You can view the proceedings from the 7 integrated symposia held by RTP at the 2017 ONS Annual Congress at ResearchToPractice.com/OncologyGrandRounds117/Proceedings.
Oncology Grand Rounds: Investigators Discuss New Agents and Novel Therapies
A Continuing Nursing Education Audio Program

OVERVIEW OF ACTIVITY
The treatment of solid tumors and hematologic cancers remains a challenge for many healthcare professionals. The advent of biologic agents and immunotherapies has led to recent improvements in disease-free and overall survival in select patient populations, and published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. This dynamic therapeutic environment requires the practicing oncology nurse to stay up to date on the benefits and risks of a plethora of novel and emerging treatment options.

To bridge the gap between research and practice, this program features one-on-one interviews with 4 clinical investigators who participated in satellite symposia held in conjunction with the 2017 Oncology Nursing Society’s Annual Congress. These faculty members discuss recent clinical research findings in breast cancer (BC), ovarian cancer (OC), non-small cell lung cancer (NSCLC) and lymphomas and chronic lymphocytic leukemia (CLL). Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with these cancers.

PURPOSE STATEMENT
To present the most current research developments and to provide the perspectives of clinical investigators on the diagnosis and treatment of BC, OC, NSCLC and lymphomas and CLL.

LEARNING OBJECTIVES
• Develop evidence-based strategies for the initial and long-term management of NSCLC, OC, BC, lymphomas and CLL.
• Use an understanding of tumor biomarkers, histology and targetable genetic alterations to individualize the care of patients with NSCLC, OC, BC, lymphomas and CLL.
• Define or evaluate cancer-specific treatment algorithms based on existing and emerging research data.
• Evaluate the mechanisms of action, tolerability and efficacy of novel agents under investigation in these tumor types, and consider their potential implications for clinical practice.
• Recognize immune-related adverse events and other nonspecific side effects associated with approved and investigational immunotherapies in order to offer supportive management strategies.

ACCREDITATION STATEMENT
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CREDIT DESIGNATION STATEMENT
This educational activity for 2.75 contact hours is provided by Research To Practice during the period of December 2017 through December 2018.

This activity is awarded 2.75 ANCC pharmacotherapeutic contact hours.

ONCC/LNHA CERTIFICATION INFORMATION
The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review recertification qualifications please visit ResearchToPractice.com/OncologyGrandRounds117/LNHA. ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. ONCC certifies that this program is approved for 2.75 contact hours. 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 ONCC 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
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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: Dr Secord — Advisory Committee: AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Janssen Biotech Inc, Tesaro Inc; Contracted Research: AbbVie Inc, Amgen Inc, Astellas Pharma Global Development Inc, Astex Pharmaceuticals, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Eisai Inc, Endocyte Inc, Exelixis Inc, Genentech BioOncology, GlaxoSmithKline, Incyte Corporation, Merck, Morphothe Inc, Tesaro Inc. Dr LaCasce — Advisory Committee: Forty Seven Inc. Dr Yardley — Advisory Committee: Novartis; Speakers Bureau: Eisai Inc, Genentech BioOncology. Dr Johnson — Consulting Agreements: Astellas Pharma Global Development Inc, Otsuka Pharmaceutical Co Ltd.


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Submit them to us via Facebook or Twitter and we will do our best to get them answered for you

Facebook.com/ResearchToPractice or Twitter @DrNeilLove
Ovarian Cancer — Interview with Angeles Alvarez Secord, MD, MHSc

Tracks 1-13

Track 1  Clinical presentation, treatment and prognosis of ovarian cancer (OC)
Track 2  Efficacy and tolerability of intraperitoneal chemotherapy
Track 3  Approach to treatment of recurrent OC
Track 4  Role of bevacizumab for patients with platinum-sensitive and platinum-resistant recurrent OC
Track 5  Bevacizumab-associated complications
Track 6  Subtypes of OC and commonly occurring mutations
Track 7  Mechanism of action of PARP inhibitors
Track 8  Activity and tolerability of olaparib for OC
Track 9  FDA approval of rucaparib for patients with BRCA-mutated (germline and/or somatic) advanced OC who have received 2 or more lines of chemotherapy
Track 10  Efficacy of niraparib and olaparib as maintenance therapy for patients with platinum-sensitive recurrent OC
Track 11  Recognition and management of thrombocytopenia associated with niraparib
Track 12  Perspective on the use of bevacizumab as maintenance therapy for platinum-sensitive recurrent OC
Track 13  Comparison of the side-effect profiles of olaparib, niraparib and rucaparib

