Prostate Cancer

Conversations with Urologic Oncology Investigators Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

E David Crawford, MD Christopher J Logothetis, MD Robert Dreicer, MD, MS Allan Lipton, MD

EDITOR

Neil Love, MD





Prostate Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

An estimated 220,000 new cases of prostate cancer are diagnosed yearly in the United States and account for approximately one third of new cancer cases among men. Published results from clinical trials lead to the emergence of new local and systemic therapeutic approaches, along with changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing urologist, radiation oncologist and medical oncologist must be well informed of these advances. By providing information on the latest research developments and expert perspectives, this CME activity assists clinicians with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Develop a rational evidence-based approach to the use of bone-targeted therapies for patients with early and advanced-stage prostate cancer.
- Counsel patients with metastatic castration-resistant prostate cancer (mCRPC) about the effects of docetaxel and cabazitaxel on quality and quantity of life.
- Compare and contrast the efficacy, safety and tolerability of evidence-based chemotherapy and immunotherapy for patients with mCRPC.
- Recognize the contribution of symptoms and tumor burden in the decision to employ sipuleucel-T in the treatment of mCRPC.
- Explore the emerging data and active research evaluating novel agents including tyrosine kinase inhibitors, radiopharmaceuticals, androgen biosynthesis inhibitors and antiandrogens — in the setting of advanced prostate cancer, and discuss the biologic basis for their clinical activity.
- Recall pivotal Phase III findings with abiraterone acetate in chemotherapy-pretreated CRPC.
- Counsel appropriately selected patients with biochemically recurrent, asymptomatic or symptomatic metastatic
 prostate cancer about availability of and participation in ongoing clinical trials.

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CME INFORMATION



FACULTY AFFILIATIONS



E David Crawford, MD

Professor of Surgery, Urology and Radiation Oncology Head, Section of Urologic Oncology, University of Colorado at Denver Health Science Center Denver, Colorado



Robert Dreicer, MD, MS

Chairman, Department of Solid Tumor Oncology Taussig Cancer Institute Cleveland Clinic; Professor of Medicine, Cleveland Clinic Lerner College of Medicine Cleveland, Ohio



Christopher J Logothetis, MD Chairman/Professor Genitourinary Medical Oncology

Genitourinary Medical Oncology The University of Texas MD Anderson Cancer Center Houston, Texas



Allan Lipton, MD

Professor of Medicine and Oncology, Division of Hematology/Oncology MS Hershey Medical Center The Pennsylvania State University Hershey, Pennsylvania

EDITOR



Neil Love, MD Research To Practice Miami, Florida

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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. Dr Crawford — Advisory Committee: Centocor Ortho Biotech Services LLC, Ferring, GlaxoSmithKline, Sanofi; Employee (Wife): Ferring; Meeting Participant: Aureon Laboratories Inc. Dr Logothetis — Paid Research: Dendreon Corporation, Johnson & Johnson Pharmaceuticals. Dr Dreicer — Advisory Committee: AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Centocor Ortho Biotech Services LLC, EMD Serono Inc, GTx Inc, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Sanofi; Consulting Agreement: Centocor Ortho Biotech Services LLC. Dr Lipton — Advisory Committee, Consulting Agreements and Speakers Bureau: Amgen Inc, Novartis Pharmaceuticals Corporation; Paid Research: Amgen Inc, Monogram Biosciences Inc, Novartis Pharmaceuticals.

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POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following statements is true about denosumab?

