Register Today

www.ResearchToPractice.com/Meetings/IASLC2019/NSCLC

If you are registering a group (more than 1 person) for this event, please contact us at Meetings@ResearchToPractice.com or (800) 233-6153.

This event is free of charge.

Fairmont Chicago, Millennium Park
200 North Columbus Drive
Chicago, IL 60601

Hotel Phone: (312) 565-8000

Meeting Room: Rouge Room (Lobby Level)

The Fairmont Chicago, Millennium Park is the host hotel for the IASLC 2019 North America Conference on Lung Cancer.

Research To Practice fully complies with the legal requirements of the ADA. If you are in need of assistance (ie, physical, dietary, et cetera), please contact us prior to the event at (800) 233-6153.

Research
To Practice®

One Biscayne Tower
2 South Biscayne Boulevard
Suite 3600
Miami, FL 33131

Consensus or Controversy?

Addressing Practical Clinical Questions Across the Metastatic Lung Cancer Continuum

A CME Program During the IASLC 2019 North America Conference on Lung Cancer

When
Friday, October 11, 2019

5:45 PM – 6:15 PM
Registration and Dinner Buffet

6:15 PM – 7:45 PM
Educational Program

Where
Fairmont Chicago
Millennium Park
200 North Columbus Drive
Chicago, Illinois

Rouge Room (Lobby Level)

Faculty
Nasser H Hanna, MD
Leora Horn, MD, MSc
Lecia V Sequist, MD, MPH

Moderator
Joel W Neal, MD, PhD

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There is no registration fee for attending this meeting.

CME Certified

Research To Practice®

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

This activity is supported by an educational grant from Genentech.

This program was approved by the IASLC 2019 North America Conference on Lung Cancer Program Committee as an independent activity held in conjunction with the IASLC 2019 North America Conference on Lung Cancer. This program is not sponsored or endorsed by IASLC and is not part of the official IASLC accredited program.

CME Information

Target Audience
This activity is intended for hematologists, medical oncologists and other healthcare providers involved in the treatment of non-small cell lung cancer (NSCLC) and small cell lung cancer.

Learning Objectives
At the conclusion of this activity, participants should be able to:

- Evaluate existing guideline recommendations regarding the optimal testing platforms and indications for their use in patients with metastatic NSCLC, and use this information to implement a comprehensive approach to biomarker assessment.
- Review recent therapeutic advances related to the use of anti-PD-1/PD-L1 antibodies as monotherapy or in combination with chemotherapy or chemo-biologic therapy for newly diagnosed metastatic NSCLC, and discern how these approaches can be optimally employed in the care of patients.
- Consider emerging research data and recent FDA authorizations informing the use of immune checkpoint inhibitors alone or in combination with other systemic therapies for patients with newly diagnosed or progressive small cell lung cancer.
- Review published research data documenting the safety and efficacy of EGFR tyrosine kinase inhibitors for patients with metastatic NSCLC and an EGFR tumor mutation, and discern how this information should be applied outside of a research setting.
- Appraise available safety and efficacy data with approved targeted therapies for patients with metastatic NSCLC and an ALK rearrangement, and consider how these agents can be optimally incorporated into current clinical management algorithms.
- Communicate the clinical relevance of a positive ROS1 mutation test result to appropriate patients with NSCLC, and appreciate available research findings with approved and investigational agents demonstrating efficacy.
- Assess other oncogenic pathways (ie, BRAF, MET, NTRK, RET) mediating the growth of tumors in unique subsets of lung cancer, and recall emerging data with commercially available and experimental agents exploiting these targets.

CME Credit Form
A CME credit form will be given to each participant at the conclusion of the activity.

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 live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Policy
Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CME activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations. Financial disclosures will be provided in meeting course materials.

Faculty

Nasser H Hanna, MD
Professor of Medicine
Tom and Julie Wood Family Foundation Professor of Lung Cancer Clinical Research
Indiana University
Indianapolis, Indiana

Leora Horn, MD, MSc
Associate Professor of Medicine
Clinical Director, Thoracic Oncology Research Program
Assistant Vice Chairman for Faculty Development
Vanderbilt University Medical Center
Nashville, Tennessee

Lecia V Sequist, MD, MPH
Director, Center for Innovation in Early Cancer Detection
Massachusetts General Hospital Cancer Center
The Landry Family Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

Moderator

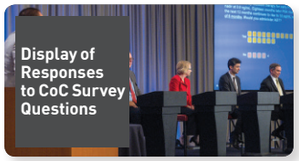
Joel W Neal, MD, PhD
Assistant Professor of Medicine
Division of Oncology
Stanford Cancer Institute
Stanford University
Stanford, California

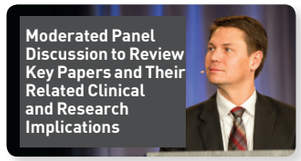
Practicing clinicians in attendance will be provided with a networked iPad® to use at the event to complete a premeeting survey and submit questions directly to the moderator for additional discussion.