Lymphomas and Chronic Lymphocytic Leukemia — Interview with Ann S LaCasce, MD, MMSc

Tracks 1-14

Track 1  Selection of an up-front treatment regimen for patients with chronic lymphocytic leukemia (CLL) requiring active therapy
Track 2  Mechanism of action, efficacy and safety of obinutuzumab versus rituximab for CLL
Track 3  Activity and tolerability of ibrutinib and venetoclax for CLL
Track 4  Preemptive measures to mitigate the risk of tumor lysis syndrome with venetoclax
Track 5  Therapeutic options for patients with follicular lymphoma (FL) in the front-line setting
Track 6  Subcutaneous versus intravenous administration of rituximab
Track 7  Viewpoint on maintenance therapy for CLL and FL
Track 8  Benefits and risks of lenalidomide/rituximab (R²) for FL
Track 9  Biology, clinical presentation and up-front treatment of mantle cell lymphoma (MCL)
Track 10  Sequencing bortezomib, lenalidomide, ibrutinib and venetoclax for relapsed/refractory MCL
Track 11  Overview of Hodgkin lymphoma (HL)
Track 12  Choice of second-line therapy for advanced HL
Track 13  Mechanism of action, efficacy and side effects of brentuximab vedotin
Track 14  Activity of the anti-PD-1 antibodies pembrolizumab and nivolumab for relapsed/refractory HL
| Track 1 | APHINITY: Results of a Phase III trial evaluating the addition of pertuzumab to chemotherapy/trastuzumab as adjuvant therapy for HER2-positive early breast cancer (BC) |
| Track 2 | Management of pertuzumab-associated rash and diarrhea |
| Track 3 | Clinical use of paclitaxel/trastuzumab as adjuvant therapy |
| Track 4 | ExteNET: Results of a Phase III trial investigating neratinib after trastuzumab-based adjuvant therapy for HER2-positive BC |
| Track 5 | Sequencing anti-HER2 therapies for patients with metastatic BC (mBC) |
| Track 6 | Monitoring and management of thrombocytopenia and hepatic toxicities associated with T-DM1 |

| Track 7 | Role of CDK4/6 inhibitors for patients with ER-positive, HER2-negative mBC |
| Track 8 | Dosing, administration schedules and safety profiles of ribociclib, palbociclib and abemaciclib |
| Track 9 | Activity and tolerability of everolimus for ER-positive mBC |
| Track 10 | Mechanism of action of PARP inhibitors and efficacy in patients with BRCA germline-mutant mBC |
| Track 11 | Spectrum of toxicities associated with PARP inhibitors |
| Track 12 | Available data with olaparib for mBC in patients with BRCA germline mutations |
| Track 13 | Molecular profiling for patients with BC |
| Track 14 | Role of eribulin for patients with metastatic triple-negative BC |

| Track 1 | Identification of targetable mutations in lung cancer and treatment options for patients with EGFR mutations |
| Track 2 | Comparative side-effect profiles of afatinib, erlotinib and gefitinib |
| Track 3 | Development of T790M resistance mutations and response to osimertinib |
| Track 4 | Biology of ALK-rearranged non-small cell lung cancer (NSCLC) and sensitivity to ALK inhibitors |
| Track 5 | Activity and tolerability of the FDA-approved ALK inhibitors, crizotinib, ceritinib, alectinib and brigatinib |
| Track 6 | Treatment options for patients with BRAF V600E mutation-positive NSCLC |
| Track 7 | Approach to first-line therapy for metastatic squamous cell carcinoma (SCC) of the lung |

| Track 8 | Therapeutic options for patients with metastatic SCC of the lung and a low or intermediate PD-L1 tumor proportion score |
| Track 9 | Benefits and risks with the anti-EGFR antibody necitumumab for metastatic SCC of the lung |
| Track 10 | Efficacy and safety profiles of immune checkpoint inhibitors |
| Track 11 | Management of anti-PD-1/PD-L1 antibody-associated diarrhea/colitis and pneumonitis |
| Track 12 | Pembrolizumab in combination with chemotherapy as first-line therapy for previously untreated metastatic NSCLC |
| Track 13 | Integration of bevacizumab and ramucirumab into the treatment algorithm for nonsquamous NSCLC |
SELECT PUBLICATIONS

Andorsky DJ et al. Phase IIIb randomized study of lenalidomide plus rituximab (R2) followed by maintenance in relapsed/refractory NHL: Analysis of patients with double-refractory or early relapsed follicular lymphoma (FL). Proc ASCO 2017;Abstract 7502.

