

Audio reviews of key presentations and posters from important scientific meetings

Discussion of 65
Presentations
and Posters from
the 2009 Annual
Oncology Meeting in
Orlando, Florida

### **EDITOR**

Neil Love, MD

### INTERVIEWS

Charles D Blanke, MD Everett E Vokes, MD Rafael Fonseca, MD Harold J Burstein, MD, PhD Deborah K Armstrong, MD William K Oh, MD Myron S Czuczman, MD



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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 myriad of ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, medical oncologists must be well informed of these advances.

To bridge the gap between research and clinical practice, this issue of *Cancer Conference Update* features one-on-one discussions with Drs Blanke, Vokes, Fonseca, Burstein, Armstrong, Oh and Czuczman about the integration of data presented at the 2009 American Society of Clinical Oncology Annual Meeting in Orlando, Florida into management strategies for patients with a variety of cancer types. Thus, this CME activity is designed to assist medical oncologists with the formulation of up-to-date treatment approaches.

#### LEARNING OBJECTIVES

- Employ an individualized patient assessment to tailor the use of cytotoxic, biologic and/or small-molecule targeted therapy for non-small cell lung cancer.
- Recognize the emerging contribution of induction chemotherapy and biologic agents to standard chemoradiation therapy approaches for head & neck cancer.
- Communicate the benefits and risks of anti-angiogenic therapy in combination with chemotherapeutics to appropriate patients with advanced breast cancer.
- Counsel patients with ovarian cancer about current approaches to recurrence surveillance and the benefits/ risks of standard and novel systemic treatment strategies.
- Develop a therapeutic algorithm for the collective use of tyrosine kinase inhibitors, anti-angiogenic agents and/or cytokines in the management of metastatic renal cell carcinoma.
- Assess the practical implications of emerging research using cytotoxic, biologic and novel androgentargeted agents for the treatment of castration-refractory, metastatic prostate cancer.
- Demonstrate knowledge of research advances using novel schedules, regimens or agents for the systemic management of hematologic cancers.

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### **AUDIO PROGRAM GUIDE**

# PAPERS DISCUSSED BY CHARLES D BLANKE, MD (GASTROINTESTINAL CANCERS)

- **1** Abstract LBA4509 ToGA: A Phase III trial of chemotherapy with or without trastuzumab as first-line therapy for HER2-positive advanced gastric cancer
- **2** Abstract LBA4 NSABP-C-08: A Phase III trial of mFOLFOX6 with or without bevacizumab for Stage II/III colon cancer
- 3 Abstract 4000 Quantitative multigene RT-PCR assay to predict the risk of recurrence for Stage II colon cancer: The QUASAR validation study
- **4** Abstract CR A4030: Combination chemotherapy without surgery as initial treatment for synchronous, Stage IV colorectal cancer
- **5** Abstract 4025: Impact of calcium/magnesium versus placebo on acute and chronic neurotoxicity associated with adjuvant FOLFOX for patients with colorectal cancer
- **6** Abstracts LBA4007, CRA4008 ACCORD, STAR-01: Phase III randomized trials of neoadjuvant oxaliplatin as part of chemoradiation therapy for locally advanced rectal cancer

- **7** Abstract 4525: A Phase I/II trial with SPARC correlatives of nanoparticle albuminbound (*nab*) paclitaxel/gemcitabine for previously untreated metastatic pancreatic cancer
- **8** Abstract 4532 AViTA: A Phase III trial of erlotinib/gemcitabine with or without bevacizumab for previously untreated metastatic pancreatic cancer
- **9** Abstracts 10508, 10549 French Sarcoma Group BFR-14: A Phase III trial evaluating maintenance imatinib for advanced gastrointestinal stromal tumor
- **10** Abstract 4503 ABC-02: A Phase III trial of gemcitabine with or without cisplatin for previously untreated advanced biliary tract cancer
- **11** Abstract 4522: A Phase II trial of bevacizumab/erlotinib for advanced hepatocellular carcinoma

