

Lung Cancer™

U P D A T E

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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Lung Cancer™

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Lung Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

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. Featuring information on the latest research developments, this program 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

- Compare and contrast the mechanisms of action, efficacy and safety/toxicity of approved and investigational anti-PD-1/PD-L1 antibodies for the treatment of lung cancer to determine the current and/or potential utility of each in clinical practice.
- Appreciate the FDA approval of durvalumab and available Phase III data documenting the benefit of sequential anti-PD-L1 therapy after the completion of chemoradiation therapy for Stage III non-small cell lung cancer (NSCLC), and consider the role of this therapeutic approach for appropriate patients.
- Develop a genomic testing algorithm to assist in identifying appropriate patients eligible for protocol and clinical targeted 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.
- Devise an evidence-based approach to the selection of systemic therapy for patients with NSCLC without an identified targetable mutation.
- Educate patients about the side effects associated with recently approved novel agents and immunotherapeutic approaches, and provide preventive strategies to reduce or ameliorate these toxicities.

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CME INFORMATION

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- Track 3** First-line therapy for patients with metastatic non-small cell lung cancer (NSCLC) with EGFR tumor mutations
- Track 4** **Case:** A man in his sixties, a nonsmoker, with NSCLC, an EGFR tumor mutation and brain metastases receives first-line osimertinib
- Track 5** Management of brain metastases in patients with NSCLC and EGFR tumor mutations
- Track 6** Results of the Phase III ARCHER 1050 trial evaluating dacomitinib versus gefitinib as first-line therapy for NSCLC with EGFR-activating mutations
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- Track 16** Efficacy and tolerability of the highly selective RET inhibitor LOXO-292 for patients with cancers with RET alterations
- Track 17** **Case:** A 51-year-old woman and never smoker with metastatic nonsquamous NSCLC with a MET amplification experiences a prolonged response to crizotinib
- Track 18** Investigation of the tropomyosin receptor kinase (TRK) inhibitors entrectinib and larotrectinib for adult and pediatric patients with cancers harboring a TRK fusion
- Track 19** **Case:** A 74-year-old woman and never smoker with metastatic nonsquamous NSCLC and a BRAF V600E tumor mutation receives dabrafenib/trametinib
- Track 20** Choosing between first-line anti-PD-1/PD-L1 monotherapy and an anti-PD-1/PD-L1 inhibitor in combination with chemotherapy for metastatic lung cancer
- Track 21** Mechanism of action and efficacy of the antibody-drug conjugate rovalpituzumab tesirine (Rova-T) in DLL3-expressing recurrent small cell lung cancer (SCLC)
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Interview with Martin Reck, MD, PhD

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- Track 3** Response to anti-PD-1/PD-L1 antibodies in patients with targetable tumor mutations
- Track 4** PD-L1 expression and tumor mutation burden as predictors of response to checkpoint inhibitors
- Track 5** Approach to the treatment of nonsquamous NSCLC in patients without a targetable tumor mutation
- Track 6** Therapeutic options for patients with metastatic squamous cell NSCLC
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- Track 8** PACIFIC trial: Efficacy and tolerability of durvalumab after chemoradiation therapy for unresectable Stage III NSCLC
- Track 9** Perspectives on the potential synergy between durvalumab and chemoradiation therapy in the PACIFIC trial
- Track 10** Integration of durvalumab into the therapeutic algorithm for NSCLC
- Track 11** **Case:** A 69-year-old man with advanced mesothelioma receives pembrolizumab after disease progression on chemotherapy
- Track 12** Activity and tolerability of pembrolizumab in patients with mesothelioma
- Track 13** **Case:** A 63-year-old woman with metastatic NSCLC, polymyalgia rheumatica and temporal arteritis experiences a dramatic response to pembrolizumab
- Track 14** Use of immune checkpoint inhibitors for patients with preexisting autoimmune disease
- Track 15** **Case:** A 61-year-old man with metastatic SCLC receives platinum-based chemotherapy followed by nivolumab/ipilimumab maintenance therapy on the CheckMate 451 trial
- Track 16** **Case:** A 61-year-old woman with metastatic nonsquamous NSCLC receives carboplatin/pemetrexed/pembrolizumab followed by maintenance pembrolizumab/pemetrexed on the KEYNOTE-189 trial

Video Program

View the corresponding video interviews with (from left) Drs Oxnard and Reck by Dr Love at www.ResearchToPractice.com/LCU218/Video



SELECT PUBLICATIONS

Ahn M-J et al. **Entrectinib in patients with locally advanced or metastatic ROS1 fusion-positive non-small cell lung cancer (NSCLC).** *Proc IASLC* 2017;**Abstract OA 14.06.**

Antonia SJ et al; PACIFIC Investigators. **Durvalumab after chemoradiotherapy in stage III non-small-cell lung cancer.** *N Engl J Med* 2017;377(20):1919-29.

