

Cancer Conference Update



Audio reviews of key presentations and posters from important scientific meetings

Discussion of 70
Presentations
and Posters
Presented at the
2008 Annual
Oncology
Meeting in
Chicago, Illinois

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INTERVIEWS

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Cancer Conference Update

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OVERVIEW OF ACTIVITY

Oncology is one of the most rapidly evolving fields in medicine. Results presented at major cancer conferences from a plethora of ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing medical oncologist must be well informed of these advances. To bridge the gap between research and patient care, this issue of *Cancer Conference Update* features one-on-one discussions with Drs George, Kim, Leonard, Venook and Winer on the integration of data presented at the 2008 Annual Oncology Meeting in Chicago, Illinois into the management of various types of cancer. Thus, this CME activity is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Evaluate the clinical relevance of emerging data in breast, colorectal, hepatocellular, lung, head & neck, thyroid, prostate, renal cell and select hematologic malignancies, and incorporate this information into treatment plans for appropriately selected patients.
- Critically review the data supporting the use of clinical and molecular markers in the individualized management of breast cancer, and integrate them into current neoadjuvant, adjuvant and metastatic treatment decisions.
- Discuss the prognostic and predictive relevance of K-ras mutations in the clinical care of patients with lung or colorectal cancer, considering assay availability and impact on therapy selection.
- Evaluate the safety and efficacy of the multitargeted tyrosine kinase inhibitors (TKIs) in the treatment of hepatocellular carcinoma and thyroid cancer, and determine the current clinical applicability of these agents.
- Develop a treatment algorithm for the management of advanced renal cell cancer, incorporating the evidence-based use of multitargeted TKIs, anti-angiogenic agents and/or cytokines.
- Assess the practical implications of the emerging research using cytotoxic, biologic and novel androgen-targeted agents for the treatment of castration-refractory metastatic prostate cancer.
- Critically evaluate the risk-benefit profiles of biologic and chemobiologic regimens with activity in locally advanced and metastatic non-small cell lung cancer, and use this information when making individualized treatment recommendations.
- Review data on the evolving clinical role of cetuximab for the treatment of head & neck cancer, and incorporate this information into your current therapeutic algorithms.
- Discuss research advances using novel schedules, doses or pharmacologic agents for the treatment of non-Hodgkin's lymphoma, multiple myeloma, myelodysplastic syndromes and chronic myelogenous leukemia, and determine how these may be applied to clinical practice.
- Review the new and recently updated clinical data focusing on the treatment of colorectal cancer and the prevention of therapy-induced peripheral sensory neuropathy in the adjuvant and metastatic settings.

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PAPERS DISCUSSED BY DR WINER (BREAST CANCER)

Gnant M et al. **Adjuvant ovarian suppression combined with tamoxifen or anastrozole, alone or in combination with zoledronic acid, in premenopausal women with hormone responsive, stage I and II breast cancer: First efficacy results from ABCSG-12.** *Proc ASCO* 2008;[Abstract LBA4](#).

Goodwin PJ et al. **Frequency of vitamin D (Vit D) deficiency at breast cancer (BC) diagnosis and association with risk of distant recurrence and death in a prospective cohort study of T1-3, N0-1, M0 BC.** *Proc ASCO* 2008;[Abstract 511](#).

Gray RG et al. **aTTom (adjuvant Tamoxifen — To offer more?): Randomized trial of 10 versus 5 years of adjuvant tamoxifen among 6,934 women with estrogen receptor-positive (ER+) or ER untested breast cancer — Preliminary results.** *Proc ASCO* 2008;[Abstract 513](#).

Cristofanilli M et al. **A phase II multicenter, double-blind, randomized trial to compare anastrozole plus gefitinib with anastrozole plus placebo in postmenopausal women with hormone receptor-positive (HR+) metastatic breast cancer (MBC).** *Proc ASCO* 2008;[Abstract 1012](#).

Miles D et al. **Randomized, double-blind, placebo-controlled, phase III study of bevacizumab with docetaxel or docetaxel with placebo as first-line therapy for patients with locally recurrent or metastatic breast cancer (mBC): AVADO.** *Proc ASCO* 2008;[Abstract LBA1011](#).

