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

OVERVIEW OF ACTIVITY
The development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive recent research and has led to an explosion in lung cancer genetic and biologic knowledge. The result has been the availability of several molecular-targeted therapies demonstrating some degree of activity in subsets of patients with non-small cell lung cancer (NSCLC) and exhibiting tolerability profiles that are distinct from those of traditional chemotherapeutic agents. These novel agents inhibit specific cell growth pathways and prolong survival for patients with NSCLC in large, randomized clinical trials. Other agents developed to block multiple cellular pathways or multiple components of a single biologic pathway are still under active investigation. While the advent of these next-generation targeted treatments presents new promise of both efficacy and enhanced safety in the management of lung cancer, it also challenges practicing oncologists to appropriately select individuals who may benefit from these agents. In addition, clinical oncologists need to determine how to integrate such therapies into standard lung cancer treatment algorithms as they become available.

Although several consensus- and evidence-based treatment guidelines are available to assist clinicians in making lung cancer treatment decisions, many areas of controversy persist within academic and community settings. This CME program brings together leading clinical investigators and general oncologists to provide biological insights into the recent therapeutic advances in the management of lung cancer. By reviewing the available clinical trial data and relevant case scenarios, this initiative will provide insight into the gaps in medical knowledge and illuminate treatment ambiguities pertinent to lung cancer.

LEARNING OBJECTIVES
- Develop an evidence-based strategy for the treatment of localized NSCLC, exploring the role of adjuvant systemic therapy
- Devise an evidence-based approach to the selection of induction and maintenance biologic therapy and/or chemotherapy for patients with advanced pan-wild-type NSCLC
- Employ an understanding of personalized medicine to individualize the use of available EGFR inhibitors in the treatment of NSCLC before and after disease progression on an EGFR tyrosine kinase inhibitor (TKI)
- Communicate the efficacy and safety of crizotinib and other emerging ALK inhibitors to appropriate patients with NSCLC, considering the predictive utility of ALK and ROS1 mutation testing.
- Evaluate the emerging data from clinical trials of the third-generation EGFR TKIs, rociletinib and AZD9291, in EGFR mutation-positive NSCLC
- Describe emerging data on the efficacy and safety of tumor immunotherapy directed at the PD-1/PD-L1 pathway in lung cancer, and consider this information when counseling patients regarding clinical trial participation.
- Recognize the results of recently completed Phase III trials examining the efficacy and safety of the novel monoclonal antibodies necitumumab and ramucirumab for patients with advanced NSCLC.

ACCREDITATION STATEMENT
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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.

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This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/LCUTT115/Video/CME.
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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 potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent 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 real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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MODERATOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodex Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Myriad Genetic Laboratories Inc, NanoString Technologies, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirteq Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.
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This activity is supported by educational grants from Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Biodesix Inc, Clovis Oncology, Foundation Medicine, Genentech BioOncology, Lilly, Merck and Novartis Pharmaceuticals Corporation.

Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: August 2015
Expiration date: August 2016


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.


Kelly K et al. A randomized, double-blind Phase 3 trial of adjuvant erlotinib vs placebo following complete tumor resection with or without adjuvant chemotherapy in patients with Stage IB-IIIA EGFR positive (IHC/FISH) non-small cell lung cancer: RADIANT results. Proc ASCO 2014;Abstract 7501.


Mok TS et al. Gefitinib/chemotherapy vs chemotherapy in epidermal growth factor receptor mutation-positive non-small-cell lung cancer after progression on first-line gefitinib: The phase III, randomized IMPRESS study. Proc ESMO 2014;Abstract LBA2_PR.


Rizvi N et al. A Phase 2, non-comparative, open-label, multicenter, international study of MEDI4736 in patients with locally advanced or metastatic PD-L1-positive NSCLC (Stage IIIIB-IV) who have received ≥ 2 prior systemic treatment regimens, including a platinum-based chemotherapy (ATLANTIC). Proc ESMO 2014;Abstract 1335TiP.


Select Publications