Barcenas C et al. Incidence and severity of diarrhea with neratinib + intensive loperamide prophylaxis in patients (pts) with HER2+ early-stage breast cancer (EBC): Interim analysis from the multicenter, open-label, phase II CONTROL trial. San Antonio Breast Cancer Symposium 2016;Abstract P2-11-03.


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.


Langer C et al. Randomized, phase 2 study of carboplatin and pemetrexed with or without pembrolizumab as first-line therapy for advanced NSCLC: KEYNOTE-021 cohort G. Proc ESMO 2016;Abstract LBA46_PR.


Robson ME at al. OlympiAD: Phase III trial of olaparib monotherapy versus chemotherapy for patients (pts) with HER2-negative metastatic breast cancer (mBC) and a germline BRCA1 mutation (gBRCAm). Proc ASCO 2017;Abstract LBA4.


Tolaney S et al. Seven-year (yr) follow-up of adjuvant paclitaxel (T) and trastuzumab (H) (APT trial) for node-negative, HER2-positive breast cancer (BC). Proc ASCO 2017;Abstract 511.

Von Minckwitz G et al. APHINITY trial (BIG 4–11): A randomized comparison of chemotherapy (C) plus trastuzumab (T) plus placebo (Pla) versus chemotherapy plus trastuzumab (T) plus pertuzumab (P) as adjuvant therapy in patients (pts) with HER2-positive early breast cancer (EBC). Proc ASCO 2017;Abstract LBA500.
1. Rucaparib was recently approved by the FDA for patients with OC who have ________.  
   a. Received 2 or more prior chemotherapies  
   b. Germline but not somatic BRCA mutations  
   c. Both a and b

2. Results from the GOG-0213 trial investigating the addition of bevacizumab to platinum-based chemotherapy demonstrated a significant improvement in ________ for patients with platinum-sensitive recurrent OC.  
   a. Progression-free survival  
   b. Overall survival  
   c. Both a and b

3. Strategies to mitigate the risk of tumor lysis syndrome in patients starting therapy with venetoclax include which of the following?  
   a. Prophylactic hydration  
   b. Administration of allopurinol/rasburicase  
   c. Five-week ramp-up dosing schedule  
   d. All of the above

4. In comparison to intravenous administration, the subcutaneous administration of rituximab is associated with ________.  
   a. A shorter infusion time of 5 to 7 minutes  
   b. Similar efficacy  
   c. A higher rate of infusion reactions  
   d. All of the above  
   e. Both a and b  
   f. Both a and c  
   g. Both b and c

5. Which of the following categories reflects the mechanism of action of obinutuzumab?  
   a. Antibody-drug conjugate  
   b. Anti-PD-1/PD-L1 antibody  
   c. Anti-CD20 antibody  
   d. Tyrosine kinase inhibitor

6. Which of the following ALK inhibitors penetrates the central nervous system (CNS) well and thus exhibits significant activity in patients with NSCLC and CNS metastases?  
   a. Alectinib  
   b. Ceritinib  
   c. Brigatinib  
   d. All of the above  
   e. Only a and b

7. The third-generation EGFR inhibitor osimertinib targets both the T790M mutation and wild-type EGFR.  
   a. True  
   b. False

8. The OlympiAD trial evaluating olaparib monotherapy versus chemotherapy demonstrated an improvement in outcomes in the olaparib arm for which patients with HER2-negative metastatic BC?  
   a. All patients  
   b. Those with germline BRCA1 or 2 mutations

9. Results of the Phase III APHINITY trial evaluating the addition of pertuzumab to trastuzumab and chemotherapy demonstrated a modest improvement in invasive disease-free survival among patients with HER2-positive early BC who received the pertuzumab-containing regimen.  
   a. True  
   b. False

10. Prophylactic administration of antidiarrheal medication and corticosteroids decreases by more than half the incidence of Grade 3 or higher diarrhea associated with neratinib.  
    a. True  
    b. False
Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART 1 — Please tell us about your experience with this educational activity**