O'Shaughnessy J et al. **A randomized study of lapatinib alone or in combination with trastuzumab in heavily pretreated HER2+ metastatic breast cancer progressing on trastuzumab therapy.** *Proc ASCO* 2008;[Abstract 1015](#).

Miller K et al. **Phase II feasibility trial incorporating bevacizumab into dose-dense doxorubicin and cyclophosphamide followed by paclitaxel in patients with lymph node-positive breast cancer: A trial of the Eastern Cooperative Oncology Group (E2104).** *Proc ASCO* 2008;[Abstract 520](#).

Von Minchwitz G et al. **Capecitabine vs capecitabine + trastuzumab in patients with HER2-positive metastatic breast cancer progressing during trastuzumab treatment: The TBP phase III study (GBG 26/BIG 3-05).** *Proc ASCO* 2008;[Abstract 1025](#).

Gelmon KA et al. **Results of a phase II trial of trastuzumab (H) and pertuzumab (P) in patients (pts) with HER2-positive metastatic breast cancer (MBC) who had progressed during trastuzumab therapy.** *Proc ASCO* 2008;[Abstract 1026](#).

Beeram M et al. **A phase I study of trastuzumab-DM1 (T-DM1), a first-in-class HER2 antibody-drug conjugate (ADC), in patients (pts) with advanced HER2+ breast cancer (BC).** *Proc ASCO* 2008;[Abstract 1028](#).

Holden SN et al. **A phase I study of weekly dosing of trastuzumab-DM1 (T-DM1) in patients (pts) with advanced HER2+ breast cancer (BC).** *Proc ASCO* 2008;[Abstract 1029](#).

Raefsky E et al. **Phase II study of neoadjuvant bevacizumab and trastuzumab administered with albumin-bound paclitaxel (*nab* paclitaxel) and carboplatin in HER2+ locally advanced breast cancer.** *Proc ASCO* 2008;[Abstract 627](#).

Sierecki MR et al. **Incidence and severity of sensory neuropathy (SN) with bevacizumab (B) added to dose-dense (dd) doxorubicin/cyclophosphamide (AC) followed by nanoparticle albumin bound (*nab*) paclitaxel (P) in patients (pts) with early-stage breast cancer (BC).** *Proc ASCO* 2008;[Abstract 589](#).

Danso MA et al. **Phase II trial of weekly *nab*-paclitaxel in combination with bevacizumab as first-line treatment in metastatic breast cancer.** *Proc ASCO* 2008;[Abstract 1075](#).

PAPERS DISCUSSED BY DR VENOOK (HEPATOCELLULAR CARCINOMA)

Cheng A-L et al. **Randomized phase III trial of sorafenib versus placebo in Asian patients with advanced hepatocellular carcinoma.** *Proc ASCO* 2008;[Abstract 4509](#).

Abou-Alfa GK et al. **Is sorafenib (S) safe and effective in patients (pts) with hepatocellular carcinoma (HCC) and Child-Pugh B (CPB) cirrhosis?** *Proc ASCO* 2008;[Abstract 4518](#).

PAPERS DISCUSSED BY DR VENOOK (CONTINUED)

Raoul J-L et al. Efficacy and safety of sorafenib in patients with advanced hepatocellular carcinoma according to ECOG performance status: A subanalysis from the SHARP trial. *Proc ASCO* 2008;[Abstract 4587](#).

Zhu AX et al. Sunitinib monotherapy in patients with advanced hepatocellular carcinoma (HCC): Insights from a multi-disciplinary phase II study. *Proc ASCO* 2008;[Abstract 4521](#).

PAPERS DISCUSSED BY DR GEORGE (RENAL CELL AND PROSTATE CANCER)

Figlin RA et al. Overall survival with sunitinib versus interferon (IFN)- α as first-line treatment of metastatic renal cell carcinoma (mRCC). *Proc ASCO* 2008;[Abstract 5024](#).

Escudier BJ et al. Update on AVOREN trial in metastatic renal cell carcinoma (mRCC): Efficacy and safety in subgroups of patients (pts) and pharmacokinetic (PK) analysis. *Proc ASCO* 2008;[Abstract 5025](#).

Whorf RC et al. Phase II study of bevacizumab and everolimus (RAD001) in the treatment of advanced renal cell carcinoma (RCC). *Proc ASCO* 2008;[Abstract 5010](#).

