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Lung Cancer™ UPDATE

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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ABIM CME MOC ACCREDITED

CME Certified

Lung Cancer™ UPDATE

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Lung Cancer Update
A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Traditional chemotherapy, surgery and radiation therapy have had a modest effect on long-term outcomes for patients with lung cancer. However, the advent of biologic and immunotherapeutic agents has led to recent improvements in disease-free and overall survival in select populations. In order to offer optimal patient care, including the option of clinical trial participation, clinicians must be well informed of these advances. Featuring information on the latest research developments, this program is designed to assist medical and radiation oncologists with the formulation of up-to-date strategies for the care of patients with lung cancer.

LEARNING OBJECTIVES

- Review research data documenting the efficacy and safety of approved and investigational anti-PD-1/PD-L1 antibodies for the treatment of non-small cell lung cancer (NSCLC) to determine the current and/or potential utility of each in clinical practice.
- Appreciate emerging research data documenting the benefits and risks of sequential anti-PD-L1 therapy for patients with unresectable Stage III NSCLC who have not experienced disease progression after chemoradiation therapy.
- 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.
- Formulate management strategies for small cell lung cancer, considering the contributory roles of local and systemic therapy in addition to current research evaluating novel immunotherapeutic and targeted approaches.
- Educate patients about the side effects of recently approved novel agents and immunotherapeutic approaches, and provide preventive strategies to reduce or ameliorate these toxicities.

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Interview with Suresh S Ramalingam, MD

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Track 26	Efficacy and side effects of the ALK inhibitors alectinib, brigatinib and lorlatinib

Video Program

View the corresponding video interviews with (from left) Drs Ramalingam and Chaft by Dr Love at www.ResearchToPractice.com/LCU119/Video

SELECT PUBLICATIONS

Ahn M et al. **TATTON phase Ib expansion cohort: Osimertinib plus savolitinib for patients with EGFR-mutant MET-amplified NSCLC after progression on prior EGFR-TKI.** *Proc WCLC* 2017;**Abstract OA 09.03**.

Antonia SJ et al. **Durvalumab after chemoradiotherapy in stage III non-small-cell lung cancer.** *N Engl J Med* 2017;377(20):1919-29.

Arbour KC et al. **Impact of baseline steroids on efficacy of programmed cell death-1 and programmed death-ligand 1 blockade in patients with non-small-cell lung cancer.** *J Clin Oncol* 2018;36(28):2872-8.

Camidge DR et al. **Brigatinib versus crizotinib in ALK-positive non-small-cell lung cancer.** *N Engl J Med* 2018;379(21):2027-39.

Camidge DR et al. **Updated efficacy and safety data from the global phase III ALEX study of alectinib (ALC) vs crizotinib (CZ) in untreated advanced ALK+ NSCLC.** *Proc ASCO* 2018;**Abstract 9043**.

Chung HC et al. **Phase 2 study of pembrolizumab in advanced small-cell lung cancer (SCLC): KEYNOTE-158.** *Proc ASCO* 2018;**Abstract 8506**.

Dudnik E et al. **BRAF mutant lung cancer: Programmed death ligand 1 expression, tumor mutational burden, microsatellite instability status, and response to immune check-point inhibitors.** *J Thorac Oncol* 2018;13(8):1128-37.

Forde P et al. **Neoadjuvant PD-1 blockade in resectable lung cancer.** *N Engl J Med* 2018;378(21):1976-86.

Gandhi L et al. **Pembrolizumab plus chemotherapy in metastatic non–small-cell lung cancer.** *N Engl J Med* 2018;378(22):2078-92.

Hellmann MD et al. **Nivolumab plus ipilimumab in lung cancer with a high tumor mutational burden.** *N Engl J Med* 2018;378(22):2093-104.

Kamphorst AO et al. **Rescue of exhausted CD8 T cells by PD-1-targeted therapies is CD28-dependent.** *Science* 2017;355(6332):1423-7.

