

Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 4: Non-Small Cell Lung Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of non-small cell lung cancer (NSCLC).

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with broad-reaching impact on public health, accounting for 14% of all new cancer cases in the United States and the most cancer-related deaths among both men and women. In the year 2018, it is estimated that approximately 234,030 individuals will be diagnosed and more than 154,000 will die from the disease. Today, however, many have renewed optimism that these trends have already started to change as recent research advances have led to an explosion in lung cancer genetic and biologic knowledge among scientists and clinicians working in this area of cancer medicine. Consequently, NSCLC currently represents one of the most rapidly evolving fields in oncology, as evidenced by a multitude of recent FDA approvals and the emergence of many pivotal data sets and novel agents potentially poised to disrupt traditional management algorithms.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the fourth part of a 6-part integrated CNE curriculum originally held at the 2018 ONS Annual Congress feature discussions with leading lung cancer investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with NSCLC.

LEARNING OBJECTIVES

- Appreciate available research data documenting the benefits and risks of sequential anti-PD-L1 antibody therapy for patients with locally advanced, unresectable NSCLC.
- Use biomarkers, clinical characteristics and tumor histology to select individualized front-line and subsequent treatment approaches for patients with metastatic NSCLC.
- Discuss the benefits and risks associated with evidence-based systemic treatments for metastatic NSCLC, including chemotherapeutic agents, targeted biologic therapies and immunotherapies.
- Educate patients about the side effects associated with existing and recently approved therapies, and provide preventive strategies to reduce or ameliorate these toxicities.
- Assess emerging research on the benefits of early palliative care for patients with metastatic NSCLC, and integrate this information, as appropriate, into patient consultations.
- Recall ongoing trials of other investigational approaches and agents in NSCLC, and refer patients and obtain consent for study participation.

ACCREDITATION STATEMENT

Research To Practice (RTP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 2.8 contact hours is provided by RTP during the period of July 2018 through July 2019.

This activity is awarded 2.8 ANCC pharmacotherapeutic contact hours.

ONCOLOGY NURSING CERTIFICATION CORPORATION (ONCC)/INDIVIDUAL LEARNING NEEDS ASSESSMENT (ILNA) CERTIFICATION INFORMATION

The program content has been reviewed by the ONCC and is acceptable for recertification points. To review certification qualifications, please visit [ResearchToPractice.com/ONS2018/ILNA](https://www.researchtopractice.com/ONS2018/ILNA).

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FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSLung2018/CNE](https://www.researchtopractice.com/ONSLung2018/CNE).

CONTENT VALIDATION AND DISCLOSURES

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 CNE 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 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:

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Advisory Committee: Amgen Inc, Bristol-Myers Squibb Company, Merck; **Consulting Agreements:** Amgen Inc, Bristol-Myers Squibb Company, Celgene Corporation, Lilly, Merck; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company.

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No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, 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, Bodesix 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, 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 CME/CNE PLANNING

COMMITTEE MEMBERS, STAFF AND REVIEWERS —

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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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

