

# Meet The Professors

A case-based discussion on the management of lung cancer in the adjuvant, locally advanced and metastatic settings



## **MODERATOR**

Neil Love, MD

## **FACULTY**

Edward S Kim, MD

Rogério C Lilenbaum, MD

Mark A Socinski, MD



Subscribe to Podcasts  
or download MP3s  
of this program at  
[ResearchToPractice.com/  
MTP/Lung](http://ResearchToPractice.com/MTP/Lung)

From the publishers of:

**Lung Cancer**<sup>™</sup>  
U P D A T E



# Meet The Professors: A case-based discussion on the management of lung cancer in the adjuvant, locally advanced and metastatic settings

## OVERVIEW OF ACTIVITY

Lung cancer is the leading cause of cancer mortality in the United States in both men and women, resulting in more deaths than breast, prostate, colon and pancreatic cancer combined. Progress in the screening, prevention and treatment of this disease has been limited, and approximately 85 percent of patients who develop lung cancer will die from it. Traditional chemotherapy, surgery and radiation therapy have had a modest effect on patient outcomes, but with the advent of biologic agents, recent improvements have been seen in time to progression and survival in lung cancer clinical trials. Published results from ongoing and completed studies lead to the continual emergence of novel therapeutic strategies and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with experts' perspectives, this CME program is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with lung cancer.

## LEARNING OBJECTIVES

- Evaluate the clinical implications of emerging research findings in lung cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, locally advanced and metastatic settings.
- Recognize the unique challenges that accompany the therapeutic management of lung cancer in patients of advanced age, compromised performance status and/or extensive comorbidity.
- Assess the impact of histology, gender, EGFR testing (IHC, FISH, mutation analyses) and smoking history in the selection of treatment for patients with non-small cell lung cancer (NSCLC).
- Formulate individualized treatment plans addressing the first-line and subsequent management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics.
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC.
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC.
- Counsel appropriately selected patients with lung cancer about the availability of ongoing clinical trials.

## ACCREDITATION STATEMENT

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

## CREDIT DESIGNATION STATEMENT

Research To Practice designates this educational activity for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs and complete the Educational Assessment and Credit Form located in the back of this booklet or on our website at [ResearchToPractice.com/MTP/Lung](http://ResearchToPractice.com/MTP/Lung).

***This program is supported by educational grants from Bristol-Myers Squibb Company, Eli Lilly and Company, Genentech BioOncology/OSI Oncology and ImClone Systems Incorporated.***

---

Last review date: November 2008; Release date: November 2008; Expiration date: November 2009

---

## Guide to Audio Program

---

Track 1 — case from Dr Safa; Track 2 — case from Dr Farber; Track 3 — case from Dr Kanner; Track 4 — case from Dr Levy; Track 5 — case from Dr Hoffman; Track 6 — case from Dr Henderson; Track 7 — case from Dr Hussein; Track 8 — case from Dr Hoffman

## 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 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: **Dr Kim — Advisory Committee:** AstraZeneca Pharmaceuticals LP, ImClone Systems Incorporated; **Paid Research:** AstraZeneca Pharmaceuticals LP, Eli Lilly and Company, Genentech BioOncology, ImClone Systems Incorporated, OSI Oncology, Sanofi-Aventis; **Speakers Bureau:** Eli Lilly and Company, Genentech BioOncology, Sanofi-Aventis. **Dr Lilienbaum — Consulting Agreement:** Genentech BioOncology. **Dr Socinski — Paid Research:** AstraZeneca Pharmaceuticals LP, Eli Lilly and Company, Genentech BioOncology, Pfizer Inc, Sanofi-Aventis; **Speakers Bureau:** Eli Lilly and Company, Genentech BioOncology, Sanofi-Aventis.

