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Oncology Nursing™ UPDATE

Clinical Investigator and Nursing Perspectives on the Management of Common Cancers

FACULTY INTERVIEWS

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EDITOR

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DERMATOLOGIC ONCOLOGY EDITION

CNE Activity

Oncology Nursing Update Dermatologic Oncology Edition

A Continuing Nursing Education Audio Series

OVERVIEW OF ACTIVITY

Taken together, melanoma and nonmelanoma skin cancers likely represent the most prevalent form of human cancer. Fortunately, the vast majority of skin cancers present as minimally invasive basal cell carcinoma and squamous cell cancer and, as such, are highly curable with local treatment alone. However, in rare instances these characteristically indolent lesions progress and necessitate systemic intervention with the support of limited randomized clinical evidence. In contrast, cancerous melanoma is the most aggressive form of skin cancer with a predilection toward distant metastases, even when identified in the early stages of the disease. Thus melanoma and nonmelanoma skin cancer are distinct entities, each posing unique challenges to the oncology nursing community. To provide oncology nurses with therapeutic strategies to address the disparate needs of these patients, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses with expertise in the field. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with melanoma and nonmelanoma skin cancers.

LEARNING OBJECTIVES

- Counsel patients considering adjuvant therapy after surgical removal of primary melanoma regarding the risks and potential benefits of high-dose versus pegylated interferon therapy.
- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of metastatic melanoma, including chemotherapeutic agents, standard and novel immunotherapeutic strategies and targeted biologic agents.
- Counsel patients regarding the risk of BRAF inhibitor-associated secondary nonmelanoma skin cancers, and assist patients in managing these and other side effects associated with this targeted approach.
- Develop a plan to identify and manage the side effects and toxicities associated with immunotherapeutic regimens, including high-dose interleukin-2 and ipilimumab, to support patient quality of life.
- Discuss the risks and benefits of hedgehog inhibitor therapy in patients with locally advanced or metastatic basal cell carcinoma.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.5 contact hours is provided by Research To Practice during the period of December 2013 through December 2014.

HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This booklet contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website **ResearchToPractice.com/ONUDerm113** also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this booklet and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 75% or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within 3 weeks or may be printed online.

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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: **Ms Rubin** — Advisory Committee: Genentech BioOncology, Merck. **Dr Flaherty** — Advisory Committee: Boehringer Ingelheim Pharmaceuticals Inc, Eisai Inc, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Sanofi; Consulting Agreements: Genentech BioOncology, GlaxoSmithKline, Momenta Pharmaceuticals Inc, Otsuka Pharmaceutical Co Ltd, Roche Laboratories Inc; Contracted Research: Novartis Pharmaceuticals Corporation, Sanofi.

EDITOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Algeta US, Allos Therapeutics, Amgen Inc, ArQule Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Exelixis Inc, Foundation Medicine Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva Oncology.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.

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SELECT PUBLICATIONS

Ally M et al. **Vismodegib as an adjuvant to surgery for basal cell carcinomas.** *Proc Am Acad Dermat* 2012. No abstract available

Chang AL et al. **Surgical excision after neoadjuvant therapy with vismodegib for a locally advanced basal cell carcinoma and resistant basal carcinomas in Gorlin syndrome.** *JAMA Dermatol* 2013;149(5):639-41.

Chapman PB et al. **Improved survival with vemurafenib in melanoma with BRAF V600E mutation.** *N Engl J Med* 2011;364(26):2507-16.

Davies H et al. **Mutations of the BRAF gene in human cancer.** *Nature* 2002;417(6892):949-54.

Flaherty KT et al. **Improved survival with MEK inhibition in BRAF-mutated melanoma.** *N Engl J Med* 2012a;367(2):107-14.

Flaherty KT et al. **Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations.** *N Engl J Med* 2012b;367(18):1694-703.

Hodi FS et al. **Improved survival with ipilimumab in patients with metastatic melanoma.** *N Engl J Med* 2010;363(8):711-23.

Jang S, Atkins MB. **Which drug, and when, for patients with BRAF-mutant melanoma?** *Lancet Oncol* 2013;14(2):e60-9.

Sekulic A et al. **Efficacy and safety of vismodegib in advanced basal-cell carcinoma.** *N Engl J Med* 2012;366(23):2171-9.

Smalley KS, Sondak VK. **Melanoma — An unlikely poster child for personalized cancer therapy.** *N Engl J Med* 2010;363(9):876-8.

