

Meet The Professors

A case-based discussion on the management
of lung cancer in the adjuvant, locally advanced
and metastatic settings



MODERATOR

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FACULTY

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U P D A T E



Meet The Professors: A case-based discussion on the management of lung cancer in the adjuvant, locally advanced and metastatic settings

OVERVIEW OF ACTIVITY

Lung cancer is the leading cause of cancer mortality in the United States in both men and women, resulting in more deaths than breast, prostate, colon and pancreatic cancer combined. Progress in the screening, prevention and treatment of this disease has been limited, and approximately 85 percent of patients who develop lung cancer will die from it. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on patient outcomes, but with the advent of biologic agents, recent improvements have been seen in time to progression and survival in lung cancer clinical trials. Published results from ongoing and completed studies lead to the continual emergence of novel therapeutic strategies and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with experts' perspectives, this CME program is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with lung cancer.

LEARNING OBJECTIVES

- Evaluate the clinical implications of emerging research findings in lung cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, locally advanced and metastatic settings.
- Recognize the unique challenges that accompany the therapeutic management of lung cancer in patients of advanced age, compromised performance status and/or extensive comorbidity.
- Assess the impact of histology, gender, EGFR testing (IHC, FISH, mutation analyses) and smoking history in the selection of treatment for patients with non-small cell lung cancer (NSCLC).
- Formulate individualized treatment plans addressing the first-line and subsequent management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics.
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC.
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC.
- Counsel appropriately selected patients with lung cancer about the availability of ongoing clinical trials.

ACCREDITATION STATEMENT

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This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs and complete the Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/MTP/Lung.

This program is supported by educational grants from Bristol-Myers Squibb Company, Eli Lilly and Company, Genentech BioOncology/OSI Oncology and ImClone Systems Incorporated.

Last review date: November 2008; Release date: November 2008; Expiration date: November 2009

Guide to Audio Program

Track 1 — case from Dr Safa; Track 2 — case from Dr Farber; Track 3 — case from Dr Kanner; Track 4 — case from Dr Levy; Track 5 — case from Dr Hoffman; Track 6 — case from Dr Henderson; Track 7 — case from Dr Hussein; Track 8 — case from Dr Hoffman

CONTENT VALIDATION AND DISCLOSURES

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COMMUNITY PANEL — **Drs Hoffman and Levy** had no real or apparent conflicts of interest to disclose. **Dr Farber — Advisory Committee:** Biogen Idec, Genentech BioOncology.

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Dr Hussein — Advisory Committee: Bayer Pharmaceuticals Corporation, Roche Laboratories Inc; **Speakers Bureau:** Amgen Inc, Novartis Pharmaceuticals Corporation, Sanofi-Aventis.

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Medical Oncologist Community Panel

Charles M Farber, MD, PhD
Chief, Section of Hematology
Oncology
Department of Medicine
Morristown Memorial Hospital
Carol G Simon Cancer Center
Morristown, New Jersey

Charles A Henderson, MD
Director of Clinical Research
Peachtree Hematology
Oncology Consultants
Atlanta, Georgia

Kenneth R Hoffman, MD, MPH
Teaneck, New Jersey

Atif M Hussein, MD
Medical Director
Memorial Cancer Institute
Hollywood, Florida

Steven P Kanner, MD
Oncology Associates of
South Florida
Hollywood, Florida

Isaac Levy, MD
Memorial Hospital West
Pembroke Pines, Florida

Malek Safa, MD
Medical Oncology
Hematology Association
Dayton, Ohio

Case 1 from the practice of Malek Safa, MD: A 58-year-old man with a 15 pack-year smoking history who presented with a 3-cm nonsquamous-cell non-small cell lung cancer (NSCLC) and a single suspicious 2-cm adrenal mass. The patient was treated with preoperative carboplatin/paclitaxel and bevacizumab, but subsequent MRI revealed three new brain lesions (presented to Dr Socinski).

Case 2 from the practice of Charles M Farber, MD, PhD: A 69-year-old man and former oligosmoker with extensive, painful bony metastases and liver metastases from NSCLC. The patient was started on zoledronic acid and was treated with carboplatin/paclitaxel and bevacizumab/erlotinib (presented to Dr Socinski).

Case 3 from the practice of Steven P Kanner, MD: An 80-year-old woman and nonsmoker with Stage IV NSCLC who had a five-year response to an EGFR TKI and was treated with pemetrexed after disease progression (presented to Dr Socinski).

