The First Annual

Miami General Medical Oncology Symposium

CME Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical oncologists, hematologists, hematology-oncology fellows and other allied cancer professionals.

OVERVIEW OF ACTIVITY

The fact that community-based general medical oncologists are responsible for the management of such a breadth of diseases clearly establishes them as a unique entity and supports the mandate that, whether they are exposed to 1 patient with a particular tumor type throughout the year or 100, they must be properly equipped to deliver high-quality, state-of-the-art care for every case.

Unfortunately, this can be a highly daunting task for many reasons, including simple lack of exposure to specific diseases and the often complex diagnostic and therapeutic algorithms that accompany clinical management. Although it is clear that many practical and logistical factors affect oncologists' ability to stay abreast of notable clinical advances and to deliver optimal care, it is important to recognize that unprecedented progress in cancer research is playing a critical role. Fueled by an increased understanding of the biologic underpinnings of tumor development and progression, clinical research platforms largely focused on evaluating the potential benefits of novel targeted therapeutics and immunotherapies possessing unique mechanisms of action and safety profiles have led to improved outcomes in myriad large and rigorous clinical trials across many different tumor types. The successes yielded have provided medical oncologists and patients with many beneficial FDA-endorsed options, but the availability of so many new treatments in such a short period, coupled with the fact that many are indicated for less commonly occurring diseases, represents a particularly challenging situation for those practicing in the community.

To bridge this gap, these proceedings from a weekend-long symposium feature discussion of significant new data sets, promising treatment strategies and key interdisciplinary management considerations in the care of patients with breast, lung, gastrointestinal, genitourinary, dermatologic, ovarian and select hematologic cancers. By providing access to the perspectives of tumor type-specific experts from a variety of fields, this activity aims to ensure that those involved in the management of these diseases are empowered to deliver best-practice patient care.

LEARNING OBJECTIVES

- Effectively apply the results of practice-changing clinical research to the care of patients with breast, lung, gastrointestinal, genitourinary, dermatologic, ovarian and select hematologic cancers.
- Appraise the clinical relevance of recent pivotal cancer research results published in peer-reviewed journals and/or presented at major oncology conferences.
- Recall ongoing trials in breast, lung, gastrointestinal, genitourinary, dermatologic, ovarian and select hematologic cancers, and refer appropriate patients for study participation.
- Use an understanding of tumor biomarkers and single and multigene signatures to individualize the care of patients with cancer.
- Educate patients with diverse hematologic cancers and solid tumors about the benefits and risks of new therapeutic agents and strategies.
- Refine or validate existing cancer-specific treatment algorithms based on exposure to new data sets and the perspectives of tumor-specific clinical investigators.
- Evaluate the mechanisms of action, tolerability and efficacy of promising investigational agents, and consider their potential implications for clinical practice.

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 13.25 *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 13.25 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 specialties: **medical oncology** and **hematology**.

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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/GMO19/CME**.

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Research To Practice (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 CME 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 physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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: April 2019

Expiration date: April 2020

Select Publications

Keynote: Chimeric Antigen Receptor (CAR) T-Cell Therapy and the General Medical Oncologist

David L Porter, MD

Gust J et al. **Endothelial activation and blood-brain barrier disruption in neurotoxicity after adoptive immunotherapy with CD19 CAR-T cells.** *Cancer Discov* 2017;7(12):1404-19.

Kochenderfer JN et al. **Chemotherapy-refractory diffuse large B-cell lymphoma and indolent B-cell malignancies can be effectively treated with autologous T cells expressing an anti-CD19 chimeric antigen receptor.** *J Clin Oncol* 2015;33(6):540-9.

Maude SL et al. **Tisagenlecleucel in children and young adults with B-cell lymphoblastic leukemia.** *N Engl J Med* 2018;378(5):439-48.

Maude SL et al. **Chimeric antigen receptor T cells for sustained remissions in leukemia.** *N Engl J Med* 2014;371(16):1507-17.

Neelapu SS et al. **Axicabtagene ciloleucel CAR T-cell therapy in refractory large B-cell lymphoma.** *N Engl J Med* 2017;377(26):2531-44.

Park JH et al. **Long-term follow-up of CD19 CAR therapy in acute lymphoblastic leukemia.** *N Engl J Med* 2018;378(5):449-59.

Porter DL et al. **Chimeric antigen receptor-modified T cells in chronic lymphoid leukemia.** *N Engl J Med* 2011;365(8):725-33.