Feldman DR et al. Phase I trial of bevacizumab plus sunitinib in patients with metastatic renal cell carcinoma. *Proc ASCO* 2008;[Abstract 5100](#).

Sosman JA et al. Updated results of phase I trial of sorafenib (S) and bevacizumab (B) in patients with metastatic renal cell cancer (mRCC). *Proc ASCO* 2008;[Abstract 5011](#).

Sridhar SS et al. Activity of cediranib (AZD2171) in patients (pts) with previously untreated metastatic renal cell cancer (RCC). A phase II trial of the PMH Consortium. *Proc ASCO* 2008;[Abstract 5047](#).

Bajetta E et al. Efficacy and safety of first-line bevacizumab (BEV) plus interferon- α 2a (IFN) in patients (pts) >65 years with metastatic renal cell carcinoma (mRCC). *Proc ASCO* 2008;[Abstract 5095](#).

Hariharan S et al. Sunitinib in metastatic renal cell carcinoma (mRCC) patients (pts) with brain metastases (mets): Data from an expanded access trial. *Proc ASCO* 2008;[Abstract 5094](#).

Figg WD et al. Randomized phase III trial of thalidomide (Th) or placebo (P) for non-metastatic PSA recurrent prostate cancer (PCa) treated with intermittent therapy. *Proc ASCO* 2008;[Abstract 5016](#).

Ning YM et al. Phase II trial of thalidomide (T), bevacizumab (Bv), and docetaxel (Doc) in patients (pts) with metastatic castration-refractory prostate cancer (mCRPC). *Proc ASCO* 2008;[Abstract 5000](#).

Scher HI et al. Phase I/II study of MDV3100 in patients (pts) with progressive castration-resistant prostate cancer (CRPC). *Proc ASCO* 2008;[Abstract 5006](#).

De Bono JS et al. Anti-tumor activity of abiraterone acetate (AA), a CYP17 inhibitor of androgen synthesis, in chemotherapy naive and docetaxel pre-treated castration resistant prostate cancer (CRPC). *Proc ASCO* 2008;[Abstract 5005](#).

PAPERS DISCUSSED BY DR KIM (LUNG, HEAD & NECK AND THYROID CANCER)

Pirker R et al. FLEX: A randomized, multi-center, phase III study of cetuximab in combination with cisplatin/vinorelbine (CV) versus CV alone in the first-line treatment of patients with advanced non-small cell lung cancer (NSCLC). *Proc ASCO* 2008;[Abstract 3](#).

Schiller JH et al. A randomized discontinuation phase II study of sorafenib versus placebo in patients with non-small cell lung cancer who have failed at least two prior chemotherapy regimens: E2501. *Proc ASCO* 2008;[Abstract 8014](#).

Karp DD et al. High activity of the anti-IGF-IR antibody CP-751,871 in combination with paclitaxel and carboplatin in squamous NSCLC. *Proc ASCO* 2008;[Abstract 8015](#).

Riely GJ et al. Frequency and distinctive spectrum of KRAS mutations in never smokers with lung adenocarcinoma. *Proc ASCO* 2008;[Abstract 8006](#).

Douillard J-Y et al. Molecular and clinical subgroup analyses from a phase III trial comparing gefitinib with docetaxel in previously treated non-small cell lung cancer (INTEREST). *Proc ASCO* 2008;[Abstract 8001](#).

PAPERS DISCUSSED BY DR KIM (CONTINUED)

Socinski MA et al. **Incorporation of bevacizumab (B) and erlotinib (Er) with induction (I) and concurrent (C) carboplatin (Cb)/paclitaxel (P) and 74 Gy of thoracic radiotherapy in stage III non-small cell lung cancer (NSCLC).** *Proc ASCO* 2008;[Abstract 7517](#).

Akerley WL et al. **Acceptable safety of bevacizumab therapy in patients with brain metastases due to non-small cell lung cancer.** *Proc ASCO* 2008;[Abstract 8043](#).

Paccagnella A et al. **Concomitant chemo-radiotherapy (CT/RT) vs neoadjuvant chemotherapy with docetaxel/cisplatin/5-fluorouracil (TPF) followed by CT/RT in locally advanced head and neck cancer. Final results of a phase II randomized study.** *Proc ASCO* 2008;[Abstract 6000](#).

