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Lung Cancer™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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ABIM CME MOC ACCREDITED

CME Certified

Lung Cancer™ UPDATE

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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.
- Formulate management strategies for small cell lung cancer, considering systemic therapy in addition to current research studies evaluating novel immunotherapeutic and targeted approaches.
- 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 unresectable Stage III non-small cell lung cancer, 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.
- 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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Interview with David R Spigel, MD

Tracks 1-20

Track 1 **Case:** A 73-year-old man with recurrent small cell lung cancer (SCLC) receives ipilimumab/nivolumab on a clinical trial

Track 2 Management of immune checkpoint inhibitor-associated rash

Track 3 Correlation between toxicity and treatment benefit for patients receiving immune checkpoint inhibitors

Track 4 Clinical experience with dermatologic side effects of checkpoint inhibitors

Track 5 Second-line therapy options for metastatic SCLC

Track 6 Perspective on ipilimumab/nivolumab dosing and therapy-associated toxicities

Track 7 Activity, side effects and ongoing investigation of the antibody-drug conjugate rovalpituzumab tesirine (Rova-T) in DLL3-positive SCLC

Track 8 Clinical experience with Rova-T-associated edema

Track 9 Results of the Phase III KEYNOTE-407 trial evaluating the addition of pembrolizumab to carboplatin with paclitaxel or *nab* paclitaxel as first-line therapy for metastatic squamous non-small cell lung cancer (NSCLC)

Track 10 KEYNOTE-042: Overall survival benefit with pembrolizumab versus platinum-based chemotherapy as first-line treatment for locally advanced or metastatic NSCLC with a PD-L1 tumor proportion score (TPS) of 1% or higher

Track 11 Clinical implications of the KEYNOTE-042 results; perspective on the future clinical utility of TPS

Track 12 Evolution of first-line checkpoint inhibitor-based treatment for metastatic nonsquamous NSCLC with and without targetable tumor mutations

Track 13 Selection of checkpoint inhibitor-based regimens for patients experiencing disease progression on an EGFR tyrosine kinase inhibitor (TKI)

Track 14 **Case:** A 57-year-old man with Stage IIIA squamous NSCLC receives chemoradiation therapy followed by durvalumab

Track 15 Ongoing studies of checkpoint inhibitors in the (neo)adjuvant setting

Track 16 PACIFIC trial: Efficacy and tolerability of durvalumab after chemoradiation therapy for unresectable Stage III NSCLC

Track 17 Management of chemoradiation therapy-associated pneumonitis

Track 18 Perspective on the synergy of durvalumab and chemoradiation therapy

Track 19 Use of chemoradiation therapy followed by durvalumab for patients with Stage III NSCLC and a targetable tumor mutation

Track 20 **Case:** A woman in her early fifties with advanced "pan-negative" nonsquamous NSCLC experiences a near complete response with 1 dose of ipilimumab/nivolumab

Interview with Justin F Gainor, MD

Tracks 1-17

Track 1 **Case:** A 76-year-old man and never smoker presents with metastatic NSCLC with an EGFR L858R tumor mutation, a low PD-L1 TPS and brain metastases and receives first-line osimertinib

Track 2 Activity and tolerability of first-line osimertinib

Track 3 Stereotactic radiosurgery, whole-brain radiation therapy (WBRT) and EGFR TKIs for patients with EGFR tumor mutations and brain metastases

Track 4 Incidence and pathophysiology of neurocognitive effects of WBRT

Track 5 Optimal sequencing of EGFR TKIs

Interview with Dr Gainor (continued)

Track 6 Mechanism of action, benefits and limitations of the second-generation EGFR inhibitor dacomitinib

Track 7 Investigational strategies for patients experiencing disease progression on osimertinib

Track 8 Bevacizumab with erlotinib as first-line therapy for patients with metastatic NSCLC and an EGFR tumor mutation

Track 9 Rationale for combining first- and third-generation EGFR TKIs to potentially treat tumors with resistance mutations

Track 10 **Case:** A 57-year-old woman and never smoker with crizotinib-refractory NSCLC with an ALK rearrangement receives alectinib

Track 11 Sequencing of ALK inhibitors for patients with metastatic NSCLC with an ALK rearrangement

Track 12 Second-line therapy options for patients with metastatic NSCLC with an ALK rearrangement

Track 13 **Case:** A 64-year-old woman and never smoker with NSCLC with brain and bone metastases initially treated with carboplatin/pemetrexed is found to harbor a RET rearrangement

Track 14 **Case:** A 48-year-old man with heavily pretreated nonsquamous NSCLC whose tumor is positive for an NTRK gene fusion receives entrectinib on a clinical trial