Von Hoff DD et al. **Inhibition of the hedgehog pathway in advanced basal-cell carcinoma.** *N Engl J Med* 2009;361(12):1164-72.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Adjuvant treatment options for Stage III melanoma include which of the following?**
   a. Observation
   b. High-dose interferon
   c. Pegylated interferon
   d. Clinical trial participation
   e. All of the above
   f. None of the above

2. **The most common side effect associated with _____ therapy is fatigue.**
   a. High-dose interferon
   b. Pegylated interferon
   c. Both a and b
   d. Neither a nor b

3. **Side effects of ipilimumab include diarrhea, liver function test abnormalities and endocrine dysfunction.**
   a. True
   b. False

4. **_____ is a hedgehog inhibitor used in the treatment of basal cell carcinoma.**
   a. Nivolumab
   b. Lambrolizumab
   c. Vismodegib

5. **Vemurafenib and dabrafenib are _____ approved by the FDA for treatment of metastatic melanoma.**
   a. BRAF inhibitors
   b. Immune-based therapies
   c. MEK inhibitors

6. **Data from a Phase I/II trial published by Flaherty and colleagues evaluating combined BRAF and MEK inhibition in patients with metastatic melanoma with BRAF V600 mutations recorded higher response rates and overall disease control with the combination than with dabrafenib monotherapy.**
   a. True
   b. False

7. **Vismodegib is associated with a high incidence of taste changes and _____.**
   a. Muscle cramps
   b. Flulike symptoms
   c. Memory loss
   d. Secondary nonmelanoma skin cancers
   e. All of the above

8. **Common side effects associated with high-dose interleukin-2 therapy include _____.**
   a. Hypotension
   b. Low blood cell counts
   c. Drug-induced sepsis
   d. All of the above
   e. None of the above

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Oncology Nursing Update Dermatologic Oncology Edition — Issue 2, 2013

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 1 — 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

	BEFORE	AFTER
Incidence, development and management of vemurafenib-associated secondary nonmelanoma skin cancers	4 3 2 1	4 3 2 1
Differences in side effects, tolerability and duration of therapy with high-dose versus pegylated adjuvant interferon therapy	4 3 2 1	4 3 2 1
Management of vismodegib-associated dysgeusia and muscle cramps	4 3 2 1	4 3 2 1
Identifying risk factors associated with the development of metastatic basal cell carcinoma, including family history, germline mutations and immunocompromised patients	4 3 2 1	4 3 2 1
Mechanism of action and dosing of ipilimumab in metastatic melanoma	4 3 2 1	4 3 2 1

Has the activity unfairly influenced you toward a particular product or service?

☐ Yes ☐ No

If yes, please describe what was presented: .....

.....

Will this activity help you improve patient care?

☐ Yes ☐ No ☐ Not applicable

If yes, how will it help you improve patient care? .....

.....

Did the activity meet your educational needs and expectations?

☐ Yes ☐ No

If no, please explain: .....

.....

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:

- Counsel patients considering adjuvant therapy after surgical removal of primary melanoma regarding the risks and potential benefits of high-dose versus pegylated interferon therapy. .....4 3 2 1 N/M N/A
- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of metastatic melanoma, including chemotherapeutic agents, standard and novel immunotherapeutic strategies and targeted biologic agents. .....4 3 2 1 N/M N/A
- Counsel patients regarding the risk of BRAF inhibitor-associated secondary nonmelanoma skin cancers, and assist patients in managing these and other side effects associated with this targeted approach. .....4 3 2 1 N/M N/A
- Develop a plan to identify and manage the side effects and toxicities associated with immunotherapeutic regimens, including high-dose interleukin-2 and ipilimumab, to support patient quality of life. .....4 3 2 1 N/M N/A
- Discuss the risks and benefits of hedgehog inhibitor therapy in patients with locally advanced or metastatic basal cell carcinoma. .....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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What additional information or training do you need on the activity topics or other oncology-related topics?

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Additional comments about this activity:

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

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

Faculty	Knowledge of subject matter	Effectiveness as an educator
Krista M Rubin, MS, RN, FNP-BC	4 3 2 1	4 3 2 1
Keith T Flaherty, MD	4 3 2 1	4 3 2 1
Editor	**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 faculty and editor for this activity:

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REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ CNS ☐ RN

☐ PA ☐ Other.....

Street Address:..... Box/Suite:.....

City, State, Zip:.....

Telephone:..... Fax:.....

Email:.....

Signature:..... Date:.....

The expiration date for this activity is December 2014. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/ONUDerm113/CNE.

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UPDATE

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