STSU | VOL 1 | ISSUE 1

Soft Tissue Sarcoma™

UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Brian A Van Tine, MD, PhD

Seth M Pollack, MD

EDITOR

Neil Love, MD

CME Certified

Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/STSU117

Follow us at Facebook.com/ResearchToPractice Follow us on Twitter @DrNeilLove

Soft Tissue Sarcoma™ UPDATE

Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

OVERVIEW OF ACTIVITY

Sarcomas constitute a heterogeneous group of rare solid tumors of mesenchymal origin with distinct clinical and pathologic features. More than 50 different subtypes of soft tissue sarcoma (STS) exist in a variety of anatomic locations. Because of this heterogeneity and the historical lack of effective systemic therapeutic options, clinical decision-making for patients with STS has often been made on a case-by-case basis. However, significant research strides made during the past few years have led to the approval of new treatments for the disease in addition to the identification of a number of other novel agents demonstrating great promise. Featuring information on the latest clinical and research developments along with expert perspectives, this CME activity is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with STS.

LEARNING OBJECTIVES

- Recognize the importance of multidisciplinary collaboration in the diagnosis and management of STS, and use this information to guide therapeutic decision-making.
- Appreciate the recent FDA approvals of trabectedin, eribulin and olaratumab, and discern how these agents can be integrated into the clinical algorithm for patients with STS.
- Appraise available efficacy data with pazopanib for patients with advanced STS, and assess how this agent can be optimally incorporated into current clinical practice.
- Evaluate the role of neoadjuvant and adjuvant chemotherapy in the clinical management of STS.
- Explore emerging data with immune checkpoint inhibitors, and use this information to counsel appropriate individuals regarding potential participation in ongoing trials.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Penn State College of Medicine designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the audio tracks, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/STSU117/CME**.

This activity is supported by educational grants from Eisai Inc, Janssen Biotech Inc and Lilly.

Release date: April 20, 2017; Expiration date: April 20, 2018

If you would like to discontinue your complimentary subscription to *Soft Tissue Sarcoma Update,* please email us at **Info@ResearchToPractice.com**, call us at (800) 648-8654 or fax us at (305) 377-9998. Please include your full name and address, and we will remove you from the mailing list.

CME INFORMATION

FACULTY AFFILIATIONS

Brian A Van Tine, MD, PhD
Assistant Professor of Medicine
Department of Medicine at
Washington University
St Louis, Missouri

Seth M Pollack, MD
Assistant Member
Clinical Research Division
Fred Hutchinson Cancer
Research Center
Assistant Professor
Division of Oncology
University of Washington
Seattle, Washington

EDITOR

Neil Love, MD
Research To Practice
Miami, Florida

CONTENT VALIDATION AND DISCLOSURES

It is the policy of Research To Practice and Penn State College of Medicine to ensure balance, independence, objectivity and scientific rigor in all their educational programs. All faculty, planners and managers participating in this activity are required to disclose any relevant financial relationship(s) they (or spouse/partner) have with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interest. Research To Practice and Penn State College of Medicine ensured that any conflicts of interest were resolved before the educational activity occurred.

FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Van Tine** — Advisory Committee: Caris Life Sciences, EMD Serono Inc, GlaxoSmithKline, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly, Novartis Pharmaceuticals Corporation; Contracted Research: Eisai Inc, Merck, Pfizer Inc; Paid Research: Eisai Inc, Merck; Speakers Bureau: Caris Life Sciences, GlaxoSmithKline, Novartis Pharmaceuticals Corporation. **Dr Pollack** — Advisory Committee: Amgen Inc, Lilly, Nektar; Consulting Agreements: Amgen Inc, Eisai Inc, Lilly; Contracted Research: EMD Serono Inc, Immune Design, Lilly, Merck.

EDITOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Prometheus Laboratories 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, Tokai Pharmaceuticals Inc and VisionGate Inc.