Lin JJ et al. **Brigatinib in patients with alectinib-refractory ALK-positive non-small cell lung cancer: A retrospective study.** *J Thorac Oncol* 2018;13(10):1530-8.

Lopes G et al. **Pembrolizumab (pembro) versus platinum-based chemotherapy (chemo) as first-line therapy for advanced/metastatic NSCLC with a PD-L1 tumor proportion score (TPS) ≥ 1%: Open-label, phase 3 KEYNOTE-042 study.** *Proc ASCO* 2018;**Abstract LBA4**.

Magnuson WJ et al. **Management of brain metastases in tyrosine kinase inhibitor-naïve epidermal growth factor receptor-mutant non-small-cell lung cancer: A retrospective multi-institutional analysis**. *J Clin Oncol* 2017;35(10):1070-7.

Paz-Ares LG et al. **Phase 3 study of carboplatin-paclitaxel/*nab*-paclitaxel (Chemo) with or without pembrolizumab (Pembro) for patients (Pts) with metastatic squamous (Sq) non-small cell lung cancer (NSCLC).** *Proc ASCO* 2018;**Abstract 105**.

Pennell NA et al. **SELECT: A phase II trial of adjuvant erlotinib in patients with resected epidermal growth factor receptor-mutant non-small-cell lung cancer.** *J Clin Oncol* 2019;37(2):97-104.

Ramalingam SS et al. **Mechanisms of acquired resistance to first-line osimertinib: Preliminary data from the phase III FLAURA study.** *Proc ESMO* 2018;**Abstract LBA50**.

Ramalingam SS et al. **Osimertinib as first-line treatment of EGFR mutation-positive advanced non-small-cell lung cancer.** *J Clin Oncol* 2018;36(9):841-9.

Rizvi H et al. **Molecular determinants of response to anti-programmed cell death (PD)-1 and anti-programmed death-ligand 1 (PD-L1) blockade in patients with non-small-cell lung cancer profiled with targeted next-generation sequencing.** *J Clin Oncol* 2018;36(7):633-41.

Rusch VW et al. **Neoadjuvant atezolizumab in resectable non-small cell lung cancer (NSCLC): Initial results from a multicenter study (LCMC3).** *Proc ASCO* 2018;**Abstract 8541**.

Shaw AT et al. **Efficacy of lorlatinib in patients (pts) with advanced ALK-positive non-small cell lung cancer (NSCLC) and *ALK* kinase domain mutations.** *Proc AACR* 2018;**Abstract CT044**.

Socinski MA et al. **Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC.** *N Engl J Med* 2018;378(24):2288-301.

Soria JC et al. **Osimertinib in untreated EGFR-mutated advanced non–small-cell lung cancer.** *N Engl J Med* 2018;378(2):113-25.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **A recent paper in the *Journal of Clinical Oncology* comparing the CNS activity of osimertinib to that of standard EGFR TKIs (gefitinib or erlotinib) in patients with NSCLC and EGFR tumor mutations demonstrated _____ in the osimertinib arm.**
   a. Higher response rates
   b. Lower risk of disease progression in the CNS
   c. Both a and b

2. **Results of the Phase III FLAURA study comparing first-line osimertinib to either erlotinib or gefitinib for patients with advanced NSCLC and EGFR tumor mutations demonstrated a significant improvement in progression-free survival (PFS) with osimertinib.**
   a. True
   b. False

3. **The TATTON trial is investigating the combination of the EGFR inhibitor osimertinib with the MET inhibitor _____ for patients with advanced NSCLC, EGFR tumor mutations and MET amplification.**
   a. Dacomitinib
   b. Savolitinib
   c. Erlotinib

4. **Which of the following categories reflects the mechanism of action of rovalpituzumab tesirine?**
   a. Antibody-drug conjugate
   b. Anti-PD-1 antibody
   c. Anti-PD-L1 antibody
   d. RET inhibitor

