Consensus or Controversy?

Clinical Investigators Provide Perspectives on the Current and Future Management of Prostate Cancer

(Video Program)

CME Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical and radiation oncologists, urologists and other allied healthcare professionals involved in the treatment of prostate cancer (PC).

OVERVIEW OF ACTIVITY

Cancers of the genitourinary (GU) system affect hundreds of thousands of individuals in the United States each year and account for more than one fourth of all cancer diagnoses. Of this diverse array of distinct diseases, tumors of the prostate are among the most prevalent and thus the focus of extensive ongoing clinical research. A result of this research is that the clinical management of both early and more advanced presentations of PC is constantly evolving, necessitating rapid and consistent access to learning opportunities for clinicians who care for these patients. These 2 postmeeting interviews with faculty from a satellite symposium held during the 2019 Genitourinary Cancers Symposium explore the most significant therapeutic advances of the past year by using the perspectives of leading PC experts to gain a better understanding of new management strategies and lingering clinical controversies facing the GU cancer community.

This activity will help medical oncologists and other allied healthcare professionals to find answers to the individualized questions and concerns they frequently encounter and to in turn provide high-quality cancer care.

LEARNING OBJECTIVES

- Evaluate the published research database supporting the recent FDA approvals of secondary hormonal agents in the management of nonmetastatic PC, and consider this information in the discussion of nonresearch treatment options for patients.
- Explore available data on the use of cytotoxic and secondary hormonal therapy in the setting of hormone-sensitive metastatic PC to design effective treatment plans for appropriate patients.
- Consider patient and disease characteristics and published clinical trial data in the selection and sequencing of available local and systemic treatment modalities for patients with metastatic PC.
- Describe the rationale for testing patients with metastatic PC for BRCA1/2 mutations, and advise individuals found to harbor these genetic abnormalities about participation in clinical trials evaluating the role of a PARP inhibitor.
- Recall the design of ongoing research studies evaluating other novel agents and therapeutic strategies for PC, and counsel appropriate patients about availability and participation.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Penn State College of Medicine designates this enduring material for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/GUCancers19/Interviews/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/GUCancers19/Interviews**.

CONTENT VALIDATION AND DISCLOSURES

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affect the content of CME about the products or services of the commercial interest. Research To Practice and Penn State College of Medicine ensured that any conflicts of interest were resolved before the educational activity occurred.

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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Advisory Committee and Consulting Agreements: Amgen Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Clovis Oncology, Dendreon Pharmaceuticals Inc, ESSA Pharma Inc, Janssen Biotech Inc, Medivation Inc, a Pfizer Company, Merck, Sanofi Genzyme; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Dendreon Pharmaceuticals Inc, Genentech, Janssen Biotech Inc, Johnson & Johnson Pharmaceuticals, Merck, Novartis, Sanofi Genzyme, Tokai Pharmaceuticals; **Other Remunerated Activities:** Co-inventor of a biomarker licensed to QIAGEN.

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PENN STATE COLLEGE OF MEDICINE — Faculty and staff involved in the development and review of this activity have disclosed no relevant financial relationships.

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: May 2019

Expiration date: May 2020

Select Publications

Antonarakis ES et al. **Pembrolizumab for metastatic castration-resistant prostate cancer (mCRPC) previously treated with docetaxel: Updated analysis of KEYNOTE-199.** Genitourinary Cancers Symposium 2019;**Abstract 216**.

Armstrong AJ et al. **Phase 3 study of androgen deprivation therapy (ADT) with enzalutamide (ENZA) or placebo (PBO) in metastatic hormone-sensitive prostate cancer (mHSPC): The ARCHES trial.** Genitourinary Cancers Symposium 2019;**Abstract 687**.

Cohen R et al. **Association of primary resistance to immune checkpoint inhibitors in metastatic colorectal cancer with misdiagnosis of microsatellite instability or mismatch repair deficiency status.** *JAMA Oncol* 2018;[Epub ahead of print].

De Giorgi U et al. **A phase III, randomized, double-blind, placebo-controlled study of enzalutamide in men with nonmetastatic castration-resistant prostate cancer: Post-hoc analysis of PROSPER by prior therapy.** Genitourinary Cancers Symposium 2019;**Abstract 185**.

