Dissecting the Decision

Investigators Discuss the Available Data and Clinical Factors That Shape the Management of Non-Small Cell Lung Cancer

CME Information

TARGET AUDIENCE

This activity is intended for hematologists, medical oncologists and other healthcare providers involved in the treatment of non-small cell lung cancer (NSCLC).

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with broad-reaching impact on public health, as it accounts for 14% of all new cancer cases in the United States and the most cancer-related deaths among both men and women. The number of available cytotoxic chemotherapies exhibiting activity in lung cancer has increased substantially over the past several years, and the development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive research and has led to an explosion in lung cancer genetic and biologic knowledge. In addition to the significant strides made in understanding and targeting specific mutations responsible for the pathogenesis of lung cancer, recent insights into how to harness the body's own immune system are now being applied to the management of this lethal disease. The advent of these treatment options presents new promise of both efficacy and enhanced safety for patients with lung cancer but also challenges practicing oncologists and their support staff to appropriately select individuals who may benefit from these agents and to determine how to integrate such therapies, as they become available, into standard lung cancer treatment algorithms.

These video proceedings from a CME symposium held during the 2016 ASCO Annual Meeting feature renowned lung cancer clinical investigators weighing in on challenging questions and cases from a panel of community-based general oncologists and reviewing data relevant to the issues raised. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to not only improve clinicians' knowledge related to the rapidly evolving oncology treatment landscape but also to provide them with practical perspectives to help them become better and more effective caregivers.

LEARNING OBJECTIVES

- Design evidence-based strategies for the diagnosis and management of Stage I to III NSCLC, considering the potential contributions of systemic and/or local therapeutic modalities.
- Compare and contrast expert perspectives on the indications for mutation analysis in patients with localized and metastatic NSCLC, and, when appropriate, use validated testing platforms to obtain this information.
- Consider age, performance status and other patient- or disease-related factors to guide the selection of induction and maintenance systemic therapy for patients with metastatic nonsquamous NSCLC without an identifiable driver mutation.
- Assess available research evidence with existing and emerging therapeutic options for patients with advanced squamous cell carcinoma of the lung, and use this information to guide clinical care and protocol opportunities for these individuals.
- Consider published safety and efficacy data with available and emerging therapeutic strategies, and appropriately incorporate targeted therapies into the care of patients with identified tumor driver mutations or alterations.
- Describe existing and emerging data on the efficacy and safety of tumor immunotherapy, including approaches directed at the PD-1 and PD-L1 pathways in lung cancer, and consider this information when counseling patients regarding protocol and clinical treatment options.
- Recall the scientific rationale for ongoing investigation of novel agents or therapeutic approaches in NSCLC, and counsel appropriately selected patients about study participation.

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No relevant conflicts of interest to disclose.

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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

Suresh S Ramalingam, MD

Alexandrov LB et al. **Signatures of mutational processes in human cancer.** *Nature* 2013;500(7463):415-21.

Douillard JY et al. **Impact of postoperative radiation therapy on survival in patients with complete resection and stage I, II, or IIIA non-small-cell lung cancer treated with adjuvant chemotherapy: The Adjuvant Navelbine International Trialist Association (ANITA) randomized trial.** *Int J Radiat Oncol Biol Phys* 2008;72(3):695-701.

Kelly K et al. **Adjuvant erlotinib versus placebo in patients with stage IB-IIIA non-small-cell lung cancer (RADIANT): A randomized, double-blind, phase III trial.** *J Clin Oncol* 2015;33(34):4007-14.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

Pignon JP et al; LACE Collaborative Group. **Lung adjuvant cisplatin evaluation: A pooled analysis by the LACE Collaborative Group.** *J Clin Oncol* 2008;26(21):3552-9.

PORT Meta-analysis Trialists Group. **Postoperative radiotherapy in non-small-cell lung cancer: Systematic review and meta-analysis of individual patient data from nine randomised controlled trials.** *Lancet* 1998;352(9124):257-63.

Rizvi NA et al. **Cancer immunology. Mutational landscape determines sensitivity to PD-1 blockade in non-small cell lung cancer.** *Science* 2015;348(6230):124-8.

