Oncology Grand Rounds Series:

Part 1 — Cancer Immunotherapy

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 cancer.

OVERVIEW OF ACTIVITY

The past several years have seen an explosion in the emergence of new potential therapies that leverage the natural ability of the human body to attack and treat cancer. Known as immune-mediated therapies, or cancer immunotherapies, these promising treatments are taking center stage at medical conferences and generating excitement all over the world. Of interest, "immunotherapies" are not new, as scientists have been investigating strategies to elicit an effective immune response against malignant tumors for more than a century and the first immune treatments in oncology received FDA approval in the 1990s. The newest and perhaps most exciting arena in cancer immunotherapy has been the development and assessment of immune-modulating antibodies, or checkpoint immune modulators. To date studies have demonstrated that these agents are highly active across a number of diseases, most notably melanoma, renal cell carcinoma, non-small cell lung cancer and bladder cancer, representing the dawn of a new era in oncologic treatment that may effectively transform chemotherapy infusion rooms into immunotherapy delivery centers.

The introduction of these therapies has created a multitude of uncertainties, important clinical questions and knowledge gaps awaiting resolution. This seems to be particularly true among oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being, thereby requiring that they possess a varied set of skills and an extensive knowledge base. These video proceedings from the first part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 an understanding of the mechanism of action of cancer immunotherapies, their role in the clinical algorithm and the unique spectrum of associated side effects to facilitate optimal care of patients with cancer.

LEARNING OBJECTIVES

- Develop a basic understanding of the human immune response, and identify the underlying mechanisms by which various cancers evade this process to proliferate and grow.
- Recognize the FDA approvals of nivolumab, pembrolizumab and the combination of nivolumab and ipilimumab for the management of metastatic melanoma, and understand where these approaches fit into the clinical algorithm.
- Discuss the mechanism of action, clinical efficacy and tolerability profiles of checkpoint inhibitors and other immunotherapies in a variety of cancers.
- Understand the broad spectrum of unique side effects related to immunotherapies, and develop a plan to monitor and care for patients accordingly.
- Recall the design of ongoing clinical trials evaluating novel immunotherapeutic approaches, and counsel appropriately selected patients about availability and participation.

ACCREDITATION STATEMENT

Research To Practice 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 2.2 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 2.2 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/ONS2016/ILNA.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSImmunotherapy2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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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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This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology and Merck.

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 2016

Expiration date: August 2017

Select Publications

Amos SM et al. **Autoimmunity associated with immunotherapy of cancer.** *Blood* 2011;118(3):499-509.

Ansell S et al. **Nivolumab in patients (pts) with relapsed or refractory classical Hodgkin lymphoma (R/R cHL): Clinical outcomes from extended follow-up of a phase 1 study (CA209-039).** *Proc ASH* 2015;**Abstract 583**.

Armand P et al. **PD-1 blockade with pembrolizumab in patients with classical Hodgkin lymphoma after brentuximab vedotin failure: Safety, efficacy, and biomarker assessment.** *Proc ASH* 2015;**Abstract 584**.

Batlevi CL et al. **Novel immunotherapies in lymphoid malignancies.** *Nat Rev Clin Oncol* 2016;13(1):25-40.

Goldberg SB et al. **Activity and safety of pembrolizumab in patients with metastatic non-small cell lung cancer with untreated brain metastases.** *Proc ASCO* 2015;**Abstract 8035**.

Johnson DB et al. **Ipilimumab therapy in patients with advanced melanoma and preexisting autoimmune disorders.** *JAMA Oncol* 2016;2(2):234-40.

Kluger HM et al. **Safety and activity of pembrolizumab in melanoma patients with untreated brain metastases.** *Proc ASCO* 2015;**Abstract 9009**.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

Petrylak DP et al. **A phase Ia study of MPDL3280A (anti-PDL1): Updated response and survival data in urothelial bladder cancer (UBC).** *Proc ASCO* 2015;**Abstract 4501**.

Plimack ER et al. **Pembrolizumab (MK-3475) for advanced urothelial cancer: Updated results and biomarker analysis from KEYNOTE-012.** *Proc ASCO* 2015;**Abstract 4502**.

Rothermundt C et al. **Successful treatment with an anti-PD-1 antibody for progressing brain metastases in renal cell cancer.** *Ann Oncol* 2016;27(3):544-5.

Spira AI et al. **Efficacy, safety and predictive biomarker results from a randomized phase II study comparing atezolizumab (MPDL3280A) versus docetaxel in 2L/3L NSCLC (POPLAR**). *Proc ASCO* 2015;**Abstract 8010**.

Topalian SL et al. **Safety, activity, and immune correlates of anti-PD-1 antibody in cancer.** *N Engl J Med* 2012;366(26):2443-54.

Villadolid J, Amin A. **Immune checkpoint inhibitors in clinical practice: Update on management of immune-related toxicities.** *Transl Lung Cancer Res* 2015;4(5):560-75.

Oncology Grand Rounds Series:

Part 2 — Gastrointestinal Cancers

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 gastrointestinal (GI) cancers.

OVERVIEW OF ACTIVITY

Cancer of the colon and rectum is the fourth most frequently diagnosed cancer and the second most common cause of death among all neoplasms in the United States, accounting for approximately 8% of all cancer deaths. The recent rapid expansion of novel biomarkers, multigene signatures and molecular-targeted systemic agents has significantly refined the clinical algorithm such that individualized therapeutic approaches have become the standard, and over the past two decades a number of new pathways, receptors and molecular targets have been identified and linked to colorectal cancer (CRC) growth and progression. This enhanced understanding of the biology of the disease has led to the investigation and approval of several novel therapeutic approaches.