Brahmer JR et al. **Management of immune-related adverse events in patients treated with immune checkpoint inhibitor therapy: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2018;36(17):1714-68.

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Carbone DP et al. **Efficacy and safety of rovalpituzumab tesirine in patients with DLL3-expressing, $\geq 3^{\text{rd}}$ line small cell lung cancer: Results from the phase 2 TRINITY study.** *Proc ASCO* 2018;**Abstract 8507.**

Drilon AE et al. **A phase 1 study of LOXO-292, a potent and highly selective RET inhibitor, in patients with RET-altered cancers.** *Proc ASCO* 2018;**Abstract 102.**

Drilon A et al. **Efficacy of larotrectinib in TRK fusion-positive cancers in adults and children.** *N Engl J Med* 2018;378(8):731-9.

Gandhi L et al; KEYNOTE-189 Investigators. **Pembrolizumab plus chemotherapy in metastatic non-small-cell lung cancer.** *N Engl J Med* 2018;378(22):2078-92.

Goss G et al. **CNS response to osimertinib in patients with T790M-positive advanced NSCLC: Pooled data from two phase II trials.** *Ann Oncol* 2018;29(3):687-93.

Hellmann MD et al. **Nivolumab plus ipilimumab in lung cancer with a high tumor mutational burden.** *N Engl J Med* 2018;378(22):2093-104.

Kalemkerian GP et al. **Molecular testing guideline for the selection of patients with lung cancer for treatment with targeted tyrosine kinase inhibitors: American Society of Clinical Oncology endorsement of the College of American Pathologists/International Association for the Study of Lung Cancer/Association for Molecular Pathology clinical practice guideline update.** *J Clin Oncol* 2018;36(9):911-9.

Lee CK et al. **Patient-reported symptoms and impact of treatment with osimertinib versus chemotherapy in advanced non-small-cell lung cancer: The AURA3 trial.** *J Clin Oncol* 2018;36(18):1853-60.

Lopes G et al. **Pembrolizumab (pembro) versus platinum-based chemotherapy (chemo) as first-line therapy for advanced/metastatic NSCLC with a PD-L1 tumor proportion score (TPS) $\geq 1\%$: Open-label, phase 3 KEYNOTE-042 study.** *Proc ASCO* 2018;**Abstract LBA4.**

Mok T et al. **Dacomitinib (daco) versus gefitinib (gef) for first-line treatment of advanced NSCLC (ARCHER 1050): Final overall survival (OS) analysis.** *Proc ASCO* 2018;**Abstract 9004.**

Nakamura A et al. **Phase III study comparing gefitinib monotherapy (G) to combination therapy with gefitinib, carboplatin, and pemetrexed (GCP) for untreated patients (pts) with advanced non-small cell lung cancer (NSCLC) with EGFR mutations (NEJ009).** *Proc ASCO* 2018;**Abstract 9005.**

Popat S. **Osimertinib as first-line treatment in EGFR-mutated non-small-cell lung cancer.** *N Engl J Med* 2018;378(2):192-3.

Ramalingam SS et al. **Osimertinib as first-line treatment of EGFR mutation-positive advanced non-small-cell lung cancer.** *J Clin Oncol* 2018;36(9):841-9.

Ramalingam S et al. **Tumor mutational burden (TMB) as a biomarker for clinical benefit from dual immune checkpoint blockade with nivolumab (nivo) + ipilimumab (ipi) in first-line (1L) non-small cell lung cancer (NSCLC): Identification of TMB cutoff from CheckMate 568.** *Proc AACR* 2018;**Abstract CT078.**

Schiller JH. **A new standard of care for advanced lung cancer.** *N Engl J Med* 2018;378(22):2135-7.

Socinski MA et al; IMpower150 Study Group. **Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC.** *N Engl J Med* 2018;378(24):2288-301.

Soria JC et al; FLAURA Investigators. **Osimertinib in untreated EGFR-mutated advanced non-small-cell lung cancer.** *N Engl J Med* 2018;378(2):113-25.