**COMMUNITY PANEL** — **Drs Hoffman and Levy** had no real or apparent conflicts of interest to disclose. **Dr Farber — Advisory Committee:** Biogen Idec, Genentech BioOncology. **Dr Henderson — Consulting Agreements:** Abraxis BioScience, Bayer Pharmaceuticals Corporation, Genentech BioOncology, Genomic Health Inc, GlaxoSmithKline, ImClone Systems Incorporated, Millennium Pharmaceuticals Inc, Onyx Pharmaceuticals Inc, Pfizer Inc, Sanofi-Aventis, Wyeth; **Speakers Bureau:** Abraxis BioScience, Amgen Inc, Bayer Pharmaceuticals Corporation, Bristol-Myers Squibb Company, Genentech BioOncology, ImClone Systems Incorporated, Onyx Pharmaceuticals Inc, Pfizer Inc, Sanofi-Aventis. **Dr Hussein — Advisory Committee:** Bayer Pharmaceuticals Corporation, Roche Laboratories Inc; **Speakers Bureau:** Amgen Inc, Novartis Pharmaceuticals Corporation, Sanofi-Aventis. **Dr Kanner — Advisory Committee:** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Eisai Inc, Millennium Pharmaceuticals Inc. **Dr Safa — Paid Research:** MedImmune Inc, Sanofi-Aventis; **Speakers Bureau:** Genentech BioOncology, Pfizer Inc.

**MODERATOR** — **Dr Love** does not receive any direct remuneration from industry. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: Abraxis BioScience, AstraZeneca Pharmaceuticals LP, Aureon Laboratories Inc, Bayer Pharmaceuticals Corporation/Onyx Pharmaceuticals Inc, Biogen Idec, Bristol-Myers Squibb Company, Celgene Corporation, Eisai Inc, Eli Lilly and Company, Genentech BioOncology, Genomic Health Inc, GlaxoSmithKline, ImClone Systems Incorporated, Merck and Company Inc, Millennium Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation, Ortho Biotech Products LP, OSI Oncology, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis, Synta Pharmaceuticals Corp and Wyeth.

**RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS** — The scientific staff and reviewers for Research To Practice have no real or apparent 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.*

---

### Medical Oncologist Community Panel

---

**Charles M Farber, MD, PhD**  
Chief, Section of Hematology  
Oncology  
Department of Medicine  
Morristown Memorial Hospital  
Carol G Simon Cancer Center  
Morristown, New Jersey

**Charles A Henderson, MD**  
Director of Clinical Research  
Peachtree Hematology  
Oncology Consultants  
Atlanta, Georgia

**Kenneth R Hoffman, MD, MPH**  
Teaneck, New Jersey

**Atif M Hussein, MD**  
Medical Director  
Memorial Cancer Institute  
Hollywood, Florida

**Steven P Kanner, MD**  
Oncology Associates of  
South Florida  
Hollywood, Florida

**Isaac Levy, MD**  
Memorial Hospital West  
Pembroke Pines, Florida

**Malek Safa, MD**  
Medical Oncology  
Hematology Association  
Dayton, Ohio

---

## Case Studies

---

**Case 1 from the practice of Malek Safa, MD:** A 58-year-old man with a 15 pack-year smoking history who presented with a 3-cm nonsquamous-cell non-small cell lung cancer (NSCLC) and a single suspicious 2-cm adrenal mass. The patient was treated with preoperative carboplatin/paclitaxel and bevacizumab, but subsequent MRI revealed three new brain lesions (presented to Dr Socinski).

**Case 2 from the practice of Charles M Farber, MD, PhD:** A 69-year-old man and former oligosmoker with extensive, painful bony metastases and liver metastases from NSCLC. The patient was started on zoledronic acid and was treated with carboplatin/paclitaxel and bevacizumab/erlotinib (presented to Dr Socinski).

**Case 3 from the practice of Steven P Kanner, MD:** An 80-year-old woman and nonsmoker with Stage IV NSCLC who had a five-year response to an EGFR TKI and was treated with pemetrexed after disease progression (presented to Dr Socinski).

**Case 4 from the practice of Isaac Levy, MD:** An 80-year-old man and former smoker with good performance status was diagnosed with Stage IIIB squamous-cell NSCLC. The patient was treated with carboplatin/docetaxel and concurrent radiation therapy, but due to poor patient tolerance, the radiation therapy was discontinued and he received only two total cycles of chemotherapy, with nanoparticle albumin-bound (*nab*) paclitaxel substituted for docetaxel in the second cycle. He ended up having a CR after this abbreviated treatment course but then experienced rapid local recurrence off treatment (presented to Dr Lilenbaum).

