

Using the Morbidity and Mortality Conference Model to Explore and Improve Community-Based Oncology Care



CLINICAL INVESTIGATORS

Heather Wakelee, MD
J Randolph Hecht, MD
Michael Birrer, MD, PhD

GENERAL ONCOLOGISTS

Maria Picton, MD
Estelamari Rodriguez, MD, MPH
Gigi Qiqi Chen, MD
Margaret Deutsch, MD
Lyndsay J Willmott, MD
Atif M Hussein, MD

EDITOR

Neil Love, MD

CONTENTS

3 Audio CDs

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Using the Morbidity and Mortality Conference Model to Explore and Improve Community-Based Oncology Care

A Continuing Medical Education Audio Program

OVERVIEW OF ACTIVITY

The clinical care of patients with incurable solid tumors is a challenging dilemma that practicing oncologists confront on a daily basis. Despite the existence of evidence-based treatment guidelines, many areas of inconsistency persist within academic and community settings. Given the heightened emphasis across oncology on the provision of high-quality care, endeavors designed to fill the resulting performance gaps are greatly needed.

The morbidity and mortality conference model traditionally evaluates disease management and potential areas for quality improvement. This program uses the model to gain insight into how patients who recently died of non-small cell lung cancer (NSCLC), colorectal cancer (CRC) and ovarian cancer (OC) were cared for during their metastatic disease course and how specific approaches used align with evidence-based guidelines. Featuring information on the latest clinical and research developments along with expert perspectives, this activity is designed to assist medical oncologists with the formulation of up-to-date strategies for the long-term care of patients with metastatic NSCLC, CRC and OC.

LEARNING OBJECTIVES

- Develop evidence-based strategies for the initial and long-term management of metastatic NSCLC, CRC and OC.
- Identify opportunities to foster shared decision-making and heighten the engagement and satisfaction of patients and family members throughout the cancer care journey.
- Evaluate the current variability in the integration of specific agents, regimens and therapeutic approaches into the care of patients with metastatic NSCLC, CRC and OC, and use the input of clinical investigators to formulate optimal treatment strategies.
- Recall the scientific rationale for and emerging efficacy data with novel agents or therapeutic approaches in NSCLC, CRC and OC, and counsel appropriately selected patients about study participation.
- Implement a plan of care to prevent and ameliorate toxicities associated with existing and investigational therapies used in the management of advanced NSCLC, CRC and OC.
- Recognize the benefits of early palliative care for patients with metastatic disease, and integrate this information, as appropriate, into current clinical treatment algorithms.

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 enduring material for a maximum of 5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Genentech BioOncology and Lilly.

FACULTY

LUNG CANCER



Clinical Investigator
Heather Wakelee, MD
Associate Professor of Medicine
Division of Oncology
Stanford University School of Medicine
Stanford Cancer Institute
Stanford, California



General Oncologists
Maria Picton, MD
Physicians East
Greenville, North Carolina



Estelamari Rodriguez, MD, MPH
Medical Director, Thoracic Oncology
Chair, Women's Centered Care Network
Mount Sinai Medical Center
Comprehensive Cancer Center
Miami Beach, Florida

COLORECTAL CANCER



Clinical Investigator
J Randolph Hecht, MD
Professor of Clinical Medicine
Director, UCLA GI Oncology Program
Carol and Saul Rosenzweig Chair in
Cancer Therapies Development
Santa Monica, California



General Oncologists
Gigi Qiqi Chen, MD
Diablo Valley Oncology and Hematology
Medical Group
Pleasant Hill, California



Margaret Deutsch, MD
Clinical Associate — Medical Oncology
Duke Cancer Institute
Duke Cancer Center Raleigh
Raleigh, North Carolina

OVARIAN CANCER



Clinical Investigator
Michael Birrer, MD, PhD
Professor, Medicine
Harvard Medical School
Director, Gillette Center for Gynecologic
Oncology, Massachusetts General Hospital
Boston, Massachusetts



General Oncologists
Atif M Hussein, MD
Memorial Health System
Hollywood, Florida



Lyndsay J Willmott, MD
Assistant Professor
Division of Gynecologic Oncology
Creighton University School of Medicine at
Dignity Health St Joseph's Hospital and
Medical Center
Arizona Oncology
The US Oncology Network
Phoenix, Arizona