# PAPERS DISCUSSED BY EVERETT E VOKES, MD (HEAD & NECK AND LUNG CANCERS)

- 1 Abstract 6009: Chemoradiation therapy (CRT) alone versus induction chemotherapy cisplatin/5-FU (CF) versus docetaxel/cisplatin/5-FU (TPF) followed by CRT as first-line therapy for unresectable locally advanced head & neck cancer (HNC)
- **2** Abstract 6012: A Phase II trial of bevacizumab and erlotinib with radiation therapy and chemotherapy as first-line therapy for locally advanced squamous cell HNC
- **3** Abstract 7501 Updated survival analysis of JBR.10: Adjuvant cisplatin/vinorelbine versus observation for Stage IB/II non-small cell lung cancer (NSCLC)

- **4** Abstract 7523: Impact on disease-free survival of adjuvant erlotinib or gefitinib for patients with resected lung adenocarcinomas that harbor EGFR mutations
- **5** Abstract 8006 IPASS: Biomarker analysis from a Phase III trial of gefitinib versus carboplatin/paclitaxel for clinically selected patients with advanced NSCLC
- **6** Abstract 7528: Incorporating bevacizumab and erlotinib with induction chemotherapy and concurrent chemoradiation therapy for Stage III NSCLC

- **7** Abstract CR A8000: Best supportive care with maintenance pemetrexed versus placebo for advanced NSCLC that has not progressed on four cycles of platinum-based chemotherapy
- **8** Abstracts 8001, LBA8002 SATURN, ATLAS: Trials evaluating maintenance therapy with erlotinib or erlotinib/bevacizumab for advanced NSCLC

## PAPERS DISCUSSED BY RAFAEL FONSECA, MD (MULTIPLE MYELOMA, AMYLOIDOSIS AND WALDENSTRÖM MACROGLOBULINEMIA)

- 1 Abstract 8516: Induction therapy with bortezomib, intravenous cyclophosphamide and dexamethasone (VelCD) for newly diagnosed multiple myeloma (MM)
- **2** Abstract 8517: A Phase I/II trial of lenalidomide/bortezomib/pegylated liposomal doxorubicin (PLD)/dexamethasone for newly diagnosed MM
- **3** Abstract 8518: A Phase II trial of PLD/low-dose dexamethasone/lenalidomide for newly diagnosed MM
- **4** Abstract 8515: A Phase III trial of bortezomib/melphalan/prednisone/thalidomide (VMPT) versus VMP for elderly patients with newly diagnosed MM

- **5** Abstract 8596: Autologous stem cell transplant following induction therapy with bortezomib/lenalidomide/dexamethasone or bortezomib/thalidomide/dexamethasone for newly diagnosed MM
- 6 Abstract 7096: Effect of mobilization chemotherapy (cyclophosphamide/etoposide) on stem cell collection after induction lenalidomide/dexamethasone for MM
- **7** Abstract 8536: A Phase II trial of lenalidomide/bortezomib/dexamethasone (RVD) for relapsed/refractory MM
- **8** Abstract 8540: A Phase II trial of risk-adapted melphalan and stem cell transplant followed by bortezomib/dexamethasone for light-chain amyloidosis
- **9** Abstract 8535: A Phase II trial of bortezomib/rituximab for relapsed/refractory Waldenström macroglobulinemia

# PAPERS DISCUSSED BY HAROLD J BURSTEIN, MD, PHD (BREAST CANCER)

- 1 Abstracts CRA508, CRA509: Administration of CYP2D6 inhibitors and the efficacy of adjuvant tamoxifen
- 2 Abstract CRA501: Olaparib, an oral PARP inhibitor, for BRCA-deficient, chemotherapy-refractory metastatic breast cancer (mBC)
- **3** Abstract 3: A Phase II randomized trial of gemcitabine/carboplatin with or without BSI-210 a PARP1 inhibitor for triplenegative mBC
- **4** Abstract 1017: A Phase II trial of trastuzumab-DM1 (T-DM1) for HER2-positive mBC previously treated with anti-HER2 therapy
- **5** Abstract 1022: A trial evaluating pertuzumab for HER2-positive mBC that has progressed on trastuzumab

