Audio reviews of key presentations and posters from important scientific meetings

FACULTY INTERVIEWS
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William K Oh, 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 and hematologists 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 Wolchok, Leonard, Oh, Saltz, Kim, Giralt, Gralow, O’Brien and Karlan about the integration of key data sets presented at the 2011 American Society of Clinical Oncology Annual Meeting in Chicago, Illinois into the practical management of patients diagnosed with a number of solid tumors and hematologic cancers.

LEARNING OBJECTIVES

• Incorporate emerging clinical trial data on novel antibody therapy into treatment decision-making for patients with advanced melanoma.

• Assess the practical implications of emerging research examining the use of biologic agents, novel androgen-targeted agents and bone-directed therapies for castration-resistant, metastatic prostate cancer.

• Incorporate emerging research information on the use of novel schedules, regimens and agents into the systemic treatment of various hematologic cancers.

• Develop a therapeutic algorithm for the use of mTOR and VEGF inhibitors in the management of metastatic renal cell carcinoma.

• Apply pivotal clinical trial results with cytotoxic, molecular-targeted and locally directed therapies to the multimodality management of diverse forms of gastrointestinal cancer.

• Employ 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 and neck cancer.

• Communicate the benefits and risks of anti-angiogenic therapy, novel targeted agents, anti-HER2 treatments and PARP inhibitors to appropriately selected patients with advanced breast cancer.

• Assess the relevance of emerging research information on PARP inhibitors and anti-angiogenic therapies to current protocol and nonprotocol management of advanced ovarian cancer.

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FACULTY — Dr O’Brien 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 Wolchok — Advisory Committee and Consulting Agreement: Bristol-Myers Squibb Company. Dr Leonard — Consulting Agreements: Biogen Idec, Bristol-Myers Squibb Company, Celgene Corporation, Cephalon Inc, EMD Serono Inc, Genentech BioOncology, GlaxoSmithKline, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Pfizer Inc, Sanofi. Dr Oh — Advisory Committee: Sanofi; Consulting Agreements: Dendreon Corporation, Pfizer Inc. Dr Saltz — Advisory Committee: EMD Serono Inc, Genentech BioOncology, Roche Laboratories Inc; Consulting Agreements: Bristol-Myers Squibb Company, Genomic Health Inc, Genzyme Corporation, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, OSI Oncology; Paid Research: Amgen Inc, Merck and Company Inc. Dr Kim — Advisory Committee: Bayer HealthCare Pharmaceuticals, Onyx Pharmaceuticals Inc; Consulting Agreements: Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Onyx Pharmaceuticals Inc; Paid Research: Genentech BioOncology, Lilly USA LLC, OSI Pharmaceuticals Inc. Dr Giralt — Advisory Committee and Speakers Bureau: Amgen Inc, Celgene Corporation, Genzyme Corporation, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc. Dr Gralow — Paid Research: Amgen Inc, Genentech BioOncology, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc. Dr Karlan — Paid Research: Abbott Laboratories, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology.

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AUDI0 PROGRAM GUIDE

Melanoma — Jedd D Wolchok, MD, PhD

Director, Immunotherapy Clinical Trials, Department of Medicine
Associate Attending Physician, Melanoma-Sarcoma Service
Associate Director, Ludwig Center for Cancer Immunotherapy
Memorial Sloan-Kettering Cancer Center, New York, New York

