TARGET AUDIENCE
This activity is intended for radiation oncologists, medical oncologists and other healthcare providers involved in the treatment of lung cancer.

OVERVIEW OF ACTIVITY
Non-small cell lung cancer (NSCLC) accounts for 84% of all lung cancer cases, and approximately one third of the patients in this population present with locally advanced, or Stage III, disease. Expected 5-year survival rates for these patients range from 36% (Stage IIIA) to 13% (Stage IIIC). Therefore, the clinical care of these individuals remains one of the most significant challenges in solid tumor oncology. Recent breakthroughs have led to the advent of new treatment modalities, and in order to offer optimal patient care, including the option of clinical trial participation, clinicians must be well informed of these advances.

Because of the heightened role of radiation oncologists in the multidisciplinary management of locally advanced NSCLC and the significant research developments currently unfolding, this CME program focuses specifically on meeting the educational needs of those specialists. By providing access to the latest data sets and expert perspectives, this activity will assist radiation oncologists in the formulation of up-to-date clinical management strategies for locally advanced NSCLC.

LEARNING OBJECTIVES
• Evaluate the benefits, risks and long-term outcomes associated with local and systemic treatment modalities for locally advanced NSCLC, and consider this information when counseling patients regarding current therapeutic recommendations.
• Consider available and emerging clinical data in the selection of the optimal technique and dose of radiation therapy for patients with locally advanced NSCLC.
• Understand the biologic basis for the investigation of immune checkpoint inhibitors in combination with chemoradiation therapy for patients with nonmetastatic NSCLC.
• Appreciate the recent FDA approval of anti-PD-L1 antibody consolidation therapy for patients with unresectable Stage III NSCLC who have not experienced disease progression after concurrent chemoradiation therapy, and discern how this strategy can be appropriately and safely integrated into routine clinical practice.
• Recognize immune-related adverse events and other common side effects associated with the use of immune checkpoint inhibitors as consolidation therapy for patients with Stage III NSCLC, and offer supportive strategies to minimize and/or manage these toxicities.
• Recall the design of ongoing clinical trials evaluating novel therapeutic approaches for locally advanced NSCLC, and counsel appropriate patients about availability and participation.

ACCREDITATION STATEMENT
Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT
Research To Practice designates this enduring material for a maximum of 2.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF RADIOLOGY — MAINTENANCE OF CERTIFICATION
This activity provides Category 1 CME that may be used as self-assessment credit toward Part 2 of the American Board of Radiology (ABR) Maintenance of Certification (MOC) Program. It is the responsibility of each individual to remain apprised of the current requirements for his or her board-specific MOC program. For more information about the ABR MOC Program, visit www.theabr.org.

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/LCURadOnc119/Video/CME. The corresponding audio program is available as an alternative at ResearchToPractice.com/LCURadOnc119.

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Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CME 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 physician 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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**Consulting Agreements:** AstraZeneca Pharmaceuticals LP, Merck, Varian Medical Systems Inc;  
**Contracted Research:** AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Pfizer Inc, Varian Medical Systems Inc.

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**Advisory Committee and Consulting Agreements:** AbbVie Inc, Biodesix Inc, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Genentech, Lilly, Merck, Novartis, Pfizer Inc, Regeneron Pharmaceuticals Inc, Roche Laboratories Inc, Takeda Oncology;  
**Contracted Research:** Advantage Pharmaceuticals, GlaxoSmithKline, Inovio Pharmaceuticals Inc, Janssen Biotech Inc, Johnson & Johnson Pharmaceuticals, Lilly, Merck, Takeda Oncology;  
**Data and Safety Monitoring Board:** Amgen Inc, Incyte Corporation, Lilly, SWOG.


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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

**Release date:** May 2019  
**Expiration date:** May 2020