- **6** Abstract 1005 RIBBON 1: Chemotherapy with or without bevacizumab as first-line therapy for HER2-negative, locally recurrent or mBC
- **7** Abstract 1006: A Phase II randomized trial evaluating three schedules of *nab* paclitaxel in combination with bevacizumab as first-line therapy for HER2-negative mBC
- **8** Abstract 1018 Biomarker analysis of EGF30008: Progression-free survival with the addition of lapatinib to letrozole for HER2-negative, ER-low mBC
- **9** Abstract 1050: A Phase II trial of fulvestrant 500 milligrams as first-line hormonal therapy for postmenopausal women with ER-positive mBC

### PAPERS DISCUSSED BY DEBORAH K ARMSTRONG, MD (OVARIAN CANCER)

- 1 Abstract 1 MRC-OVO5/EORTC-55955: Early treatment based on CA125 versus delayed treatment based on clinical indicators for relapsed ovarian cancer
- **2** Clinical activity and side effects of bevacizumab for ovarian cancer
- **3** Abstracts 5539, 5540: Safety and feasibility of combining intravenous bevacizumab with intraperitoneal therapy for ovarian, primary peritoneal or fallopian tube cancer
- **4** Abstract LBA5509 CALYPSO: Carboplatin/PLD versus carboplatin/paclitaxel for relapsed platinum-sensitive ovarian cancer
- **5** Abstract 5500: A Phase II trial of olaparib for BRCA-deficient advanced ovarian cancer
- **6** Abstract 5531 GOG-0229E: A Phase II trial of bevacizumab for recurrent or persistent endometrial cancer

# PAPERS DISCUSSED BY WILLIAM K OH, MD (RENAL CELL AND PROSTATE CANCER)

- 1 Abstracts LBA5019, 5020 CALGB-90206, AVOREN: Phase III trials of interferon alpha with or without bevacizumab for newly diagnosed metastatic renal cell carcinoma (mRCC)
- 2 Abstract 5004: A Phase II trial of neoadjuvant bevacizumab/erlotinib or bevacizumab alone for previously untreated mRCC
- **3** Abstracts 5021, 5110: A Phase III randomized trial of pazopanib versus placebo with open-label extension for treatment-naïve or cytokine-pretreated mRCC
- 4 Abstract 5037: A Phase I trial of everolimus/sunitinib for mRCC

- **5** Abstract 5018 HOG-GU-0475: Cisplatin/gemcitabine and bevacizumab as first-line therapy for metastatic urothelial carcinoma
- **6** Abstract 5060: A Phase II trial of neoadjuvant docetaxel/bevacizumab for highrisk, localized prostate cancer (PC)
- **7** Abstract 5047: A Phase II trial of abiraterone for docetaxel-pretreated, castration-resistant PC
- **8** Abstract 5057: A Phase I/II trial of docetaxel/samarium for castrate, metastatic PC

### PAPERS DISCUSSED BY MYRON S CZUCZMAN, MD (NON-HODGKIN LYMPHOMAS/CHRONIC LYMPHOCYTIC LEUKEMIA)

- 1 Abstracts 7043, 7044: Activity of ofatumumab for fludarabine- and alemtuzumabrefractory or bulky fludarabine-refractory chronic lymphocytic leukemia (CLL) with an analysis according to prior rituximab exposure
- 2 Mechanism of action of ofatumumab
- 3 Tolerability of ofatumumab
- 4 Evolving clinical research for of atumumab
- **5** Abstract 2: A Phase III trial of idiotype vaccine therapy (BiovaxID) versus placebo for follicular lymphoma in first complete remission

- **6** Abstract 8512 SAKK-35/98: A Phase III randomized trial of single-agent rituximab followed by observation or consolidation with rituximab for follicular lymphoma
- **7** Abstract 8548: Lenalidomide/rituximab as first-line therapy for indolent NHL
- **8** Abstract 8506: R-CHOP14 versus R-CHOP21 for newly diagnosed diffuse large B-cell lymphoma (DLBCL)
- **9** Abstract 8569 NHL-003: Lenalidomide for relapsed/refractory mantle-cell lymphoma
- **10** Abstract 8524: A Phase II trial of lenalidomide for relapsed/refractory T-cell lymphoma