TRACKS

1 Abstract LBA5: A Phase III study of ipilimumab in combination with dacarbazine (DTIC) versus DTIC alone as first-line treatment in unresectable Stage III or IV melanoma
2 Ipilimumab-associated side effects
3 Immune-related tumor responses with ipilimumab therapy
4 Incorporation of ipilimumab into the treatment algorithm for melanoma
5 Ongoing investigations to identify predictive biomarkers to ipilimumab
6 Abstract 8511: A Phase I trial of ipilimumab in combination with bevacizumab in unresectable Stage III or IV melanoma
7 Clinical manifestation of hypophysitis with ipilimumab/bevacizumab
8 Abstract LBA4: Phase III multicenter BRIM3 trial comparing BRAF inhibitor vemurafenib to dacarbazine in V600E-BRAF-mutated melanoma
9 Abstract 8509: BRIM-2 — A multicenter Phase II study of vemurafenib in patients with previously treated BRAF V600E mutation-positive metastatic melanoma
10 Abstract 8520: Frequent underlying RAS mutations in cutaneous squamous cell carcinomas and keratoacanthomas that develop in patients during vemurafenib therapy

Chronic Lymphocytic Leukemia, Non-Hodgkin Lymphoma — John P Leonard, MD

Richard T Silver Distinguished Professor of Hematology and Medical Oncology
Professor of Medicine, Weill Cornell Medical College, New York, New York

TRACKS

1 Abstract 8022: Bortezomib in combination with DA-EPOCH-rituximab followed by bortezomib maintenance versus observation in previously untreated mantle-cell lymphoma (MCL)
2 Abstract 8033: Complete responses on a Phase II study of romidepsin in relapsed or refractory peripheral T-cell lymphoma (PTCL)
3 Development of tyrosine kinase inhibitors (TKIs) targeting B-cell-related signaling pathways in lymphoma
4 Abstract 6508: Activity and tolerability of the Bruton’s tyrosine kinase inhibitor PCI-32765 in chronic lymphocytic leukemia/
small lymphocytic lymphoma (CLL/SLL) — Interim results of a Phase Ib/II study
5 Abstract 6558: Lenalidomide after rituximab (R) and fludarabine in untreated CLL
6 Abstract 6629: A Phase II study of chlorambucil in combination with rituximab followed by maintenance versus observation in elderly patients with previously untreated CLL — Results of the induction phase
7 Abstract 8001: Phase III Intergroup trial (SWOG-S9704) comparing CHOP with or without R x 8 versus CHOP with or without R x 6 followed by high-dose therapy and ASCT for diffuse aggressive non-Hodgkin lymphoma (NHL) in high-intermediate or high IPI risk groups
8 Abstract 8015: Combination of lenalidomide with R-CHOP (R2CHOP) as initial therapy for aggressive B-cell lymphomas — A Phase I/II study
9 11th International Conference on Malignant Lymphoma; Abstract 19: Preliminary results of quality of life analyses from the Intergroup Phase III study of rituximab versus a watch-and-wait approach in advanced stage, asymptomatic, nonbulky follicular lymphoma (FL)
10 16th Congress of the European Hematology Association; Abstract 0504: Rituximab maintenance significantly prolongs duration of remission in elderly patients with mantle-cell lymphoma. First results of a randomized trial of the European MCL Network

Prostate Cancer, Renal Cell Cancer — William K Oh, MD

Chief, Division of Hematology and Medical Oncology; Professor of Medicine and Urology; Ezra M Greenspan, MD Professor in Clinical Cancer Therapeutics
Mount Sinai School of Medicine; Associate Director of Clinical Research, The Tisch Cancer Institute, New York, New York

TRACKS

1 Abstract 4516: Cabozantinib (XL184) in metastatic castration-resistant prostate cancer (mCRPC): Results from a Phase II randomized discontinuation trial
2 Abstract 4531: Safety, efficacy and pharmacodynamics of the investigational agent TAK-700 in mCRPC: Updated data from a Phase I/II study
3 Abstract LBA4517: Circulating tumor cells as an efficacy response biomarker of overall survival in mCRPC — Planned final analysis of COU-AA-301, a Phase III study of abiraterone acetate in combination with low-dose prednisone post docetaxel
4 Abstract 4520: COU-AA-301 Phase III study of the effect of abiraterone acetate on pain control and skeletal-related events in patients with mCRPC post docetaxel
5 Abstract 4533: Effect of denosumab versus zoledronic acid in patients with CRPC and bone metastases — Subgroup analyses by prior skeletal-related events and baseline pain
6 Abstract 4514: A Phase III randomized trial of intermittent versus continuous androgen suppression for PSA progression after radical therapy
7 Abstracts 4503, 4504 and 4547: Axitinib in metastatic renal cell carcinoma (mRCC)
Abstract LBA1: Final results of SSGXVIII/AIO — 12 versus 36 months of adjuvant imatinib as treatment of operable GIST with a high risk of recurrence