EDITOR



Neil Love, MD
Research To Practice
Miami, Florida

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FACULTY — **Drs Deutsch, Hussein, Picton** and **Willmott** had no relevant conflicts of interest to disclose. The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Birrer** — Advisory Committee: Acceleron Pharma, AstraZeneca Pharmaceuticals LP, ImmunoGen Inc, Merrimack Pharmaceuticals Inc, OXiGENE Inc, Roche Laboratories Inc, Sanofi Genzyme, Threshold Pharmaceuticals. **Dr Chen** — Advisory Committee: Bayer HealthCare Pharmaceuticals; Speakers Bureau: Boehringer Ingelheim Pharmaceuticals Inc. **Dr Hecht** — Consulting Agreements: Amgen Inc, Genentech BioOncology, Roche Laboratories Inc. **Dr Rodriguez** — Advisory Committee: Boehringer Ingelheim Pharmaceuticals Inc, Genentech BioOncology; Speakers Bureau: Merck. **Dr Wakelee** — Consulting Agreements: ACEA Biosciences Inc, Genentech BioOncology, Helsinn Group, Peregrine Pharmaceuticals Inc, Pfizer Inc; Contracted Research: AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Exelixis Inc, Genentech BioOncology, Gilead Sciences Inc, Lilly, Novartis, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Roche Laboratories Inc, Xcovery; Grants: Clovis Oncology, Exelixis Inc, Gilead Sciences Inc, Pharmacyclics LLC, an AbbVie Company, Xcovery.

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

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LUNG CANCER — Discussion with Maria Picton, MD, Estelamari Rodriguez, MD, MPH and Heather Wakelee, MD

Tracks 1-26

- 1 Case discussion:** A 52-year-old woman and never smoker with metastatic pan-wild-type adenocarcinoma of the lung achieves a partial response with carboplatin/pemetrexed/bevacizumab as first-line treatment
- 2 Optimal molecular testing algorithm** for patients with metastatic lung adenocarcinoma
- 3 Results of the KEYNOTE-024 trial** evaluating pembrolizumab versus platinum-based chemotherapy as first-line therapy for advanced non-small cell lung cancer (NSCLC) with a PD-L1 tumor proportion score of 50% or greater

LUNG CANCER — Discussion with Drs Picton, Rodriguez and Wakelee (continued)

- 4 Responses and side effects associated with immune checkpoint inhibitors
- 5 Treatment options after disease progression on immunotherapy
- 6 Approach to front-line therapy for patients with pan-wild-type metastatic adenocarcinoma
- 7 Activity and tolerability of ramucirumab/docetaxel as second-line therapy for advanced NSCLC
- 8 Targeting HER2 alterations in NSCLC
- 9 KEYNOTE-021 trial: Significant improvement in outcomes with the addition of pembrolizumab to chemotherapy for advanced NSCLC
- 10 Potential risks and benefits of combining immunotherapy and chemotherapy
- 11 Challenges in enrolling patients with advanced lung cancer on clinical trials
- 12 Viewpoint on hospice in end-of-life care
- 13 Benefits of early palliative care for patients with lung cancer
- 14 Perspective on the Death with Dignity Act for terminally ill patients with cancer
- 15 Access to palliative care services for oncologists in community-based practice
- 16 **Case discussion:** A 77-year-old man and heavy smoker with metastatic lung adenocarcinoma and multiple comorbidities receives nivolumab after disease progression on chemotherapy
- 17 Management of pneumonitis in patients receiving immune checkpoint inhibitors
- 18 **Case discussion:** A 78-year-old woman and never smoker with Stage IV lung adenocarcinoma develops severe pneumonitis after radiation therapy followed by immunotherapy
- 19 Design of the ALCHEMIST trial for patients with early-stage NSCLC in the adjuvant setting
- 20 Ongoing investigation of checkpoint inhibitors in the adjuvant setting
- 21 Finding meaning and satisfaction as an oncologist
- 22 Role of the oncologist in helping patients live life to the fullest
- 23 Providing emotional support to patients and their caregivers
- 24 Insight into the quality of clinical care from a patient's perspective
- 25 Involving patients with cancer in the treatment decision-making process
- 26 Importance of giving hope to patients with cancer