Scheuermann RH et al. **CD19 antigen in leukemia and lymphoma diagnosis and immunotherapy.** *Leuk Lymphoma* 1995;18(5-6):385-97.

Schuster SJ et al. **Tisagenlecleucel in adult relapsed or refractory diffuse large B-cell lymphoma.** *N Engl J Med* 2019;380(1):45-56.

Turtle CJ et al. **CD19 CAR-T cells of defined CD4+:CD8+ composition in adult B cell ALL patients.** *J Clin Invest* 2016;126(6):2123-38.

Van Den Neste E et al. **Outcome of patients with relapsed diffuse large B-cell lymphoma who fail second-line salvage regimens in the International CORAL study.** *Bone Marrow Transplant* 2016;51(1):51-7.

Jonathan L Kaufman, MD

Fraietta JA et al. **Determinants of response and resistance to CD19 chimeric antigen receptor (CAR) T cell therapy of chronic lymphocytic leukemia.** *Nat Med* 2018;24(5):563-71.

Friedman KM et al. **Effective targeting of multiple B-cell maturation antigen-expressing hematological malignances by anti-B-cell maturation antigen chimeric antigen receptor T cells.** *Hum Gene Ther* 2018;29(5):585-601.

Mailankody S et al. **JCARH125, anti-BCMA CAR T-cell therapy for relapsed/refractory multiple myeloma: Initial proof of concept results from a phase 1/2 multicenter study (EVOLVE).** *Blood* 2018;132(Suppl 1):957.

Shah N et al. **Initial results from a phase 1 clinical study of bb21217, a next-generation anti Bcma CAR T therapy.** *Blood* 2018;132(Suppl 1):488.

Sattva S Neelapu, MD

Locke FL et al. **Long-term safety and activity of axicabtagene ciloleucel in refractory large B-cell lymphoma (ZUMA-1): A single-arm, multicentre, phase 1-2 trial.** *Lancet Oncol* 2019;20(1):31-42.

Neelapu SS et al. **2-year follow-up and high-risk subset analysis of Zuma-1, the pivotal study of axicabtagene ciloleucel (Axi-Cel) in patients with refractory large B cell lymphoma.** *Blood* 2018;132(Suppl 1):2967.

Neelapu SS et al. **Axicabtagene ciloleucel CAR T-cell therapy in refractory large B-cell lymphoma.** *N Engl J Med* 2017;377(26):2531-44.

Schuster SJ et al. **Tisagenlecleucel in adult relapsed or refractory diffuse large B-cell lymphoma.** *N Engl J Med* 2019;380(1):45-56.

van der Stegen SJ et al. **The pharmacology of second-generation chimeric antigen receptors.** *Nat Rev Drug Discov* 2015;14(7):499-509.

Select Publications

Module 1: Colorectal and Gastric Cancer

Charles S Fuchs, MD, MPH

Kopetz S et al. **Randomized trial of irinotecan and cetuximab with or without vemurafenib in BRAF-mutant metastatic colorectal cancer (SWOG 1406).** Gastrointestinal Cancers Symposium 2017;**Abstract 520**.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

Ogino S et al. **Lymphocytic reaction to colorectal cancer is associated with longer survival, independent of lymph node count, microsatellite instability, and CpG island methylator phenotype.** *Clin Cancer Res* 2009;15(20):6412-20.

Overman MJ et al. **Durable clinical benefit with nivolumab plus ipilimumab in DNA mismatch repair-deficient/microsatellite instability-high metastatic colorectal cancer.** *J Clin Oncol* 2018;36(8):773-9.

Venook AP et al. **Effect of first-line chemotherapy combined with cetuximab or bevacizumab on overall survival in patients with KRAS wild-type advanced or metastatic colorectal cancer: A randomized clinical trial.** *JAMA* 2017;317(23):2392-401.

Peter C Enzinger, MD

Bang YJ et al. **Phase III, randomised trial of avelumab versus physician's choice of chemotherapy as third-line treatment of patients with advanced gastric or gastro-oesophageal junction cancer: Primary analysis of JAVELIN Gastric 300.** *Ann Oncol* 2018;29(10):2052-60.

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Module 9: HER2-Positive and Triple-Negative Breast Cancer

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Richard M Stone, MD

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Module 11: Prostate Cancer

Maha Hussain, MD

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David I Quinn, MBBS, PhD

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