Abstract 3503: NSABP-R-04 — The effect of capecitabine and oxaliplatin in the preoperative multimodality treatment of carcinoma of the rectum

Combining oxaliplatin with a fluoropyrimidine and radiation therapy as neoadjuvant therapy for rectal cancer in NSABP-R-04

Abstract LBA3505: Preoperative chemoradiation therapy and postoperative chemotherapy with 5-FU and oxaliplatin versus 5-FU alone in locally advanced rectal cancer — First results of the German CAO/ARO/AIO-04 Phase III trial

Abstract 3511: Influence of KRAS G13D mutations on outcome in metastatic colorectal cancer (mCRC) treated with first-line chemotherapy with or without cetuximab

Abstract 3510: Final results from PRIME — A Phase III study of panitumumab with FOLFOX4 for first-line mCRC

Abstract LBA4002: Phase III CLASSIC trial of adjuvant CAPOX for gastric cancer

Abstracts 4012, 4013 and 4014: HER2 expression/amplification in gastric and GE junction cancer

Abstract 4546: BEVLiN — Prospective study of the safety and efficacy of first-line bevacizumab in combination with low-dose interferon-α2a in mRCC

Abstract 4548: Final Phase II safety and efficacy results of study MC0452 — A Phase I/II trial of mTOR inhibition and bevacizumab in advanced RCC

Abstract 7503: Interim results of the EURTAC Phase III study — Erlotinib versus chemotherapy in patients with advanced NSCLC and EGFR mutations

Assessment of EGFR mutation status in patients with NSCLC
3 Abstract 7505: Final results of OAM4558g — A randomized Phase II study evaluating MetMAb or placebo in combination with erlotinib in advanced NSCLC

4 Abstracts 7507 and 7514: Crizotinib in advanced, ALK-positive NSCLC

5 Abstract CRA7510: PARAMOUNT — A Phase III study of maintenance pemetrexed in combination with best supportive care (BSC) versus placebo with BSC after induction pemetrexed/cisplatin for advanced nonsquamous NSCLC

6 First-line therapy with carboplatin/pemetrexed/bevacizumab followed by maintenance bevacizumab with or without pemetrexed in bevacizumab-eligible patients with advanced NSCLC

7 Abstract 7019: Multicenter Phase II study of cetuximab with concomitant radiotherapy followed by consolidation chemotherapy in locally advanced NSCLC

8 Phase III study of chemoradiation therapy with or without cetuximab in locally advanced NSCLC

9 Abstract 7020: A Phase II trial of erlotinib and radiation therapy after chemoradiation therapy for Stage III NSCLC

10 Abstract 5500: RTOG-0522 — A Phase III study of concurrent accelerated radiation in combination with cisplatin with or without cetuximab for Stage III-IV squamous cell carcinoma of the head and neck (SCCHN)

11 Abstract 5520: Randomized trial of a short course of erlotinib 150 to 300 mg daily prior to surgery for SCCHN in current, former and never smokers — Objective responses and clinical outcomes

12 Effect of smoking on the pharmacokinetics of erlotinib

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**Multiple Myeloma — Sergio Giralt, MD**

Chief, Adult Bone Marrow Transplant Service

Memorial Sloan-Kettering Cancer Center, New York, New York

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**TRACKS**

1 Abstract 8020: A Phase III study of melphalan/prednisone/lenalidomide (MPR) versus high-dose melphalan and ASCT (MEL200) in newly diagnosed multiple myeloma (MM)

