# What Advanced Practice Professionals Need to Know about Caring for Patients with Locally Advanced Non-Small Cell Lung Cancer

*A Live CE Webinar for Nurse Practitioners and Physician Assistants*

**Thursday, November 5, 2020**
**5:00 PM – 6:00 PM ET**

## Faculty

**Ramaswamy Govindan, MD**
**Matthew Gubens, MD, MS**
**Alison Holmes Tisch, MSN, RN, ANP-BC, AOCNP**
**Rasheda Persinger, NP-C**

## Moderator

**Neil Love, MD**

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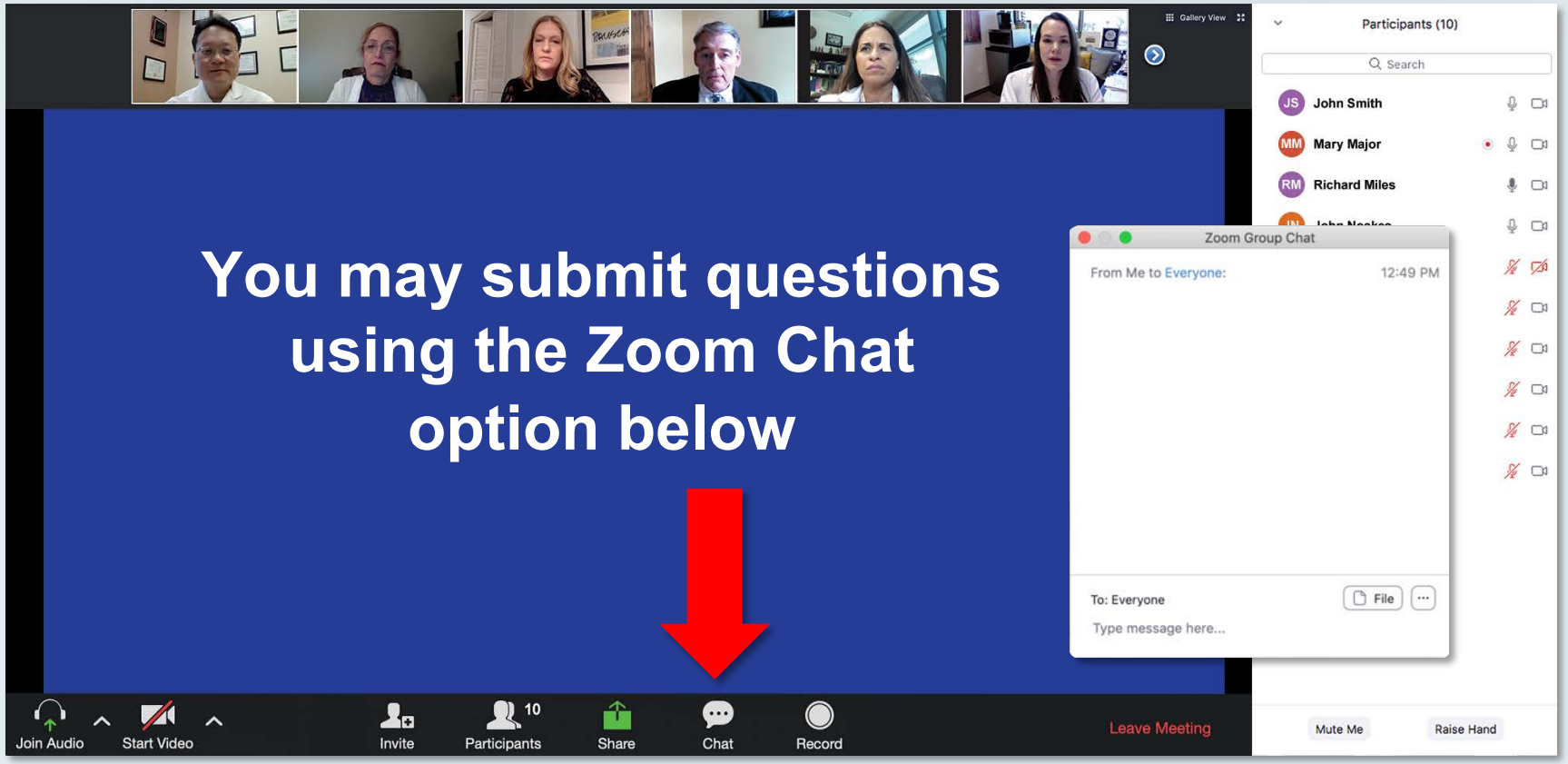
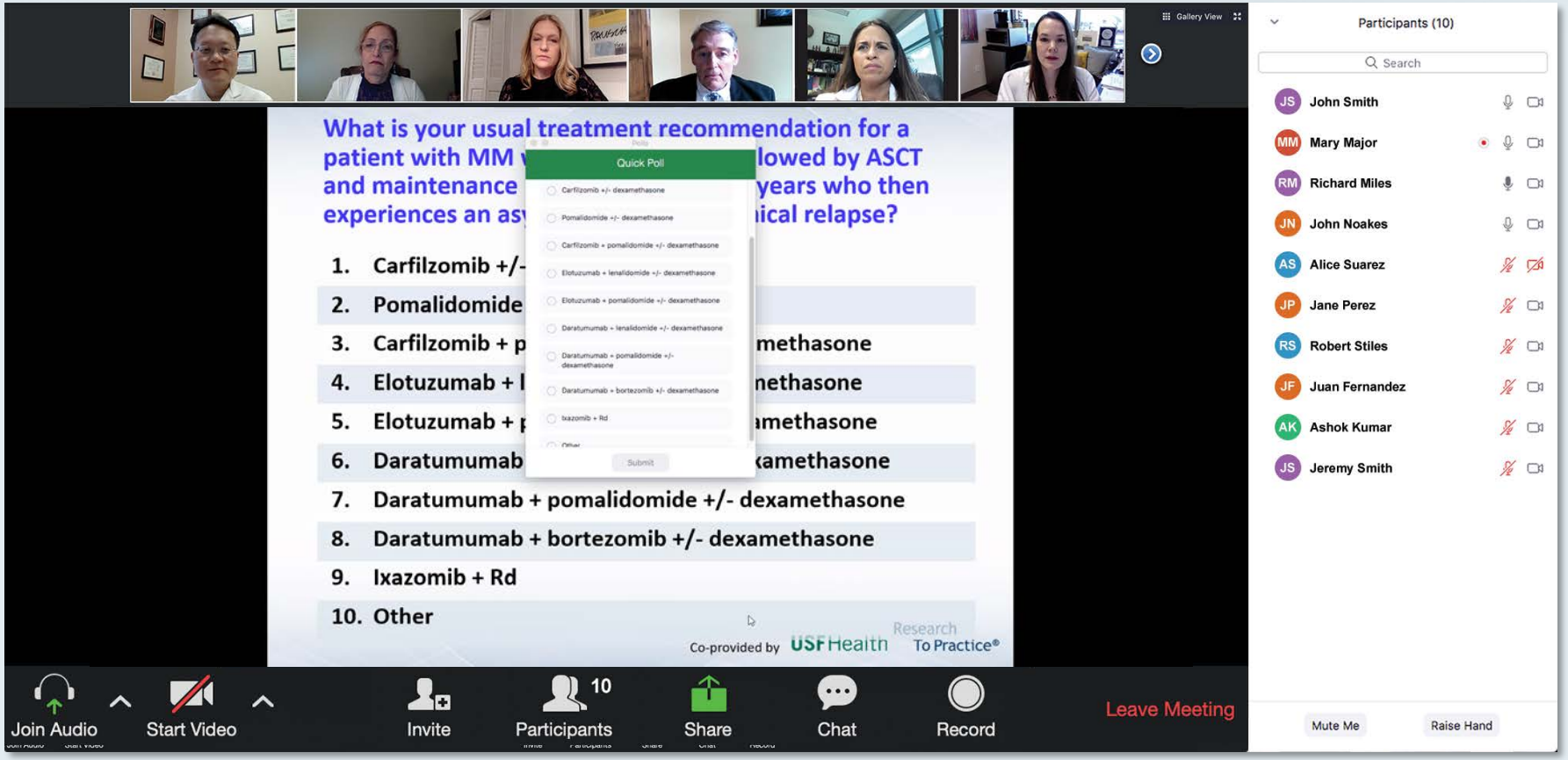
# Dr Love and Faculty Encourage You to Ask Questions




