Renal Cell Cancer™

U P D A T E

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

MODERATOR

Neil Love, MD

FACULTY

Michael B Atkins, MD
Daniel J George, MD
Robert J Motzer, MD
David I Quinn, MBBS, PhD
Walter Stadler, MD
Nicholas J Vogelzang, MD

SPECIAL ISSUE

Proceedings from a Clinical Investigator Think Tank

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Renal Cell Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

An increased understanding of the biology of renal cell cancer (RCC) coupled with emerging clinical trial data has resulted in the availability of several new therapeutic options for patients. To bridge the gap between research and patient care, this program features a roundtable discussion with leading investigators to assist medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Compare and contrast the benefits and risks of cytokines, multikinase inhibitors and pure anti-angiogenic agents as treatment for patients with newly diagnosed and progressive metastatic clear cell RCC.
- Appraise emerging data on the safety and efficacy of combined targeted therapy for patients with RCC, and discern how these findings may affect current and future treatment algorithms.
- Formulate a therapeutic approach that addresses the duration of treatment and sequential delivery of targeted biologic agents for patients with advanced RCC.
- Recognize the unique toxicities that accompany the use of novel systemic therapies for RCC, and recommend supportive measures to improve long-term tolerability.
- Counsel appropriately selected patients with RCC about participation in ongoing clinical trials in the adjuvant and metastatic settings.

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This program is supported by educational grants from Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc, Genentech BioOncology and Pfizer Inc.

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

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Figlin and colleagues reported at ASCO 2008 that the median overall survival with first-line sunitinib compared to interferon alpha, respectively, in patients with metastatic renal cell carcinoma (mRCC) was approximately _____.**
   a. 18 months and 12 months
   b. 20 months and 14 months
   c. 26 months and 22 months

2. **Approximately _____ percent of patients respond to sunitinib after first-line treatment with interferon alpha or interleukin-2 for mRCC.**
   a. 40
   b. 30
   c. 20
   d. 10

3. **In an updated analysis of the AVOREN trial, first-line treatment with bevacizumab and interferon alpha resulted in approximately a doubling of response rate and progression-free survival compared to interferon alpha alone in patients with mRCC.**
   a. True
   b. False

4. **BeST is a four-arm randomized Phase II trial comparing bevacizumab alone to bevacizumab/temsirolimus to _____.**
   a. Bevacizumab/sunitinib and sunitinib/temsirolimus
   b. Bevacizumab/sorafenib and sorafenib/temsirolimus
   c. Bevacizumab/everolimus and sunitinib/everolimus

5. **A subset analysis from the ARCCS expanded access program demonstrated that in patients older than age 65, sorafenib resulted in significantly more side effects and a lower response rate compared to younger patients.**
   a. True
   b. False

6. **Which of the following will be evaluated in the Phase III, placebo-controlled ASSURE adjuvant trial for patients with unfavorable-risk RCC?**
   a. Bevacizumab
   b. Sunitinib
   c. Sorafenib
   d. Both a and b
   e. Both b and c

7. **Shepard and colleagues reported approximately a _____ percent tumor burden reduction rate (TBRR) in patients with mRCC treated with sorafenib who were refractory to either sunitinib or bevacizumab.**
   a. 50
   b. 40
   c. 30
   d. 20

8. **What was the median progression-free survival for everolimus versus placebo in patients with mRCC that progressed on prior treatment with one or more VEGF tyrosine kinase inhibitors (TKIs)?**
   a. 8.2 months versus 4.0 months
   b. 4.6 months versus 1.8 months
   c. 2.0 months versus 1.2 months

9. **Which of the mTOR inhibitors is administered orally?**
   a. Temsirolimus
   b. Everolimus
   c. Both a and b

10. **The progression-free survival was longer for patients treated with everolimus after sorafenib compared to those treated with everolimus after sunitinib.**
    a. True
    b. False

11. **In CALGB-90206, interferon alpha/bevacizumab resulted in a significant improvement in progression-free survival compared to interferon alpha alone in patients with mRCC.**
    a. True
    b. False

Post-test answer key: 1c, 2a, 3a, 4b, 5b, 6e, 7a, 8b, 9b, 10a, 11a

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Renal Cell Cancer Update — Think Tank 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

- Overall survival data with sunitinib versus interferon alpha as first-line treatment of mRCC 4 3 2 1
- AVOREN update: Efficacy and safety of bevacizumab/interferon alpha as first-line therapy for mRCC 4 3 2 1
- CALGB-90206: Phase III trial results of interferon alpha with or without bevacizumab in mRCC 4 3 2 1
- Phase I study experience with the toxicity of bevacizumab/sunitinib in mRCC 4 3 2 1
- Phase II study results of bevacizumab combined with everolimus in mRCC 4 3 2 1
- Results of a Phase III study of everolimus in mRCC after progression on VEGF TKI therapy 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

- Overall survival data with sunitinib versus interferon alpha as first-line treatment of mRCC 4 3 2 1
- AVOREN update: Efficacy and safety of bevacizumab/interferon alpha as first-line therapy for mRCC 4 3 2 1
- CALGB-90206: Phase III trial results of interferon alpha with or without bevacizumab in mRCC 4 3 2 1
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- Phase II study results of bevacizumab combined with everolimus in mRCC 4 3 2 1
- Results of a Phase III study of everolimus in mRCC after progression on VEGF TKI therapy 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:

- Compare and contrast the benefits and risks of cytokines, multikinase inhibitors and pure anti-angiogenic agents as treatment for patients with newly diagnosed and progressive metastatic clear cell RCC ..... 4 3 2 1 N/M N/A
- Appraise emerging data on the safety and efficacy of combined targeted therapy for patients with RCC, and discern how these findings may affect current and future treatment algorithms. ..... 4 3 2 1 N/M N/A
- Formulate a therapeutic approach that addresses the duration of treatment and sequential delivery of targeted biologic agents for patients with advanced RCC. ..... 4 3 2 1 N/M N/A
- Recognize the unique toxicities that accompany the use of novel systemic therapies for RCC, and recommend supportive measures to improve long-term tolerability. ..... 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with RCC about participation in ongoing clinical trials in the adjuvant and metastatic settings. ..... 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?

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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 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
Michael B Atkins, MD	4 3 2 1	4 3 2 1
Daniel J George, MD	4 3 2 1	4 3 2 1
Robert J Motzer, MD	4 3 2 1	4 3 2 1
David I Quinn, MBBS, PhD	4 3 2 1	4 3 2 1
Walter Stadler, MD	4 3 2 1	4 3 2 1
Nicholas J Vogelzang, 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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Signature:..... Date:.....

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