**Case 5 from the practice of Kenneth R Hoffman, MD, MPH:** An 88-year-old oligosmoker who presented with a traumatic hip fracture was incidentally found to have a 6-cm right lung mass without evidence of metastatic disease, in addition to sick sinus syndrome. He underwent pacemaker implantation and total hip replacement, followed one month later by right lower lobe lobectomy, all of which he tolerated well. His lung pathology revealed a moderately differentiated, pathologic Stage IIB (T2N1M0) adenocarcinoma (presented to Dr Lilenbaum).

**Case 6 from the practice of Charles A Henderson, MD:** A 54-year-old physician and former smoker presented with de novo brain-only metastases from large-cell carcinoma of the lung. He has no evidence of disease 10+ years after treatment with whole-brain radiation therapy followed by systemic treatment with carboplatin/paclitaxel (presented to Dr Kim).

**Case 7 from the practice of Atif M Hussein, MD:** A 61-year-old man with malignant pleural mesothelioma was treated with neoadjuvant platinum chemotherapy and pemetrexed, pneumonectomy and radiation therapy but soon thereafter developed peritoneal disease (presented to Dr Kim).

**Case 8 from the practice of Dr Hoffman:** A 67-year-old man with a recent myocardial infarction presented with a Stage IIA adenocarcinoma 10 years after resection for a contralateral T1N0M0 large-cell carcinoma and 33 years after radiation therapy for Hodgkin disease to the site of his current disease (presented to Dr Kim).

**Educational Assessment and Credit Form:  
Meet The Professors Lung Cancer, Issue 1, 2008**

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART ONE — Please tell us about your experience with this educational activity**

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

- 4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal
- ECOG-E1505 adjuvant trial of chemotherapy with or without bevacizumab. . . . . 4 3 2 1
  - Perspective on the results of the FLEX trial of cisplatin/vinorelbine with or without cetuximab as first-line therapy for advanced NSCLC . . . . . 4 3 2 1
  - Clinical utility of EGFR testing (IHC, FISH, mutation analysis) and smoking history in the selection of treatment for NSCLC . . . . . 4 3 2 1
  - Use of bevacizumab, alone or in combination with other biologic agents, and chemotherapy for advanced NSCLC . . . . . 4 3 2 1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

- 4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal
- ECOG-E1505 adjuvant trial of chemotherapy with or without bevacizumab. . . . . 4 3 2 1
  - Perspective on the results of the FLEX trial of cisplatin/vinorelbine with or without cetuximab as first-line therapy for advanced NSCLC . . . . . 4 3 2 1
  - Clinical utility of EGFR testing (IHC, FISH, mutation analysis) and smoking history in the selection of treatment for NSCLC . . . . . 4 3 2 1
  - Use of bevacizumab, alone or in combination with other biologic agents, and chemotherapy for advanced NSCLC . . . . . 4 3 2 1

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

Yes  No

If no, please explain: .....

**Will this activity help you improve patient care?**

Yes  No  Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

Yes  No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

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

- Evaluate the clinical implications of emerging research findings in lung cancer treatment, and incorporate these data into management strategies in the adjuvant, neoadjuvant, locally advanced and metastatic settings. . . . . 4 3 2 1 N/M N/A
- Recognize the unique challenges that accompany the therapeutic management of lung cancer in patients of advanced age, compromised performance status and/or extensive comorbidity. . . . . 4 3 2 1 N/M N/A
- Assess the impact of histology, gender, EGFR testing (IHC, FISH, mutation analyses) and smoking history in the selection of treatment for patients with non-small cell lung cancer (NSCLC). . . . . 4 3 2 1 N/M N/A
- Formulate individualized treatment plans addressing the first-line and subsequent management of recurrent or progressive NSCLC, considering unique patient and tumor characteristics. . . . . 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and toxicity profiles of bevacizumab and cetuximab when selecting a front-line chemobiologic regimen for patients with metastatic NSCLC. . . . . 4 3 2 1 N/M N/A
- Critically evaluate the current role (on and off protocol) and scientific rationale for the integration of biologic agents into the multimodality treatment of locally advanced Stage III NSCLC. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with lung cancer about the availability of ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

**What other practice changes will you make or consider making as a result of this activity?**

.....