PENN STATE COLLEGE OF MEDICINE — Faculty and staff involved in the development and review of this activity have disclosed no relevant financial relationships.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice and Penn State College of Medicine do not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Interview with Brian A Van Tine, MD, PhD

Tracks 1-20

Track 1	Incidence and classification of sarcomas
Track 2	Molecular biology of soft tissue sarcomas (STS)
Track 3	Classification of STS
Track 4	Use of the recently FDA-approved platelet-derived growth factor receptor alpha (PDGFRα) monoclonal antibody olaratumab in combination with doxorubicin as front-line therapy for patients with advanced STS
Track 5	Mechanism of action and tolerability of trabectedin for liposarcomas and leiomyosarcomas
Track 6	ET743-SAR-3007: Progression-free survival benefit with trabectedin versus dacarbazine for metastatic liposarcoma or leiomyosarcoma after disease progression on conventional chemotherapy
Track 7	Improvement in overall survival with eribulin versus dacarbazine in previously treated advanced liposarcoma or leiomyosarcoma
Track 8	Results of the Phase II REGOSARC trial: Efficacy and safety of regorafenib in nonadipocytic STS
Track 9	Clinical experience with pazopanib for STS
Track 10	Anaphylactic reactions associated with olaratumab
Track 11	Overall survival benefit in the randomized Phase II JGDG trial with the addition of olaratumab to doxorubicin for patients with STS
Track 12	Indications for the use of olaratumab in patients with STS
Track 13	**Case discussion:** A 57-year-old man with retroperitoneal leiomyosarcoma and multiple lung nodules receives olaratumab and doxorubicin on a clinical trial
Track 14	Activity and side-effect profiles of olaratumab and trabectedin
Track 15	**Case discussion:** A 57-year-old man with myxoid liposarcoma and lung metastases receives eribulin after disease progression on doxorubicin and trabectedin
Track 16	Investigation of immune checkpoint inhibitors for patients with STS
Track 17	SARC 028: A Phase II study of the anti-PD-1 antibody pembrolizumab in patients with advanced sarcoma
Track 18	**Case discussion:** A 37-year-old man with a 15-cm synovial sarcoma of the left leg achieves a good response to adjuvant doxorubicin and ifosfamide
Track 19	**Second opinion:** A 54-year-old woman with a 6-cm primary uterine leiomyosarcoma penetrating the uterine wall — Recommendation for adjuvant chemotherapy
Track 20	**Case discussion:** A 62-year-old woman with a uterine leiomyosarcoma receives pseudoadjuvant chemotherapy for a single lung metastasis

Interview with Seth M Pollack, MD

Tracks 1-19

Track 1	Classification and management of sarcomas
Track 2	Etiology and risk factors for the development of STS
Track 3	Indications for performing a biopsy in patients with STS
Track 4	Implications of grade and stage on prognosis of STS
Track 5	**Case discussion:** A 62-year-old woman with a 7.3-cm high-grade synovial sarcoma and a greater than 40% chance of recurrence receives adjuvant chemotherapy
Track 6	Role of adjuvant chemotherapy for patients with STS
Track 7	Results of the EORTC 62931 study evaluating the efficacy of adjuvant chemotherapy for resected STS
Track 8	**Case discussion:** A 60-year-old man with a 10-cm intermediate-grade synovial sarcoma of the inferior vena cava extending to the heart has a short-duration response to adjuvant chemotherapy

Interview with Dr Pollack (continued)

