

Oncology Grand Rounds Series:

Part 8 — Bladder Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of bladder cancer.

OVERVIEW OF ACTIVITY

It is estimated that 76,960 new cases of bladder cancer will be diagnosed in 2016 and 16,390 deaths will be attributable to this disease. Although bladder cancer is a heterogeneous collection of diseases, more than 90% of patients are diagnosed with its most common form, urothelial carcinoma. Optimal treatment of urothelial bladder cancer (UBC) is dependent upon the stage and grade as well as preexisting patient comorbidities. For the segment of patients who present with or develop metastatic lesions beyond the bladder, the goal, as is the case with many other solid tumors, is to prolong the quantity and quality of life. Unfortunately, the only nonprotocol systemic treatment available to these individuals over the past few decades has been chemotherapy. However, it appears that a major breakthrough for this disease has finally materialized in the form of immune checkpoint inhibition.

This development coupled with the diverse clinical presentations of UBC require an in-depth understanding among all of the interdisciplinary treatment team members regarding the optimal workup and treatment of these individuals. As such, it remains imperative that members of the oncology community, including nurses actively involved in the care of these patients, maintain up-to-date knowledge in the face of an increasingly dynamic clinical environment. These video proceedings from the eighth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology and urology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with bladder cancer.

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with various local and/or systemic therapeutic approaches used in the treatment of nonmuscle-invasive, muscle-invasive and metastatic UBC.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with chemotherapeutic agents/regimens used in the management of locally advanced or metastatic UBC.
- Develop an understanding of the available data and potential clinical role of the anti-PD-L1 antibody atezolizumab and other immunotherapies in preparation for their potential introduction into routine clinical practice.
- Recognize immune-related adverse events and other common side effects associated with investigational immunotherapeutic approaches, and use this information to develop supportive management plans for patients undergoing treatment with these agents.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with UBC.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.6 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit ResearchToPractice.com/ONS2016/ILNA.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for

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FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ONSBladder2016/CNE.

CONTENT VALIDATION AND DISCLOSURES

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FACULTY — The following faculty (and their spouses/partners) reported relevant 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/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, 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: August 2016

Expiration date: August 2017

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Select Publications

- Amos SM et al. **Autoimmunity associated with immunotherapy of cancer.** *Blood* 2011;118(3):499-509.
- Batlevi CL et al. **Novel immunotherapies in lymphoid malignancies.** *Nat Rev Clin Oncol* 2016;13(1):25-40.
- Chin K et al. **Treatment guidelines for the management of immune-related adverse events in patients treated with ipilimumab, an anti-CTLA4 therapy.** *Proc ESMO* 2008;Abstract 787P.
- Cowan NG et al. **Neoadjuvant chemotherapy use in bladder cancer: A survey of current practice and opinions.** *Adv Urol* 2014;2014:746298.
- Hirano F et al. **Blockade of B7-H1 and PD-1 by monoclonal antibodies potentiates cancer therapeutic immunity.** *Cancer Res* 2005;65(3):1089-96.
- Hollenbeck BK et al. **Delays in diagnosis and bladder cancer mortality.** *Cancer* 2010;116(22):5235-42.
- Keir ME et al. **PD-1 and its ligands in tolerance and immunity.** *Annu Rev Immunol* 2008;26:677-704.
- Melero I et al. **Clinical development of immunostimulatory monoclonal antibodies and opportunities for combination.** *Clin Cancer Res* 2013;19(5):997-1008.
- Milowsky MI et al. **Guideline on muscle-invasive and metastatic bladder cancer (European Association of Urology Guideline): American Society of Clinical Oncology clinical practice guideline endorsement.** *J Clin Oncol* 2016;34(16):1945-52.
- O'Donnell PH et al. **Pembrolizumab (Pembro; MK-3475) for advanced urothelial cancer: Results of a phase IB study.** Genito-urinary Cancers Symposium 2015;Abstract 296.
- Pal SK et al. **Adjuvant chemotherapy for bladder cancer: Using population-based data to fill a void of prospective evidence.** *J Clin Oncol* 2016;34(8):777-9.
- Pardoll DM. **The blockade of immune checkpoints in cancer immunotherapy.** *Nat Rev Cancer* 2012;12(4):252-64.
- Petrylak DP et al. **A phase Ia study of MPDL3280A (anti-PDL1): Updated response and survival data in urothelial bladder cancer (UBC).** *Proc ASCO* 2015;Abstract 4501.
- Plimack ER et al. **A phase 1b study of pembrolizumab (Pembro; MK-3475) in patients (Pts) with advanced urothelial tract cancer.** *Proc ESMO* 2014;Abstract LBA23.
- Powles T et al. **MPDL3280A (anti-PD-L1) treatment leads to clinical activity in metastatic bladder cancer.** *Nature* 2014;515(7528):558-62.
- Yin M et al. **Neoadjuvant chemotherapy for muscle-invasive bladder cancer: A systematic review and two-step meta-analysis.** *Oncologist* 2016;21(6):708-15.