

Oncology Nursing™

U P D A T E

Clinical Investigator and Nursing Perspectives
on the Management of Common Cancers

FACULTY INTERVIEWS

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**METASTATIC
PROSTATE
CANCER**

CNE
Activity

Oncology Nursing Update Metastatic Prostate Cancer

A Continuing Nursing Education Audio Series

OVERVIEW OF ACTIVITY

Cancers of the genitourinary system affect hundreds of thousands of individuals in the United States each year and account for almost 30% of all newly diagnosed human cancer cases. Although genitourinary cancers are a diverse array of distinct diseases, tumors of the prostate are definitively the most prevalent and thus the topic of extensive ongoing clinical research. Consequently, the clinical management of prostate cancer is frequently in a state of evolution, necessitating rapid and consistent clinician access to emerging data sets of relevance to the continuous delivery of quality cross-functional care. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with metastatic prostate 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 prostate cancer. On completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of these patients.

PURPOSE STATEMENT

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

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of castration-resistant prostate cancer (CRPC), including “secondary” hormonal agents, chemotherapy and radiopharmaceuticals.
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Review the available efficacy and safety data related to the use of the newly FDA-approved alpha emitter radium-223 and other bone-targeted agents in patients with skeletal metastases to facilitate appropriate counseling for individuals considering these therapeutic approaches.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with metastatic CRPC.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

This educational activity for 1.2 contact hours is provided by Research To Practice during the period of March 2014 through March 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/ONUProstate114 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/ONUProstate114/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.

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FACULTY — **Ms Sinibaldi** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Sartor** — Advisory Committee: Bayer HealthCare Pharmaceuticals, Sanofi; Consulting Agreements: Algeta ASA, Bayer HealthCare Pharmaceuticals, Celgene Corporation, GlaxoSmithKline, Medivation Inc, Millennium: The Takeda Oncology Company, OncoGenex Pharmaceuticals Inc, Pfizer Inc, Sanofi; Contracted Research: AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Millennium: The Takeda Oncology Company, Sanofi.

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SELECT PUBLICATIONS

A re-treatment safety study of radium-223 dichloride in subjects with castration-resistant prostate cancer with bone metastases who received an initial course of six doses of radium-223 dichloride 50 kBq/kg every four weeks. NCT01934790

Crook JM et al. **Intermittent androgen suppression for rising PSA level after radiotherapy.** *N Engl J Med* 2012;367(10):895–903.

De Bono JS et al. **Primary, secondary, and quality-of-life endpoint results from the phase III AFFIRM study of MDV3100, an androgen receptor signaling inhibitor.** *Proc ASCO* 2012;**Abstract 4519.**

Dorff TB, Crawford ED. **Management and challenges of corticosteroid therapy in men with metastatic castrate-resistant prostate cancer.** *Ann Oncol* 2013;24(1):31–8.

Fizazi K et al. **Abiraterone acetate for treatment of metastatic castration-resistant prostate cancer: Final overall survival analysis of the COU-AA-301 randomised, double-blind, placebo-controlled phase 3 study.** *Lancet Oncol* 2012;13(10):983–92.

Harrison MR et al. **Radium-223 chloride: A potential new treatment for castration-resistant prostate cancer patients with metastatic bone disease.** *Cancer Manag Res* 2013;5:1–14.

Hussain M et al. **Intermittent versus continuous androgen deprivation in prostate cancer.** *N Engl J Med* 2013;368(14):1314–25.

McDevitt MR et al. **Radioimmunotherapy with alpha-emitting nuclides.** *Eur J Nucl Med* 1998;25(9):1341–51.

Noonan KL et al. **Clinical activity of abiraterone acetate in patients with metastatic castration-resistant prostate cancer progressing after enzalutamide.** *Ann Oncol* 2013;24(7):1802–7.

Parker C et al. **Alpha emitter radium-223 and survival in metastatic prostate cancer.** *N Engl J Med* 2013;369(3):213–23.