Meeting Format and Agenda

Prior to this event, the faculty members and 3 other lung cancer investigators will be asked to complete a case-based Consensus or Controversy (CoC) survey designed to document their usual approaches to a variety of clinical scenarios and management questions. During the program, the responses to specific CoC questions will be graphically displayed for the audience. The event will not include traditional didactic lectures, and the following topics will be reviewed.

EACH MODULE WILL FOLLOW AN IDENTICAL FORMAT:





MODULE 1: Evolving Therapeutic Algorithms in Small Cell Lung Cancer (SCLC)

- Key efficacy and safety findings from the Phase III IMpower133 trial evaluating carboplatin/etoposide with or without atezolizumab for untreated extensive-stage SCLC (ES-SCLC)
- Recent FDA approval of carboplatin/etoposide/atezolizumab for ES-SCLC; appropriate integration into current SCLC management
- Results from the Phase III CASPIAN trial evaluating durvalumab and/or platinum-based chemotherapy with or without tremelimumab as first-line treatment for ES-SCLC
- Research supporting the FDA approvals of nivolumab and pembrolizumab for progressive SCLC
- Available efficacy and safety data with the use of anti-PD-1/PD-L1 antibodies in combination with anti-CTLA-4 antibodies for patients with progressive metastatic SCLC

MODULE 2: Optimal Therapeutic Approaches for Patients with Metastatic Non-Small Cell Lung Cancer (NSCLC) and EGFR Tumor Mutations

- Guideline-endorsed testing algorithms for patients with metastatic NSCLC; validation of and indications, if any, for the use of plasma assays to identify targetable mutations/alterations
- Available efficacy and safety data with osimertinib as first-line therapy for patients with EGFR tumor mutations; documentation of an overall survival benefit with osimertinib as first-line therapy
- Recent FDA approval of dacomitinib as first-line therapy for patients with NSCLC and an EGFR tumor mutation; implications, if any, for patient care
- Optimal treatment of disease that has progressed on first-line EGFR tyrosine kinase inhibitor therapy; clinical relevance of resistance mechanisms in patients experiencing disease progression on osimertinib

MODULE 3: Management of NSCLC with ALK Rearrangements

- Available data informing the selection of first- and later-line therapy for patients with metastatic NSCLC and an ALK rearrangement
- Key efficacy and safety outcomes from the Phase III ALTA-1L trial evaluating brigatinib versus crizotinib for patients with NSCLC with an ALK rearrangement who have not previously received an ALK inhibitor
- Differential CNS permeability of approved ALK inhibitors and implications for the management of ALK-positive brain metastases

MODULE 4: Current and Future Role of Existing and Emerging ROS1 Inhibitors

- Mechanism of action of entrectinib and larotrectinib and biologic rationale for their activity in metastatic NSCLC with a ROS1 rearrangement
- Pooled findings from the STARTRK-2, STARTRK-1 and ALKA-372-001 trials of entrectinib for metastatic NSCLC with a ROS1 rearrangement; recent FDA approval of entrectinib and optimal integration into current care
- Early clinical experience with larotrectinib in metastatic disease with a ROS1 rearrangement; future development plans
- Published data with and ongoing trials of other "next-generation" ROS1 inhibitors (eg, lorlatinib)

MODULE 5: Treatment of Metastatic NSCLC with Other Targetable Tumor Mutations

- Published data supporting the FDA approval of dabrafenib/trametinib for patients with metastatic NSCLC with a BRAF V600E tumor mutation; integration into routine clinical practice
- Identification and off-protocol management of NSCLC with NTRK gene fusions
- Mechanism of action of, available data with and ongoing evaluation of novel agents (eg, selpercatinib, BLU-667) in RET fusion-driven NSCLC
- Early clinical trial results with and ongoing evaluation of novel agents targeting MET exon 14 mutations (eg, capmatinib, tepotinib)

MODULE 6: Role of Anti-PD-1/PD-L1 Antibodies Alone or in Combination with Other Systemic Therapies for Metastatic NSCLC

- Factors affecting the selection of anti-PD-1/PD-L1 monotherapy versus combined chemotherapy/immune checkpoint inhibition
- Key findings from the Phase III IMpower150 study of atezolizumab/bevacizumab in combination with carboplatin/paclitaxel for chemotherapy-naïve advanced nonsquamous NSCLC; implications of the recent FDA approval of this combination
- Results from the IMpower130 and 132 trials evaluating the addition of atezolizumab to chemotherapy for metastatic nonsquamous NSCLC
- Role of anti-PD-1/PD-L1 antibodies in combination with chemotherapy as first-line treatment for advanced squamous NSCLC; results from the Phase III KEYNOTE-407 and IMpower131 trials
- Emerging results from the Phase III CheckMate 227 trial documenting an overall survival advantage with nivolumab/low-dose ipilimumab versus chemotherapy as first-line treatment for patients with NSCLC and PD-L1 tumor expression ≥1%