Oncology Grand Rounds Series:

Part 7 — Melanoma

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 melanoma.

OVERVIEW OF ACTIVITY

Despite increased awareness and extensive attempts to publicize risk factors and screening, current estimates suggest that 76,380 men and women will be diagnosed with melanoma and 10,130 individuals will die from the disease in 2016 within the United States alone. Because of its cutaneous location and its high metastatic potential, melanoma management remains a major clinical challenge, and, until recently, treatments for advanced disease had been relatively limited in their overall effectiveness. More recently, unprecedented strides have been made in defining molecular mechanisms of critical importance to melanoma development, progression and metastasis, knowledge which has ultimately yielded a number of new agents that have been heralded as major breakthroughs by the melanoma community.

This "opening of Pandora's box" with regard to the availability of new therapies has challenged practicing clinicians to quickly understand how best to safely integrate them into current management algorithms. This is particularly true among oncology nurses and nurse practitioners, who play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of patient physical and psychosocial well-being. These video proceedings from the seventh part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading dermatologic oncology 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 melanoma.

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of adjuvant and metastatic melanoma, including immunotherapeutic strategies and targeted biologic agents.
- Recognize the FDA approvals of nivolumab, pembrolizumab and the combination of nivolumab and ipilimumab for the management of metastatic melanoma, and understand how these approaches fit into current treatment algorithms.
- Recall existing and emerging research information demonstrating the impact of combining BRAF and MEK inhibitors for patients with BRAF mutation-positive metastatic melanoma, and use this information to guide treatment planning for these individuals.
- Develop a plan to manage the side effects associated with immune checkpoint inhibitors and novel targeted agents to support quality of life and continuation of treatment.
- Appreciate the novel mechanism of action, endorsed clinical role and practical administration requirements of talimogene laherparepvec to support the safe and effective integration of this agent into current patient care.

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 1.7 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.7 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

recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

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/ONSMelanoma2016/CNE**.

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 CNE activities. 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 reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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No relevant conflicts of interest to disclose.

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Consulting Agreements: Amgen Inc, Array BioPharma Inc; **Contracted Research:** AbbVie Inc, BBI Therapeutics, Bristol-Myers Squibb Company, Celldex Therapeutics, Corvus Pharmaceuticals, Delcath Systems Inc, EMD Serono Inc, Five Prime Therapeutics Inc, Genentech BioOncology, Incyte Corporation, MedImmune Inc, Merck, Novartis Pharmaceuticals Corporation, Pharmacyclics LLC, an AbbVie Company.

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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.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have 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

Last review date: August 2016

Expiration date: August 2017

Select Publications

Andtbacka RHI et al. **Talimogene laherparepvec improves durable response rate in patients with advanced melanoma.** *J Clin Oncol* 2015;33(25):2780-8.

Andtbacka RHI et al. **OPTiM: A randomized phase III trial of talimogene laherparepvec (T-VEC) versus subcutaneous (SC) granulocyte-macrophage colony-stimulating factor (GM-CSF) for the treatment (tx) of unresected stage IIIB/C and IV melanoma.** *Proc ASCO* 2013;**Abstract LBA9008**.

Flaherty KT et al. **Inhibition of mutated, activated BRAF in metastatic melanoma.** *N Engl J Med* 2010;363(9):809-19.

Fong L, Small EJ. **Anti-cytotoxic T-lymphocyte antigen-4 antibody: The first in an emerging class of immunomodulatory antibodies for cancer treatment.** *J Clin Oncol* 2008;26(32):5275-83.

Kaufman HL et al. **Primary overall survival (OS) from OPTiM, a randomized phase III trial of talimogene laherparepvec (T-VEC) versus subcutaneous (SC) granulocyte-macrophage colony-stimulating factor (GM-CSF) for the treatment (tx) of unresected stage IIIB/C and IV melanoma.** *Proc ASCO* 2014;**Abstract 9008a**.

Kaufman HL et al. **Local and distant immunity induced by intralesional vaccination with an oncolytic herpes virus encoding GM-CSF in patients with stage IIIc and IV melanoma.** *Ann Surg Oncol* 2010;17(3):718-30.

Larkin J et al. **Combined nivolumab and ipilimumab or monotherapy in untreated melanoma.** *N Engl J Med* 2015;373(1):23-34.

Larkin JMG et al. **Update of progression-free survival (PFS) and correlative biomarker analysis from coBRIM: Phase III study of cobimetinib (cobi) plus vemurafenib (vem) in advanced *BRAF*-mutated melanoma.** *Proc ASCO* 2015;**Abstract 9006**.

Larkin J et al. **Combined vemurafenib and cobimetinib in BRAF-mutated melanoma.** *N Engl J Med* 2014;371(20):1867-76.

Long GV et al. **Dabrafenib and trametinib versus dabrafenib and placebo for Val600 BRAF-mutant melanoma: A multicentre, double-blind, phase 3 randomised controlled trial.** *Lancet* 2015;386(9992):444-51.

Ribas A et al. **Pembrolizumab versus investigator-choice chemotherapy for ipilimumab-refractory melanoma (KEYNOTE-002): A randomised, controlled, phase 2 trial.** *Lancet Oncol* 2015;16(8):908-18.

Robert C et al. **Pembrolizumab versus ipilimumab in advanced melanoma.** *N Engl J Med* 2015;372(26):2521-32.

Weber JS et al. **Nivolumab versus chemotherapy in patients with advanced melanoma who progressed after anti-CTLA-4 treatment (CheckMate 037): A randomised, controlled, open-label, phase 3 trial.** *Lancet Oncol* 2015;16(4):375-84.