Given the prevalent nature of the disease, extensive resources are allocated to CRC research and education. Interestingly, however, although individually less frequently encountered, the collection of "non-CRC" GI cancers account for more per annum deaths than those attributed to tumors of the colon and rectum combined. Importantly, among this collection of distinct tumors, two areas in particular — gastric and pancreatic cancer — have witnessed several recent advances that have already drastically altered current treatment considerations and approaches.

Although these new options have been welcomed by all, they create a challenge for those members of the interdisciplinary treatment team who are required to learn about, explain and appropriately integrate them into standard clinical practice, particularly oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the second part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading GI investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 GI cancers.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the therapeutic and supportive care of patients with metastatic CRC (mCRC), gastric cancer and pancreatic cancer.
- Describe the clinical impact of and toxicities associated with the use of bevacizumab, EGFR inhibitors, regorafenib and TAS-102 for mCRC.
- Appreciate the recent FDA approvals of ramucirumab, TAS-102 and MM-398, and develop effective strategies to integrate these agents into the management of GI cancers.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of mCRC.
- Consider age, performance status and other clinical and logistical factors in the selection of systemic therapy for patients with locally advanced or metastatic pancreatic cancer.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENTS

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

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/ONS2016/ILNA**.

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FOR SUCCESSFUL COMPLETION

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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: bioTheranostics Inc, Caris Life Sciences, Celgene Corporation, EMD Serono Inc, Halozyme Therapeutics, Lexicon Pharmaceuticals Inc, Merrimack Pharmaceuticals Inc; **Contracted Research:** Acerta Pharma, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Incyte Corporation, Karyopharm Therapeutics, Lilly, Merck, Momenta Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc, Taiho Oncology Inc, XBiotech; **Speakers Bureau:** Amgen Inc, Celgene Corporation, Genentech BioOncology, Novartis Pharmaceuticals Corporation.

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No relevant conflicts of interest to disclose.

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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 2016

Expiration date: August 2017

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Select Publications

Bang YJ et al. **Relationship between PD-L1 expression and clinical outcomes in patients with advanced gastric cancer treated with the anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) in KEYNOTE-012.** *Proc ASCO* 2015;**Abstract 4001**.

Bang YJ et al. **Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): A phase 3, open-label, randomised controlled trial.** *Lancet* 2010;376(9742):687-97.

Boland CR, Goel A. **Microsatellite instability in colorectal cancer.** *Gastroenterology* 2010;138(6):2073-87.e3.

Brescia FJ et al. **Palliative care in pancreatic cancer.** *Cancer Control* 2004;11(1):39-45.

Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.

Dicken BJ et al. **Gastric adenocarcinoma: Review and considerations for future directions.** *Ann Surg* 2005;241(1):27-39.

Fuchs CS et al. **Ramucirumab monotherapy for previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (REGARD): An international, randomised, multicentre, placebo-controlled, phase 3 trial.** *Lancet* 2014;383(9911):31-9.

Grothey A et al. **Time course of regorafenib-associated adverse events in the phase III CORRECT study.** Gastrointestinal Cancers Symposium 2013;**Abstract 467**.

Kawasaki K et al. **Early tumor cavitation with regorafenib in metastatic colorectal cancer: A case report.** *Oncol Lett* 2016;11(1):231-3.

Ko AH et al. **A multinational phase 2 study of nanoliposomal irinotecan sucrosofate (PEP02, MM-398) for patients with gemcitabine-refractory metastatic pancreatic cancer.** *Br J Cancer* 2013;109(4):920-5.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

Mayer RJ et al. **Randomized trial of TAS-102 for refractory metastatic colorectal cancer.** *N Engl J Med* 2015;372(20):1909-19.

Riall TS et al. **Underutilization of surgical resection in patients with localized pancreatic cancer.** *Ann Surg* 2007;246(2):181-2.

Ribas A et al. **Tumor immunotherapy directed at PD-1.** *N Engl J Med* 2012;366(26):2517-9.

Von Hoff D et al. **NAPOLI-1: Randomized phase 3 study of MM-398 (nal-IRI), with or without 5-fluorouracil and leucovorin, versus 5-fluorouracil and leucovorin, in metastatic pancreatic cancer progressed on or following gemcitabine-based therapy.** *Ann Oncol* 2014;25(2):105-6.

Von Hoff DD et al. **Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.

Wilke H et al. **Ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (RAINBOW): A double-blind, randomised phase 3 trial.** *Lancet Oncol* 2014;15(11):1224-35.

Yoshino T et al. **Results of a multicenter, randomized, double-blind, phase III study of TAS-102 vs placebo, with best supportive care (BSC), in patients (pts) with metastatic colorectal cancer (mCRC) refractory to standard therapies (RECOURSE).** ESMO 16th World Congress on Gastrointestinal Cancer 2014;**Abstract O-0022**.

Oncology Grand Rounds Series:

Part 3 — Non-Small Cell Lung Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of nurse practitioners and clinical nurse specialists involved in the treatment of non-small cell lung cancer (NSCLC).

OVERVIEW OF ACTIVITY

Lung cancer is a devastating disease with 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. The number of available cytotoxic chemotherapies exhibiting activity in lung cancer has increased substantially over the past several years, and consequently, clinician knowledge of the specific risk-benefit profiles of the many acceptable systemic regimens is of the utmost importance in making informed and individualized patient care decisions. Development of new therapeutic strategies beyond cytotoxic chemotherapy has been the focus of extensive research and has led to an explosion in lung cancer genetic and biologic knowledge, resulting in the availability of several molecular-targeted therapies demonstrating some degree of activity in subsets of NSCLC with unique tolerability profiles that are distinct from those of traditional chemotherapeutics. In addition to the significant strides made in understanding and targeting specific mutations responsible for the pathogenesis of lung cancer, recent insights into how to harness the body's own immune system are now being applied to the management of this lethal disease.

