Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 6: Emerging Strategies in Non-Small Cell Lung Cancer

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 lung cancer.

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with a broad-reaching impact on public health as it accounts for 14% of all new cancer cases in the United States and the most cancer-related deaths among both men and women. In the year 2019, it is estimated that approximately 228,150 individuals will be diagnosed with cancer of the lung and bronchus. Despite the many advances over the past few decades, death rates attributable to lung cancer have remained relatively unchanged. Today, many are optimistic that these trends have already started to change as recent research advances in oncology have led to the FDA approval of multiple biologic agents and immune checkpoint inhibitors for the treatment of non-small cell lung cancer (NSCLC). With the emergence of many pivotal data sets and the investigation of other novel agents potentially poised to further disrupt traditional management algorithms, educational needs in the optimal management of NSCLC have never been greater.

It is clear that many of the educational needs related to the care of patients with lung cancer are relevant specifically to the practicing medical oncologist directly responsible for therapeutic decision-making. However, the overall importance of the oncology nurse should not be diminished, as prospective and retrospective patient-level research has shown that oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of the physical and psychosocial well-being of patients. These video proceedings from the final part of a 6-part integrated CNE curriculum originally held at the 2019 ONS Annual Congress feature discussions with leading lung cancer investigators and their nursing counterparts about actual patient cases and recent therapeutic advances and emerging strategies in the management of NSCLC.

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 lung cancer.

LEARNING OBJECTIVES

- Review 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 standard platinum-based chemotherapy concurrent with radiation therapy, and discern how this strategy can be appropriately and safely integrated into routine clinical practice.
- Review recent FDA approvals and other therapeutic advances related to the long-term management of metastatic NSCLC with an EGFR tumor mutation, and discern how this information should be applied to current off-protocol patient care.
- Appreciate available clinical trial data with and the current role of anti-PD-1/PD-L1 antibodies in combination with chemotherapy and/or anti-angiogenic agents as first-line therapy for patients with metastatic NSCLC.
- Educate patients about the side effects associated with recently approved therapies for NSCLC, and provide preventive strategies to reduce or ameliorate these toxicities.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with NSCLC to optimize clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

Research To Practice (RTP) 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 1.6 contact hours is provided by RTP during the period of June 2019 through June 2020.

This activity is awarded 1.6 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/ONS2019/ILNA**.

ONCC review is only for designating content to be used for ILNA 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 or ILNA categories 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 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSEmergingStrategiesNSCLC2019/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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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Advisory Committee and Consulting Agreements: Ariad Pharmaceuticals Inc, AstraZeneca Pharmaceuticals LP, Exelixis Inc, Genentech, Jounce Therapeutics Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Roche Laboratories Inc, Takeda Oncology; **Contracted Research:** Ariad Pharmaceuticals Inc, Boehringer Ingelheim Pharmaceuticals Inc, Exelixis Inc, Genentech, Merck, Nektar, Novartis, Roche Laboratories Inc, Takeda Oncology.

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MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

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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: June 2019

Expiration date: June 2020

Select Publications

Antonia SJ et al; PACIFIC Investigators. **Overall survival with durvalumab after chemoradiotherapy in stage III NSCLC.** *N Engl J Med* 2018;379(24):2342-50.

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

Brahmer JR et al. **Management of immune-related adverse events in patients treated with immune checkpoint inhibitor therapy: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2018;36(17):1714-68.

Chen HHW, Kuo MT. **Improving radiotherapy in cancer treatment: Promises and challenges.** *Oncotarget* 2017;8(37):62742-58.

Gandhi L et al; KEYNOTE-189 Investigators. **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.

Hude I et al. **The emerging role of immune checkpoint inhibition in malignant lymphoma.** *Haematologica* 2017;102(1):30-42.

Jotte RM et al. **IMpower131: Primary PFS and safety analysis of a randomized phase III study of atezolizumab + carboplatin + paclitaxel or *nab*-paclitaxel vs carboplatin + *nab*-paclitaxel as 1L therapy in advanced squamous NSCLC.** *Proc ASCO* 2018;**Abstract LBA9000**.

Leonardi GC et al. **Safety of programmed death-1 pathway inhibitors among patients with non-small-cell lung cancer and preexisting autoimmune disorders.** *J Clin Oncol* 2018;36(19):1905-12.

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**.

Manegold C et al. **The potential of combined immunotherapy and antiangiogenesis for the synergistic treatment of advanced NSCLC.** *J Thorac Oncol* 2017;12(2):194-207.

Mok TS et al; KEYNOTE-042 Investigators. **Pembrolizumab versus chemotherapy for previously untreated, PD-L1-expressing, locally advanced or metastatic non-small-cell lung cancer (KEYNOTE-042): A randomised, open-label, controlled, phase 3 trial.** *Lancet* 2019;[Epub ahead of print].

Mok TS et al. **Improvement in overall survival in a randomized study that compared dacomitinib with gefitinib in patients with advanced non-small-cell lung cancer and EGFR-activating mutations.** *J Clin Oncol* 2018;36(22):2244-50.

Myung-Ju A et al. **Phase I study (BLOOM) of AZD3759, a BBB penetrable EGFR inhibitor, in patients with TKI-naïve, EGFRm NSCLC with CNS metastases.** *Proc ASCO* 2017;**Abstract 2006**.

Paz-Ares L et al; KEYNOTE-407 Investigators. **Pembrolizumab plus chemotherapy for squamou non-small-cell lung cancer.** *N Engl J Med* 2018;379(21):2040-51.

Rizvi N et al. **Durvalumab with or without tremelimumab vs platinum-based chemotherapy as first-line treatment for metastatic non-small cell lung cancer: MYSTIC.** *Proc ESMO Immuno-Oncology Congress* 2018;**Abstract LBA6**.

Routy B et al. **Gut microbiome influences efficacy of PD-1-based immunotherapy against epithelial tumors.** *Science* 2018;359(6371):91-7.

Socinski MA et al; IMpower150 Study Group. **Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC.** *N Engl J Med* 2018;378(24):2288-301.

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

Sullivan I, Planchard D. **Next-generation *EGFR* tyrosine kinase inhibitors for treating *EGFR*-mutant lung cancer beyond first line.** *Front Med (Lausanne)* 2017;3:76.

Vansteenkiste JF et al. **PACIFIC subgroup analysis: Pneumonitis in stage III, unresectable NSCLC patients treated with durvalumab vs placebo after CRT.** *Proc IASLC/WCLC* 2018;**Abstract MA05.02**.