Sunshine J, Taube JM. **PD-1/PD-L1 inhibitors.** *Curr Opin Pharmacol* 2015;23:32-8.

Tumeh PC et al. **PD-1 blockade induces responses by inhibiting adaptive immune resistance.** *Nature* 2014;515(7528):568-71.

Wakelee HA et al. **E1505: Adjuvant chemotherapy +/- bevacizumab for early stage NSCLC — Outcomes based on chemotherapy subsets.** *Proc ASCO* 2016;**Abstract 8507**.

Mark A Socinski, MD

Santana-Davila R et al. **Cisplatin and etoposide versus carboplatin and paclitaxel with concurrent radiotherapy for stage III non-small-cell lung cancer: An analysis of Veterans Health Administration data.** *J Clin Oncol* 2015;33(6):567-74.

Senan S et al. **PROCLAIM: Randomized phase III trial of pemetrexed-cisplatin or etoposide-cisplatin plus thoracic radiation therapy followed by consolidation chemotherapy in locally advanced nonsquamous non-small-cell lung cancer.** *J Clin Oncol* 2016;34(9):953-62.

Socinski MA et al. **Safety and efficacy analysis by histology of weekly *nab*-paclitaxel in combination with carboplatin as first-line therapy in patients with advanced non-small-cell lung cancer.** *Ann Oncol* 2013;24(9):2390-6.

Socinski MA et al. **Weekly *nab*-paclitaxel in combination with carboplatin versus solvent-based paclitaxel plus carboplatin as first-line therapy in patients with advanced non-small-cell lung cancer: Final results of a phase III trial.** *J Clin Oncol* 2012;30(17):2055-62.

Thatcher N et al. **Necitumumab plus gemcitabine and cisplatin versus gemcitabine and cisplatin alone as first-line therapy in patients with stage IV squamous non-small-cell lung cancer (SQUIRE): An open-label, randomised, controlled phase 3 trial.** *Lancet Oncol* 2015;16(7):763-74.

Treat JA et al; Alpha Oncology Research Network. **A randomized, phase III multicenter trial of gemcitabine in combination with carboplatin or paclitaxel versus paclitaxel plus carboplatin in patients with advanced or metastatic non-small-cell lung cancer.** *Ann Oncol* 2010;21(3):540-7.

Treat JA et al; Alpha Oncology Research Network. **A retrospective analysis of outcomes across histological subgroups in a three-arm phase III trial of gemcitabine in combination with carboplatin or paclitaxel versus paclitaxel plus carboplatin for advanced non-small cell lung cancer.** *Lung Cancer* 2010;70(3):340-6.

Villaruz LC, Socinski MA. **Is there a role of *nab*-paclitaxel in the treatment of advanced non-small cell lung cancer? The data suggest yes.** *Eur J Cancer* 2016;56:162-71.

Roy S Herbst, MD, PhD

Cross DA et al. **AZD9291, an irreversible EGFR TKI, overcomes T790M-mediated resistance to EGFR inhibitors in lung cancer.** *Cancer Discov* 2014;4(9):1046-61.

Crowley E et al. **Liquid biopsy: Monitoring cancer-genetics in the blood.** *Nat Rev Clin Oncol* 2013;10(8):472-84.

Jänne PA et al. **A phase I study of AZD9291 in patients with EGFR-TKI-resistant advanced NSCLC — Updated progression free survival and duration of response data.** *Proc ELCC* 2015;**Abstract LBA3**.

Select Publications

Jänne PA et al. **AZD9291 in EGFR inhibitor-resistant non-small-cell lung cancer.** *N Engl J Med* 2015;372(18):1689-99.

Oxnard GR et al. **Mechanisms of acquired resistance to AZD9291 in EGFR T790M positive lung cancer.** *Proc WCLC* 2015;**Abstract 17.07**.

Pao W, Hutchinson KE. **Chipping away at the lung cancer genome.** *Nat Med* 2012;18(3):349-51.

Raposo G, Stoorvogel W. **Extracellular vesicles: Exosomes, microvesicles, and friends.** *J Cell Biol* 2013;200(4):373-83.

Wakelee HA et al. **Epidermal growth factor receptor (EGFR) genotyping of matched urine, plasma and tumor tissue from non-small cell lung cancer (NSCLC) patients (pts) treated with rociletinib.** *Proc ASCO* 2016;**Abstract 9001**.