2 Perspective on potential increases in secondary tumors with longer-term lenalidomide treatment in MM

3 Abstract 8007: Incidence of second primary cancer in MPR followed by lenalidomide maintenance (MPR-R) in patients age 65 or older with newly diagnosed MM

4 Abstract 8008: Incidence of second primary tumors after six years of follow-up with continuous lenalidomide in first-line treatment of MM

5 Abstract 8009: MM-009/010 — Lenalidomide and dexamethasone in patients with relapsed or refractory MM and risk of second primary tumors
Abstract 505: TBCRC 006 — A multicenter Phase II study of neoadjuvant lapatinib and trastuzumab in HER2-overexpressing breast cancer (BC)

Abstract 506: Correlation of molecular effects and pathologic complete response to preoperative lapatinib or trastuzumab, alone or in combination, prior to neoadjuvant chemotherapy

Abstract LBA1005: The effect on pCR of bevacizumab and/or antimetabolites added to standard neoadjuvant chemotherapy in NSABP-B-40

Effect of bevacizumab on triple-negative breast cancer (TNBC) in NSABP-B-40

Clinical use of chemotherapy/bevacizumab in metastatic TNBC

Abstract 1007: A Phase III study of iniparib (BSI-201) in combination with gemcitabine/carboplatin in metastatic TNBC

Abstract 1060: The relationship between age and survival outcomes for eribulin in metastatic BC

Peripheral neuropathy associated with taxanes, ixabepilone or eribulin

Abstract 1010: Effect of bevacizumab on efficacy of second-line chemotherapy for metastatic TNBC in RIBBON 2

Perspective on the uncertain role of bevacizumab in the current treatment of metastatic BC

Abstract 6511: Nilotinib versus imatinib in newly diagnosed chronic myeloid leukemia in chronic phase (CML-CP) in ENESTnd 24-month follow-up

Incidence of BCR-ABL mutations in ENESTnd 24-month follow-up

Are there benefits to long-term bisphosphonate treatment in MM?

Insights from temporal analyses of zoledronic acid versus clodronate in the MRC Myeloma IX trial

Breast Cancer — Julie R Gralow, MD

Professor, Medical Oncology, University of Washington and Fred Hutchinson Cancer Research Center; Director, Breast Medical Oncology, Seattle Cancer Care Alliance/University of Washington, Seattle, Washington

Chronic Myeloid Leukemia, Acute Myelogenous Leukemia, Myelodysplastic Syndromes — Susan M O’Brien, MD

Professor of Medicine, Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, Texas
9 Abstract 6509: BELA 18-month follow-up — Bosutinib versus imatinib in CML-CP
4 Abstract 6510: Dasatinib or imatinib in newly diagnosed CML-CP — Two-year follow-up from DASISION
5 Initial treatment of CML-CP in the era of second-generation TKIs
6 Abstract 6513: A survey of current practices in the management of CML
7 Clinical use of high-dose imatinib
8 Abstract 6503: Phase III CLASSIC 1 study — Cytarabine with or without clofarabine in older patients with relapsed or refractory acute myelogenous leukemia (AML)
9 Abstract 6504: Results from a Phase III study of decitabine versus supportive care or low-dose cytarabine for older patients with newly diagnosed AML
10 Abstract 6505: Phase I study results of sequential azacitidine and lenalidomide in elderly patients with AML
11 Abstract 6522: Early lenalidomide dose intensity and durable RBC-transfusion independence in low-/int-1-risk myelodysplastic syndromes (MDS) and del5q

Ovarian Cancer — Beth Y Karlan, MD
Director, Women’s Cancer Program, Samuel Oschin Comprehensive Cancer Institute, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Cedars-Sinai Medical Center; Professor of Obstetrics and Gynecology, David Geffen School of Medicine at UCLA, Los Angeles, California