Tishler RB et al. **Cetuximab added to docetaxel, cisplatin, 5-fluorouracil induction chemotherapy (C-TPF) in patients with newly diagnosed locally advanced head and neck cancer: A phase I study.** *Proc ASCO* 2008;[Abstract 6001](#).

Argiris A et al. **Phase II trial of neoadjuvant docetaxel (T), cisplatin (P), and cetuximab (E) followed by concurrent radiation (X), P, and E in locally advanced head and neck cancer (HNC).** *Proc ASCO* 2008;[Abstract 6002](#).

Haddad RI et al. **A phase II open-label study of vandetanib in patients with locally advanced or metastatic hereditary medullary thyroid cancer.** *Proc ASCO* 2008;[Abstract 6024](#).

Brose MS et al. **A phase II study of sorafenib in metastatic thyroid carcinoma.** *Proc ASCO* 2008;[Abstract 6026](#).

Ahmed M et al. **Preliminary results of an open labeled phase 2 study evaluating the safety and efficacy of sorafenib in metastatic advanced thyroid cancer.** *Proc ASCO* 2008;[Abstract 6060](#).

PAPERS DISCUSSED BY DR LEONARD (HEMATOLOGIC MALIGNANCIES)

Pfreundschuh M et al. **Improved outcome of elderly patients with poor-prognosis diffuse large B-cell lymphoma (DLBCL) after dose-dense rituximab: Results of the DENSE-R-CHOP-14 trial of the German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL).** *Proc ASCO* 2008;[Abstract 8508](#).

Czuczman MS et al. **International study of lenalidomide in relapsed/refractory aggressive non-Hodgkin's lymphoma.** *Proc ASCO* 2008;[Abstract 8509](#).

Palumbo AP et al. **Bortezomib, pegylated-liposomal-doxorubicin and dexamethasone (PAD) as induction therapy prior to reduced intensity autologous stem cell transplant (ASCT) followed by lenalidomide and prednisone (LP) as consolidation and lenalidomide alone as maintenance.** *Proc ASCO* 2008;[Abstract 8518](#).

List AF et al. **Effect of azacitidine (AZA) on overall survival in higher-risk myelodysplastic syndromes (MDS) without complete remission.** *Proc ASCO* 2008;[Abstract 7006](#).

Mauro MJ et al. **Dasatinib 2-year efficacy in patients with chronic-phase chronic myelogenous leukemia (CML-CP) with resistance or intolerance to imatinib (START-C).** *Proc ASCO* 2008;[Abstract 7009](#).

Kantarjian H et al. **Nilotinib in patients with imatinib-resistant or -intolerant chronic myelogenous leukemia in chronic phase (CML-CP): Updated phase II results.** *Proc ASCO* 2008;[Abstract 7010](#).

PAPERS DISCUSSED BY DR VENOOK (COLORECTAL CANCER)

Van Cutsem E et al. **KRAS status and efficacy in the first-line treatment of patients with metastatic colorectal cancer (mCRC) treated with FOLFIRI with or without cetuximab: The CRYSTAL experience.** *Proc ASCO* 2008;[Abstract 2](#).

Wolmark N et al. **A phase III trial comparing FULV to FULV + oxaliplatin in stage II or III carcinoma of the colon: Survival results of NSABP Protocol C-07.** *Proc ASCO* 2008;[Abstract LBA4005](#).

PAPERS DISCUSSED BY DR VENOOK (CONTINUED)

Allegra CJ et al. **Initial safety report of NSABP C-08, a randomized phase III study of modified 5-fluorouracil (5-FU)/leucovorin (LCV) and oxaliplatin (OX) (mFOLFOX6) with or without bevacizumab (bev) in the adjuvant treatment of patients with stage II/III colon cancer.** *Proc ASCO* 2008;[Abstract 4006](#).

Nikcević DA et al. **Effect of intravenous calcium and magnesium (IV CaMg) on oxaliplatin-induced sensory neurotoxicity (sNT) in adjuvant colon cancer: Results of the phase III placebo-controlled, double-blind NCCTG trial N04C7.** *Proc ASCO* 2008;[Abstract 4009](#).