Track 15 Efficacy of the TRK inhibitors entrectinib and larotrectinib

Track 16 **Case:** A 71-year-old man and 35 pack-year smoker with metastatic nonsquamous NSCLC and a BRAF V600E tumor mutation, renal insufficiency and a high TPS receives dabrafenib/trametinib

Track 17 Consideration of immune checkpoint inhibitor-based regimens as second-line therapy for patients with metastatic disease and renal insufficiency

Video Program

View the corresponding video interviews with (from left) Drs Spigel and Gainor by Dr Love at www.ResearchToPractice.com/LCU318/Video

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Submit them to us via Facebook or Twitter and we will do our best to get them answered for you

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SELECT PUBLICATIONS

A study of carboplatin plus etoposide with or without atezolizumab in participants with untreated extensive-stage (ES) small cell lung cancer (SCLC) (IMpower133). NCT02763579

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.

Camidge DR et al. **Updated efficacy and safety data from the global phase III ALEX study of alectinib (ALC) vs crizotinib (CZ) in untreated advanced ALK+ NSCLC.** *Proc ASCO* 2018;**Abstract 9043**.

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

Chung HC et al. **Phase 2 study of pembrolizumab in advanced small-cell lung cancer (SCLC): KEYNOTE-158.** *Proc ASCO* 2018;**Abstract 8506**.

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.

Drilon A et al. **Safety and antitumor activity of the multitargeted pan-TRK, ROS1, and ALK inhibitor entrectinib: Combined results from two phase I trials (ALKA-372-001 and STARTRK-1).** *Cancer Discov* 2017;7(4):400-9.

Dudnik E et al; Israel Lung Cancer Group. **BRAF mutant lung cancer: Programmed death ligand 1 expression, tumor mutational burden, microsatellite instability status, and response to immune check-point inhibitors.** *J Thorac Oncol* 2018;13(8):1128-37.

Furuya N et al. **Phase III study comparing bevacizumab plus erlotinib to erlotinib in patients with untreated NSCLC harboring activating EGFR mutations: NEJ026.** *Proc ASCO* 2018;**Abstract 9006**.

Jiyeong Lin J et al. **Long-term efficacy and outcomes with sequential crizotinib followed by alectinib in ALK+ NSCLC.** *Proc ASCO* 2018;**Abstract 9093**.

Lin JJ et al. **Brigatinib in patients with alectinib-refractory ALK-positive non-small cell lung cancer: A retrospective study.** *J Thorac Oncol.* 2018;13(10):1530-8.

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) ≥ 1%: Open-label, phase 3 KEYNOTE-042 study.** *Proc ASCO* 2018;**Abstract LBA4**.

Magnuson WJ et al. **Management of brain metastases in tyrosine kinase inhibitor-naïve epidermal growth factor receptor-mutant non-small-cell lung cancer: A retrospective multi-institutional analysis.** *J Clin Oncol* 2017;35(10):1070-7.

Mok TS et al. **Improvement in overall survival in a randomized study that compared dacomitinib with gefitinib in patients with advanced non–small cell lung cancer and EGFR activating mutations.** *J Clin Oncol* 2018;36(22):2244-50.

Paz-Ares LG et al. **Phase 3 study of carboplatin-paclitaxel/*nab*-paclitaxel (Chemo) with or without pembrolizumab (Pembro) for patients (Pts) with metastatic squamous (Sq) non-small cell lung cancer (NSCLC).** *Proc ASCO* 2018;**Abstract 105**.

Rudin CM et al; SCRX16-001 Investigators. **Rovalpituzumab tesirine, a DLL3-targeted antibody-drug conjugate, in recurrent small-cell lung cancer: A first-in-human, first-in-class, open-label, phase 1 study.** *Lancet Oncol* 2017;18(1):42-51.

Shaw AT et al. **Efficacy of lorlatinib in patients (pts) with advanced ALK-positive non-small cell lung cancer (NSCLC) and ALK kinase domain mutations.** *Proc AACR* 2018;**Abstract CT044**.

Shaw AT et al. **Lorlatinib in non-small-cell lung cancer with ALK or ROS1 rearrangement: An international, multicentre, open-label, single-arm first-in-man phase 1 trial.** *Lancet Oncol* 2017;18(12):1590-9.

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. **Osimertinib in untreated EGFR-mutated advanced non–small-cell lung cancer.** *N Engl J Med* 2018;378(2):113-25.