Yang JC et al. **Afatinib versus cisplatin-based chemotherapy for EGFR mutation-positive lung adenocarcinoma (LUX-Lung 3 and LUX-Lung 6): Analysis of overall survival data from two randomised, phase 3 trials.** *Lancet Oncol* 2015;16(2):141-51.

Yu HA et al. **Analysis of tumor specimens at the time of acquired resistance to EGFR-TKI therapy in 155 patients with EGFR-mutant lung cancers.** *Clin Cancer Res* 2013;19(8):2240-7.

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Barlesi F et al. **Maintenance bevacizumab-pemetrexed after first-line cisplatin-pemetrexed-bevacizumab for advanced nonsquamous nonsmall-cell lung cancer: Updated survival analysis of the AVAPERL (MO22089) randomized phase III trial.** *Ann Oncol* 2014;25(5):1044-52.

Barlesi F et al. **Randomized phase III trial of maintenance bevacizumab with or without pemetrexed after first-line induction with bevacizumab, cisplatin, and pemetrexed in advanced nonsquamous non-small-cell lung cancer: AVAPERL (MO22089).** *J Clin Oncol* 2013;31(24):3004-11.

Cappuzzo F et al; SATURN investigators. **Erlotinib as maintenance treatment in advanced non-small-cell lung cancer: A multicentre, randomised, placebo-controlled phase 3 study.** *Lancet Oncol* 2010;11(6):521-9.

Ciuleanu T et al. **Maintenance pemetrexed plus best supportive care versus placebo plus best supportive care for non-small-cell lung cancer: A randomised, double-blind, phase 3 study.** *Lancet* 2009;374(9699):1432-40.

Clarke JM, Hurwitz HI. **Targeted inhibition of VEGF receptor 2: An update on ramucirumab.** *Expert Opin Biol Ther* 2013;13(8):1187-96.

Garon EB et al. **Ramucirumab plus docetaxel versus placebo plus docetaxel for second-line treatment of stage IV non-small-cell lung cancer after disease progression on platinum-based therapy (REVEL): A multicentre, double-blind, randomised phase 3 trial.** *Lancet* 2014;384(9944):665-73.

Johnson FM et al. **Phase II study of dasatinib in patients with advanced non-small-cell lung cancer.** *J Clin Oncol* 2010;28(30):4609-15.

Li M et al. **Pemetrexed plus platinum as the first-line treatment option for advanced non-small cell lung cancer: A meta-analysis of randomized controlled trials.** *PLoS One* 2012;7(5):e37229.

Lu D et al. **Tailoring in vitro selection for a picomolar affinity human antibody directed against vascular endothelial growth factor receptor 2 for enhanced neutralizing activity.** *J Biol Chem* 2003;278(44):43496-507.

Nokihara H et al. **Alectinib (ALC) versus crizotinib (CRZ) in ALK-inhibitor naive ALK-positive non-small cell lung cancer (*ALK+* NSCLC): Primary results from the J-ALEX study.** *Proc ASCO* 2016;**Abstract 9008**.

Paz-Ares LG et al. **PARAMOUNT: Final overall survival results of the phase III study of maintenance pemetrexed versus placebo immediately after induction treatment with pemetrexed plus cisplatin for advanced nonsquamous non-small-cell lung cancer.** *J Clin Oncol* 2013;31(23):2895-902.

Paz-Ares L et al. **Maintenance therapy with pemetrexed plus best supportive care versus placebo plus best supportive care after induction therapy with pemetrexed plus cisplatin for advanced non-squamous non-small-cell lung cancer (PARAMOUNT): A double-blind, phase 3, randomised controlled trial.** *Lancet Oncol* 2012;13(3):247-55.

Pérol M et al. **Quality of life results from the phase 3 REVEL randomized clinical trial of ramucirumab-plus-docetaxel versus placebo-plus-docetaxel in advanced/metastatic non-small cell lung cancer patients with progression after platinum-based chemotherapy.** *Lung Cancer* 2016;93:95-103.

Scagliotti G et al. **The differential efficacy of pemetrexed according to NSCLC histology: A review of two Phase III studies.** *Oncologist* 2009;14(3):253-63.