**How would you characterize your level of knowledge on the following topics?**

<table>
<thead>
<tr>
<th>Topic</th>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OlympiAD: Results of a Phase III trial evaluating olaparib versus chemotherapy for HER2-negative mBC</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Activity and tolerability of CDK4/6 inhibitors in patients with ER-positive, HER2-negative mBC</td>
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<td>4  3  2  1</td>
</tr>
<tr>
<td>GOG-0213 trial: Improvement in overall survival with the addition of bevacizumab to platinum-based chemotherapy for patients with platinum-sensitive recurrent OC</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Preemptive measures to mitigate the risk of tumor lysis syndrome with venetoclax</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
<tr>
<td>Indications for PD-L1 testing and role of pembrolizumab as first-line therapy for patients with NSCLC and a PD-L1 tumor proportion score higher than or equal to 50%</td>
<td>4  3  2  1</td>
<td>4  3  2  1</td>
</tr>
</tbody>
</table>

**Practice Setting:**
- ☐ Academic center/medical school
- ☐ Community cancer center/hospital
- ☐ Group practice
- ☐ Solo practice
- ☐ Government (e.g., VA)
- ☐ Other (please specify)

**Approximately how many new patients with the following do you see per year?**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td></td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td></td>
</tr>
<tr>
<td>Non-small cell lung cancer</td>
<td></td>
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<tr>
<td>Chronic lymphocytic leukemia</td>
<td></td>
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<tr>
<td>Follicular lymphoma</td>
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<tr>
<td>Mantle cell lymphoma</td>
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<tr>
<td>Hodgkin lymphoma</td>
<td></td>
</tr>
</tbody>
</table>

**Was the activity evidence based, fair, balanced and free from commercial bias?**
- ☐ Yes
- ☐ No
- If no, please explain:

**Will this activity help you improve patient care?**
- ☐ Yes
- ☐ No
- ☐ Not applicable
- If yes, how will it help you improve patient care?

**Did the activity meet your educational needs and expectations?**
- ☐ Yes
- ☐ No
- If no, please explain:

**Please respond to the following learning objectives (LOs) by circling the appropriate selection:**

<table>
<thead>
<tr>
<th>LO</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this activity, I will be able to:</td>
<td></td>
</tr>
<tr>
<td>1. Develop evidence-based strategies for the initial and long-term management of NSCLC, OC, BC, lymphomas and CLL.</td>
<td>4  3  2  1 N/M N/A</td>
</tr>
<tr>
<td>2. Use an understanding of tumor biomarkers, histology and targetable genetic alterations to individualize the care of patients with NSCLC, OC, BC, lymphomas and CLL.</td>
<td>4  3  2  1 N/M N/A</td>
</tr>
<tr>
<td>3. Refine or validate cancer-specific treatment algorithms based on existing and emerging research data.</td>
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</tr>
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<td>4. Evaluate the mechanisms of action, tolerability and efficacy of novel agents under investigation in these tumor types, and consider their potential implications for clinical practice.</td>
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</tr>
<tr>
<td>5. Recognize immune-related adverse events and other common side effects associated with approved and investigational immunotherapies in order to offer supportive management strategies.</td>
<td>4  3  2  1 N/M N/A</td>
</tr>
</tbody>
</table>
What other practice changes will you make or consider making as a result of this activity?

What are the barriers to keep you from making a practice change based upon this educational activity?

What additional information or training do you need on the activity topics or other oncology-related topics?

Additional comments about this activity:

**PART 2 — Please tell us about the faculty and editor for this educational activity**

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Knowledge of subject matter</th>
<th>Effectiveness as an educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angeles Alvarez Secord, MD, MHSc</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Ann S LaCasce, MD, MMSc</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Denise A Yardley, MD</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Melissa L Johnson, MD</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Editor</th>
<th>Knowledge of subject matter</th>
<th>Effectiveness as an educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil Love, MD</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

Please recommend additional faculty for future activities:

Other comments about the faculty and editor for this activity:

**REQUEST FOR CREDIT — Please print clearly**

Name: .......................................................... Specialty: ..........................................................

Professional Designation:
☐ MD  ☐ DO  ☐ PharmD  ☐ NP  ☐ CNS  ☐ RN  ☐ PA  ☐ Other  ..........................................................

Street Address: .......................................................... Box/Suite: ..........................................................

City, State, Zip: ..........................................................

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Email: ..........................................................

Signature: .......................................................... Date: ..........................................................

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Oncology Grand Rounds
Investigators Discuss New Agents and Novel Therapies

A special audio supplement to a CNE symposia series held during the 2017 ONS Annual Congress featuring expert comments on the application of emerging research to patient care.

Faculty Interviews
- Angeles Alvarez Secord, MD, MHSc
- Ann S LaCasce, MD, MMSc
- Denise A Yardley, MD
- Melissa L Johnson, MD

Editor
- Neil Love, MD

Contents
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