The advent of these treatment options presents new promise of both efficacy and enhanced safety for patients but also challenges practicing oncologists and their support staff to appropriately select individuals who may benefit from these agents and to determine how to integrate such therapies, as they become available, into standard lung cancer treatment algorithms. This is particularly true of oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the third part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 NSCLC.

LEARNING OBJECTIVES

- Communicate the clinical relevance of gene mutations and tumor histology to patients with NSCLC.
- Discuss the benefits and risks associated with systemic treatments used in the evidence-based management of metastatic NSCLC, including chemotherapeutic agents, targeted biologic therapies and novel immunotherapies.
- Use biomarkers, clinical characteristics and tumor histology to select individualized front-line and subsequent treatment approaches for patients with metastatic NSCLC.
- Recognize the recent FDA approvals of ramucirumab, nivolumab and pembrolizumab for patients with progressive metastatic NSCLC, and discern how these agents can be safely administered to appropriate patients with squamous and nonsquamous disease.
- Educate patients about the potential side effects associated with commonly employed therapies, and provide preventive and emergent strategies to reduce or ameliorate these toxicities.

ACCREDITATION STATEMENT

Research To Practice 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 2.1 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 2.1 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/ONS2016/ILNA.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSLung2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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:

Sarah B Goldberg, MD, MPH
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Advisory Committee: Clovis Oncology; **Contracted Research:** AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc.

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No relevant conflicts of interest to disclose.

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This activity is supported by educational grants from Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech BioOncology, 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 2016

Expiration date: August 2017

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

Bergethon K et al. **ROS1 rearrangements define a unique molecular class of lung cancers.** *J Clin Oncol* 2012;30(8):863-70.

Borghaei H et al. **Nivolumab versus docetaxel in advanced nonsquamous non-small-cell lung cancer.** *N Engl J Med* 2015;373(17):1627-39.

Fukuoka M et al. **Biomarker analyses and final overall survival results from a phase III, randomized, open-label, first-line study of gefitinib versus carboplatin/paclitaxel in clinically selected patients with advanced non-small-cell lung cancer in Asia (IPASS).** *J Clin Oncol* 2011;29(21):2866-74.

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Ichihara E et al. **Phase II trial of gefitinib in combination with bevacizumab as first-line therapy for advanced non-small cell lung cancer with activating EGFR gene mutations: The Okayama Lung Cancer Study Group trial 1001.** *J Thorac Oncol* 2015;10(3):486-91.

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Kris MG et al. **Using multiplexed assays of oncogenic drivers in lung cancers to select targeted drugs.** *JAMA* 2014;311(19):1998-2006.

Lynch TJ Jr et al. **Epidermal growth factor receptor inhibitor-associated cutaneous toxicities: An evolving paradigm in clinical management.** *Oncologist* 2007;12(5):610-21.

Ou SHI et al. **Efficacy and safety of the ALK inhibitor alectinib in *ALK*+ non-small-cell lung cancer (NSCLC) patients who have failed prior crizotinib: An open-label, single-arm, global phase 2 study (NP28673).** *Proc ASCO* 2015;**Abstract 8008**.

Park K et al. **Afatinib (A) vs gefitinib (G) as first-line treatment for patients (pts) with advanced non-small cell lung cancer (NSCLC) harboring activating EGFR mutations: Results of the global, randomized, open-label, phase IIb trial LUX-Lung 7 (LL7).** *Proc ESMO* 2015;**Abstract LBA2_PR**.

Planchard D et al. **Interim results of a phase II study of the BRAF inhibitor (BRAFi) dabrafenib (D) in combination with the MEK inhibitor trametinib (T) in patients (pts) with *BRAF* V600E mutated (mut) metastatic non-small cell lung cancer (NSCLC).** *Proc ASCO* 2015;**Abstract 8006**.

Ricciardi S et al. **Toxicity of targeted therapy in non-small-cell lung cancer management.** *Clin Lung Cancer* 2009;10(1):28-35.

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Sequist LV et al. **First-in-human evaluation of CO-1686, an irreversible, highly selective tyrosine kinase inhibitor of mutations of EGFR (activating and T790M).** *Proc ASCO* 2015;**Abstract 8010**.

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Seto T et al. **Erlotinib alone or with bevacizumab as first-line therapy in patients with advanced non-squamous non-small-cell lung cancer harbouring EGFR mutations (JO25567): An open-label, randomised, multicentre, phase 2 study.** *Lancet Oncol* 2014;15(11):1236-44.

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Shaw AT et al. **Ceritinib in ALK-rearranged non-small-cell lung cancer.** *N Engl J Med* 2014;370(13):1189-97.

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Socinski MA et al. **Safety and efficacy analysis by histology of weekly nab-paclitaxel in combination with carboplatin as first-line therapy in patients with advanced non-small-cell lung cancer.** *Ann Oncol* 2013;24(9):2390-6.

Select Publications

Socinski MA et al. **Safety and efficacy of weekly *nab*®-paclitaxel in combination with carboplatin as first-line therapy in elderly patients with advanced non-small-cell lung cancer.** *Ann Oncol* 2013;24(2):314-21.

Socinski MA et al. **Weekly *nab*-paclitaxel in combination with carboplatin versus solvent-based paclitaxel plus carboplatin as first-line therapy in patients with advanced non-small-cell lung cancer: Final results of a phase III trial.** *J Clin Oncol* 2012;30(17):2055-62.

Soda M et al. **Identification of the transforming EML4-ALK fusion gene in non-small-cell lung cancer.** *Nature* 2007;448(7153):561-6.

Spigel DR et al. **Clinical activity, safety, and biomarkers of MPDL3280A, an engineered PD-L1 antibody in patients with locally advanced or metastatic non-small cell lung cancer (NSCLC).** *Proc ASCO* 2013;**Abstract 8008**.

Takeuchi K et al. **RET, ROS1 and ALK fusions in lung cancer.** *Nat Med* 2012;18(3):378-81.

