

Proceedings from the 13th Annual Winter Lung Cancer Conference

CME Information

TARGET AUDIENCE

This educational activity has been designed to meet the educational needs of medical oncologists, hematology-oncology fellows, nurse practitioners and other allied cancer professionals involved in the treatment of lung cancer.

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease that accounts for approximately 13% of new cancer cases and more cancer-related deaths among both men and women than any other tumor type. In the year 2016, it is estimated that 224,390 individuals will be diagnosed and 158,080 individuals will die from the disease. The plethora of available cytotoxic chemotherapies exhibiting activity in lung cancer has increased substantially over the past several years, and development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive recent research and has led to an explosion in lung cancer genetic and biologic knowledge. The advent of these next-generation treatments presents new promise of both efficacy and enhanced safety for patients with lung cancer but also challenges practicing oncologists 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.

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 treatment of localized non-small cell lung cancer (NSCLC), exploring the role of (neo)adjuvant systemic therapy.
- Employ an understanding of personalized medicine to individualize the use of available EGFR inhibitors in the treatment of NSCLC.
- Describe mechanisms of tumor resistance to EGFR tyrosine kinase inhibitors, and identify therapeutic opportunities to circumvent this process, including the recently approved third-generation agent osimertinib.
- Communicate the efficacy and safety of crizotinib, ceritinib, alectinib and other emerging ALK inhibitors to appropriate patients with NSCLC, considering the predictive utility of ALK and ROS1 mutation testing.
- Devise an evidence-based approach to the selection of induction and maintenance systemic therapy for patients with NSCLC without a targetable mutation.
- Appreciate the recent FDA approvals of nivolumab and pembrolizumab, and consider their role in the formulation of optimal treatment approaches for patients with metastatic NSCLC.
- Describe emerging data on the efficacy and safety of tumor immunotherapy in lung cancer, and consider this information when counseling patients regarding clinical trial participation.
- Consider biologic and patient-related factors in the selection of later-line therapy for individuals with progressive NSCLC without a targetable mutation.
- Assess new oncogenic pathways mediating the growth of unique NSCLC tumor subsets, and recall emerging data with experimental agents exploiting these targets.
- Formulate management strategies for small cell lung cancer, considering the contributory roles of local and systemic therapy.
- Consider the use of multimodality therapy for appropriate patients with mesothelioma who may potentially be cured with this approach, and devise optimal treatment strategies for those with advanced disease.
- 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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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

Keynote: What every clinician needs to know to care for patients receiving immunotherapy

Julie R Brahmer, MD

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

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Grande C et al. **Docetaxel-induced interstitial pneumonitis following non-small-cell lung cancer treatment.** *Clin Transl Oncol* 2007;9(9):578-81.

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

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Roychowdhury DF et al. **A report on serious pulmonary toxicity associated with gemcitabine-based therapy.** *Invest New Drugs* 2002;20(3):311-5.

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Module 1: EGFR Mutation-Positive Disease

Corey J Langer, MD

Kato T et al. **Erlotinib plus bevacizumab (EB) versus erlotinib alone (E) as first-line treatment for advanced EGFR mutation-positive nonsquamous non-small cell lung cancer (NSCLC): An open-label randomized trial.** *Proc ASCO* 2014;Abstract 8005.

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Gregory J Riely, MD, PhD

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Julie R Brahmer, MD

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

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Module 2: EML4-ALK, ROS1, BRAF and Other Potentially Targetable Mutations

Leora Horn, MD, MSc

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Gregory J Riely, MD, PhD

Bauer T et al. **Clinical activity and safety of the ALK/ROS1 TK inhibitor PF-06463922 in advanced NSCLC.** *Proc WCLC* 2015;Abstract ORAL33.07.

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David R Spigel, MD

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Renato G Martins, MD, MPH

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Module 3: Management of Metastatic Disease with No Identifiable Tumor Mutations

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