Fizazi K et al. **ARAMIS: Efficacy and safety of darolutamide in nonmetastatic castration resistant prostate cancer (nmCRPC).** Genitourinary Cancers Symposium 2019;**Abstract 140**.

Fizazi K et al. **Final analysis of phase III LATITUDE study in patients (pts) with newly diagnosed high-risk metastatic castration-naïve prostate cancer (NDx-HR mCNPC) treated with abiraterone acetate + prednisone (AA+P) added to androgen deprivation therapy (ADT).** Genitourinary Cancers Symposium 2019;**Abstract 141**.

Hofman MS et al. **[^{177}Lu]-PSMA-617 radionuclide treatment in patients with metastatic castration-resistant prostate cancer (LuPSMA trial): A single-centre, single-arm, phase 2 study.** *Lancet Oncol* 2018;19(6):825-33.

Karzai F et al. **A phase 2 study of olaparib and durvalumab in metastatic castrate-resistant prostate cancer (mCRPC) in an unselected population.** *Proc ASCO* 2018;**Abstract 163**.

Marin M et al. **ARV7 and ARFL mRNA in blood to predict androgen receptor inhibitors and docetaxel response in castration-resistant prostate cancer patients.** Genitourinary Cancers Symposium 2019;**Abstract 207**.

Marshall CH et al. **Response to PARP inhibitor therapy in metastatic castrate-resistant prostate cancer (mCRPC) patients with BRCA1/2 versus ATM mutations.** Genitourinary Cancers Symposium 2019;**Abstract 154**.

Parker C et al; ALSYMPCA Investigators. **Alpha emitter radium-223 and survival in metastatic prostate cancer.** *N Engl J Med* 2013;369(3):213-23.

Saad F et al. **Association between urinary, bowel, and hormonal treatment-related symptoms and clinical outcomes in nonmetastatic castration-resistant prostate cancer (nmCRPC): PROSPER study.** Genitourinary Cancers Symposium 2019;**Abstract 233**.

Sartor AO et al. **A retrospective analysis of treatment patterns in metastatic castration-resistant prostate cancer patients treated with radium-223.** Genitourinary Cancers Symposium 2019;**Abstract 180**.

Scher HI et al. **Assessment of circulating tumor cell number as a transitional surrogate endpoint for survival in phase II trials for metastatic castration-resistant prostate cancer.** Genitourinary Cancers Symposium 2019;**Abstract 143**.

Sharma P et al. **Initial results from a phase II study of nivolumab (NIVO) plus ipilimumab (IPI) for the treatment of metastatic castration-resistant prostate cancer (mCRPC; CheckMate 650).** Genitourinary Cancers Symposium 2019;**Abstract 142**.

Small EJ et al. **Updated analysis of progression-free survival with first subsequent therapy (PFS2) and safety in the SPARTAN study of apalutamide (APA) in patients (pts) with high-risk nonmetastatic castration-resistant prostate cancer (nmCRPC).** Genitourinary Cancers Symposium 2019;**Abstract 144**.

Smith M et al. **Addition of radium-223 to abiraterone acetate and prednisone or prednisolone in patients with castration-resistant prostate cancer and bone metastases (ERA 223): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2019;20(3):408-19.

Smith MR et al. **Phase II study of niraparib in patients with metastatic castration-resistant prostate cancer (mCRPC) and biallelic DNA-repair gene defects (DRD): Preliminary results of GALAHAD.** Genitourinary Cancers Symposium 2019;**Abstract 202**.

Smith MR et al; SPARTAN Investigators. **Apalutamide treatment and metastasis-free survival in prostate cancer.** *N Engl J Med* 2018;378(15):1408-18.

Yu EY et al. **KEYNOTE-365 Cohort A: Pembrolizumab (pembro) plus olaparib in docetaxel-pretreated patients (pts) with metastatic castrate-resistant prostate cancer (mCRPC).** Genitourinary Cancers Symposium 2019;**Abstract 145**.