Wu YL et al. **Afatinib versus cisplatin plus gemcitabine for first-line treatment of Asian patients with advanced non-small-cell lung cancer harbouring EGFR mutations (LUX-Lung 6): An open-label, randomised phase 3 trial.** *Lancet Oncol* 2014;15(2):213-22.

Yang JC et al. **Afatinib versus cisplatin-based chemotherapy for EGFR mutation-positive lung adenocarcinoma (LUX-Lung 3 and LUX-Lung 6): Analysis of overall survival data from two randomised, phase 3 trials.** *Lancet Oncol* 2015;16(2):141-51.

Yu HA et al. **Poor response to erlotinib in patients with tumors containing baseline EGFR T790M mutations found by routine clinical molecular testing.** *Ann Oncol* 2014;25(2):423-8.

Yu HA et al. **Analysis of tumor specimens at the time of acquired resistance to EGFR-TKI therapy in 155 patients with EGFR-mutant lung cancers.** *Clin Cancer Res* 2013;19(8):2240-7.

Zhou C et al. **Erlotinib versus chemotherapy as first-line treatment for patients with advanced EGFR mutation-positive non-small-cell lung cancer (OPTIMAL, CTONG-0802): A multicentre, open-label, randomised, phase 3 study.** *Lancet Oncol* 2011;12(8):735-42.

Oncology Grand Rounds Series:

Part 4 — Breast 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 breast cancer (BC).

OVERVIEW OF ACTIVITY

BC remains the most frequently diagnosed cancer in women, and in 2016 in the United States alone the disease will culminate in an estimated 246,660 new cases and 40,450 deaths. Current clinical management is multidisciplinary and includes surgical resection of local disease with or without radiation therapy and the treatment of systemic disease with cytotoxic chemotherapy, endocrine therapy, biologic therapy or combinations of these approaches. Although the diagnosis and treatment of BC remains, in many ways, more advanced than in other solid tumors, challenging issues in the basic management of this disease continue to require refinement. Increasingly, an emphasis is being placed on a "personalized medicine" approach that promises to more effectively identify specific treatments that will benefit individuals based on specific patient- and disease-related characteristics. The pace of change in the field of breast medical oncology has been rapid, and it is expected that a plethora of new data will continuously be disseminated and will require ongoing efforts to keep medical professionals informed about the unique mechanisms of action, toxicities and effectiveness of novel agents.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of patient physical and psychosocial well-being. These video proceedings from the fourth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading BC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 BC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with early and advanced BC.
- Describe the influence of tumor phenotypes in tailoring systemic treatment decisions.
- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of BC, including endocrine agents, chemotherapy regimens and biologic treatments.
- Develop a plan to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Assess emerging research on the safety and efficacy of novel agents under development in preparation for the potential availability of these therapies.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with early and advanced BC.

ACCREDITATION STATEMENT

Research To Practice 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 1.7 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.7 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/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSBreast2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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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US Oncology
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Consulting Agreements: AstraZeneca Pharmaceuticals LP, Celgene Corporation, Eisai Inc, Genentech BioOncology, Lilly, Novartis Pharmaceuticals Corporation, Pfizer Inc, Roche Laboratories Inc, Sanofi, Takeda Oncology.

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No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex 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 AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech BioOncology, Lilly 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 2016

Expiration date: August 2017

Select Publications

Baselga J et al. **Everolimus in postmenopausal hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2012;366(6):520-9.

Baselga J et al. **Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer.** *N Engl J Med* 2012;366(2):109-19.

DeSantis CE et al. **Breast cancer statistics, 2015: Convergence of incidence rates between black and white women.** *CA Cancer J Clin* 2016;66(1):31-42.

Di Cosimo S, Baselga J. **Management of breast cancer with targeted agents: Importance of heterogeneity.** *Nat Rev Clin Oncol* 2010;7(3):139-47.

Goetz M et al. **MONARCH 3: A randomized phase III study of anastrozole or letrozole plus abemaciclib, a CDK4/6 inhibitor, or placebo in first-line treatment of women with HR+, HER2-locoregionally recurrent or metastatic breast cancer (MBC).** *Proc ASCO* 2015;**Abstract TPS624**.

Harbeck N et al. **HER2 dimerization inhibitor pertuzumab — Mode of action and clinical data in breast cancer.** *Breast Care (Basel)* 2013;8(1):49-55.

LoRusso PM et al. **Trastuzumab emtansine: A unique antibody-drug conjugate in development for human epidermal growth factor receptor 2-positive cancer.** *Clin Cancer Res* 2011;17(20):6437-47.

Love N et al. **HER2 and estrogen receptor status drive decisions regarding the use of neoadjuvant chemotherapy.** San Antonio Breast Cancer Symposium 2015;**Abstract P1-14-20**.

Nanda R et al. **A phase Ib study of pembrolizumab (MK-3475) in patients with advanced triple-negative breast cancer.** San Antonio Breast Cancer Symposium 2014;**Abstract S1-09**.

Rowinsky EK. **Signal events: Cell signal transduction and its inhibition in cancer.** *Oncologist* 2003;8(3):5-17.

Saphner T et al. **Annual hazard rates of recurrence for breast cancer after primary therapy.** *J Clin Oncol* 1996;14(10):2738-46.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer.** *N Engl J Med* 2015;372(8):724-34.

Swain SM et al. **Pertuzumab, trastuzumab, and docetaxel for HER2-positive metastatic breast cancer (CLEOPATRA study): Overall survival results from a randomised, double-blind, placebo-controlled, phase 3 study.** *Lancet Oncol* 2013;14(6):461-71.

Swain SM et al. **Confirmatory overall survival (OS) analysis of CLEOPATRA: A randomized, double-blind, placebo-controlled Phase III study with pertuzumab (P), trastuzumab (T), and docetaxel (D) in patients (pts) with HER2-positive first-line (1L) metastatic breast cancer (MBC).** San Antonio Breast Cancer Symposium 2012;**Abstract P5-18-26**.

