# Proceedings from the 10<sup>th</sup> Annual Winter Lung Cancer Conference

# **CME Information**

# TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical oncologists and other healthcare providers involved in the treatment of lung cancer.

# **OVERVIEW OF ACTIVITY**

Lung cancer is a devastating disease that accounts for more cancer-related deaths among both men and women than any other tumor type. Historically, systemic therapeutic options have been limited, but recent advances in our understanding of cellular and tumor biology have resulted in the development of numerous therapies demonstrating benefit in lung cancer. Despite these advances, many clinical scenarios continue to exist in which multiple treatment options may be available but the optimal strategy is highly debatable and may depend on rapidly evolving clinical research data. This unique educational activity delivers highly applicable current clinical information delving into the personalized management of this challenging disease and provides clinicians with a concise, easy-to-understand resource to facilitate knowledge and application of optimal diagnostic and therapeutic approaches.

# LEARNING OBJECTIVES

- Develop an evidence-based strategy for the initial staging and treatment of localized non-small cell lung cancer (NSCLC), exploring the role of adjuvant systemic therapy.
- Apply the results of emerging clinical research to the recommendation of multimodality therapy for patients with Stage III NSCLC.
- Compare and contrast the benefits and risks of combination chemobiologic and doublet and single-agent chemotherapy regimens when developing treatment plans for patients with advanced disease.
- Use biomarkers, clinical characteristics and tumor histology to select individualized treatment approaches for patients with NSCLC in the adjuvant and metastatic settings.
- Identify patients with metastatic NSCLC who may experience clinical benefit from the addition of continuation or switch maintenance biologic therapy and/or chemotherapy.

- Differentiate among existing and emerging moleculartargeted therapies, and effectively integrate new compounds, when available, into individualized lung cancer treatment strategies.
- Recognize the effect of NSCLC tumor-specific mutations on relative response or resistance to treatment with EGFR tyrosine kinase inhibitors, monoclonal antibodies and other emerging molecular-targeted agents.
- Formulate management strategies for limited- or extensivestage small cell lung cancer, considering the contributory roles of surgery, radiation therapy (local and prophylactic cranial irradiation) and chemotherapy.
- Recall the design of ongoing clinical trials evaluating novel investigational agents in lung cancer, and counsel appropriately selected patients about availability and participation.

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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:** May 2013

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# Select Publications

#### **KEYNOTE**

#### Bruce E Johnson, MD

Koivunen JP et al. **EML4-ALK fusion gene and efficacy of an ALK kinase inhibitor in lung cancer.** *Clin Cancer Res* 2008;14(13):4275-83.

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Sequist LV et al. Implementing multiplexed genotyping of non-small-cell lung cancers into routine clinical practice. *Ann Oncol* 2011;22(12):2616-24.

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#### MODULE 1

#### Thomas J Lynch Jr, MD

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Mok TS et al. Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. N Engl J Med 2009;361:947-57.

Rosell R et al. Erlotinib versus chemotherapy (CT) in advanced non-small cell lung cancer (NSCLC) patients (p) with epidermal growth factor receptor (EGFR) mutations: Interim results of the European erlotinib versus chemotherapy (EURTAC) phase III randomized trial. *Proc ASCO* 2011; Abstract 7503.

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#### Bruce E Johnson, MD

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Sequist LV et al. Genotypic and histological evolution of lung cancers acquiring resistance to EGFR inhibitors. *Sci Transl Med* 2011;3(75):75ra26.

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#### Jyoti D Patel, MD

Blumenschein GR et al. Targeting the hepatocyte growth factor-cMET axis in cancer therapy. J Clin Oncol 2012;30:3287-96.

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# **MODULE 2**

#### Jyoti D Patel, MD

Barlesi F et al. Final efficacy outcomes for patients with advanced nonsquamous nonsmall cell lung cancer randomized to continuation maintenance with bevacizumab or bevacizumab plus pemetrexed after first-line bevacizumab-cisplatin-pemetrexed treatment. ECCO-ESMO 2011;Abstract LBA34.

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#### Ramaswamy Govindan, MD

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Renschler MF et al. Safety and efficacy analysis by histology of weekly *nab*-paclitaxel in combination with carboplatin as firstline therapy in patients with advanced non-small cell lung cancer. Chicago Multidisciplinary Symposium in Thoracic Oncology 2012;Poster 110. Socinski MA et al. Weekly *nab*-paclitaxel in combination with carboplatin as first-line therapy in elderly patients with advanced **non-small cell lung cancer.** Chicago Multidisciplinary Symposium in Thoracic Oncology 2012;Poster 109.

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#### Thomas J Lynch Jr, MD

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#### **Clinical Trials Review**

Barlesi F et al. Final efficacy outcomes for patients with advanced nonsquamous nonsmall cell lung cancer randomized to continuation maintenance with bevacizumab or bevacizumab plus pemetrexed after first-line bevacizumab-cisplatin-pemetrexed treatment. ECCO-ESMO 2011;Abstract LBA34.

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# MODULE 3

#### David R Spigel, MD

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#### Frank C Detterbeck, MD

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#### Jeffrey Bradley, MD

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#### Rogerio C Lilenbaum, MD

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Marsh JC et al. Intracranial metastatic disease spares the limbic circuit: A review of 697 metastatic lesions in 107 patients. *Int J Radiat Oncol Biol Phys* 2010;76(2):504-12.

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## **MODULE 4**

#### Julie R Brahmer, MD

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