Grothey A et al. **Intermittent oxaliplatin (oxali) administration and time-to-treatment-failure (TTF) in metastatic colorectal cancer (mCRC): Final results of the phase III CONCEPT trial.** *Proc ASCO* 2008;[Abstract 4010](#).

Punt CJ et al. **Randomized phase III study of capecitabine, oxaliplatin, and bevacizumab with or without cetuximab in advanced colorectal cancer (ACC), the CAIRO2 study of the Dutch Colorectal Cancer Group (DCCG).** *Proc ASCO* 2008;[Abstract LBA4011](#).

Bokemeyer C et al. **KRAS status and efficacy of first-line treatment of patients with metastatic colorectal cancer (mCRC) with FOLFOX with or without cetuximab: The OPUS experience.** *Proc ASCO* 2008;[Abstract 4000](#).

Tejpar S et al. **Relationship of efficacy with KRAS status (wild type versus mutant) in patients with irinotecan-refractory metastatic colorectal cancer (mCRC), treated with irinotecan (q2w) and escalating doses of cetuximab (q1w): The EVEREST experience (preliminary data).** *Proc ASCO* 2008;[Abstract 4001](#).

Wiering B et al. **Improved selection of patients for hepatic surgery of colorectal liver metastases with FDG-PET: A randomized study.** *Proc ASCO* 2008;[Abstract 4004](#).

Cassidy J et al. **Surgery with curative intent in patients (pts) treated with first-line chemotherapy (CT) + bevacizumab (BEV) for metastatic colorectal cancer (mCRC): First BEAT and NO16966.** *Proc ASCO* 2008;[Abstract 4022](#).

Berry SR et al. **Final efficacy results for bevacizumab plus standard first-line chemotherapies in patients with metastatic colorectal cancer: First BEAT.** *Proc ASCO* 2008;[Abstract 4025](#).

Kozloff M et al. **Safety and effectiveness of bevacizumab (BV) and chemotherapy (CT) in elderly patients (pts) with metastatic colorectal cancer (mCRC): Results from the BRiTE observational cohort study.** *Proc ASCO* 2008;[Abstract 4026](#).

Flynn PJ et al. **Incidence of serious bleeding events (sBE) in patients (pts) with metastatic colorectal cancer (mCRC) receiving bevacizumab (BV) as part of a first-line regimen: Results from the BRiTE observational cohort study (OCS).** *Proc ASCO* 2008;[Abstract 4104](#).

Sugrue MM et al. **Serious wound healing complications (sWHC) following surgery in patients (pts) with metastatic colorectal cancer (mCRC) receiving bevacizumab (BV): Results from the BRiTE observational cohort study (OCS).** *Proc ASCO* 2008;[Abstract 4105](#).

Cunningham D et al. **A phase II, double-blind, randomized multicenter study of cediranib with FOLFOX versus bevacizumab with FOLFOX in patients with previously treated metastatic colorectal cancer (mCRC): Final PFS results.** *Proc ASCO* 2008;[Abstract 4028](#).

ADDITIONAL PUBLICATIONS CITED IN THE PROGRAM

Escudier B et al; AVOREN trial investigators. **Bevacizumab plus interferon alfa-2a for treatment of metastatic renal cell carcinoma: A randomised, double-blind phase III trial.** *Lancet* 2007;370(9605):2103-11. [Abstract](#)

Geyer CE et al. **Lapatinib plus capecitabine for HER2-positive advanced breast cancer.** *N Engl J Med* 2006;355(26):2733-43. [Abstract](#)

Llovet J et al. **Sorafenib improves survival in advanced Hepatocellular Carcinoma (HCC): Results of a Phase III randomized placebo-controlled trial (SHARP trial).** *Proc ASCO* 2007;[Abstract LBA1](#).

Miller K et al. **Paclitaxel plus bevacizumab versus paclitaxel alone for metastatic breast cancer.** *N Engl J Med* 2007;357(26):2666-76. [Abstract](#)

Motzer RJ et al. **Sunitinib versus interferon alfa in metastatic renal-cell carcinoma.** *N Engl J Med* 2007;356(2):115-24. [Abstract](#)

Peto R et al. **ATLAS (Adjuvant Tamoxifen, Longer Against Shorter): International randomized trial of 10 versus 5 years of adjuvant tamoxifen among 11,500 women — Preliminary results.** San Antonio Breast Cancer Symposium 2007;[Abstract 48](#).

