TARGET AUDIENCE
This activity is intended for medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of head and neck cancers and thyroid cancer.

OVERVIEW OF ACTIVITY
Thyroid cancer is one of the most rapidly increasing cancers in the United States with an estimated 62,450 new cases expected to be diagnosed in the United States in 2015. Most patients with thyroid cancer can be cured with local treatments and radioactive iodine. Medical oncology intervention typically only occurs for those patients with progressive metastatic disease. Head and neck cancers account for approximately 3% of all cancers in the United States. Treatment for patients with head and neck cancer is complex and requires a multidisciplinary team of individuals with expertise in the special care of these patients. Published results from ongoing trials lead to the continuing emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing medical oncologist must be well informed of these advances. This program uses one-on-one discussion with Dr Ezra Cohen about treatment controversies and the integration of key data sets into the practical management of cancers of the head, neck and thyroid.

LEARNING OBJECTIVES
• Apply the results of emerging clinical trial data to the best-practice care of patients with cancers of the head, neck and thyroid.
• Formulate strategies to mitigate tyrosine kinase inhibitor-related side effects to maintain patients with thyroid cancer on active therapy while minimizing its effects on quality of life.
• Develop an understanding of emerging efficacy and side-effect data with novel agents (eg, mTOR inhibitors, BRAF inhibitors) under evaluation for thyroid cancer.
• Counsel patients with HPV-positive squamous cell carcinoma of the head and neck (SCCHN) about the contribution of the virus to the etiology and prognosis of their disease, and use this information and other relevant clinical factors to guide treatment decision-making.
• Recall the efficacy of promising investigational checkpoint inhibitors and EGFR inhibitors being evaluated in SCCHN.

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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:

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MODERATOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Myriad Genetic Laboratories Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals Inc, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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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

Last review date: July 2015
Expiration date: July 2016
**Select Publications**

A double-blind randomized phase III study evaluating the efficacy and safety of sorafenib compared to placebo in locally advanced/metastatic RAI-refractory differentiated thyroid cancer. NCT00984282

A phase III, randomized, double-blinded, placebo-controlled, multi-center study to assess the efficacy of ZD6474 versus placebo in patients with unresectable locally advanced or metastatic medullary thyroid cancer. NCT00410761

A randomized, double-blind, placebo-controlled study of chemotherapy plus cetuximab in combination with VTX 2337 in patients with recurrent or metastatic squamous cell carcinoma of the head and neck. NCT01836029


Brose MS et al. *A phase II study of everolimus (E) and sorafenib (S) in patients (PTS) with metastatic differentiated thyroid cancer who have progressed on sorafenib alone.* Proc ASCO 2015;Abstract 6072.

Brose MS et al. *An open-label, multi-center phase 2 study of the BRAF inhibitor vemurafenib in patients with metastatic or unresectable papillary thyroid cancer (ptc) positive for the BRAF V600 mutation and resistant to radioactive iodine (NCT01286753, NO25530).* Proc ECC 2013;Abstract 28.

Brose MS et al. *Effect of age and lenvatinib treatment on overall survival for patients with 131I-refractory differentiated thyroid cancer in SELECT.* Proc ASCO 2015;Abstract 6048.

Brose MS et al. *Rationale and design of Decision: A double-blind, randomized, placebo-controlled phase III trial evaluating the efficacy and safety of sorafenib in patients with locally advanced or metastatic radioactive iodine (RAI)-refractory, differentiated thyroid cancer.* BMC Cancer 2011;11:349.


Brose MS et al. *Updated overall survival analysis of patients with locally advanced or metastatic radioactive iodine-refractory differentiated thyroid cancer (RAI-rDTC) treated with sorafenib on the phase 3 DECISION trial.* Proc ASCO 2014;Abstract 6060.


Chow LQ et al. *A phase Ib study of pembrolizumab (Pembro; MK-3475) in patients (Pts) with human papilloma virus (HPV)-positive and negative head and neck cancer (HNC).* Proc ESMO 2014;Abstract LBA31.


Select Publications


D'Cruz A et al. **Elective versus therapeutic neck dissection in the clinically node negative early oral cancer: A randomised control trial (RCT).** Proc ASCO 2015; Abstract LBA3.


Fury M et al. **Clinical activity and safety of MEDI4736, an anti-PD-L1 antibody, in patients with head and neck cancer.** Proc ESMO 2014; Abstract 988PD.


Kim KB et al. **Clinical responses to vemurafenib in patients with metastatic papillary thyroid cancer harboring BRAF(V600E) mutation.** Thyroid 2013; 23(10):1277-83.


Leboulleux S et al. **Vandetanib in locally advanced or metastatic differentiated thyroid cancer: A randomised, double-blind, phase 2 trial.** Lancet Oncol 2012; 13(9):897-905.

Locati LD et al. **Treatment of advanced thyroid cancer with axitinib: Phase 2 study with pharmacokinetic/pharmacodynamic and quality-of-life assessments.** Cancer 2014; 120(17):2694-703.

Machiels J et al. **Afatinib versus methotrexate (MTX) as second-line treatment for patients with recurrent and/or metastatic (R/M) head and neck squamous cell carcinoma (HNSCC) who progressed after platinum-based therapy: Primary efficacy results of LUX-Head & Neck 1, a phase III trial.** Proc ESMO 2014; Abstract LBA29 PR.


Mehanna HM et al. **PET-NECK: A multi-centre, randomized, phase III, controlled trial (RCT) comparing PETCT guided active surveillance with planned neck dissection (ND) for locally advanced (N2/N3) nodal metastases (LANM) in patients with head and neck squamous cell cancer (HNSCC) treated with primary radical chemoradiotherapy (CRT).** Proc ASCO 2015; Abstract 6009.

Newbold K et al. **Efficacy and safety of lenvatinib for the treatment of patients with 131I-refractory differentiated thyroid cancer with and without prior VEGF-targeted therapy.** Proc ASCO 2015; Abstract 6013.

Popovtzer A et al. **Is there a role for induction chemotherapy in the setting of concomitant chemoradiation in locally advanced head and neck cancer: A systematic review and meta-analysis of randomized controlled trials.** Proc ASCO 2015; Abstract 6068.


Schlumberger M et al. **Final overall survival analysis of EXAM, an international, double-blind, randomized, placebo-controlled phase III trial of cabozantinib (cabo) in medullary thyroid carcinoma (MTC) patients with documented RECIST progression at baseline.** Proc ASCO 2015; Abstract 6012.


Segal NH et al. **Safety and efficacy of MEDI4736, an anti-PD-L1 antibody, in patients from a squamous cell carcinoma of the head and neck (SCCHN) expansion cohort.** Proc ASCO 2015; Abstract 3011.
Select Publications


Sherman SI et al. A phase II trial of the multitargeted kinase inhibitor E7080 in advanced radioiodine (RAI)-refractory differentiated thyroid cancer (DTC). *Proc ASCO* 2011;Abstract 5503.


