

Questions from the Community

Investigators Provide Perspectives on Challenging Clinical Issues in the Management of Non-Small Cell Lung Cancer

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of non-small cell lung cancer (NSCLC).

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with a broad-reaching effect 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. Development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive recent research and has led to an explosion in lung cancer genetic and biologic knowledge. The advent of these next-generation targeted treatments presents new promise of both efficacy and enhanced safety for patients with lung cancer but also challenges practicing oncologists to appropriately select individuals who may benefit from these agents and to determine how to integrate such therapies, as they become available, into standard lung cancer treatment algorithms. Several consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making lung cancer management decisions in the face of this dynamic clinical environment, but despite the existence of these tools, many areas of controversy persist within academic and community settings. This program uses a review of recent publications and other relevant presentations, ongoing clinical trials, actual patient case discussions and Q&A to assist medical oncologists, hematology-oncology fellows and other healthcare providers with the formulation of up-to-date clinical management strategies, including referral of appropriate patients to ongoing clinical trials.

LEARNING OBJECTIVES

- Develop an evidence-based strategy for the diagnosis and management of localized NSCLC, including the use of adjuvant systemic therapy.
 - Apply the results of emerging clinical research to optimize the multimodality management of Stage III NSCLC.
 - Use biomarkers, clinical characteristics and tumor histology to select individualized front-line and subsequent treatment approaches for patients with metastatic NSCLC.
- Devise an evidence-based approach to the selection of induction and maintenance systemic therapy for patients with NSCLC without a targetable mutation.
 - Assess available research evidence with existing and emerging therapeutic options for patients with advanced squamous cell carcinoma of the lung, and use this information to guide clinical care and protocol opportunities for these individuals.
 - Consider published safety and efficacy data with available and emerging therapeutic strategies to appropriately incorporate them into the management of EGFR mutation-positive NSCLC.
 - Describe emerging data on the efficacy and safety of tumor immunotherapy, including approaches directed at the PD-1/PD-L1 pathways in lung cancer, and consider this information when counseling patients regarding protocol and nonprotocol treatment options.
 - Recall the scientific rationale for ongoing investigation of novel agents or therapeutic approaches in NSCLC, and counsel appropriately selected patients about study participation.

ACCREDITATION STATEMENT

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Hardware/Software Requirements:

A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

A Phase III randomized trial of adjuvant chemotherapy with or without bevacizumab for patients with completely resected Stage IB (≥ 4 cm) - IIIA non-small cell lung cancer (NSCLC) (ECOG-E-1505). NCT00324805

Brahmer J et al. **Nivolumab versus docetaxel in advanced squamous-cell non-small-cell lung cancer.** *N Engl J Med* 2015;373(2):123-35.

Garon EB et al; KEYNOTE-001 Investigators. **Pembrolizumab for the treatment of non-small-cell lung cancer.** *N Engl J Med* 2015;372(21):2018-28.

Garon EB et al. **Ramucirumab plus docetaxel versus placebo plus docetaxel for second-line treatment of stage IV non-small-cell lung cancer after disease progression on platinum-based therapy (REVEL): A multicentre, double-blind, randomised phase 3 trial.** *Lancet* 2014;384(9944):665-73.

Herbst RS et al. **Predictive correlates of response to the anti-PD-L1 antibody MPDL3280A in cancer patients.** *Nature* 2014;515(7528):563-7.

Jänne PA et al. **AZD9291 in EGFR inhibitor-resistant non-small-cell lung cancer.** *N Engl J Med* 2015;372(18):1689-99.

Kelly K et al. **Adjuvant erlotinib versus placebo in patients with Stage IB-IIIa non-small-cell lung cancer (RADIANT): A randomized, double-blind, Phase III trial.** *J Clin Oncol* 2015;[Epub ahead of print].

Lung-MAP: S1400 biomarker-targeted second-line therapy in treating patients with recurrent Stage IIIB-IV non-small cell lung cancer. NCT02154490

Park K et al. **ASPIRATION: First-line erlotinib (E) until and beyond RECIST progression (PD) in Asian patients (pts) with EGFR mutation-positive (mut+) NSCLC.** *Proc ESMO* 2014;Abstract 12230.

Patel JD et al. **PointBreak: A randomized phase III study of pemetrexed plus carboplatin and bevacizumab followed by maintenance pemetrexed and bevacizumab versus paclitaxel plus carboplatin and bevacizumab followed by maintenance bevacizumab in patients with stage IIIB or IV nonsquamous non-small-cell lung cancer.** *J Clin Oncol* 2013;31(34):4349-57.

Pennell NA et al. **SELECT: A multicenter phase II trial of adjuvant erlotinib in resected early-stage EGFR mutation-positive NSCLC.** *Proc ASCO* 2014;Abstract 7514.

Randomized Phase III study of maintenance therapy with bevacizumab, pemetrexed, or a combination of bevacizumab and pemetrexed following carboplatin, paclitaxel and bevacizumab for advanced non-squamous NSCLC (ECOG-E-5508). NCT01107626

Rizvi NA et al. **Activity and safety of nivolumab, an anti-PD-1 immune checkpoint inhibitor, for patients with advanced, refractory squamous non-small-cell lung cancer (CheckMate 063): A phase 2, single-arm trial.** *Lancet Oncol* 2015;16(3):257-65.

Segal NH et al. **Preliminary data from a multi-arm expansion study of MEDI4736, an anti-PD-L1 antibody.** *Proc ASCO* 2014;Abstract 3002.

Sequist LV et al. **Rociletinib in EGFR-mutated non-small-cell lung cancer.** *N Engl J Med* 2015;372(18):1700-9.

Soria JC et al. **Gefitinib plus chemotherapy versus placebo plus chemotherapy in EGFR-mutation-positive non-small-cell lung cancer after progression on first-line gefitinib (IMPRESS): A phase 3 randomised trial.** *Lancet Oncol* 2015;16(8):990-8.

Thatcher N et al; SQUIRE Investigators. **Necitumumab plus gemcitabine and cisplatin versus gemcitabine and cisplatin alone as first-line therapy in patients with stage IV squamous non-small-cell lung cancer (SQUIRE): An open-label, randomised, controlled phase 3 trial.** *Lancet Oncol* 2015;16(7):763-74.

Zinner RG et al. **PRONOUNCE: Randomized, open-label, phase III study of first-line pemetrexed + carboplatin followed by maintenance pemetrexed versus paclitaxel + carboplatin + bevacizumab followed by maintenance bevacizumab in patients with advanced nonsquamous non-small-cell lung cancer.** *J Thorac Oncol* 2015;10(1):134-42.