QUESTIONS (PLEASE CIRCLE ANSWER):

1. The ABCSG-12 trial randomly assigned premenopausal women with hormone responsive, Stage I and II breast cancer to receive adjuvant ovarian suppression combined with _____ or _____ alone or in combination with zoledronic acid.
 - a. Tamoxifen, placebo
 - b. Placebo, anastrozole
 - c. Tamoxifen, anastrozole
 - d. Tamoxifen, fulvestrant
2. In a randomized study of lapatinib alone or in combination with trastuzumab for patients with heavily pretreated HER2-positive metastatic breast cancer progressing on trastuzumab, a significant improvement in progression-free survival was observed with combination therapy versus lapatinib monotherapy.
 - a. True
 - b. False
3. In AVADO, a significant increase was seen in _____ with bevacizumab/docetaxel compared to docetaxel alone as first-line therapy for patients with locally recurrent or metastatic breast cancer.
 - a. Response rate
 - b. Progression-free survival
 - c. Overall survival
 - d. Both a and b
 - e. None of the above
4. In a Phase II study of sunitinib monotherapy in patients with advanced hepatocellular carcinoma, Zhu and colleagues reported a median overall survival of _____.
 - a. Three months
 - b. Nine months
 - c. 18 months
5. The report by Sosman and colleagues on the Phase I trial of sorafenib and bevacizumab in patients with metastatic renal cell cancer reported an increased incidence of which of the following toxicities?
 - a. Hypertension
 - b. Rash
 - c. Hand-foot syndrome
 - d. All of the above
6. A Phase II trial of thalidomide, bevacizumab and docetaxel administered to patients with metastatic castration-refractory prostate cancer reported a _____ PSA response rate.
 - a. 50 percent
 - b. 70 percent
 - c. 90 percent
7. The FLEX trial demonstrated that patients with advanced non-small cell lung cancer who received cetuximab in combination with _____ gained a statistically significant improvement in overall survival.
 - a. Cisplatin/vinorelbine
 - b. Paclitaxel/cisplatin
 - c. Gemcitabine/carboplatin
 - d. Gemcitabine/cisplatin
 - e. None of the above
8. Results from the German High-Grade Non-Hodgkin Lymphoma Study Group DENSE-R-CHOP-14 trial for elderly patients with poor-prognosis diffuse large B-cell lymphoma after dose-dense rituximab showed improved outcomes compared to historic nondose-dense regimens with regard to _____.
 - a. Event-free survival
 - b. Progression-free survival
 - c. None of the above
 - d. Both a and b
9. The CRYSTAL trial evaluated patients with metastatic colorectal cancer treated with first-line FOLFIRI with or without _____.
 - a. Cetuximab
 - b. Oxaliplatin
 - c. Bevacizumab
10. In the randomized Phase III CAIRO2 study evaluating capecitabine/oxaliplatin/bevacizumab with or without cetuximab, patients with the K-ras mutation treated with the combination with cetuximab had inferior progression-free survival outcomes compared to those treated with CAPOX/bevacizumab alone.
 - a. True
 - b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Cancer Conference Update — Issue 2, 2008

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 ONE — Please tell us about your experience with this educational activity

BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

| | | | | |
|--|---|---|---|---|
| Novel biologic agents being investigated in the treatment of prostate cancer | 4 | 3 | 2 | 1 |
| K-ras mutation status and benefit from cetuximab in lung and colorectal cancer | 4 | 3 | 2 | 1 |
| Antitumor efficacy of zoledronic acid in premenopausal women with hormone receptor-positive early BC | 4 | 3 | 2 | 1 |
| Efficacy of sorafenib in subsets of patients with advanced HCC | 4 | 3 | 2 | 1 |
| Overall survival advantage of first-line sunitinib compared to interferon in mRCC | 4 | 3 | 2 | 1 |
| FLEX: Benefit of cetuximab with first-line cisplatin/vinorelbine in advanced NSCLC | 4 | 3 | 2 | 1 |

AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?

