. **Improved overall survival in melanoma with combined dabrafenib and trametinib.** *N Engl J Med* 2015;372(1):30-9.

Schachter J et al. **Pembrolizumab versus ipilimumab for advanced melanoma: Final overall survival results of a multicentre, randomised, open-label phase 3 study (KEYNOTE-006).** *Lancet* 2017;390(10105):1853-62.

Select Publications

Tawbi H et al. **Efficacy and safety of nivolumab (NIVO) plus ipilimumab (IPI) in patients with melanoma (MEL) metastatic to the brain: Results of the phase II study CheckMate 204.** *Proc ASCO* 2017;**Abstract 9507**.

Weber J et al; CheckMate 238 Collaborators. **Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma.** *N Engl J Med* 2017;377(19):1824-35.