## Meet The Professors

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



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

#### STATEMENT OF NEED/TARGET AUDIENCE

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 modest, and approximately 85 percent of patients who develop lung cancer will die from it. In addition, a sense of therapeutic nihilism has pervaded the medical community in the past. Chemotherapy, surgery and radiation therapy have had a modest effect on patient outcomes. However, recent improvements have been seen in time to progression and survival in lung cancer clinical trials. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical oncologist must be well informed of these advances. In order to incorporate research advances into developing treatment strategies for patients, the CME program Meet The Professors utilizes case-based discussions between community oncologists and clinical investigators.

#### GLOBAL LEARNING OBJECTIVES

- Critically evaluate the clinical implications of emerging clinical trial data in lung cancer treatment and incorporate these data into management strategies in the adjuvant, neoadjuvant, locally advanced and metastatic settings.
- Counsel appropriately selected patients about the availability of ongoing clinical trials.
- Develop and explain a management strategy for treatment of elderly patients and those
  with poor performance status in the adjuvant, neoadjuvant, locally advanced and metastatic
  settings.
- Integrate emerging data on utilization of targeted molecular therapies and molecular and genetic assays in the development of individual management strategies for patients with lung cancer.
- Counsel patients with localized primary lung cancer about the risks and benefits of adjuvant chemotherapy.
- Identify the impact of smoking-related comorbidities on the treatment of patients with lung cancer and integrate smoking cessation into the management strategy for these patients.

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This program is supported by education grants from Genentech BioOncology/OSI Pharmaceuticals Inc and Sanofi-Aventis.

#### Guide to Audio Program

Compact Disc 1: Tracks 1-7 — case from Dr Ng; Tracks 8-10 — case from Dr Moss; Tracks 11-17 — case from Dr Hoffman; Tracks 18-25 — case from Dr Garrido; Compact Disc 2: Tracks 1-13 — case from Dr Harwin; Tracks 14-19 — case from Dr Reeves; Tracks 20-25 — case from Dr Menon; Compact Disc 3: Tracks 1-3 — case from Dr Hussein; Tracks 4-7 — case from Dr Weinstein; Tracks 8-11 — case from Dr Seigel; Tracks 12-14 — case from Dr Merchant; Tracks 15-18 — case from Dr Harwin

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Noor M Merchant, MD Sebastian, Florida

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#### Case Studies

Case 1 from the practice of Kenneth K Ng, MD: A 51-year-old woman, never smoker, diagnosed with Stage IIB NSCLC with two positive lymph nodes. The patient underwent a lobectomy, and an EGFR gene analysis revealed an exon 21 point mutation (presented to Dr F Anthony Greco and Dr Thomas J Lynch).

Case 2 from the practice of Robert A Moss, MD: A 72-year-old man who presented with NSCLC of the upper right lobe and hilum with two brain metastases. The patient underwent gamma knife surgery for the brain lesions and received concurrent chemoradiation therapy with consolidation docetaxel (presented to Dr Greco and Dr Lynch).

Case 3 from the practice of Kenneth R Hoffman, MD: A 73-year-old woman who underwent thoracotomy, which revealed Stage IIIA adenocarcinoma of the left lower lobe with one positive mediastinal lymph node. The patient received four cycles of adjuvant carboplatin/paclitaxel followed by adjuvant radiation therapy and prophylactic cranial irradiation. She was subsequently diagnosed with metastatic disease (presented to Dr Greco and Dr Lynch).

Case 4 from the practice of Sara M Garrido, MD: A 70-year-old woman who presented with a 3-cm lesion in the right upper lobe and a 4.5-cm hilar mass with metastasis to an inguinal lymph node. The patient received six cycles of paclitaxel/carboplatin and bevacizumab with good tumor response and is currently receiving maintenance bevacizumab with no adverse effects (presented to Dr Greco and Dr Lynch).

Case 5 from the practice of William N Harwin, MD: A 49-year-old man with a history of poorly differentiated squamous cell carcinoma of the oropharynx who presented with a right lower lobe mass. After pneumonectomy, pathology showed a 4-cm adenosquamous cell carcinoma with negative margins and three positive lymph nodes. The patient is currently receiving docetaxel/cisplatin chemotherapy (presented to Dr Edward S Kim and Dr Alan B Sandler).

Case 6 from the practice of William G Reeves, MD: An 87-year-old woman, never smoker, diagnosed with squamous cell carcinoma in the right hilar region. A CT scan showed enlarged mediastinal nodes and a bone scan showed thoracic and lumbar metastases. The patient received radiation therapy to the lumbar spine and is currently receiving erlotinib (presented to Dr Kim and Dr Sandler).

Case 7 from the practice of Mohan Menon, MD: A 35-year-old woman who presented with a 5-cm left hilar mass with mediastinal adenopathy on CT/PET scan. The patient received six cycles of carboplatin/docetaxel and radiation therapy. Subsequently, a biopsy revealed metastatic disease to the adrenal gland and the patient underwent a laparoscopic adrenalectomy (presented to Dr Kim and Dr Sandler).

Case 8 from the practice of Atif M Hussein, MD: A 51-year-old man diagnosed with multiple sites of poorly differentiated adenocarcinoma in the lungs, right shoulder area, vertebrae and ribs. The patient received five cycles of paclitaxel/carboplatin and bevacizumab, after which he was diagnosed with liver metastases. The patient then received radiation therapy to his bone lesions, bevacizumab and erlotinib (presented to Dr Kim and Dr Sandler).

Case 9 from the practice of Paul L Weinstein, MD: A 76-year-old man diagnosed with a 3.2-cm squamous cell carcinoma of the left lower lobe with hilar and mediastinal lymphadenopathy. Surgical resection was unsuccessful. The patient received radiation therapy and low-dose weekly carboplatin/docetaxel. The patient is currently enrolled in a clinical trial and was randomly assigned to either erlotinib or placebo (presented to Dr Kim and Dr Sandler).

Case 10 from the practice of Leonard J Seigel, MD: A 69-year-old man shown by CT scan to have an upper right lobe mass. A mediastinoscopy revealed one positive lymph node. The patient received induction chemoradiation therapy followed by surgery (presented to Dr Greco and Dr Lynch).

Case 11 from the practice of Noor M Merchant, MD: A 59-year-old woman who underwent a thoracotomy in July 2006, which revealed a 4.3-cm, moderately differentiated, Grade II NSCLC. The patient received four cycles of adjuvant cisplatin/docetaxel (presented to Dr Greco and Dr Lynch).

Case 12 from the practice of Dr Harwin: A 76-year-old man, never smoker, who presented with numerous bilateral subcentimeter nodules, a right hilar mass and interstitial markings in the right lower lobe. A biopsy revealed poorly differentiated NSCLC. The patient received six cycles of carboplatin/paclitaxel with some response. The disease subsequently progressed, and the patient was treated with gefitinib, resulting in significant tumor response that has been maintained for more than 40 months (presented to Dr Greco and Dr Lynch).

#### Evaluation Form: Meet The Professors Lung Cancer, Issue 1, 2007

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