

Individualized Therapy for Non-Small Cell Lung Cancer

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Test Questions

Case #1: The patient is a 58-year-old long-term smoker who presented with a 3 week history of cough and occasional hemoptysis. CT scan of the thorax demonstrated a 5 cm mass in the left upper lobe with hilar and mediastinal adenopathy. PET scan was positive in the lung, mediastinum, and left adrenal gland. Biopsy of the lung mass was positive for squamous cell carcinoma.

1. Which of the following would you recommend for first-line therapy for this patient? (select only one)
 - a. Cisplatin plus pemetrexed
 - b. Cisplatin plus gemcitabine
 - c. Carboplatin, paclitaxel and bevacizumab
 - d. Cisplatin, vinorelbine and cetuximab

2. What is the significance of squamous histology in this patient? (select only one)
 - a. Squamous cell carcinomas tend to be very vascular
 - b. Squamous cell carcinoma occurs predominately in smokers
 - c. Squamous cell carcinoma has a better prognosis than adenocarcinoma
 - d. Treatment options in NSCLC depend on whether the cancer has squamous or nonsquamous histology

3. If the patient has adenocarcinoma instead of squamous cell carcinoma, which of the following regimens would you recommend? (select only one)
 - a. Cisplatin plus pemetrexed
 - b. Cisplatin plus gemcitabine
 - c. Carboplatin, paclitaxel and bevacizumab
 - d. Cisplatin, vinorelbine and cetuximab

Case #1 (continued): The patient was treated with 4 cycles of paclitaxel and carboplatin, with a partial response. Six months later, he returned to the clinic with complaints of generalized malaise, weight loss, and nonproductive cough. He was fatigued but was up and out of bed all day, with an ECOG performance status of 1. Restaging studies demonstrated 2 small liver metastases and progression of the previously seen lung and adrenal masses.

4. What treatment regimen would you offer him now? (select only one)
 - a. Docetaxel monotherapy
 - b. Pemetrexed monotherapy
 - c. Erlotinib monotherapy
 - d. Vinorelbine monotherapy

Case #2: A healthy 47-year-old African-American female noted a lump in her lower neck and sought medical evaluation. She had smoked 1/3 pack of cigarettes per day for 20 years but had quit 8 years ago. Her ECOG performance status was 0. Biopsy of a 2 cm right supraclavicular mass was consistent with adenocarcinoma. Breast exam and mammogram were within normal limits. CT scan of the thorax revealed a spiculated right apical lung mass with right paratracheal adenopathy. Several metastases in the pelvis and thoracic spine were noted on bone scan.

5. Which of the following laboratory studies would you order now to help determine the optimal treatment plan? (select only one)
 - a. ERCC1 mutation
 - b. K-ras mutation
 - c. EGFR mutation
 - d. EML4-ALK translocation
 - e. All of the above
 - f. I would not do any laboratory studies

Case #2 (continued): The patient was treated with 6 cycles of cisplatin and pemetrexed with good response.

6. What is the next step in her management? (select only one)
 - a. Continuation maintenance with pemetrexed
 - b. Switch maintenance with gemcitabine
 - c. Switch maintenance with erlotinib
 - d. Switch maintenance with bevacizumab

Case #2 (continued): The patient was offered maintenance therapy, but declined. Seven months later at a routine clinical follow-up she was noted to have progressive disease.

7. Which of the following is not indicated for use as second-line treatment of her lung cancer? (select only one)
 - a. Docetaxel monotherapy
 - b. Erlotinib monotherapy
 - c. Pemetrexed monotherapy
 - d. Bevacizumab monotherapy

Case #3: A 74-year-old Asian female presented with shortness of breath and was found to have a large left pleural effusion. She was a lifelong nonsmoker. The effusion was drained, revealing an underlying peripheral lung mass. Pleural fluid cytology was positive for poorly differentiated non-small cell lung cancer with features of adenocarcinoma. Other than shortness of breath, she was very functional and was up and around all day with an ECOG performance status of 1.

8. Which of the following laboratory studies would you order to help in determining the treatment plan? (select only one)
 - a. RRM1 expression
 - b. EGFR mutation
 - c. EML4-ALK translocation
 - d. K-ras mutation
 - e. No additional studies are necessary in view of her demographics

Case #3 (continued): Her oncologist was told by the pathologist that there was insufficient specimen from the pleural fluid cytology, and additional studies would not be possible.

9. What would be the next step in this patient's management? (select only one)
 - a. Core needle biopsy of the lung mass
 - b. Repeat thoracentesis for more cytology
 - c. Proceed with systemic chemotherapy based on the available histology
 - d. Collect sputum cytology

Case #3 (continued): A procedure was performed, a specimen obtained, and labs were sent out for testing. While waiting for results the patient was started on pemetrexed and carboplatin chemotherapy, which she tolerated well. She achieved a partial response after 4 cycles of chemotherapy. Her oncologist chose not to give her maintenance therapy. The tumor tissue was negative for EGFR and K-ras mutations and the EML4-ALK translocation was present. RRM1 and ERCC1 testing were not available. Four months later, restaging studies demonstrated cancer progression.

10. What treatment option would you recommend for this patient? (select only one)
- a. Erlotinib
 - b. Pemetrexed
 - c. Docetaxel
 - d. Referral for a clinical trial with crizotinib
11. Which of the following is the most significant barrier to managing patients with NSCLC? (select only one)
- a. Lack of guidelines for treatment options in special patient populations (eg, elderly)
 - b. Lack of consensus on appropriate therapy among experts
 - c. Lack of available clinical trials for referral
 - d. Treating patients that present with late stage disease
 - e. Lack of availability of testing

CME Evaluation

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1. Approximately how many patients do you see each week? _____/per week
2. Approximately what percentage of your patients has NSCLC? _____%
3. What year did you graduate from medical school? _____
4. Did you attend medical school in the United States? Yes No
5. Are you Male Female
6. Physician Specialty
 - Medical Oncology
 - Hermatology Oncology
 - Other (please indicate): _____
7. Practice Location
 - Urban Suburban Rural
8. Present Employment
 - Solo Practice
 - Group Practice
 - Medical School
 - HMO
 - Non-Government Hospital
 - Government
 - Other (please indicate): _____
9. Major Professional Activity
 - Direct Patient Care Activities
 - Administrative Activities
 - Medical Education
 - Medical Research
 - Other (please indicate): _____

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- Yes No

12. Was the information presented useful in your practice?

- Yes No

13. Were the course objectives met?

- Yes No

14. Did you find the information presented on the program to be fair, balanced, and free of commercial bias?

- Yes No

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