Track 9	**Case discussion:** A 28-year-old man with intermediate-grade myxoid/ round cell liposarcoma in the thigh achieves a good response to neoadjuvant chemoradiation therapy
Track 10	Improvement in overall survival with neoadjuvant chemotherapy for high-risk STS
Track 11	**Case discussion:** A 55-year-old woman with Li-Fraumeni syndrome and a history of sarcoma is diagnosed with a high-grade, unresectable liposarcoma in the mediastinum
Track 12	Integration of trabectedin and eribulin into the clinical management of leiomyosarcoma and liposarcoma
Track 13	**Case discussion:** A 65-year-old woman diagnosed with a myxoid/ round cell liposarcoma and a fused CHOP translocation receives trabectedin for recurrent disease
Track 14	FDA approval of trabectedin for patients with unresectable or metastatic liposarcoma or leiomyosarcoma that has progressed after an anthracycline regimen
Track 15	Improvement in progression-free survival with pazopanib for STS
Track 16	Mechanism of action, efficacy and tolerability of olaratumab
Track 17	Choosing between the addition of olaratumab versus ifosfamide to doxorubicin as front-line therapy for advanced STS
Track 18	**Case discussion:** A patient in his late fifties with a high-grade leiomyosarcoma that is diagnosed after a car accident is enrolled on a clinical trial of olaratumab and doxorubicin
Track 19	Activity of immune checkpoint inhibitors for STS

Related Video Program

Visit www.ResearchToPractice.com/STSU117/Video to view video highlights of the interviews with (from left) Drs Van Tine and Pollack by Dr Love and earn additional *AMA PRA Category 1 Credit™*.

Topics covered include:

- Classification, incidence and management of sarcomas
- Role of neoadjuvant and adjuvant chemotherapy in the clinical management of soft tissue sarcoma (STS)
- Recent FDA approval of olaratumab in combination with doxorubicin and integration into the treatment algorithm for advanced STS
- Integration of the recently FDA approved agents trabectedin and eribulin into the treatment algorithm for metastatic liposarcoma and/or leiomyosarcoma
- Role of tyrosine kinase inhibitors and immune checkpoint inhibitors in STS

SELECT PUBLICATIONS

Biermann JS et al. **Bone cancer.** *J Natl Compr Canc Netw* 2013;11(6):688-723.

Coindre JM et al. **Predictive value of grade for metastasis development in the main histologic types of adult soft tissue sarcomas: A study of 1240 patients from the French Federation of Cancer Centers Sarcoma Group.** *Cancer* 2001;91(10):1914-26.

Delaney TF et al. **Radiation therapy for control of soft-tissue sarcomas resection with positive margins.** *Int J Radiat Oncol Biol Phys* 2007;67(5):1460-9.

Demetri GD et al. **Efficacy and safety of trabectedin or dacarbazine for metastatic liposarcoma or leiomyosarcoma after failure of conventional chemotherapy: Results of a phase III randomized multicenter clinical trial.** *J Clin Oncol* 2016;34(8):786-93.

D'Incalci M, Galmarini CM. **A review of trabectedin (ET-743): A unique mechanism of action.** *Mol Cancer Ther* 2010;9(8):2157-63.

Gronchi A et al. **Full-dose neoadjuvant anthracycline + ifosfamide chemotherapy is associated with a relapse free survival (RFS) and overall survival (OS) benefit in localized high-risk adult soft tissue sarcomas (STS) of the extremities and trunk wall: Interim analysis of a prospective randomized trial.** *Proc ESMO* 2016;**Abstract LBA6_PR**.

Harris SJ et al. **Metastatic soft tissue sarcoma, an analysis of systemic therapy and impact on survival.** *Proc ASCO* 2015;**Abstract 10545**.

Jones RL et al. **Differential sensitivity of liposarcoma subtypes to chemotherapy.** *Eur J Cancer* 2005;41(18):2853-60.

Judson I et al. **Doxorubicin alone versus intensified doxorubicin plus ifosfamide for first-line treatment of advanced or metastatic soft-tissue sarcoma: A randomised controlled phase 3 trial.** *Lancet Oncol* 2014;15(4):415-23.

Kraybill WG et al. **Long-term results of a phase 2 study of neoadjuvant chemotherapy and radiotherapy in the management of high-risk, high-grade, soft tissue sarcomas of the extremities and body wall: Radiation Therapy Oncology Group Trial 9514.** *Cancer* 2010;116(19):4613-21.