Tolaney S et al. **A phase Ib study of abemaciclib with therapies for metastatic breast cancer.** *Proc ASCO* 2015;**Abstract 522**.

Tolaney SM et al. **Clinical activity of abemaciclib, an oral cell cycle inhibitor, in metastatic breast cancer.** San Antonio Breast Cancer Symposium 2014;**Abstract P5-19-13**.

Traina TA et al. **Results from a phase 2 study of enzalutamide (ENZA), an androgen receptor (AR) inhibitor, in advanced AR+ triple-negative breast cancer (TNBC).** *Proc ASCO* 2015;**Abstract 1003**.

Turner NC et al. **Palbociclib in hormone-receptor-positive advanced breast cancer.** *N Engl J Med* 2015;373(3):209-19.

Turner NC et al. **PALOMA3: A double-blind, phase III trial of fulvestrant with or without palbociclib in pre- and post-menopausal women with hormone receptor-positive, HER2-negative metastatic breast cancer that progressed on prior endocrine therapy.** *Proc ASCO* 2015;**Abstract LBA502**.

Tutt NJ et al. **OlympiA: A randomized phase III trial of olaparib as adjuvant therapy in patients with high-risk HER2-negative breast cancer (BC) and a germline BRCA1/2 mutation (gBRCAm).** *Proc ASCO* 2015;**Abstract TPS1109**.

Verma S et al. **Trastuzumab emtansine for HER2-positive advanced breast cancer.** *N Engl J Med* 2012;367(19):1783-91.

Vogel C et al. **Management of ErbB2-positive breast cancer: Insights from preclinical and clinical studies with lapatinib.** *Jpn J Clin Oncol* 2010;40(11):999-1013.

Yarden Y, Sliwkowski MX. **Untangling the ErbB signalling network.** *Nat Rev Mol Cell Biol* 2001;2(2):127-37.

Oncology Grand Rounds Series:

Part 5 — Ovarian 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 ovarian cancer (OC).

OVERVIEW OF ACTIVITY

Gynecologic cancers comprise 5 primary cancers affecting the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina. Of these, OC has continually been the most lethal. The American Cancer Society estimates that in 2016, 14,240 individuals will die of this disease, accounting for nearly 50% of deaths attributable to gynecologic cancers. As with many other tumors, patient outcomes are critically dependent upon effective multidisciplinary care, which often includes contributions from gynecologic, medical and radiation oncologists as well as pathologists, diagnostic radiologists, oncology nurses and psychosocial services. In addition to the disease- and treatment-related morbidity and mortality associated with gynecologic cancers, pain, fatigue, lymphedema, depression/anxiety, infertility/childbearing and sexual dysfunction are commonly occurring issues that must also be addressed in the care of these patients.

Oncology nurses play a pivotal role in supporting patients through their therapeutic journey and are essential to the delivery of a complete course of effective systemic treatment for OC. These video proceedings from the fifth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading OC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 OC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with OC.
- Demonstrate knowledge of existing guidelines and consensus statements regarding the rationale for genetic counseling/testing for all patients with newly diagnosed OC, regardless of family history.
- Develop an understanding of the initial and long-term treatment of advanced OC considering the role of the recently approved anti-VEGF antibody bevacizumab.
- Implement an evidence-based approach to the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of OC.
- Appreciate the recent FDA approval of olaparib for patients with highly refractory advanced OC, and safely integrate this agent into the clinical management of appropriate individuals.
- Recall ongoing trials of investigational approaches and agents in OC, and refer patients and obtain consent for study participation.

ACCREDITATION STATEMENT

Research To Practice 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 Research To Practice during the period of August 2016 through August 2017.

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/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSOvarian2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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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Department of Obstetrics and Gynecology
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma

Advisory Committee: Advaxis Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Genentech BioOncology, Pfizer Inc, Roche Laboratories Inc.

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

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP and Genentech BioOncology.

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 2016

Expiration date: August 2017

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

Audeh MW et al. **Oral poly(ADP-ribose) polymerase inhibitor olaparib in patients with BRCA1 or BRCA2 mutations and recurrent ovarian cancer: A proof-of-concept trial.** *Lancet* 2010;376(9737):245-51.

Coleman RL et al. **A phase III randomized controlled clinical trial of carboplatin and paclitaxel alone or in combination with bevacizumab followed by bevacizumab and secondary cytoreductive surgery in platinum-sensitive, recurrent ovarian, peritoneal primary and fallopian tube cancer (Gynecologic Oncology Group 0213).** *Proc SGO* 2015;**Abstract 3**.

Howell SB et al. **Intraperitoneal cisplatin with systemic thiosulfate protection.** *Ann Intern Med* 1982;97(6):845-51.

Iglehart JD, Silver DP. **Synthetic lethality — A new direction in cancer-drug development.** *N Engl J Med* 2009;361(2):189-91.

Kaufman B et al. **Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation.** *J Clin Oncol* 2015;33(3):244-50.

Kennedy RD, D'Andrea AD. **DNA repair pathways in clinical practice: Lessons from pediatric cancer susceptibility syndromes.** *J Clin Oncol* 2006;24(23):3799-808.

Khanna KK et al. **ATM, a central controller of cellular responses to DNA damage.** *Cell Death Differ* 2001;8(11):1052-65.

Ledermann J et al. **Olaparib maintenance therapy in patients with platinum-sensitive relapsed serous ovarian cancer: A preplanned retrospective analysis of outcomes by BRCA status in a randomised phase 2 trial.** *Lancet Oncol* 2014;15(8):852-61.

Ledermann J et al. **Olaparib maintenance therapy in platinum-sensitive relapsed ovarian cancer.** *N Engl J Med* 2012;366(15):1382-92.