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| | | | | |
|--|---|---|---|---|
| Novel biologic agents being investigated in the treatment of prostate cancer | 4 | 3 | 2 | 1 |
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| Antitumor efficacy of zoledronic acid in premenopausal women with hormone receptor-positive early BC | 4 | 3 | 2 | 1 |
| Efficacy of sorafenib in subsets of patients with advanced HCC | 4 | 3 | 2 | 1 |
| Overall survival advantage of first-line sunitinib compared to interferon in mRCC | 4 | 3 | 2 | 1 |
| FLEX: Benefit of cetuximab with first-line cisplatin/vinorelbine in advanced NSCLC | 4 | 3 | 2 | 1 |

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

☐ Yes ☐ No

If no, please explain:

Will this activity help you improve patient care?

☐ Yes ☐ No ☐ Not applicable

If no, please explain:

Did the activity meet your educational needs and expectations?

☐ Yes ☐ No

If no, please explain:

Please respond to the following LEARNER statements by circling the appropriate selection:

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

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

- Evaluate the clinical relevance of emerging data in breast, colorectal, hepatocellular, lung, head & neck, thyroid, prostate, renal cell and select hematologic malignancies, and incorporate this information into treatment plans for appropriately selected patients..... 4 3 2 1 N/M N/A
- Critically review the data supporting the use of clinical and molecular markers in the individualized management of breast cancer, and integrate them into current neoadjuvant, adjuvant and metastatic treatment decisions..... 4 3 2 1 N/M N/A
- Discuss the prognostic and predictive relevance of K-ras mutations in the clinical care of patients with lung or colorectal cancer, considering assay availability and impact on therapy selection..... 4 3 2 1 N/M N/A
- Evaluate the safety and efficacy of the multitargeted tyrosine kinase inhibitors (TKIs) in the treatment of hepatocellular carcinoma and thyroid cancer, and determine the current clinical applicability of these agents..... 4 3 2 1 N/M N/A
- Develop a treatment algorithm for the management of advanced renal cell cancer, incorporating the evidence-based use of multitargeted TKIs, anti-angiogenic agents and/or cytokines..... 4 3 2 1 N/M N/A
- Assess the practical implications of the emerging research using cytotoxic, biologic and novel androgen-targeted agents for the treatment of castration-refractory metastatic prostate cancer..... 4 3 2 1 N/M N/A
- Critically evaluate the risk-benefit profiles of biologic and chemobiologic regimens with activity in locally advanced and metastatic non-small cell lung cancer, and use this information when making individualized treatment recommendations..... 4 3 2 1 N/M N/A
- Review data on the evolving clinical role of cetuximab for the treatment of head & neck cancer, and incorporate this information into your current therapeutic algorithms..... 4 3 2 1 N/M N/A
- Discuss research advances using novel schedules, doses or pharmacologic agents for the treatment of non-Hodgkin's lymphoma, multiple myeloma, myelodysplastic syndromes and chronic myelogenous leukemia, and determine how these may be applied to clinical practice..... 4 3 2 1 N/M N/A
- Review the new and recently updated clinical data focusing on the treatment of colorectal cancer and the prevention of therapy-induced peripheral sensory neuropathy in the adjuvant and metastatic settings..... 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:

May we include you in future assessments to evaluate the effectiveness of this activity?

☐ Yes ☐ No

PART TWO — Please tell us about the faculty for this educational activity

| | 4 = Very good | 3 = Above average | 2 = Adequate | 1 = Suboptimal | |
|---------------------|-----------------------------|-------------------|--------------|----------------|------------------------------|
| Faculty | Knowledge of subject matter | | | | Effectiveness as an educator |
| Daniel J George, MD | 4 | 3 | 2 | 1 | 4 3 2 1 |
| Edward S Kim, MD | 4 | 3 | 2 | 1 | 4 3 2 1 |
| John P Leonard, MD | 4 | 3 | 2 | 1 | 4 3 2 1 |
| Alan P Venook, MD | 4 | 3 | 2 | 1 | 4 3 2 1 |
| Eric P Winer, MD | 4 | 3 | 2 | 1 | 4 3 2 1 |

Please recommend additional faculty for future activities:

Other comments about the faculty for this activity:

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

Professional Designation:

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

Medical License/ME Number: Last 4 Digits of SSN (required):

Street Address: Box/Suite:

City, State, Zip:

Telephone: Fax:

Email:

Research To Practice designates this educational activity for a maximum of 2.75 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim 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).

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Cancer Conference Update

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Cancer Conference **Update**

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