TRACKS
1 Abstract 5003: A Phase II randomized placebo-controlled study of olaparib (AZD2281) in platinum-sensitive relapsed serous ovarian cancer
2 Future directions in the development of olaparib for ovarian cancer
3 Abstract LBA5007: OCEANS — A Phase III trial of chemotherapy with or without bevacizumab in platinum-sensitive recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer
4 Abstract LBA5006: Interim analysis of overall survival in the GCIG ICON7 Phase III trial of bevacizumab in newly diagnosed ovarian cancer
5 Clinical use of bevacizumab in recurrent ovarian cancer
6 Effectiveness of bevacizumab with or without chemotherapy in the amelioration of ascites and pleural effusion in ovarian cancer
QUESTIONS (PLEASE CIRCLE ANSWER):

1. Treatment with vemurafenib can result in the regression of melanoma harboring __________.
   a. Activating mutations in the KIT gene
   b. BRAF V600E mutation
   c. Neither of the above
   d. Both of the above

2. A Phase III randomized study of ipilimumab with dacarbazine versus dacarbazine alone as first-line therapy for patients with unresectable Stage III or IV melanoma reported a statistically significant improvement in __________ with the addition of ipilimumab.
   a. Overall survival
   b. Progression-free survival
   c. Neither of the above
   d. Both of the above

3. In a Phase II study of romidepsin in patients with relapsed or refractory PTCL, the response rate was approximately 30%.
   a. True
   b. False

4. An ongoing study is evaluating __________ as maintenance therapy after rituximab and fludarabine in untreated CLL.
   a. Bortezomib
   b. Thalidomide
   c. Lenalidomide

5. A trial evaluating maintenance rituximab after induction therapy with R-CHOP or FCR for elderly patients with MCL reported that progression-free survival was substantially improved in patients receiving rituximab maintenance versus IFN maintenance.
   a. True
   b. False

6. Which of the following is the mechanism of action of the novel agent TAK-700?
   a. HER2 inhibitor
   b. GnRH modulator
   c. Sex hormone synthesis inhibitor

7. In the SSGXVIII/AIO Phase III trial evaluating 12 versus 36 months of adjuvant imatinib as treatment of operable GIST with a high risk of recurrence, which arm reported significantly improved overall survival and disease-free survival?
   a. 12 months of adjuvant imatinib
   b. 36 months of adjuvant imatinib

8. The Phase III CLASSIC trial evaluated __________ as adjuvant therapy for patients with gastric cancer.
   a. CAPOX
   b. FOLFOX
   c. FOLFIRI

9. Approximately what proportion of patients with adenocarcinoma of the lung have MET-positive disease by IHC?
   a. Fewer than 10%
   b. 30% to 50%
   c. More than 90%

10. On the Phase II OAM4558g trial evaluating MetMAb or placebo in combination with erlotinib in advanced NSCLC, no additional overall or progression-free survival benefits were reported for patients with MET positivity.
    a. True
    b. False

11. Crizotinib is a targeted agent used in the treatment of ALK-positive NSCLC.
    a. True
    b. False
POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

12. An analysis of data from the EMBRACE trial on the relationship between age and survival outcome for patients receiving eribulin as treatment for metastatic breast cancer reported that efficacy and toxicity outcomes differed among younger and older patients.
   a. True
   b. False

13. In the DASISION trial, the confirmed complete cytogenetic response rate by 12 months was significantly better with imatinib compared to dasatinib in patients with newly diagnosed CML-CP.
   a. True
   b. False

14. In the ENESTnd study, the major molecular response rate at 12 months was significantly better with nilotinib compared to imatinib in patients with newly diagnosed CML-CP.
   a. True
   b. False

