Oncology Grand Rounds

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

Part 3: Locally Advanced 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 lung cancer.

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with a broad-reaching impact on public health as it accounts 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 2019, it is estimated that approximately 228,150 individuals will be diagnosed with cancer of the lung and bronchus. Non-small cell lung cancer (NSCLC) accounts for 84% of all cases, and among this population approximately one third will present with Stage III disease. The management of Stage III NSCLC remains one of the major challenges faced in solid tumor oncology, but the recent incorporation of immune checkpoint inhibitors into the treatment milieu has revolutionized the management of this disease. As a result of the exciting advances that are occurring in the management of Stage III NSCLC, a number of questions and clinical challenges have emerged.

Importantly, oncology nurses require ongoing access to resources designed to provide updated information and perspectives on recent advances in this disease. Although many of the educational needs related to the care of patients with locally advanced NSCLC are relevant specifically to the practicing medical oncologists directly responsible for therapeutic decision-making, the overall importance of the oncology nurse in the successful delivery of systemic anticancer therapy and in the preservation of the physical and psychosocial well-being of patients should not be diminished. These video proceedings from the third part of a 6-part integrated CNE curriculum originally held at the 2019 ONS Annual Congress feature discussions with leading lung cancer investigators and their nursing counterparts about actual patient cases and recent clinical research findings regarding the optimal therapeutic and supportive care of patients with Stage III NSCLC and the emergence of immune checkpoint inhibition as a rational therapeutic strategy for these individuals.

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 locally advanced NSCLC.

LEARNING OBJECTIVES

- Appreciate the benefits, risks and long-term outcomes associated with current local and/or systemic treatment modalities in the management of resectable or unresectable locally advanced NSCLC, and consider this information when counseling patients regarding therapeutic recommendations.
- Appreciate available research data documenting the benefits and risks of sequential anti-PD-L1 antibody therapy for patients with unresectable locally advanced NSCLC.
- Review the recent FDA approval of anti-PD-L1 antibody consolidation therapy for patients with unresectable Stage III NSCLC who have not experienced disease progression after standard platinum-based chemotherapy concurrent with radiation therapy, and discern how this strategy can be appropriately and safely integrated into routine clinical practice.
- Recognize immune-related adverse events and other common side effects of anti-PD-L1 antibody consolidation therapy in patients with Stage III NSCLC, and offer supportive strategies to minimize and/or manage these toxicities.

ACCREDITATION STATEMENT

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

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.6 contact hours is provided by RTP during the period of June 2019 through June 2020.

This activity is awarded 1.6 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2019/ILNA**.

ONCC review is only for designating content to be used for ILNA points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification or ILNA categories may be used in relation to the program.

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/ONSLocallyAdvancedNSCLC2019/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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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

Last review date: June 2019

Expiration date: June 2020

Select Publications

Antonia SJ et al. **Overall survival with durvalumab after chemoradiotherapy in stage III NSCLC.** *N Engl J Med* 2018;379(24):2342-50.

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

Aupérin A et al. **Meta-analysis of concomitant versus sequential radiochemotherapy in locally advanced non-small-cell lung cancer.** *J Clin Oncol* 2010;28(13):2181-90.

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.

Chansky K et al. **The IASLC lung cancer staging project: External validation of the revision of the TNM stage groupings in the eighth edition of the TNM classification of lung cancer.** *J Thorac Oncol* 2017;12(7):1109-21.

Chen HHW et al. **Improving radiotherapy in cancer treatment: Promises and challenges.** *Oncotarget* 2017;8(37):62742-58.

Cheng AL et al. **Phase III trial of lenvatinib (LEN) vs sorafenib (SOR) in first-line treatment of patients (pts) with unresectable hepatocellular carcinoma (uHCC).** *Proc ASCO* 2017;**Abstract 4001**.

Detterbeck FC et al. **The eighth edition lung cancer stage classification.** *Chest* 2017;151(1):193-203.

Durm GA et al. **Phase II trial of concurrent chemoradiation with consolidation pembrolizumab in patients with unresectable stage III non-small cell lung cancer: Hoosier Cancer Research Network LUN 14-179.** *Proc ASCO* 2018;**Abstract 8500**.

Faivre-Finn C et al. **Efficacy and safety evaluation based on time from completion of radiotherapy to randomization with durvalumab or placebo in pts from PACIFIC.** *Proc ESMO* 2018;**Abstract 13630**.

Siegel RL et al. **Cancer statistics, 2019.** *CA Cancer J Clin* 2019;69(1):7-34.

Wani SQ et al. **Radiation therapy and its effects beyond the primary target: An abscopal effect.** *Cureus* 2019;11(2):e4100.