Parker C et al. **Updated survival, quality of life (QOL), and safety data of radium-223 chloride (Ra-223) in patients with castration-resistant prostate cancer (CRPC) with bone metastases from the phase 3 double-blind, randomized, multinational study (ALSYMPCA).** *Proc ESMO* 2012;**Abstract 898PD.**

Parker C, Sartor O. **Radium-223 in prostate cancer.** *N Engl J Med* 2013;369(17):1659–60.

Ryan CJ et al. **Interim analysis results of COU-AA-302, a randomized, phase III study of abiraterone acetate in chemotherapy-naïve patients with metastatic castration-resistant prostate cancer.** *Proc ASCO* 2012;**Abstract LBA4518.**

Sartor O. **Androgen deprivation — Continuous, intermittent, or none at all?** *N Engl J Med* 2012;367(10):945–6.

Scher HI et al. **Increased survival with enzalutamide in prostate cancer after chemotherapy.** *N Engl J Med* 2012;367(13):1187–97.

QUESTIONS (PLEASE CIRCLE ANSWER):

- 1. Treatment with _____ results in increased testosterone levels and inhibition of the androgen receptor.**
 - a. Enzalutamide
 - b. Abiraterone
 - c. Sipuleucel-T
- 2. _____ is a side effect commonly associated with enzalutamide therapy among patients with metastatic CRPC.**
 - a. Low potassium
 - b. Low incidence of seizures
 - c. Both a and b
 - d. Neither a nor b
- 3. Typical side effects that can be associated with LHRH-agonist therapy include _____.**
 - a. Hot flashes
 - b. Anemia
 - c. Fatigue
 - d. Erectile dysfunction
 - e. All of the above
- 4. Data from the Phase III ALSYMPCA trial of radium-223 versus placebo for patients with symptomatic CRPC demonstrated improvements in median overall survival and incidence of bone pain.**
 - a. True
 - b. False
- 5. An ongoing trial is evaluating the safety of radium-223 re-treatment in patients with CRPC and bone metastases.**
 - a. True
 - b. False
- 6. It is necessary for patients initiating treatment with radium-223 to discontinue any bone-targeted agents (ie, zoledronic acid, denosumab) prior to receiving radium-223 therapy.**
 - a. True
 - b. False
- 7. Administration of abiraterone alone also can result in increased mineralocorticoid production, which can lead to mineralocorticoid excess syndrome and to hypertension, hypokalemia and fluid retention, so it should be co-administered with prednisone to reduce the incidence and severity of mineralocorticoid-related adverse reactions.**
 - a. True
 - b. False
- 8. Which of the following are potential long-term effects of steroid use?**
 - a. Diabetes
 - b. Thinning of the skin
 - c. Potential for infection
 - d. Myopathy
 - e. Osteopenia/osteoporosis
 - f. All of the above

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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
Rationale for the use of corticosteroids for patients receiving the androgen biosynthesis inhibitor abiraterone for metastatic CRPC	4 3 2 1	4 3 2 1
Improvements in quality of life associated with the use of the second-generation antiandrogen enzalutamide in metastatic CRPC	4 3 2 1	4 3 2 1
Management of side effects associated with enzalutamide and abiraterone	4 3 2 1	4 3 2 1
Appropriate patient selection for and administration of radium-223	4 3 2 1	4 3 2 1
Effects of radium-223 on bone-related symptoms of metastatic prostate cancer	4 3 2 1	4 3 2 1

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 castration-resistant prostate cancer (CRPC), including “secondary” hormonal agents, chemotherapy and radiopharmaceuticals.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
- Review the available efficacy and safety data related to the use of the newly FDA-approved alpha emitter radium-223 and other bone-targeted agents in patients with skeletal metastases to facilitate appropriate counseling for individuals considering these therapeutic approaches.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 metastatic CRPC. ...4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

Table with 4 columns: 4 = Excellent, 3 = Good, 2 = Adequate, 1 = Suboptimal. Rows include Faculty (Knowledge of subject matter, Effectiveness as an educator) and Editor (Neil Love, MD).

Please recommend additional faculty for future activities:

Other comments about the faculty and editor for this activity:

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