Liu J et al. **A randomized phase 2 trial comparing efficacy of the combination of the PARP inhibitor olaparib and the antiangiogenic cediranib against olaparib alone in recurrent platinum-sensitive ovarian cancer.** *Proc ASCO* 2014;**Abstract LBA5500**.

Matulonis UA et al. **Olaparib monotherapy in patients with advanced relapsed ovarian cancer and a germline BRCA1/2 mutation: A multistudy analysis of response rates and safety.** *Ann Oncol* 2016;27(6):1013-9.

Pujade-Lauraine E et al. **Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial.** *J Clin Oncol* 2014;32(13):1302-8.

Sánchez-Pérez. **DNA repair inhibitors in cancer treatment.** *Clin Transl Oncol* 2006;8(9):642-6.

Vergote I et al. **Prognostic importance of degree of differentiation and cyst rupture in stage I invasive epithelial ovarian carcinoma.** *Lancet* 2001;357(9251):176-82.

Oncology Grand Rounds Series:

Part 6 — Lymphomas and Chronic Lymphocytic Leukemia

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 Hodgkin lymphoma (HL), non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL).

OVERVIEW OF ACTIVITY

Hematologic cancers include the lymphomas, the leukemias, multiple myeloma and other related disorders (eg, myelodysplastic syndromes, myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. Taken together, it is estimated that approximately 171,550 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in the year 2016 and 58,320 individuals will die from these diseases. Of note, more than 60 drug products are currently labeled for use in the management of hematologic cancers with more than 70 distinct FDA-approved indications. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of liquid and solid tumors. This is particularly true within the realm of Hodgkin and non-Hodgkin lymphoma, including CLL, where substantial progress has been made over the past several years in the development and evaluation of novel agents. Mature clinical trial results have illustrated the efficacy of several new investigational therapies, a number of which have now entered the clinic. Furthermore, enthusiasm is widespread that additional important advancements are on the horizon as other novel agents and strategies have already been associated with impressive clinical benefit.

This dynamic therapeutic environment clearly highlights the need for all members of the oncology/hematology care team to remain abreast of the ongoing sea change in the management of these diseases, particularly oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the sixth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 lymphomas and CLL.

LEARNING OBJECTIVES

- Provide patient-focused education to enhance clinical decision-making regarding the available systemic agents used in the management of indolent and aggressive forms of B-cell NHL, T-cell lymphomas and HL.
- Formulate supportive care strategies to manage the side effects associated with commonly employed therapeutic interventions for patients with HL, NHL and CLL.
- Appreciate the FDA approvals of the novel targeted agents ibrutinib, idelalisib and obinutuzumab for the treatment of newly diagnosed and relapsed/refractory (R/R) CLL, and discern how these therapies can be safely integrated into routine clinical practice.
- Recall available safety and efficacy data with bortezomib, lenalidomide and ibrutinib, and use this information when discussing recommendations regarding the selection and sequencing of therapy for R/R mantle-cell lymphoma.

ACCREDITATION STATEMENT

Research To Practice 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 2.1 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 2.1 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/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSLymphoma2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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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Amy Goodrich, CRNP-AC
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No relevant conflicts of interest to disclose.

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Boston, Massachusetts

No relevant conflicts of interest to disclose.

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

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

This activity is supported by educational grants from AbbVie Inc, Celgene Corporation, Genentech BioOncology, Janssen Biotech Inc, Pharmacyclics LLC, an AbbVie Company and Seattle Genetics.

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 2016

Expiration date: August 2017

Select Publications

Alduaij W et al. **Novel type II anti-CD20 monoclonal antibody (GA101) evokes homotypic adhesion and actin-dependent, lysosome-mediated cell death in B-cell malignancies.** *Blood* 2011;117(17):4519-29.

Ansell SM et al. **PD-1 blockade with nivolumab in relapsed or refractory Hodgkin's lymphoma.** *N Engl J Med* 2015;372(4):311-9.

Burger JA et al. **Ibrutinib as initial therapy for patients with chronic lymphocytic leukemia.** *N Engl J Med* 2015;373(25):2425-37.

Chen RW et al. **Results of a phase II trial of brentuximab vedotin as first line salvage therapy in relapsed/refractory HL prior to AHCT.** *Proc ASH* 2014;**Abstract 501**.

Davids MS, Letai A. **ABT-199: Taking dead aim at BCL-2.** Cancer Cell 2013;23(2):139-41.

Döhner H et al. **Genomic aberrations and survival in chronic lymphocytic leukemia.** *N Engl J Med* 2000;343(26):1910-6.

Fowler NH et al. **Safety and activity of lenalidomide and rituximab in untreated indolent lymphoma: An open-label, phase 2 trial.** *Lancet Oncol* 2014;15(12):1311-8.

Goede V et al. **Obinutuzumab plus chlorambucil in patients with CLL and coexisting conditions.** *N Engl J Med* 2014;370(12):1101-10.

Gopal AK et al. **PI3Kδ inhibition by idelalisib in patients with relapsed indolent lymphoma.** *N Engl J Med* 2014;370(11):1008-18.

Herter S et al. **Superior efficacy of the novel type II, glycoengineered CD20 antibody GA101 versus the type I CD20 antibodies rituximab and ofatumumab.** *Proc ASH* 2010;**Abstract 3925**.

Jacobsen ED et al. **Brentuximab vedotin demonstrates objective responses in a phase 2 study of relapsed/refractory DLBCL with variable CD30 expression.** *Blood* 2015;125(9):1394-402.

Lampson BL et al. **Idelalisib given front-line for the treatment of chronic lymphocytic leukemia results in frequent and severe immune-mediated toxicities.** *Proc ASH* 2015;**Abstract 497**.