### Cancer Conference Update — Issue 2, 2009

### QUESTIONS (PLEASE CIRCLE ANSWER):

- 1. Both CALGB-90206 and AVOREN demonstrated that the addition of bevacizumab to interferon alpha as first-line therapy for metastatic renal cell carcinoma significantly improved
  - a. Progression-free survival
  - b. Overall survival
  - c. Both a and b
  - d. None of the above
- CALGB is conducting a Phase III randomized trial evaluating the addition of bevacizumab to docetaxel for castration-resistant metastatic prostate cancer.
  - a. True
  - b. False
- 3. In ToGA a Phase III randomized trial for HER2-positive advanced gastric cancer the addition of trastuzumab to standard chemotherapy significantly improved
  - a. Overall survival
  - b. Progression-free survival
  - c. Response rates
  - d. All of the above
- In NSABP-C-08, the addition of one year of bevacizumab to mFOLFOX6 significantly improved the three-year diseasefree survival rate for patients with Stage II/III colon cancer.
  - a. True
  - b. False
- In a Phase I/II trial of nab paclitaxel/ gemcitabine for previously untreated metastatic pancreatic cancer, patients with SPARC-positive disease were more likely to respond to therapy.
  - a. True
  - b. False

- In a randomized trial comparing early treatment based on CA125 to delayed treatment based on clinical indicators for relapsed ovarian cancer, no difference in overall survival was found.
  - a. True
  - b. False
- 7. The CALYPSO trial demonstrated that carboplatin in combination with had greater efficacy and was more tolerable than carboplatin in combination with paclitaxel for relapsed platinum-sensitive ovarian cancer.
  - a. Docetaxel
  - b. Pegylated liposomal doxorubicin
  - c. Bevacizumab
  - d. Both a and c.
  - e. None of the above
- 8. Olaparib belongs to which class of agents?
  - a. Tyrosine kinase inhibitors
    - b. PARP inhibitors
    - c. Angiogenesis inhibitors
    - d. None of the above
- Which of the following chemotherapy regimens was evaluated in JBR.10 as adjuvant therapy for Stage IB/II NSCLC?
  - a. Cisplatin/paclitaxel
  - b. Cisplatin/vinorelbine
  - c. Cisplatin/gemcitabine
  - d. All of the above
  - e. None of the above

### Cancer Conference Update — Issue 2, 2009

### QUESTIONS (PLEASE CIRCLE ANSWER):

- 10. In a Phase III randomized trial for patients with advanced NSCLC that had not progressed on four cycles of a platinum-based chemotherapy, patients who received maintenance pemetrexed had better outcomes than those who received
  - a. Placebo
  - b. Bevacizumab
  - c. Erlotinib
  - d. Cetuximab
- 11. In a Phase III randomized trial comparing VMPT to VMP for elderly patients with newly diagnosed multiple myeloma, the rate of neurotoxicity was reduced when bortezomib was administered
  - a. Weekly
  - b. Twice weekly
  - c. Monthly
  - d. None of the above
- 12. Which of the following regimens has been evaluated as induction therapy for newly diagnosed multiple myeloma?
  - a. Bortezomib/intravenous cyclophosphamide/dexamethasone
  - b. Lenalidomide/bortezomib/ pegylated liposomal doxorubicin/ dexamethasone
  - c. Pegylated liposomal doxorubicin/ low-dose dexamethasone/ lenalidomide
  - d All of the above
  - e. None of the above

- 13. Which of the following agents has activity in patients with HER2-positive metastatic breast cancer that has progressed on trastuzumab?
  - a. T-DM1
  - b. Pertuzumab
  - c. Bortezomib
  - d. Both a and b
  - e. All of the above
- 14. Which of the following trials evaluated the efficacy of bevacizumab in combination with chemotherapy as first-line therapy for metastatic breast cancer?
  - a. ECOG-E2100
  - b. AVADO
  - c. RIBBON 1
  - d. All of the above
  - e. None of the above
- In patients with fludarabine- and alemtuzumab-refractory or bulky fludarabinerefractory CLL, ofatumumab had similar activity, irrespective of prior exposure to rituximab.
  - a. True
  - b. False
- 16. In a Phase IIII randomized trial for patients with newly diagnosed diffuse large B-cell lymphoma, R-CHOP14 was to R-CHOP21 in terms of overall survival.
  - a. Superior
  - b. Inferior
  - c. Comparable

### **EDUCATIONAL ASSESSMENT AND CREDIT FORM**

### Cancer Conference Update — Issue 2, 2009

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.