Yamamoto N et al. **Erlotinib plus bevacizumab (EB) versus erlotinib alone (E) as first-line treatment for advanced EGFR mutation–positive non-squamous non–small-cell lung cancer (NSCLC): Survival follow-up results of JO25567.** *Proc ASCO* 2018;**Abstract 9007**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The Phase III FLAURA study comparing first-line osimertinib to either erlotinib or gefitinib for advanced NSCLC with an EGFR tumor mutation demonstrated a significant improvement in progression-free survival (PFS) for patients who received osimertinib.**
   a. True
   b. False

2. **Which of the following categories reflects the mechanism of action of Rova-T?**
   a. Antibody-drug conjugate
   b. Anti-PD-1 antibody
   c. RET inhibitor

3. **Results of a Phase III trial evaluating dacomitinib versus gefitinib as first-line therapy for patients with locally advanced or metastatic NSCLC and an EGFR tumor mutation demonstrated a significant improvement in _____ with dacomitinib.**
   a. Overall survival
   b. PFS
   c. Both a and b

4. **The results of the Phase III IMpower150 trial of atezolizumab and/or bevacizumab added to carboplatin and paclitaxel as first-line therapy for patients with metastatic nonsquamous NSCLC failed to demonstrate any statistically significant improvement in overall survival or PFS with the addition of atezolizumab and bevacizumab to carboplatin/paclitaxel.**
   a. True
   b. False

5. **Results of the Phase III KEYNOTE-042 trial demonstrated a significant improvement in overall survival with single-agent pembrolizumab compared to platinum-based chemotherapy as first-line treatment for locally advanced or metastatic NSCLC in patients with a PD-L1 TPS of _____.**
   a. 1% or higher
   b. 20% or higher
   c. 50% or higher
   d. All of the above

6. **_____ is a second-generation ALK inhibitor that is currently FDA approved for the treatment of metastatic NSCLC with an ALK rearrangement.**
   a. Alectinib
   b. Brigatinib
   c. Ceritinib
   d. All of the above

7. **_____ is a promising investigational agent that targets TRK kinases in adult and pediatric patients with cancers harboring an NTRK gene fusion.**
   a. Entrectinib
   b. Larotrectinib
   c. Both a and b

8. **The Phase III KEYNOTE-407 trial evaluating the addition of pembrolizumab to carboplatin with paclitaxel or *nab* paclitaxel as first-line therapy for metastatic squamous NSCLC demonstrated prolonged median overall survival and PFS with the addition of pembrolizumab to conventional chemotherapy across all PD-L1 expression subgroups.**
   a. True
   b. False

9. **The Phase III PACIFIC trial of durvalumab versus placebo for patients with locally advanced, unresectable NSCLC without disease progression after definitive platinum-based chemoradiation therapy demonstrated a statistically significant improvement in _____ with durvalumab.**
   a. Overall survival
   b. PFS
   c. Objective response rate
   d. All of the above

10. **Results of the global Phase III ALEX study evaluating alectinib versus crizotinib demonstrated a significant PFS improvement with alectinib for patients with _____ advanced NSCLC with an ALK rearrangement.**
    a. Treatment-naïve
    b. Previously treated

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lung Cancer Update — Volume 15, Issue 2

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 and use of osimertinib as first-line therapy for advanced NSCLC with an EGFR tumor mutation	4 3 2 1	4 3 2 1
Clinical implications of the KEYNOTE-042 trial results: Overall survival benefit with pembrolizumab versus platinum-based chemotherapy as first-line treatment for metastatic NSCLC with a PD-L1 TPS of 1% or higher	4 3 2 1	4 3 2 1
Sequencing of FDA-approved ALK inhibitors for NSCLC with an ALK rearrangement	4 3 2 1	4 3 2 1
PACIFIC: Results of a Phase III trial of durvalumab as sequential treatment for locally advanced, unresectable Stage III NSCLC	4 3 2 1	4 3 2 1
Clinical implications of the Phase III KEYNOTE-407 trial evaluating the addition of pembrolizumab to carboplatin with paclitaxel or *nab* paclitaxel as first-line therapy for metastatic squamous NSCLC	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
- Formulate management strategies for small cell lung cancer, considering systemic therapy in addition to current research studies evaluating novel immunotherapeutic and targeted approaches..... 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 unresectable Stage III non-small cell lung cancer, and consider the role of this therapeutic approach for appropriate patients..... 4 3 2 1 N/M N/A

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

- 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
- 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
- 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

Faculty	Knowledge of subject matter	Effectiveness as an educator
David R Spigel, MD	4 3 2 1	4 3 2 1
Justin F Gainor, 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

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