- a. It is administered subcutaneously
- b. It is a RANK ligand inhibitor
- c. It prolonged time to development of bone metastasis in men with CRPC
- d. All of the above
- 2. In the Phase III ALSYMPCA study, radium-223 chloride (Alpharadin®) improved overall survival for patients with CRPC and symptomatic bone metastases.
 - a. True
 - b. False

3. Immunotherapy with sipuleucel-T resulted in a significant improvement in overall survival for patients who

- a. Had chemotherapy-naïve disease
- b. Had mCRPC
- c. Were asymptomatic or minimally symptomatic
- d. All of the above
- 4. In the TROPIC trial, men with mCRPC who experienced disease progression while receiving docetaxel did *not* experience an improvement in overall survival or progression-free survival with cabazitaxel.
 - a. True
 - b. False

5. MDV3100 is a(n)

- a. Third-generation taxane
- b. Immunotherapeutic agent
- c. Antiandrogen with a high affinity to the androgen receptor

- 6. For patients with CRPC and bone metastases, the RANK-L inhibitor denosumab was superior to zoledronic acid in the prevention of skeletalrelated events.
 - a. True
 - b. False
- 7. Which of the following results were observed in a randomized Phase II study of cabozantinib (XL184) versus placebo in men with progressive, measurable mCRPC?
 - a. High rates of bone-scan resolution
 - b. High rates of pain relief
 - c. Both a and b
 - d. Neither a nor b
- Treatment of advanced prostate cancer with sipuleucel-T results in a high rate of objective tumor regression.
 - a. True
 - b. False
- 9. Abiraterone specifically inhibits CYP17A1 and consequently blocks the synthesis of androgens and decreases testosterone in patients with prostate cancer.
 - a. True
 - b. False
- 10. SRC signaling, which can be inhibited by dasatinib, has been strongly implicated in prostate cancer progression in the bone.
 - a. True
 - b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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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	L = Suboptimal
	BEFORE	AFTER
Phase III study demonstrating prolonged bone metastasis-free survival with adjuvant denosumab for CRPC	4321	4321
Interim results of the Phase III ALSYMPCA study evaluating Alpharadin in patients with symptomatic mCRPC	4321	4321
Appropriate patient selection for and the inability to measure response to sipuleucel-T	4321	4321
Preliminary clinical trial results with cabozantinib in mCRPC	4321	4321
Differences in the mechanisms of action of the androgen biosyn- thesis inhibitor abiraterone and MDV-3100	4321	4321

Was the activity evidence based, fair, balanced and free from commercial bias?

If no, please explain: No

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

Yes

- □ Change the management and/or treatment of my patients
- Other (please explain):

If you intend to implement any changes in your practice, please provide 1 or more examples:

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

🗆 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 resu	It of this activity, I	will be able to:			
		-based approach to the use of bone-targeted arly and advanced-stage prostate cancer	I N/M N/A		
about th	ne effects of docetax	static castration-resistant prostate cancer (mCRPC) kel and cabazitaxel on quality and quantity of life4 3 2	N/M N/A		
chemot	herapy and immund	efficacy, safety and tolerability of evidence-based therapy for patients with mCRPC	N/M N/A		
		of symptoms and tumor burden in the decision e treatment of mCRPC	N/M N/A		
includin biosyntl	g tyrosine kinase in nesis inhibitors and	and active research evaluating novel agents — hibitors, radiopharmaceuticals, androgen antiandrogens — in the setting of advanced as the biologic basis for their clinical activity	I N/M N/A		
 Recall pretreat 	vivotal Phase III find	ings with abiraterone acetate in chemotherapy-			
asympto	omatic or symptoma	ted patients with biochemically recurrent, tic metastatic prostate cancer about availability ing clinical trials	l 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 followup 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	3 =	Good	2	= Ade	equate	1 = Sut	poptin	nal	
Faculty		Knowled	ge of	subje	ct matter	Effective	eness	as an	educator
E David Crawford, MD		4	3	2	1	4	3	2	1
Christopher J Logothetis, MD		4	3	2	1	4	3	2	1
Robert Dreicer, MD, MS		4	3	2	1	4	3	2	1
Allan Lipton, MD		4	3	2	1	4	3	2	1
Editor		Knowled	ge of	subje	ct matter	Effective	eness	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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Editorial	Clayton Campbell
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Continuing Education Administrator for Nursing	Julia W Aucoin, DNS, RN-BC, CNE
Contact Information	Neil Love, MD
	Research To Practice
	One Biscayne Tower
	2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131
	Fax: (305) 377-9998
	Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

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