Mir O et al. **Safety and efficacy of regorafenib in patients with advanced soft tissue sarcoma (REGOSARC): A randomised, double-blind, placebo-controlled, phase 2 trial.** *Lancet* 2016;17(12):1732-42.

Mullen JT et al. **Long-term follow-up of patients treated with neoadjuvant chemotherapy and radiotherapy for large, extremity soft tissue sarcomas.** *Cancer* 2012;118(15):3758-65.

Penel N et al. **Regorafenib (RE) in liposarcomas (LIPO), leiomyosarcomas (LMS), synovial sarcomas (SYN), and other types of soft-tissue sarcomas (OTS): Results of an international, double-blind, randomized, placebo (PL) controlled phase II trial.** *Proc ASCO* 2016;**Abstract 11003**.

Pervaiz N et al. **A systematic meta-analysis of randomized controlled trials of adjuvant chemotherapy for localized resectable soft-tissue sarcoma.** *Cancer* 2008;113(3):573-81.

Schöffski P et al. **Eribulin versus dacarbazine in previously treated patients with advanced liposarcoma or leiomyosarcoma: A randomised, open-label, multicentre, phase 3 trial.** *Lancet* 2016;387(10028):1629-37.

Stubbe F et al. **Effective local control of advanced soft tissue sarcoma with neoadjuvant chemoradiotherapy and surgery: A single institutional experience.** *Cancer Radiother* 2016;20(1):6-13.

Tap WD et al. **Olaratumab and doxorubicin versus doxorubicin alone for treatment of soft-tissue sarcoma: An open-label phase 1b and randomised phase 2 trial.** *Lancet* 2016;388(10043):488-97.

Tawbi A et al. **Safety and efficacy of PD-1 blockade using pembrolizumab in patients with advanced soft tissue (STS) and bone sarcomas (BS): Results of SARC028 — A multicenter phase II study.** *Proc ASCO* 2016;**Abstract 11006**.

Van der Graaf WT et al. **Pazopanib for metastatic soft-tissue sarcoma (PALETTE): A randomised, double-blind, placebo-controlled phase 3 trial.** *Lancet* 2012;379(9829):1879-86.

Widemann BC et al. **SARC006: Phase II trial of chemotherapy in sporadic and neurofibromatosis type 1 (NF1)-associated high-grade malignant peripheral nerve sheath tumors (MPNSTs).** *Proc ASCO* 2013;**Abstract 10522**.

Woll PJ et al. **Adjuvant chemotherapy with doxorubicin, ifosfamide, and lenograstim for resected soft-tissue sarcoma (EORTC 62931): A multicentre randomised controlled trial.** *Lancet Oncol* 2012;13(10):1045-54.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The results of the ET743-SAR-3007 trial comparing trabectedin to dacarbazine in patients with previously treated advanced liposarcoma or leiomyosarcoma reported a statistically significant improvement in _____ with trabectedin.**
   a. Progression-free survival
   b. Overall survival
   c. Both a and b

2. **A Phase III trial of eribulin versus dacarbazine in previously treated advanced or metastatic STS demonstrated that the benefit in overall survival with eribulin was greater in patients with which histology?**
   a. Liposarcoma
   b. Leiomyosarcoma

3. **Which of the following agents are FDA approved for patients with liposarcomas?**
   a. Eribulin
   b. Trabectedin
   c. Regorafenib
   d. All of the above
   e. Both a and b

4. **The randomized Phase II JGDG trial investigating the addition of olaratumab to doxorubicin versus doxorubicin alone for patients with advanced or metastatic STS demonstrated a statistically significant improvement in _____ with the combination.**
   a. Overall survival
   b. Progression-free survival
   c. Both a and b

5. **Side effects associated with trabectedin include _____.**
   a. Liver function abnormalities
   b. Myelosuppression
   c. Rhabdomyolysis
   d. All of the above