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

**BEFORE** 

**AFTER** 

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

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

Overall survival improvement when trastuzumab is combined with chemotherapy for HER2-positive metastatic gastric cancer	4 3 2 1	4 3 2 1
Treatment with $\it nab$ paclitaxel in metastatic pancreatic cancer and the correlation of clinical response with SPARC and serum CA19-9 levels	4 3 2 1	4 3 2 1
Improvement in time to progression with induction chemotherapy prior to chemoradiation therapy for locally advanced head & neck cancer	4 3 2 1	4 3 2 1
Maintenance therapy with biologic agents in metastatic NSCLC	4 3 2 1	4 3 2 1
Induction regimens for newly diagnosed MM that include bortezomib and/or lenalidomide	4 3 2 1	4 3 2 1
Trials combining intravenous bevacizumab with intraperitoneal chemotherapy for ovarian cancer	4 3 2 1	4 3 2 1
Phase III trial data with pazopanib in advanced renal cell carcinoma	4 3 2 1	4 3 2 1
Clinical activity of ofatumumab in fludarabine- and alemtuzumab- refractory or bulky fludarabine-refractory CLL	4 3 2 1	4 3 2 1
If no, please explain:  Please respond to the following learning objectives (LOs) by circling the ap		
4 = Yes $3 = Will consider$ $2 = No$ $1 = Already doing$ $N/M = LO not meAs a result of this activity, I will be able to:$	I = N/A = NO	t applicable
<ul> <li>Employ an individualized patient assessment to tailor the use of cytotoxic.</li> </ul>		
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<ul> <li>Recognize the emerging contribution of induction chemotherapy and biologic agents to standard chemoradiation therapy approaches for head &amp; neck cancer.</li> <li>Communicate the benefits and risks of anti-angiogenic therapy in combination with chemotherapeutics to appropriate patients with advanced breast cancer.</li> <li>Counsel patients with ovarian cancer about current approaches to recurrence surveillance and the benefits/risks of standard and novel systemic treatment strategies</li> <li>Develop a therapeutic algorithm for the collective use of tyrosine kinase inhib anti-angiogenic agents and/or cytokines in the management of metastatic recell carcinoma.</li> <li>Assess the practical implications of emerging research using cytotoxic, biologiand novel androgen-targeted agents for the treatment of castration-refractory metastatic prostate cancer.</li> </ul>	4 3 2 n4 3 2 e4 3 2 itors, nal4 3 2 gic,	1 N/M N/A 1 N/M N/A 1 N/M N/A
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### EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Did the activity meet your education  Yes No If no, please explain:								
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What additional information or trai oncology-related topics?  As part of our ongoing, continuous up surveys to assess the impact of indicate your willingness to participate in No. I am not willing to participate in	quality-im our educa oate in suc a follow-up	prove tional h a su	ment intervirvey.	he activity effort, we eventions or	topics or o	ther stacti	vity fo	ollow- . Please
PART TWO — Please tell us a					his education	onal a	ctivity	1
4 = Excellent	3 = Good	-			= Suboptim			
Faculty	Knowled			ct matter	Effective		as an	educator
Charles D Blanke, MD	4	3	2	1	4	3	2	1
Everett E Vokes, MD	4	3	2	1	4	3	2	1
Rafael Fonseca, MD	4	3	2	1	4	3	2	1
Harold J Burstein, MD, PhD	4	3	2	1	4	3	2	1
Deborah K Armstrong, MD	4	3	2	1	4	3	2	1
William K Oh, MD	4	3	2	1	4	3	2	1
Myron S Czuczman, MD	4	3	2	1	4	3	2	1
Editor	Knowled	ge of	subje	ct matter	Effective	ness a	as an	educator
Neil Love, MD	4	3	2	1	4	3	2	1
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