COLORECTAL CANCER — Discussion with Gigi Qiqi Chen, MD, Margaret Deutsch, MD and J Randolph Hecht, MD

Tracks 1-24

- 1 Use of anti-EGFR antibodies for RAS wild-type metastatic colorectal cancer (mCRC)
- 2 Effect of primary tumor location on the efficacy of anti-EGFR therapy
- 3 Clinical implications of BRAF mutation testing
- 4 Molecular profiling for patients with mCRC
- 5 HER2 amplification and the role of HER2-targeted therapy in mCRC
- 6 Incidence of BRAF mutations and association with microsatellite instability (MSI)
- 7 Efficacy of BRAF inhibitors in BRAF mutation-positive mCRC
- 8 Approach to BRAF mutation-positive mCRC in the first-line setting
- 9 Role of next-generation sequencing in the up-front setting for patients with mCRC
- 10 Identification of potentially actionable alterations in CRC
- 11 PD-1 blockade in patients with mismatch repair-deficient advanced CRC
- 12 Efficacy and tolerability of anti-PD-1/PD-L1 antibodies in patients with MSI-high mCRC
- 13 Perspective on the potential use of checkpoint inhibitors as up-front therapy for patients with MSI-high advanced CRC
- 14 Synergistic immunotherapeutic strategies under investigation for CRC
- 15 Use of checkpoint inhibitors for patients with preexisting autoimmune disease

COLORECTAL CANCER — Discussion with Drs Chen, Deutsch and Hecht (continued)

- 16 Local treatment approaches for hepatic metastases from CRC
- 17 Rationale for the ongoing investigation of talimogene laherparepvec for liver metastases
- 18 **Case discussion:** A 60-year-old woman who presents with abdominal pain and a large pelvic mass is diagnosed with right-sided, KRAS mutation-positive mCRC
- 19 Viewpoint on resection of the primary tumor in patients presenting with mCRC
- 20 Selection of second-line therapy for patients with KRAS mutation-positive mCRC
- 21 Side effects and dose adjustments with regorafenib and TAS-102
- 22 End-of-life planning for patients with mCRC
- 23 **Case discussion:** A 31-year-old man with Stage IV CRC receives radioembolization with Y-90 microspheres for liver-only metastases after disease progression on FOLFOX/bevacizumab
- 24 **Case discussion:** A 62-year-old alcoholic man with left-sided mCRC experiences disease progression through multiple lines of therapy

OVARIAN CANCER — Interview with Michael Birrer, MD, PhD

Tracks 1-23

- 1 Selection of systemic therapy for patients with metastatic ovarian cancer (OC)
- 2 Importance of BRCA testing for all patients with OC
- 3 Role of next-generation sequencing for patients with OC
- 4 Benefits of early palliative care and psychological counseling
- 5 Effects of early palliative care on symptom management and quality of life
- 6 Overall survival benefit with early palliative care
- 7 Effect of short-term goals on a patient's will to live
- 8 Perspective on finding satisfaction in the practice of oncology
- 9 Viewpoint on end-of-life care, including hospice
- 10 Support for family members of patients with end-stage cancer
- 11 **Case discussion:** A 67-year-old woman with Stage IIIC epithelial OC receives multiple lines of therapy, including chemotherapy/bevacizumab, mirvetuximab soravtansine (IMGN853) and a PARP inhibitor on clinical trials
- 12 Neoadjuvant chemotherapy versus primary surgery for advanced OC
- 13 Improvement in progression-free survival with the addition of bevacizumab to chemotherapy as first-line treatment for advanced OC
- 14 Side-effect profile of bevacizumab
- 15 Management of bevacizumab-associated hypertension
- 16 Therapeutic options for patients with platinum-sensitive recurrent OC
- 17 Mechanism of action, efficacy and tolerability of mirvetuximab soravtansine
- 18 Activity and ongoing investigation of PARP inhibitors for advanced OC
- 19 Results of the Phase III ENGOT-OV16/NOVA trial of niraparib maintenance therapy in platinum-sensitive, recurrent OC
- 20 Clinical implications of the ENGOT-OV16/NOVA trial results
- 21 Future role of PARP inhibitors in the management of OC
- 22 Comparison of the toxicity profiles of PARP inhibitors
- 23 Importance of offering patients the option of clinical trial enrollment

