Meet The Professors:
Lung Cancer Edition, 2018

CME Information

TARGET AUDIENCE

This program is intended for medical oncologists, hematology-oncology fellows and other allied healthcare professionals involved in the treatment of lung cancer.

OVERVIEW OF ACTIVITY

Lung cancer is a devastating malignancy with broad-reaching effects 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 2017, it is estimated that more than 222,500 individuals were diagnosed and more than 155,000 died from the disease. Importantly, despite the many advances over the past few decades related to surgery, radiation therapy and chemotherapy, death rates attributable to lung cancer have remained relatively unchanged. Today there is 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. Published results from ongoing and completed studies lead to the continual emergence of novel therapeutic strategies and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with experts' perspectives, this CME program is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with lung cancer.

LEARNING OBJECTIVES

- Appropriately employ the results of PD-L1 assessment to individualize first-line therapy for patients based on their potential response (or lack thereof) to treatment.
- Review published research data documenting the efficacy and safety of available anti-PD-1 antibodies for patients with newly diagnosed PD-L1-positive (tumor proportion score [TPS] of greater than or equal to 50%) metastatic non-small cell lung cancer (NSCLC).
- Consider age, performance status and other patient- or disease-related factors to guide the selection of induction and maintenance systemic therapy for patients with PD-L1-negative (TPS of less than 50%) metastatic NSCLC without an identifiable driver mutation.
- Appreciate available clinical trial data documenting the efficacy of necitumumab and ramucirumab for patients with metastatic NSCLC, and discern how these agents can be optimally integrated into clinical practice.
- Educate patients about the potential side effects associated with commonly employed chemotherapeutic, biologic and immunotherapeutic agents, and provide preventive strategies to reduce or ameliorate these toxicities.
- Describe ongoing trials evaluating novel applications of immune checkpoint inhibitors alone or in combination with other systemic approaches (eg, anti-PD-1/PD-L1 antibodies in combination with other checkpoint inhibitors, chemotherapy or targeted therapy), and counsel appropriately selected patients about potential participation.

ACCREDITATION STATEMENT

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Research To Practice designates this enduring material for a maximum of 2.5 *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 2.5 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 specialty: **medical oncology**.

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of an audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/MTPLung18/CME. The corresponding video program is available as an alternative at **ResearchToPractice.com/MTPLung18/Video**.

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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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COMMUNITY ONCOLOGISTS — The following community oncologists (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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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

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Select Publications

A randomized, double-blind, phase III study of platinum+pemetrexed chemotherapy with or without pembrolizumab (MK-3475) in first line metastatic non-squamous non-small cell lung cancer subjects (KEYNOTE-189). NCT02578680

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

Barlesi F et al. **Maintenance bevacizumab-pemetrexed after first-line cisplatin-pemetrexed-bevacizumab for advanced nonsquamous nonsmall-cell lung cancer: Updated survival analysis of the AVAPERL (MO22089) randomized phase III trial.** *Ann Oncol* 2014;25(5):1044-52.

Drilon A et al. **Response to cabozantinib in patients with RET fusion-positive lung adenocarcinomas.** *Cancer Discov* 2013; 3(6):630-5.

Govindan R et al. **Randomized phase II study of pemetrexed, carboplatin, and thoracic radiation with or without cetuximab in patients with locally advanced unresectable non-small-cell lung cancer: Cancer and Leukemia Group B trial 30407.** *J Clin Oncol* 2011;29(23):3120-5.

Love N et al. **A biomarker-driven algorithm for sequencing of systemic therapy for metastatic non-small cell lung cancer: A survey of 25 investigators.** *Proc IASLC* 2017;**Abstract PS02.17**.

Paz-Ares L et al. **PACIFIC: A double-blind, placebo-controlled phase III study of durvalumab after chemoradiation therapy (CRT) in patients with stage III, locally advanced, unresectable NSCLC.** *Proc ESMO* 2017;**Abstract LBA1_PR**.

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. NCT01107626

Reck M et al. **Outcomes in patients with aggressive or refractory disease from REVEL: A randomized phase III study of docetaxel with ramucirumab or placebo for second-line treatment of stage IV non-small-cell lung cancer.** *Lung Cancer* 2017;112:181-7.

Reck M et al. **Necitumumab plus gemcitabine and cisplatin as first-line therapy in patients with stage IV EGFR- expressing squamous non-small-cell lung cancer: German subgroup data from an open-label, randomized controlled phase 3 study (SQUIRE).** *Oncol Res Treat* 2016;39(9):539-47.

Reck M et al. **The effect of necitumumab in combination with gemcitabine plus cisplatin on tolerability and on quality of life: Results from the phase 3 SQUIRE trial.** *J Thorac Oncol* 2016;11(6):808-18.

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.