TARGET AUDIENCE
This activity is intended for medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of non-small cell lung cancer (NSCLC).

OVERVIEW OF ACTIVITY
Lung cancer is a devastating disease with a broad-reaching effect on public health, accounting for 14% of all new cancer cases in the United States and the most cancer-related deaths among both men and women. Development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive recent research and has led to an explosion in lung cancer genetic and biologic knowledge. The advent of these next-generation targeted treatments presents new promise of both efficacy and enhanced safety for patients with lung cancer but also challenges practicing oncologists to appropriately select individuals who may benefit from these agents and to determine how to integrate such therapies, as they become available, into standard lung cancer treatment algorithms. Several consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making lung cancer management decisions in the face of this dynamic clinical environment, but despite the existence of these tools, many areas of controversy persist within academic and community settings. This program uses a review of recent publications and other relevant presentations, ongoing clinical trials, actual patient case discussions and Q&A to assist medical oncologists, hematology-oncology fellows and other healthcare providers with the formulation of up-to-date clinical management strategies, including referral of appropriate patients to ongoing clinical trials.

LEARNING OBJECTIVES
• Devise an evidence-based approach to the selection of induction and maintenance systemic therapy for patients with NSCLC without a targetable mutation.
• Assess available research evidence with existing and emerging therapeutic options for patients with advanced squamous cell carcinoma of the lung, and use this information to guide clinical care and protocol opportunities for these individuals.
• Consider published safety and efficacy data with available and emerging therapeutic strategies to appropriately incorporate them into the management of EGFR mutation-positive NSCLC.
• Describe emerging data on the efficacy and safety of tumor immunotherapy, including approaches directed at the PD-1/PD-L1 pathways in lung cancer, and consider this information when counseling patients regarding protocol and nonprotocol treatment options.
• Recall the scientific rationale for ongoing investigation of novel agents or therapeutic approaches in NSCLC, and counsel appropriately selected patients about study participation.

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FACULTY — 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:

Corey J Langer, MD
Director of Thoracic Oncology
Abramson Cancer Center
Professor of Medicine
Perelman School of Medicine
University of Pennsylvania
Vice Chair, Radiation Therapy Oncology Group
Philadelphia, Pennsylvania

Advisory Committee: Abbott Laboratories, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clariant Inc, Clovis Oncology, Genentech BioOncology, Lilly, Merck, Myriad Genetic Laboratories Inc, Roche Laboratories Inc; Consulting Agreements: Abbott Laboratories, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Lilly, Merck, Roche Laboratories Inc, Takeda Oncology; Contracted Research: Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Genentech BioOncology, GlaxoSmithKline, Lilly, Merck, Pfizer Inc, Takeda Oncology, Veridex LLC; Data Safety Monitoring Committee: Amgen Inc, Synta Pharmaceuticals Corp.

Tony SK Mok, MD
Professor, Department of Clinical Oncology
The Chinese University of Hong Kong
Hong Kong, China

Advisory Committee: Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Genentech BioOncology, GlaxoSmithKline, Lilly, Merck, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc; Speakers Bureau: AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Lilly, Merck, Pfizer Inc, Roche Laboratories Inc.

Lecia V Sequist, MD, MPH
Associate Professor of Medicine
Harvard Medical School
Center for Thoracic Cancers
Massachusetts General Hospital Cancer Center
Boston, Massachusetts

Consulting Agreements: AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Clovis Oncology, Genentech BioOncology, Merrimack Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation, Taiho Oncology Inc.

David R Spigel, MD
Program Director, Lung Cancer Research
Sarah Cannon Research Institute
Nashville, Tennessee

No real or apparent conflicts of interest to disclose.

Heather Wakelee, MD
Associate Professor of Medicine
Division of Oncology
Stanford University School of Medicine
Stanford Cancer Institute
Stanford, California

Consulting Agreement: Peregrine Pharmaceuticals Inc;
Contracted Research: AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Exelixis Inc, Genentech BioOncology, Lilly, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc, Xcovery.

CONSULTING ONCOLOGISTS — The following consulting oncologists (and their spouses/partners) have no real or apparent conflicts of interest to disclose:

Margaret A Deutsch, MD
Clinical Associate
Duke Raleigh Hematology-Oncology
Raleigh, North Carolina

Linda L Ferris, DO
Medical Oncologist
Northwestern Medicine Cancer Center
Warrenville, Illinois

Philip T Glynn, MD
Director, Medical Oncology
Mercy Medical Center
Director of Oncology, Noble Hospital
Director of Noble VNA and Hospice Services
Springfield, Massachusetts

Raymond Lobins, DO
Hematology/Oncology
Lake County University Hospitals
Mentor, Ohio

Dennis A Lowenthal, MD
Medical Director
Carol G Simon Cancer Center at Overlook Medical Center Summit, New Jersey

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: October 2015
Expiration date: October 2016

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A Phase III randomized trial of adjuvant chemotherapy with or without bevacizumab for patients with completely resected Stage IB (≥ 4 cm) - IIIA non-small cell lung cancer (NSCLC) (ECOG-E-1505). NCT00324805


Garon EB et al. Ramucirumab plus docetaxel versus placebo plus docetaxel for second-line treatment of stage IV non-small-cell lung cancer after disease progression on platinum-based therapy (REVEL): A multicentre, double-blind, randomised phase 3 trial. Lancet 2014;384(9944):665-73.


Lung-MAP: S1400 biomarker-targeted second-line therapy in treating patients with recurrent Stage IIIB-IV non-small cell lung cancer. NCT02154490

Park K et al. ASPIRATION: First-line erlotinib (E) until and beyond RECIST progression (PD) in Asian patients (pts) with EGFR mutation-positive (mut+) NSCLC. Proc ESMO 2014;Abstract 12230.


Pennell NA et al. SELECT: A multicenter phase II trial of adjuvant erlotinib in resected early-stage EGFR mutation-positive NSCLC. Proc ASCO 2014;Abstract 7514.

Randomized Phase III study of maintenance therapy with bevacizumab, pemetrexed, or a combination of bevacizumab and pemetrexed following carboplatin, paclitaxel and bevacizumab for advanced non-squamous NSCLC (ECOG-E-5508). NCT01107626