Bonus Audio: Listen to interviews with Drs Willmott and Hussein at www.ResearchToPractice.com/MorbidityMortality17

OVARIAN CANCER — Interview with Lyndsay J Willmott, MD

Web Tracks



Case discussion: A 52-year-old woman with Stage IIIC OC receives adjuvant carboplatin/paclitaxel followed by bevacizumab maintenance



Side effects associated with platinum-based chemotherapy regimens



Risk of bowel perforation associated with the use of bevacizumab in patients with heavily treated OC



Approach to using bevacizumab as maintenance for first-line treatment of OC



Bevacizumab-related hypertension and associated renal toxicity



Potential role of niraparib as maintenance for recurrent OC



Management of niraparib-associated myelosuppression and gastrointestinal toxicities



BRCA mutation testing for patients with OC



Role of family support and patient involvement in treatment decision-making



Use of checkpoint inhibitors as late-line therapy



Approach to end-of-life care for patients with OC



Case discussion: A 59-year-old woman with Stage IIIC high-grade, serous OC that progresses rapidly through multiple lines of treatment



Viewpoint on neoadjuvant therapy for advanced OC



Importance of setting realistic goals and expectations for patients



Finding meaning and satisfaction as an oncologist

OVARIAN CANCER — Interview with Atif M Hussein, MD

Web Tracks



Case discussion: A 51-year-old woman with Stage III adenocarcinoma of the ovary develops acute renal failure after treatment with bevacizumab



Hypertension as a surrogate marker of response to bevacizumab



Perspective on the rewarding experience of being an oncologist



Case discussion: A 49-year-old woman with a history of triple-negative breast cancer is diagnosed with BRCA2 mutation-positive Stage IIIB OC



Activity and tolerability of olaparib



Case discussion: A 68-year-old woman who presents with ascites is diagnosed with Stage IIIC OC



Selection of intraperitoneal versus intravenous chemotherapy for advanced OC



Case discussion: A 55-year-old woman with Stage III endometrioid OC receives adjuvant carboplatin/paclitaxel



Effects of mindfulness and early palliative care on response to treatment



Challenges associated with enrolling patients with OC on clinical trials



Case discussion: A 52-year-old woman with Stage IIIC OC develops recurrence 2 years after achieving a good response to adjuvant intraperitoneal chemotherapy



Visit www.ResearchToPractice.com/MorbidityMortality17/Video for video highlights from these discussions.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. The Phase III KEYNOTE-024 study demonstrated a significant improvement in outcomes with pembrolizumab compared to platinum-based chemotherapy as first-line therapy for patients with advanced NSCLC and a PD-L1 tumor proportion score of _____ or greater.
 - a. 10%
 - b. 30%
 - c. 50%
2. Patients with early-stage NSCLC who are enrolled on the ALCHEMIST trial and who harbor neither EGFR nor ALK mutations will be randomly assigned to receive _____ or placebo.
 - a. Ipilimumab
 - b. Pembrolizumab
 - c. Nivolumab
3. Mutations in HER2, commonly involving insertions in exon 20, occur in approximately what proportion of patients with NSCLC?
 - a. 0.5%
 - b. 2%
 - c. 10%
4. For which patients with platinum-sensitive recurrent OC did niraparib maintenance therapy provide a significant progression-free survival benefit in comparison to placebo on the Phase III ENGOT-OV16/NOVA trial?
 - a. Patients with germline BRCA mutations
 - b. Patients without germline BRCA mutations
 - c. Patients with HRD positivity and no germline BRCA mutations
 - d. All of the above
 - e. Both a and b
 - f. Both b and c
5. The Phase III GOG-0218 trial demonstrated an improvement in _____ with the addition of bevacizumab to standard chemotherapy for patients with newly diagnosed, advanced OC.
 - a. Progression-free survival
 - b. Overall survival
 - c. Both a and b
6. Talimogene laherparepvec _____.
 - a. Is an attenuated oncolytic virus
 - b. Encodes GM-CSF and stimulates the immune response
 - c. Is effective only at the site of injection
 - d. All of the above
 - e. Both a and b
7. Patients with mCRC who have left-sided tumors have poorer outcomes with anti-EGFR antibodies than patients with right-sided tumors, regardless of KRAS status.
 - a. True
 - b. False
8. Studies investigating the efficacy of anti-PD-1 antibodies for advanced CRC have demonstrated _____ outcomes among patients with mismatch repair-deficient tumors than among those who have mismatch repair-proficient tumors.
 - a. Better
 - b. Worse
 - c. About the same
9. Current guidelines recommend that _____ undergo BRCA testing.
 - a. All patients with epithelial OC
 - b. Only patients with an Ashkenazi Jewish background
 - c. Only patients with a strong family history of breast cancer or OC at a young age
10. Mirvetuximab soravtansine (IMGN853) is _____.
 - a. An anti-angiogenic agent
 - b. An antibody-drug conjugate
 - c. A PARP inhibitor