Release date: July 2018

Expiration date: July 2019

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

- 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;[Epub ahead of print].
- Gandhi L et al. **KEYNOTE-189: Randomized, double-blind, phase 3 study of pembrolizumab (pembro) or placebo plus pemetrexed (pem) and platinum as first-line therapy for metastatic NSCLC.** *Proc AACR* 2018;Abstract CT075.
- Gandhi L et al; KEYNOTE-189 Investigators. **Pembrolizumab plus chemotherapy in metastatic non-small-cell lung cancer.** *N Engl J Med* 2018;[Epub ahead of print].
- Hellmann MD et al. **Nivolumab (nivo) + ipilimumab (ipi) vs platinum-doublet chemotherapy (PT-DC) as first-line (1L) treatment (tx) for advanced non-small cell lung cancer (NSCLC): Initial results from CheckMate 227.** *Proc AACR* 2018;Abstract CT077.
- Hellmann MD et al. **Nivolumab plus ipilimumab in lung cancer with a high tumor mutational burden.** *N Engl J Med* 2018;[Epub ahead of print].
- Ichihara E et al. **Phase II trial of gefitinib in combination with bevacizumab as first-line therapy for advanced non-small cell lung cancer with activating EGFR gene mutations: The Okayama Lung Cancer Study Group trial 1001.** *J Thorac Oncol* 2015;10(3):486-91.
- Kim DW et al. **Brigatinib in patients with crizotinib-refractory anaplastic lymphoma kinase-positive non-small-cell lung cancer: A randomized, multicenter phase II trial.** *J Clin Oncol* 2017;35(22):2490-8.
- Kowanetz M et al. **IMpower150: Efficacy of atezolizumab (atezo) plus bevacizumab (bev) and chemotherapy (chemo) in 1L metastatic nonsquamous NSCLC (mNSCLC) across key subgroups.** *Proc AACR* 2018;Abstract CT076.
- Love N et al. **A biomarker-driven algorithm for sequencing of systemic therapy for metastatic NSCLC: A survey of 25 investigators.** *Proc IASLC* 2017;Abstract PS02.17.
- Mok TS et al. **Osimertinib or platinum-pemetrexed in EGFR T790M-positive lung cancer.** *N Engl J Med* 2017;376(7):629-40.
- Myung-Ju A et al. **Phase I study (BLOOM) of AZD3759, a BBB penetrable EGFR inhibitor, in patients with TKI-naïve, EGFRm NSCLC with CNS metastases.** *Proc ASCO* 2017;Abstract 2006.
- Ou S-HI et al. **Intracranial efficacy of brigatinib (BRG) in patients (pts) with crizotinib (CRZ)-refractory anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) and baseline CNS metastases.** *Proc ESMO* 2017;Abstract 1345P.
- Peters S et al; ALEX Trial Investigators. **Alectinib versus crizotinib in untreated ALK-positive non-small-cell lung cancer.** *N Engl J Med* 2017;377(9):829-38.
- Rosell R et al; Spanish Lung Cancer Group in collaboration with Groupe Français de Pneumo-Cancérologie and Associazione Italiana Oncologia Toracica. **Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EURTAC): A multicentre, open-label, randomised phase 3 trial.** *Lancet Oncol* 2012;13(3):239-46.
- Sequist LV et al. **Phase III study of afatinib or cisplatin plus pemetrexed in patients with metastatic lung adenocarcinoma with EGFR mutations.** *J Clin Oncol* 2013;31(27):3327-34.
- Seto T et al. **Erlotinib alone or with bevacizumab as first-line therapy in patients with advanced non-squamous non-small-cell lung cancer harbouring EGFR mutations (JO25567): An open-label, randomised, multicentre, phase 2 study.** *Lancet Oncol* 2014;15(11):1236-44.
- 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. **Afatinib versus cisplatin plus gemcitabine for first-line treatment of Asian patients with advanced non-small-cell lung cancer harbouring EGFR mutations (LUX-Lung 6): An open-label, randomised phase 3 trial.** *Lancet Oncol* 2014;15(2):213-22.
- Zhou C et al. **Erlotinib versus chemotherapy as first-line treatment for patients with advanced EGFR mutation-positive non-small-cell lung cancer (OPTIMAL, CTONG-0802): A multicentre, open-label, randomised, phase 3 study.** *Lancet Oncol* 2011;12(8):735-42.

Select Publications

Special Session: Jennifer Kapo, MD

- Campbell ML, Frank RR. **Experience with an end-of-life practice at a university hospital.** *Crit Care Med* 1997;25(1):197-202.
- Campbell ML, Field BE. **Management of the patient with do not resuscitate status: Compassion and cost containment.** *Heart Lung* 1991;20(4):345-8.
- Du Pen SL et al. **Implementing guidelines for cancer pain management: Results of a randomized controlled clinical trial.** *J Clin Oncol* 1999;17(1):361-70.
- El-Jawahri A et al. **Effects of early integrated palliative care on caregivers of patients with lung and gastrointestinal cancer: A randomized clinical trial.** *The Oncologist* 2017;22(12):1528-34.
- Morrison RS et al; Palliative Care Leadership Centers' Outcomes Group. **Cost savings associated with US hospital palliative care consultation programs.** *Arch Intern Med* 2008;168(16):1783-90.
- Portenoy RK. **Pharmacologic management of cancer pain.** *Semin Oncol* 1995;22(2 Suppl 3):112-20.
- Quill TE et al. **"I wish things were different": Expressing wishes in response to loss, futility, and unrealistic hopes.** *Ann Intern Med* 2001;135(7):551-5.
- Temel JS et al. **Early palliative care for patients with metastatic non-small-cell lung cancer.** *New Engl J Med* 2010;363(8):733-42.
- Von Roenn JH et al. **Physician attitudes and practice in cancer pain management: A survey from the Eastern Cooperative Oncology Group.** *Ann Intern Med* 1993;119(2):121-6.