6. **The EORTC 62931 study evaluating the efficacy of adjuvant chemotherapy for patients with high-risk STS reported an improvement in overall and disease-free survival with adjuvant chemotherapy.**
   a. True
   b. False

7. **The Phase II REGOSARC trial assessing the efficacy of regorafenib versus placebo for patients with previously treated advanced STS demonstrated a benefit in progression-free survival in which group of patients?**
   a. Patients with liposarcoma
   b. Patients with nonadipocytic STS
   c. Both a and b

8. **Olaratumab, an agent recently approved for STS, is a(n) _____.**
   a. Immune checkpoint inhibitor
   b. Tyrosine kinase inhibitor
   c. Monoclonal antibody to PDGFRα

9. **Results from the Phase II SARC028 trial investigating the safety and efficacy of _____ in patients with advanced sarcomas demonstrated promising activity in patients with undifferentiated pleomorphic sarcoma and liposarcoma.**
   a. Pembrolizumab
   b. Nivolumab
   c. Nivolumab with ipilimumab

10. **A recent study by Gronchi and colleagues evaluating the efficacy of neoadjuvant chemotherapy for patients with high-risk STS reported a benefit in overall survival in patients randomly assigned to the epirubicin/ifosfamide arm versus those who received a histologically tailored regimen.**
    a. True
    b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Soft Tissue Sarcoma Update — Volume 1, Issue 1

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Results of the Phase II JGDG trial: Survival advantage with the addition of olaratumab to doxorubicin for patients with advanced STS	4 3 2 1	4 3 2 1
Efficacy and tolerability of trabectedin for patients with liposarcomas and leiomyosarcomas	4 3 2 1	4 3 2 1
Overall survival benefit with eribulin versus dacarbazine in previously treated advanced or metastatic liposarcomas	4 3 2 1	4 3 2 1
Early efficacy data with immune checkpoint inhibitors for patients with advanced sarcomas	4 3 2 1	4 3 2 1
Results of the EORTC 62931 study evaluating the efficacy of adjuvant chemotherapy for resected STS	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice
☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

How many new patients with STS do you see per year? ..... patients

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Recognize the importance of multidisciplinary collaboration in the diagnosis and management of STS, and use this information to guide therapeutic decision-making.... 4 3 2 1 N/M N/A
- Appreciate the recent FDA approvals of trabectedin, eribulin and olaratumab, and discern how these agents can be integrated into the clinical algorithm for patients with STS. ..... 4 3 2 1 N/M N/A
- Appraise available efficacy data with pazopanib for patients with advanced STS, and assess how this agent can be optimally incorporated into current clinical practice..... 4 3 2 1 N/M N/A
- Evaluate the role of neoadjuvant and adjuvant chemotherapy in the clinical management of STS..... 4 3 2 1 N/M N/A
- Explore emerging data with immune checkpoint inhibitors, and use this information to counsel appropriate individuals regarding potential participation in ongoing trials..... 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....

.....

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain:.....

Additional comments about this activity:

.....

.....

PART 2 — Please tell us about the faculty and editor for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Brian A Van Tine, MD, PhD	4 3 2 1	4 3 2 1
Seth M Pollack, MD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

.....

.....

Other comments about the faculty and editor for this activity:

.....

.....

.....

REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other .....

Street Address:..... Box/Suite:.....

City, State, Zip:.....

Telephone:..... Fax:.....

Email:.....

Penn State College of Medicine designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature:..... Date:.....

The expiration date for this activity is April 20, 2018. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/STSU117/CME.

QID 1727

Soft Tissue Sarcoma™

UPDATE

Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

PRSRT STD
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT #1317

This activity is supported by educational grants
from Eisai Inc, Janssen Biotech Inc and Lilly.

Research To Practice®

PennState College of Medicine

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Release date: April 20, 2017
Expiration date: April 20, 2018
Estimated time to complete: 2.25 hours