5. **Osimertinib _____ marked activity in patients with leptomeningeal metastases from advanced NSCLC with EGFR tumor mutations.**
   a. Does not exhibit
   b. Exhibits

6. **In the Phase III IMpower150 trial, the combination of atezolizumab/chemotherapy/bevacizumab did not demonstrate a significant improvement in PFS for the subset of patients with EGFR and ALK alterations.**
   a. True
   b. False

7. **In the ALTA-1L trial evaluating _____ versus crizotinib for patients with NSCLC and ALK rearrangements, the reduction in the risk of disease progression or death in the experimental arm was approximately 50%.**
   a. Alectinib
   b. Brigatinib
   c. Lorlatinib

8. **The Phase III PACIFIC trial of durvalumab for patients with locally advanced, unresectable NSCLC without disease progression after definitive platinum-based chemoradiation therapy demonstrated a statistically significant improvement in _____ with durvalumab compared to placebo.**
   a. Overall survival
   b. PFS
   c. Both a and b
   d. Neither a nor b

9. **Which of the following categories reflects the mechanism of action of the recently FDA-approved agent lorlatinib?**
   a. ALK inhibitor
   b. Antibody-drug conjugate
   c. Anti-PD-1/PD-L1 antibody
   d. MET inhibitor
   e. RET inhibitor

10. **Mutations in the MET exon 14 gene _____.**
    a. Occur in approximately 3% to 4% of patients with nonsquamous NSCLC
    b. Are not sensitive to crizotinib
    c. Both a and b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lung Cancer Update — Volume 15, Issue 3

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?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Results of the Phase III FLAURA trial comparing osimertinib to erlotinib or gefitinib as first-line therapy for advanced NSCLC with an EGFR tumor mutation; nonresearch role of osimertinib	4 3 2 1	4 3 2 1
Key efficacy and safety findings from the ALTA-1L trial evaluating brigatinib versus crizotinib for advanced NSCLC with an ALK rearrangement	4 3 2 1	4 3 2 1
Activity and tolerability of durvalumab as sequential treatment for locally advanced, unresectable Stage III NSCLC	4 3 2 1	4 3 2 1
Use of liquid biopsies to detect mutations in patients with lung cancer	4 3 2 1	4 3 2 1
Benefit of the atezolizumab/chemotherapy/bevacizumab combination for patients with EGFR and ALK mutations in the Phase III IMpower150 trial	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice

☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

Approximately how many new patients with lung cancer do you see per year? ..... patients

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice

☐ Create/revise protocols, policies and/or procedures

☐ Change the management and/or treatment of my patients

☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

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

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- Review research data documenting the efficacy and safety of approved and investigational anti-PD-1/PD-L1 antibodies for the treatment of non-small cell lung cancer (NSCLC) to determine the current and/or potential utility of each in clinical practice..... 4 3 2 1 N/M N/A
- Appreciate emerging research data documenting the benefits and risks of sequential anti-PD-L1 therapy for patients with unresectable Stage III NSCLC who have not experienced disease progression after chemoradiation therapy. ..... 4 3 2 1 N/M N/A
- 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. ..... 4 3 2 1 N/M N/A

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As a result of this activity, I will be able to:

- Formulate management strategies for small cell lung cancer, considering the contributory roles of local and systemic therapy in addition to current research evaluating novel immunotherapeutic and targeted approaches. . . . . 4 3 2 1 N/M N/A
- Educate patients about the side effects of recently approved novel agents and immunotherapeutic approaches, and provide preventive strategies to reduce or ameliorate these toxicities. . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

. . . . . .

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☐ Yes ☐ No

If no, please explain: . . . . . .

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

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Faculty	Knowledge of subject matter	Effectiveness as an educator
Suresh S Ramalingam, MD	4 3 2 1	4 3 2 1
Jamie E Chaft, MD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

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Lung Cancer™
UPDATE

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