15. The Phase III OCEANS study, which is evaluating carboplatin and gemcitabine with or without bevacizumab in platinum-sensitive recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer, reported significant improvements in __________ for patients who received bevacizumab.
   a. Progression-free survival
   b. Overall survival
   c. Duration of response
   d. All of the above

16. An interim analysis of overall survival (OS) in the GCIG ICON7 Phase III trial of bevacizumab in newly diagnosed ovarian cancer did not report an OS advantage.
   a. True
   b. False

17. In a study of the Bruton’s tyrosine kinase inhibitor PCI-32765 in newly diagnosed and relapsed/refractory CLL/SLL, the rate of nodal response (>50% reduction in target lesions) among evaluable patients was approximately ________.
   a. 20%
   b. 50%
   c. 90%

18. The Phase III Intergroup trial (SWOG-S9704) comparing 8 cycles to 6 cycles of R-CHOP with R for diffuse, aggressive NHL in high-intermediate and high IPI risk groups failed to demonstrate a survival advantage with ASCT in first remission.
   a. True
   b. False

19. In the Intergroup study of rituximab versus a watch-and-wait approach for advanced-stage, asymptomatic, nonbulky FL, a quality-of-life analysis revealed which of the following observations?
   a. Emotional well-being improved in both groups over time
   b. Patients undergoing watch and wait had higher levels of anxiety related to their disease
   c. Both a and b

20. A randomized study for elderly patients with MCL demonstrated an improvement in progression-free survival among patients who received R-CHOP followed by maintenance __________.
   a. Interferon
   b. Rituximab
   c. Ofatumumab
   d. Bortezomib
EDUCATIONAL ASSESSMENT AND CREDIT FORM

Cancer Conference Update — Issue 2, 2011

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

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

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

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<thead>
<tr>
<th>Activity</th>
<th>BEFORE</th>
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<td>Ipilimumab in combination with DTIC versus DTIC alone as first-line treatment in unresectable Stage III or IV melanoma</td>
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<td>Use of sequential azacitidine and lenalidomide in elderly patients with AML</td>
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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; no changes will be made
☐ 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 one or more examples:

........................................................................................................................................................................................................

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

☐ Yes  ☐ No

If no, please explain: ........................................................................................................................................................................
EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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:

• Incorporate emerging clinical trial data on novel antibody therapy into treatment decision-making for patients with advanced melanoma. ................. 4 3 2 1 N/M N/A

• Assess the practical implications of emerging research examining the use of biologic agents, novel androgen-targeted agents and bone-directed therapies for castration-resistant, metastatic prostate cancer .......... 4 3 2 1 N/M N/A

• Incorporate emerging research information on the use of novel schedules, regimens and agents into the systemic treatment of various hematologic cancers. ........................................... 4 3 2 1 N/M N/A

• Develop a therapeutic algorithm for the use of mTOR and VEGF inhibitors in the management of metastatic renal cell carcinoma. ............ 4 3 2 1 N/M N/A

• Apply pivotal clinical trial results with cytotoxic, molecular-targeted and locally directed therapies to the multimodality management of diverse forms of gastrointestinal cancer. ................................. 4 3 2 1 N/M N/A

• Employ individualized patient assessment to tailor the use of cytotoxic, biologic and/or small-molecule targeted therapy for non-small cell lung cancer. ....... 4 3 2 1 N/M N/A

• Recognize the emerging contribution of induction chemotherapy and biologic agents to standard chemoradiation therapy approaches for head and neck cancer. ........................................... 4 3 2 1 N/M N/A

• Communicate the benefits and risks of anti-angiogenic therapy, novel targeted agents, anti-HER2 treatments and PARP inhibitors to appropriately selected patients with advanced breast cancer. ............................... 4 3 2 1 N/M N/A

• Assess the relevance of emerging research information on PARP inhibitors and anti-angiogenic therapies to current protocol and nonprotocol management of advanced ovarian cancer. ......................... 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:

..................................................................................................................................................................................................................................................................................

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

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

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 ________________________________

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