TARGET AUDIENCE
This activity is intended for medical and radiation oncologists, urologists and other healthcare providers involved in the treatment of prostate cancer (PC).

OVERVIEW OF ACTIVITY
Cancers of the genitourinary system affect hundreds of thousands of individuals within the United States each year, accounting for almost 30% of all newly diagnosed human cancers. Tumors of the prostate are the most prevalent and are therefore the focus of extensive ongoing clinical research.

Although virtually all locally advanced or metastatic sites of tumor are initially reliant upon androgen stimulation for growth and respond to treatment with androgen deprivation therapy, inevitably resistance to hormone blockade eventually develops, culminating in the recurrence of highly aggressive castration-resistant PC (CRPC). Research advances focused specifically on this population occurring within the past several years have resulted in a paradigm shift to the multidisciplinary care of this disease. Because of this, a once stagnant systemic treatment algorithm largely confined to medical or surgical castration has evolved into delivery of cutting-edge antineoplastic therapy. To bridge the gap between research and patient care, this program uses a video presentation by Dr David Quinn to provide clinician access to emerging data sets of relevance to the continuous delivery of quality cross-functional care.

LEARNING OBJECTIVES
• Recall existing and emerging research information demonstrating the impact of secondary hormonal interventions on outcomes for patients with chemotherapy-naïve or pretreated CRPC, and use this information to guide treatment planning for these patients.
• Identify and educate patients with skeletal metastases about the efficacy and safety of radium-223.
• Recognize the unique patterns of response with available and emerging immunotherapeutic strategies, and effectively counsel patients considering these treatments.
• Apply evidence-based research findings in the determination of best-practice sequencing of available immunotherapeutic, chemotherapeutic and secondary hormonal agents for patients with metastatic PC.

ACCREDITATION STATEMENT
Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT
Research To Practice designates this enduring material for a maximum of 1.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY
This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located on our website at ResearchToPractice.com/GrandRoundsPC14/CME.

CONTENT VALIDATION AND DISCLOSURES
Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.
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:

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Hardware/Software Requirements:
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

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SELECT PUBLICATIONS

A Phase 3, randomized, double-blind, multicenter trial comparing orteronel plus prednisone with placebo plus prednisone in patients with chemotherapy-naive metastatic castration-resistant prostate cancer. NCT01193244

ALSYMPCA: A double-blind, randomised, multiple dose, Phase III, multicentre study of Alpharadin in the treatment of patients with symptomatic hormone refractory prostate cancer with skeletal metastases. NCT00699751


Fizazi K et al. Randomized double-blind, comparative study of abiraterone acetate (AA) plus low-dose prednisone (P) plus androgen deprivation therapy (ADT) versus ADT alone in newly diagnosed, high-risk, metastatic hormone-naive prostate cancer (mHNPC). Proc ASCO 2013; Abstract TPS5097.


Schellhammer PF et al. Lower baseline prostate-specific antigen is associated with a greater overall survival benefit from sipuleucel-T in the Immunotherapy for Prostate Adenocarcinoma Treatment (IMPACT) trial. Urology 2013;81(6):1297-302.