Case 4 from the practice of Isaac Levy, MD: An 80-year-old man and former smoker with good performance status was diagnosed with Stage IIIB squamous-cell NSCLC. The patient was treated with carboplatin/docetaxel and concurrent radiation therapy, but due to poor patient tolerance, the radiation therapy was discontinued and he received only two total cycles of chemotherapy, with nanoparticle albumin-bound (*nab*) paclitaxel substituted for docetaxel in the second cycle. He ended up having a CR after this abbreviated treatment course but then experienced rapid local recurrence off treatment (presented to Dr Lilenbaum).

Case 5 from the practice of Kenneth R Hoffman, MD, MPH: An 88-year-old oligosmoker who presented with a traumatic hip fracture was incidentally found to have a 6-cm right lung mass without evidence of metastatic disease, in addition to sick sinus syndrome. He underwent pacemaker implantation and total hip replacement, followed one month later by right lower lobe lobectomy, all of which he tolerated well. His lung pathology revealed a moderately differentiated, pathologic Stage IIB (T2N1M0) adenocarcinoma (presented to Dr Lilenbaum).

Case 6 from the practice of Charles A Henderson, MD: A 54-year-old physician and former smoker presented with de novo brain-only metastases from large-cell carcinoma of the lung. He has no evidence of disease 10+ years after treatment with whole-brain radiation therapy followed by systemic treatment with carboplatin/paclitaxel (presented to Dr Kim).

Case 7 from the practice of Atif M Hussein, MD: A 61-year-old man with malignant pleural mesothelioma was treated with neoadjuvant platinum chemotherapy and pemetrexed, pneumonectomy and radiation therapy but soon thereafter developed peritoneal disease (presented to Dr Kim).

Case 8 from the practice of Dr Hoffman: A 67-year-old man with a recent myocardial infarction presented with a Stage IIA adenocarcinoma 10 years after resection for a contralateral T1N0M0 large-cell carcinoma and 33 years after radiation therapy for Hodgkin disease to the site of his current disease (presented to Dr Kim).

Educational Assessment and Credit Form:

Meet The Professors Lung Cancer, Issue 1, 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	
ECOG-E1505 adjuvant trial of chemotherapy with or without bevacizumab.				
4	3	2	1	
Perspective on the results of the FLEX trial of cisplatin/vinorelbine with or without cetuximab as first-line therapy for advanced NSCLC				
4	3	2	1	
Clinical utility of EGFR testing (IHC, FISH, mutation analysis) and smoking history in the selection of treatment for NSCLC				
4	3	2	1	
Use of bevacizumab, alone or in combination with other biologic agents, and chemotherapy for advanced NSCLC				
4	3	2	1	

AFTER 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	
ECOG-E1505 adjuvant trial of chemo-therapy with or without bevacizumab.				
4	3	2	1	
Perspective on the results of the FLEX trial of cisplatin/vinorelbine with or without cetuximab as first-line therapy for advanced NSCLC				
4	3	2	1	
Clinical utility of EGFR testing (IHC, FISH, mutation analysis) and smoking history in the selection of treatment for NSCLC				
4	3	2	1	
Use of bevacizumab, alone or in combina-tion with other biologic agents, and chemotherapy for 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 implications of emerging research findings in lung cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, locally advanced and metastatic settings. 4 3 2 1 N/M N/A
- Recognize the unique challenges that accompany the therapeutic management of lung cancer in patients of advanced age, compromised performance status and/or extensive comorbidity. 4 3 2 1 N/M N/A
- Assess the impact of histology, gender, EGFR testing (IHC, FISH, mutation analyses) and smoking history in the selection of treatment for patients with non-small cell lung cancer (NSCLC). 4 3 2 1 N/M N/A
- Formulate individualized treatment plans addressing the first-line and subsequent management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics. 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC. 4 3 2 1 N/M N/A
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with lung cancer about the availability of ongoing clinical trials. 4 3 2 1 N/M N/A

What other practice changes will you make or consider making as a result of this activity?

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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal	
Faculty	Knowledge of subject matter				Effectiveness as an educator
Edward S Kim, MD	4	3	2	1	4 3 2 1
Rogério C Lilenbaum, MD	4	3	2	1	4 3 2 1
Mark A Socinski, MD	4	3	2	1	4 3 2 1
Moderator	Knowledge of subject matter				Effectiveness as an educator
Neil Love, MD	4	3	2	1	4 3 2 1

Please recommend additional faculty for future activities:

Other comments about the moderator and faculty for this activity:

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City, State, Zip:

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: Date:

Meet The Professors

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Last review date: November 2008
Release date: November 2008
Expiration date: November 2009
Estimated time to complete: 2.75 hours