Clinical Investigator and Nursing Perspectives on the Management of Common Cancers

FACULTY INTERVIEWS
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EDITOR
Neil Love, MD
Overview of Activity

Lung cancer is one of the most rapidly evolving fields in oncology nursing and is a major public health concern, with more than 228,000 new cases and 160,000 deaths from metastatic lung cancer estimated to have occurred in the United States during 2013. Progress in the screening, prevention and treatment of this disease has been limited, and approximately 85% of patients who develop lung cancer will die of it. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on long-term outcomes. However, the advent of biologic agents in lung cancer has led to recent improvements in disease-free and overall survival in select patient populations. Published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with lung cancer, the Oncology Nursing Update audio series employs one-on-one interviews with medical oncologists and nurses who are experts in caring for patients with lung cancer. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with lung cancer.

Purpose Statement

To present the most current research developments in lung cancer and to provide the perspectives of a nurse practitioner and clinical investigator on the diagnosis and treatment of lung cancer.

Learning Objectives

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of lung cancer, including tyrosine kinase inhibitors (TKIs), chemotherapy regimens and targeted biologic treatments.
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Establish an evidence-based approach to the selection of induction and maintenance biologic therapy and/or chemotherapy for patients with advanced non-small cell lung cancer (NSCLC).
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with lung cancer.

Accreditation Statement

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

Credit Designation Statement

This educational activity for 1.2 contact hours is provided by Research To Practice during the period of February 2014 through February 2015.

For Successful Completion

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website ResearchToPractice.com/ONULung114 also includes links to relevant abstracts and full-text articles.

To receive credit, participants should read the learning objectives and faculty disclosures, listen to the CD and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/ONULung114/CNE. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 75% or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within 3 weeks or may be printed online.

This activity is supported by educational grants from Astellas, Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation and Genentech BioOncology.

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SELECT PUBLICATIONS


Janjigian YY et al. Activity of afatinib/cetuximab in patients (PTS) with EGFR mutant non-small cell lung cancer (NSCLC) and acquired resistance (AR) to EGFR inhibitors. Proc ESMO 2012;Abstract 12270.


Patel JD et al. A randomized, open-label, Phase 3, superiority study of pemetrexed (Pem)+carboplatin (Cb)+bevacizumab (B) followed by maintenance Pem+B versus paclitaxel (Pac)+Cb+B followed by maintenance B in patients (pts) with stage IIIB or IV non-squamous non-small cell lung cancer (NS-NSCLC). ASTRO 2012;Abstract LBPL1.


Spigel DR et al. Final efficacy results from OAM4558g, a randomized phase II study evaluating MetMAb or placebo in combination with erlotinib in advanced NSCLC. Proc ASCO 2011;Abstract 7505.

Wu YL et al. LUX-Lung 6: A randomized, open-label, phase III study of afatinib (A) versus gemcitabine/cisplatin (GC) as first-line treatment for Asian patients (pts) with EGFR mutation-positive (EGFR M+) advanced adenocarcinoma of the lung. Proc ASCO 2013;Abstract 8016.


QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following is an irreversible EGFR TKI?
   a. Gefitinib
   b. Erlotinib
   c. Afatinib
   d. None of the above

2. Which of the following EGFR TKIs is approved by the FDA for the treatment of lung cancer?
   a. Afatinib
   b. Erlotinib
   c. Both a and b

3. Which of the following side effects is of concern when counseling patients with NSCLC who are about to initiate treatment with erlotinib?
   a. Alopecia
   b. Mild diarrhea
   c. Rash
   d. Both b and c

4. Cetuximab in combination with afatinib has demonstrated significant responses in patients with EGFR-mutant, metastatic NSCLC with acquired resistance to EGFR TKIs.
   a. True
   b. False

   a. Greater efficacy, improved tolerability
   b. Similar efficacy, similar tolerability
   c. Less efficacy, improved tolerability

6. The monoclonal antibody onartuzumab is a(n) ______________.
   a. EGFR inhibitor
   b. KRAS inhibitor
   c. MET inhibitor

7. Which of the following are potential contraindications to the use of bevacizumab?
   a. Squamous cell histology
   b. Hemoptysis
   c. Severe hypertension
   d. Recent myocardial infarction
   e. Recent stroke
   f. All of the above

8. Management strategies for the dermatologic toxicities associated with EGFR TKI use include ______________.
   a. Oral antibiotics
   b. Topical clindamycin
   c. Hydrocortisone cream
   d. Erlotinib dose reduction or discontinuation
   e. All of the above
EDUCATIONAL ASSESSMENT AND CREDIT FORM

Oncology Nursing Update Lung Cancer Edition — Issue 1, 2014

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?

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<th>Topic</th>
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<td>Comparative toxicity with weekly nab paclitaxel versus standard-formulation paclitaxel</td>
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<td>Recent FDA approval of afatinib and integration into clinical treatment algorithms</td>
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<td>Contraindications to the use of bevacizumab in patients with metastatic NSCLC</td>
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Has the activity unfairly influenced you toward a particular product or service?
☐ Yes  ☐ No
If yes, please describe what was presented: .................................................................

Will this activity help you improve patient care?
☐ Yes  ☐ No  ☐ Not applicable
If yes, how will it help you improve patient care? ..........................................................

Did the activity meet your educational needs and expectations?
☐ 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:

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of lung cancer, including tyrosine kinase inhibitors (TKIs), chemotherapy regimens and targeted biologic treatments. .................4 3 2 1 N/M N/A
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment. .................4 3 2 1 N/M N/A
- Establish an evidence-based approach to the selection of induction and maintenance biologic therapy and/or chemotherapy for patients with advanced non-small cell lung cancer (NSCLC). .................4 3 2 1 N/M N/A
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with lung cancer. .................4 3 2 1 N/M N/A
What other practice changes will you make or consider making as a result of this activity?

What additional information or training do you need on the activity topics or other oncology-related topics?

Additional comments about this activity:

As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

☐ Yes, I am willing to participate in a follow-up survey.
☐ No, I am not willing to participate in a follow-up survey.

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

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<th>Faculty</th>
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Please recommend additional faculty for future activities:

Other comments about the faculty and editor for this activity:

REQUEST FOR CREDIT — Please print clearly

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The expiration date for this activity is February 2015. 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/ONULung114/CNE.