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What additional information or training do you need on the activity topics or other oncology-related topics?

Additional comments about this activity:

As part of our ongoing, continuous, quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- Yes, I am willing to participate in a follow-up survey.
No, I am not willing to participate in a follow-up survey.

PART TWO — Please tell us about the moderator and faculty for this educational activity

Table with 2 main sections: Faculty and Moderator. Each section has columns for Knowledge of subject matter and Effectiveness as an educator, with sub-columns for ratings 4, 3, 2, 1. Faculty listed include Edward S Kim, MD, Rogerio C Lilenbaum, MD, and Mark A Socinski, MD. Moderator listed is Neil Love, MD.

Please recommend additional faculty for future activities:

Blank dotted lines for recommending additional faculty.

Other comments about the moderator and faculty for this activity:

Blank dotted lines for other comments.

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

Professional Designation:

- MD DO PharmD NP RN PA Other

Medical License/ME Number: Last 4 Digits of SSN (required):

Street Address: Box/Suite:

City, State, Zip:

Telephone: Fax:

Email:

Research To Practice designates this educational activity for a maximum of 2.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

I certify my actual time spent to complete this educational activity to be \_\_\_\_\_ hour(s).

Signature: Date:

MTP/L108 To obtain a certificate of completion and receive credit for this activity, please fill out the Educational Assessment and Credit Form and fax to (800) 447-4310, or mail to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Educational Assessment online at www.ResearchToPractice.com/MTP/Lung/CME.

# Meet The Professors

<b>Moderator</b>	Neil Love, MD
<b>Managing Editor</b>	Kathryn Ault Ziel, PhD
<b>Scientific Director</b>	Richard Kaderman, PhD
<b>Senior Director, Medical Affairs</b>	Aviva Asnis-Alibozek, PA-C, MPAS
<b>Writers</b>	Lilliam Sklaver Poltorack, PharmD Douglas Paley
<b>Continuing Education Administrator for Nursing</b>	Sally Bogert, RNC, WHCNP
<b>Content Validation</b>	Margaret Peng Erin Wall Clayton Campbell
<b>Director, Creative and Copy Editing</b>	Aura Herrmann
<b>Creative Manager</b>	Fernando Rendina
<b>Graphic Designers</b>	Jessica Benitez Jason Cunnius Tamara Dabney Claudia Munoz
<b>Senior Production Editor</b>	Alexis Oneca
<b>Traffic Manager</b>	Tere Sosa
<b>Copy Editors</b>	Dave Amber Margo Harris David Hill Rosemary Hulce Kirsten Miller Pat Morrissey/Havlin Carol Peschke Susan Petrone
<b>Production Manager</b>	Tracy Potter
<b>Audio Production</b>	Frank Cesarano
<b>Web Master</b>	John Ribeiro
<b>Faculty Relations Manager</b>	Melissa Vives
<b>CME Director/CPD Director</b>	Isabelle Tate
<b>Contact Information</b>	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: <a href="mailto:DrNeilLove@ResearchToPractice.com">DrNeilLove@ResearchToPractice.com</a> Email: <a href="mailto:CE@ResearchToPractice.com">CE@ResearchToPractice.com</a>
<b>For CME/CNE Information</b>	

Copyright © 2008 Research To Practice. All rights reserved.

The compact discs, Internet content and accompanying printed material are protected by copyright. No part of this program may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or utilizing any information storage and retrieval system, without written permission from the copyright owner.

The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their

own professional development. The information presented in this activity is not meant to serve as a guideline for patient management.

Any procedures, medications or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patients' conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

Copyright © 2008 Research To Practice.  
This program is supported by educational grants from  
Bristol-Myers Squibb Company, Eli Lilly and Company, Genentech BioOncology/  
OSI Oncology and ImClone Systems Incorporated.

## Research To Practice®

Sponsored by Research To Practice.

Last review date: November 2008  
Release date: November 2008  
Expiration date: November 2009  
Estimated time to complete: 2.75 hours