Sen B et al. **Kinase-impaired BRAF mutations in lung cancer confer sensitivity to dasatinib.** *Sci Transl Med* 2012;4(136):136ra70.

Select Publications

Soria JC et al. **Systematic review and meta-analysis of randomised, phase II/III trials adding bevacizumab to platinum-based chemotherapy as first-line treatment in patients with advanced non-small-cell lung cancer.** *Ann Oncol* 2013;24(1):20-30.

Julie R Brahmer, MD

Antonia S et al. **Safety and antitumour activity of durvalumab plus tremelimumab in non-small cell lung cancer: A multicentre, phase 1b study.** *Lancet Oncol* 2016;17(3):299-308.

Borghaei H et al. **Nivolumab versus docetaxel in advanced nonsquamous non-small-cell lung cancer.** *N Engl J Med* 2015;373(17):1627-39.

Brahmer J et al. **Nivolumab versus docetaxel in advanced squamous-cell non-small-cell lung cancer.** *N Engl J Med* 2015;373(2):123-35.

Fehrenbacher L et al. **Atezolizumab versus docetaxel for patients with previously treated non-small-cell lung cancer (POPLAR): A multicentre, open-label, phase 2 randomised controlled trial.** *Lancet* 2016;387(10030):1837-46.

Garon EB et al. **Pembrolizumab for the treatment of non-small-cell lung cancer.** *N Engl J Med* 2015;372(21):2018-28.

Gettinger SN et al. **Overall survival and long-term safety of nivolumab (anti-programmed death 1 antibody, BMS-936558, ONO-4538) in patients with previously treated advanced non-small-cell lung cancer.** *J Clin Oncol* 2015;33(18):2004-12.

Gubens MA et al. **Phase I/II study of pembrolizumab (pembro) plus ipilimumab (ipi) as second-line therapy for NSCLC: KEYNOTE-021 cohorts D and H.** *Proc ASCO* 2016;**Abstract 9027**.

Herbst RS et al. **Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): A randomised controlled trial.** *Lancet* 2016;387(10027):1540-50.

Herbst RS et al. **KEYNOTE-010: Phase 2/3 study of pembrolizumab (MK-3475) vs docetaxel for PD-L1–positive NSCLC after platinum-based therapy.** *Proc ESMO Asia* 2015;**Abstract LBA3_PR**.

Herbst RS et al. **Predictive correlates of response to the anti-PD-L1 antibody MPDL3280A in cancer patients.** *Nature* 2014;515(7528):563-7.

Horn L et al. **Clinical activity, safety and predictive biomarkers of the engineered antibody MPDL3280A (anti-PDL1) in non-small cell lung cancer (NSCLC): Update from a phase Ia study.** *Proc ASCO* 2015;**Abstract 8029**.

Patnaik A et al. **Phase 1 study of pembrolizumab (pembro; MK-3475) plus ipilimumab (IPI) as second-line therapy for advanced non-small cell lung cancer (NSCLC): KEYNOTE-021 cohort D.** *Proc ASCO* 2015;**Abstract 8011**.

Ribas A. **Tumor immunotherapy directed at PD-1.** *N Engl J Med* 2012;366(26):2517-9.

Rizvi NA et al. **Safety and clinical activity of MEDI4736, an anti-programmed cell death-ligand 1 (PD-L1) antibody, in patients with non-small cell lung cancer (NSCLC).** *Proc ASCO* 2015;**Abstract 8032**.

Rizvi NA et al. **Safety and efficacy of first-line nivolumab (NIVO; anti-programmed death-1 [PD-1]) and ipilimumab in non-small cell lung cancer (NSCLC).** *Proc WCLC* 2015;**Abstract 02.05**.

Segal NH et al. **Preliminary data from a multi-arm expansion study of MEDI4736, an anti-PD-L1 antibody.** *Proc ASCO* 2014;**Abstract 3002**.

Spigel DR et al. **Clinical activity and safety from a phase II study (FIR) of MPDL3280A (anti-PDL1) in PD-L1–selected patients with non-small cell lung cancer (NSCLC).** *Proc ASCO* 2015;**Abstract 8028**.