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Using the Morbidity and Mortality Conference Model to Explore and Improve Community-Based Oncology Care

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 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Results of the KEYNOTE-024 study investigating pembrolizumab as first-line therapy for advanced NSCLC	4 3 2 1	4 3 2 1
Benefits of early palliative care in symptom management and patient quality of life	4 3 2 1	4 3 2 1
Rationale for the investigation of talimogene laherparepvec for patients with hepatic metastases from CRC	4 3 2 1	4 3 2 1
Efficacy of anti-PD-1 antibodies in patients with MSI-high mCRC	4 3 2 1	4 3 2 1
Progression-free survival benefit in the ENGOT-OV16/NOVA trial evaluating niraparib maintenance therapy for platinum-sensitive recurrent OC	4 3 2 1	4 3 2 1
Role of next-generation sequencing for patients with OC	4 3 2 1	4 3 2 1

Practice Setting:

- Academic center/medical school Community cancer center/hospital Group practice
 Solo practice Government (eg, VA) Other (please specify).....

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

- Yes No

If no, please explain:

Please identify how you will change your practice as a result of completing this activity (select all that apply).

- This activity validated my current practice
 Create/revise protocols, policies and/or procedures
 Change the management and/or treatment of my patients
 Other (please explain):

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

- Yes No

If no, please explain:

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

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

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

- Develop evidence-based strategies for the initial and long-term management of metastatic NSCLC, CRC and OC. 4 3 2 1 N/M N/A
- Identify opportunities to foster shared decision-making and heighten the engagement and satisfaction of patients and family members throughout the cancer care journey. 4 3 2 1 N/M N/A
- Evaluate the current variability in the integration of specific agents, regimens and therapeutic approaches into the care of patients with metastatic NSCLC, CRC and OC, and use the input of clinical investigators to formulate optimal treatment strategies..... 4 3 2 1 N/M N/A
- Recall the scientific rationale for and emerging efficacy data with novel agents or therapeutic approaches in NSCLC, CRC and OC, and counsel appropriately selected patients about study participation. 4 3 2 1 N/M N/A
- Implement a plan of care to prevent and ameliorate toxicities associated with existing and investigational therapies used in the management of advanced NSCLC, CRC and OC. ... 4 3 2 1 N/M N/A
- Recognize the benefits of early palliative care for patients with metastatic disease, and integrate this information, as appropriate, into current clinical treatment algorithms. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

Would you recommend this activity to a colleague?

Yes No

If no, please explain:

Additional comments about this activity:

PART 2 — Please tell us about the faculty and editor for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter				Effectiveness as an educator			
Maria Picton, MD	4	3	2	1	4	3	2	1
Estelamari Rodriguez, MD, MPH	4	3	2	1	4	3	2	1
Heather Wakelee, MD	4	3	2	1	4	3	2	1
Gigi Qiqi Chen, MD	4	3	2	1	4	3	2	1
Margaret Deutsch, MD	4	3	2	1	4	3	2	1
J Randolph Hecht, MD	4	3	2	1	4	3	2	1
Michael Birrer, MD, PhD	4	3	2	1	4	3	2	1
Lyndsay J Willmott, MD	4	3	2	1	4	3	2	1
Atif M Hussein, MD	4	3	2	1	4	3	2	1
Editor	Knowledge of subject matter				Effectiveness as an educator			
Neil Love, MD	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

MD DO PharmD NP RN PA Other

Street Address:..... Box/Suite:.....

City, State, Zip:.....

Telephone:..... Fax:.....

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Signature:..... Date:.....

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Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

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This activity is supported by educational grants from Bayer
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Release date: June 2017
Expiration date: June 2018
Estimated time to complete: 5 hours



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