Le Gouill S et al. **Rituximab maintenance versus wait and watch after four courses of R-DHAP followed by autologous stem cell transplantation in previously untreated young patients with mantle cell lymphoma: First interim analysis of the phase III prospective LyMa trial, a LYSA study.** *Proc ASH* 2014;**Abstract 146**.

Leonard JP et al. **Randomized trial of lenalidomide alone versus lenalidomide plus rituximab in patients with recurrent follicular lymphoma: CALGB 50401 (Alliance).** *J Clin Oncol* 2015;33(31):3635-40.

Moskowitz CH et al. **Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2015;385(9980):1853-62.

Moskowitz CH et al. **PD-1 blockade with the monoclonal antibody pembrolizumab (MK-3475) in patients with classical Hodgkin lymphoma after brentuximab vedotin failure: Preliminary results from a phase 1b study.** *Proc ASH* 2014;**Abstract 290**.

Mössner E et al. **Increasing the efficacy of CD20 antibody therapy through the engineering of a new type II anti-CD20 antibody with enhanced direct and immune effector cell-mediated B-cell cytotoxicity.** *Blood* 2010;115(22):4393-402.

Niederfellner G et al. **Epitope characterization and crystal structure of GA101 provide insights into the molecular basis for type I/II distinction of CD20 antibodies.** *Blood* 2011;118(2):358-67.

Peyrade F et al. **Attenuated immunochemotherapy regimen (R-miniCHOP) in elderly patients older than 80 years with diffuse large B-cell lymphoma: A multicentre, single-arm, phase 2 trial.** *Lancet Oncol* 2011;12(5):460-8.

Sehn LH et al. **GADOLIN: Primary results from a phase III study of obinutuzumab plus bendamustine compared with bendamustine alone in patients with rituximab-refractory indolent non-Hodgkin lymphoma.** *Proc ASCO* 2015;**Abstract LBA8502**.

Stilgenbauer S et al. **Venetoclax (ABT-199/GDC-0199) monotherapy induces deep remissions, including complete remission and undetectable MRD, in ultra-high risk relapsed/refractory chronic lymphocytic leukemia with 17p deletion: Results of the pivotal international phase 2 study.** *Proc ASH* 2015;**Abstract LBA-6**.

Sweetenham J et al. **Updated efficacy and safety data from the AETHERA trial of consolidation with brentuximab vedotin after autologous stem cell transplant (ASCT) in Hodgkin lymphoma patients at high risk of relapse.** *Proc ASH* 2015;**Abstract 3172**.

Select Publications

Villasboas JC, Ansell S. **Checkpoint inhibition: Programmed cell death 1 and programmed cell death 1 ligand inhibitors in Hodgkin lymphoma.** *Cancer J* 2016;22(1):17-22.

Wang ML et al. **Ibrutinib and rituximab are an efficacious and safe combination in relapsed mantle cell lymphoma: Preliminary results from a phase II clinical trial.** *Proc ASH* 2014;**Abstract 627**.

Wang M et al. **Oral lenalidomide with rituximab in relapsed or refractory diffuse large cell, follicular and transformed lymphoma: A phase II clinical trial.** *Leukemia* 2013;27(9):1902-9.

Wang ML et al. **Targeting BTK with ibrutinib in relapsed or refractory mantle-cell lymphoma.** *N Engl J Med* 2013;369(6):507-16.

Woyach JA et al. **The B-cell receptor signaling pathway as a therapeutic target in CLL.** *Blood* 2012;120(6):1175-84.

Yasenchak CA et al. **Brentuximab vedotin in combination with dacarbazine or bendamustine for frontline treatment of Hodgkin lymphoma in patients aged 60 years and above: Interim results of a multi-cohort phase 2 study.** *Proc ASH* 2015;**Abstract 587**.

Oncology Grand Rounds Series:

Part 7 — Melanoma

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 melanoma.

OVERVIEW OF ACTIVITY

Despite increased awareness and extensive attempts to publicize risk factors and screening, current estimates suggest that 76,380 men and women will be diagnosed with melanoma and 10,130 individuals will die from the disease in 2016 within the United States alone. Because of its cutaneous location and its high metastatic potential, melanoma management remains a major clinical challenge, and, until recently, treatments for advanced disease had been relatively limited in their overall effectiveness. More recently, unprecedented strides have been made in defining molecular mechanisms of critical importance to melanoma development, progression and metastasis, knowledge which has ultimately yielded a number of new agents that have been heralded as major breakthroughs by the melanoma community.

This "opening of Pandora's box" with regard to the availability of new therapies has challenged practicing clinicians to quickly understand how best to safely integrate them into current management algorithms. This is particularly true among oncology nurses and nurse practitioners, who play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of patient physical and psychosocial well-being. These video proceedings from the seventh part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading dermatologic oncology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 melanoma.

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with systemic therapies used in the evidence-based treatment of adjuvant and metastatic melanoma, including immunotherapeutic strategies and targeted biologic agents.
- Recognize the FDA approvals of nivolumab, pembrolizumab and the combination of nivolumab and ipilimumab for the management of metastatic melanoma, and understand how these approaches fit into current treatment algorithms.
- Recall existing and emerging research information demonstrating the impact of combining BRAF and MEK inhibitors for patients with BRAF mutation-positive metastatic melanoma, and use this information to guide treatment planning for these individuals.
- Develop a plan to manage the side effects associated with immune checkpoint inhibitors and novel targeted agents to support quality of life and continuation of treatment.
- Appreciate the novel mechanism of action, endorsed clinical role and practical administration requirements of talimogene laherparepvec to support the safe and effective integration of this agent into current patient care.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENTS

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.7 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/ONS2016/ILNA**.

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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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSMelanoma2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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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: Amgen Inc, Bristol-Myers Squibb Company, Genentech BioOncology, GlaxoSmithKline, Roche Laboratories Inc; **Consulting Agreements:** Amgen Inc, Genentech BioOncology, GlaxoSmithKline, Novartis Pharmaceuticals Corporation; **Contracted Research:** Amgen Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Castle Biosciences Incorporated, Eisai Inc, Genentech BioOncology, GlaxoSmithKline, Merck, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc, Takeda Oncology; **Other Remunerated Activities:** Novartis Pharmaceuticals Corporation.