Wu YL et al. **CNS efficacy of osimertinib in patients with T790M-positive advanced non-small-cell lung cancer: Data from a randomized phase III trial (AURA3).** *J Clin Oncol* 2018;36(26):2702-9.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. The Phase III FLAURA study comparing first-line osimertinib to either erlotinib or gefitinib for patients with advanced NSCLC and an EGFR tumor mutation demonstrated a significant improvement in progression-free survival (PFS) with osimertinib.
 - a. True
 - b. False
2. The Phase III ARCHER 1050 trial evaluating dacomitinib versus gefitinib as first-line therapy for advanced NSCLC with an EGFR-activating mutation demonstrated _____ with dacomitinib.
 - a. A significant PFS advantage
 - b. No adverse events requiring dose reduction
 - c. Both a and b
 - d. Neither a nor b
3. The Phase III IMpower150 trial demonstrated a significant improvement in PFS with the addition of atezolizumab to bevacizumab/chemotherapy in which of the following groups of patients with metastatic nonsquamous NSCLC?
 - a. Intent-to-treat population
 - b. Patients with EGFR and ALK alterations
 - c. Patients with liver metastases
 - d. All of the above
4. _____ is an ALK inhibitor that is currently FDA approved for the treatment of metastatic NSCLC in patients with an ALK rearrangement who have experienced disease progression on or are intolerant to crizotinib.
 - a. Alectinib
 - b. Brigatinib
 - c. Ceritinib
 - d. All of the above
5. Data presented by Oxnard and colleagues at ASCO 2018 demonstrated that genomic analysis of plasma cell free DNA could detect lung cancer with greater sensitivity in patients with early-stage compared to late-stage lung cancer.
 - a. True
 - b. False
6. Which of the following categories reflects the mechanism of action of Rova-T?
 - a. Antibody-drug conjugate
 - b. Anti-PD-1 antibody
 - c. Anti-PD-L1 antibody
 - d. RET inhibitor
7. The Phase III KEYNOTE-407 trial presented at ASCO 2018 evaluating carboplatin with paclitaxel or *nab* paclitaxel, with or without pembrolizumab, as first-line therapy for metastatic squamous cell NSCLC demonstrated which of the following in the pembrolizumab-containing arm?
 - a. Improvement in overall survival
 - b. Improvement in PFS
 - c. A significantly higher objective response rate
 - d. All of the above
8. _____ is a promising investigational agent for adult and pediatric patients with cancers harboring a TRK fusion.
 - a. Entrectinib
 - b. Icotinib
 - c. Larotrectinib
 - d. All of the above
 - e. Both a and b
 - f. Both a and c
9. The Phase III CheckMate 227 trial evaluating the combination of nivolumab and ipilimumab versus chemotherapy for advanced NSCLC showed a significant improvement in PFS with the combination for patients with a high tumor mutational burden.
 - a. True
 - b. False
10. The TATTON trial is investigating the combination of the EGFR inhibitor osimertinib with the MET inhibitor _____ for patients with advanced NSCLC with an EGFR tumor mutation and MET amplification.
 - a. Dacomitinib
 - b. Savolitinib
 - c. Erlotinib

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lung Cancer Update — Volume 15, 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
Results of the Phase III FLAURA trial comparing osimertinib to erlotinib or gefitinib as first-line therapy for advanced NSCLC with an EGFR tumor mutation	4 3 2 1	4 3 2 1
CheckMate 227: Results for patients with a high tumor mutational burden enrolled on the Phase III trial of nivolumab with ipilimumab for advanced NSCLC	4 3 2 1	4 3 2 1
Major efficacy findings of the Phase III KEYNOTE-407 trial of carboplatin with paclitaxel or nab paclitaxel, with or without pembrolizumab, as first-line therapy for metastatic squamous cell NSCLC	4 3 2 1	4 3 2 1
Benefits and limitations of liquid biopsies in lung cancer	4 3 2 1	4 3 2 1
Mechanism of action and efficacy of the antibody-drug conjugate Rova-T in DLL3-expressing recurrent SCLC	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 lung cancer do you see per year? patients

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:

- Compare and contrast the mechanisms of action, efficacy and safety/toxicity of approved and investigational anti-PD-1/PD-L1 antibodies for the treatment of lung cancer to determine the current and/or potential utility of each in clinical practice..... 4 3 2 1 N/M N/A
- Appreciate the FDA approval of durvalumab and available Phase III data documenting the benefit of sequential anti-PD-L1 therapy after the completion of chemoradiation therapy for Stage III non-small cell lung cancer (NSCLC), and consider the role of this therapeutic approach for appropriate patients. 4 3 2 1 N/M N/A
- Develop a genomic testing algorithm to assist in identifying appropriate patients eligible for protocol and clinical targeted treatment options..... 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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- 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. 4 3 2 1 N/M N/A
- Devise an evidence-based approach to the selection of systemic therapy for patients with NSCLC without an identified targetable mutation. 4 3 2 1 N/M N/A
- Educate patients about the side effects associated with recently approved novel agents and immunotherapeutic approaches, and provide preventive strategies to reduce or ameliorate these toxicities. 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	
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Martin Reck, MD, PhD	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

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Lung Cancer™

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