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Consulting Agreement: Novartis Pharmaceuticals Corporation; **Speakers Bureau:** Bristol-Myers Squibb Company, Daiichi Sankyo Inc, Genentech BioOncology, Merck, Novartis Pharmaceuticals Corporation.

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RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

This activity is supported by educational grants from Amgen Inc, Genentech BioOncology, 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 2016

Expiration date: August 2017

Select Publications

Andtbacka RHI et al. **Talimogene laherparepvec improves durable response rate in patients with advanced melanoma.** *J Clin Oncol* 2015;33(25):2780-8.

Andtbacka RHI et al. **OPTiM: A randomized phase III trial of talimogene laherparepvec (T-VEC) versus subcutaneous (SC) granulocyte-macrophage colony-stimulating factor (GM-CSF) for the treatment (tx) of unresected stage IIIB/C and IV melanoma.** *Proc ASCO* 2013;**Abstract LBA9008**.

Flaherty KT et al. **Inhibition of mutated, activated BRAF in metastatic melanoma.** *N Engl J Med* 2010;363(9):809-19.

Fong L, Small EJ. **Anti-cytotoxic T-lymphocyte antigen-4 antibody: The first in an emerging class of immunomodulatory antibodies for cancer treatment.** *J Clin Oncol* 2008;26(32):5275-83.

Kaufman HL et al. **Primary overall survival (OS) from OPTiM, a randomized phase III trial of talimogene laherparepvec (T-VEC) versus subcutaneous (SC) granulocyte-macrophage colony-stimulating factor (GM-CSF) for the treatment (tx) of unresected stage IIIB/C and IV melanoma.** *Proc ASCO* 2014;**Abstract 9008a**.

Kaufman HL et al. **Local and distant immunity induced by intralesional vaccination with an oncolytic herpes virus encoding GM-CSF in patients with stage IIIc and IV melanoma.** *Ann Surg Oncol* 2010;17(3):718-30.

Larkin J et al. **Combined nivolumab and ipilimumab or monotherapy in untreated melanoma.** *N Engl J Med* 2015;373(1):23-34.

Larkin JMG et al. **Update of progression-free survival (PFS) and correlative biomarker analysis from coBRIM: Phase III study of cobimetinib (cobi) plus vemurafenib (vem) in advanced *BRAF*-mutated melanoma.** *Proc ASCO* 2015;**Abstract 9006**.

Larkin J et al. **Combined vemurafenib and cobimetinib in BRAF-mutated melanoma.** *N Engl J Med* 2014;371(20):1867-76.

Long GV et al. **Dabrafenib and trametinib versus dabrafenib and placebo for Val600 BRAF-mutant melanoma: A multicentre, double-blind, phase 3 randomised controlled trial.** *Lancet* 2015;386(9992):444-51.

Ribas A et al. **Pembrolizumab versus investigator-choice chemotherapy for ipilimumab-refractory melanoma (KEYNOTE-002): A randomised, controlled, phase 2 trial.** *Lancet Oncol* 2015;16(8):908-18.

Robert C et al. **Pembrolizumab versus ipilimumab in advanced melanoma.** *N Engl J Med* 2015;372(26):2521-32.

Weber JS et al. **Nivolumab versus chemotherapy in patients with advanced melanoma who progressed after anti-CTLA-4 treatment (CheckMate 037): A randomised, controlled, open-label, phase 3 trial.** *Lancet Oncol* 2015;16(4):375-84.

Oncology Grand Rounds Series:

Part 8 — Bladder 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 bladder cancer.

OVERVIEW OF ACTIVITY

It is estimated that 76,960 new cases of bladder cancer will be diagnosed in 2016 and 16,390 deaths will be attributable to this disease. Although bladder cancer is a heterogeneous collection of diseases, more than 90% of patients are diagnosed with its most common form, urothelial carcinoma. Optimal treatment of urothelial bladder cancer (UBC) is dependent upon the stage and grade as well as preexisting patient comorbidities. For the segment of patients who present with or develop metastatic lesions beyond the bladder, the goal, as is the case with many other solid tumors, is to prolong the quantity and quality of life. Unfortunately, the only nonprotocol systemic treatment available to these individuals over the past few decades has been chemotherapy. However, it appears that a major breakthrough for this disease has finally materialized in the form of immune checkpoint inhibition.

This development coupled with the diverse clinical presentations of UBC require an in-depth understanding among all of the interdisciplinary treatment team members regarding the optimal workup and treatment of these individuals. As such, it remains imperative that members of the oncology community, including nurses actively involved in the care of these patients, maintain up-to-date knowledge in the face of an increasingly dynamic clinical environment. These video proceedings from the eighth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology and urology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

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 bladder cancer.

LEARNING OBJECTIVES

- Discuss the benefits and risks associated with various local and/or systemic therapeutic approaches used in the treatment of nonmuscle-invasive, muscle-invasive and metastatic UBC.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with chemotherapeutic agents/regimens used in the management of locally advanced or metastatic UBC.
- Develop an understanding of the available data and potential clinical role of the anti-PD-L1 antibody atezolizumab and other immunotherapies in preparation for their potential introduction into routine clinical practice.
- Recognize immune-related adverse events and other common side effects associated with investigational immunotherapeutic approaches, and use this information to develop supportive management plans for patients undergoing treatment with these agents.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with UBC.

ACCREDITATION STATEMENT

Research To Practice 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 Research To Practice during the period of August 2016 through August 2017.

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/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification 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 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 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSBladder2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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 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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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 2016

Expiration date: August 2017

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Select Publications

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