Feel free to submit questions **now before** the program begins and **throughout the program.**

# Familiarizing Yourself with the Zoom Interface
## How to answer poll questions

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# Commercial Support

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# Dr Love — Disclosures

**Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/NCPD activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies Corporation, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Epizyme Inc, Exelixis Inc, Foundation Medicine, Genentech, a member of the Roche Group, Genmab, Genomic Health Inc, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Guardant Health, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seagen Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Verastem Inc.

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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

# Dr Govindan — Disclosures

| | |
|---|---|
| **Advisory Committee** | Achilles Therapeutics |
| **Consulting Agreements** | GenePlus, Horizon Pharmaceuticals |

# Dr Gubens — Disclosures

| | |
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| **Contracted Research** | Celgene Corporation, Merck, Novartis, OncoMed Pharmaceuticals Inc, Roche Laboratories Inc |

# Ms Holmes Tisch — Disclosures

No financial interests or affiliations to disclose.

# Ms Persinger — Disclosures

| | |
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# ONCOLOGY TODAY

## SPECIAL EDITION: ACUTE MYELOID LEUKEMIA WITH FLT3 MUTATIONS

WITH DR NEIL LOVE

DR KEITH PRATZ
UNIVERSITY OF PENNSYLVANIA


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# Webinar Faculty

**Ramaswamy Govindan, MD**
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Program Director, Lung Cancer Research
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***Project Chair***
**Neil Love, MD**
Research To Practice
Miami, Florida

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# Management of Locally Advanced Non-Small Cell Lung Cancer

**Tuesday, September 15, 2020**
**5:00 PM – 6:00 PM ET**


## Faculty

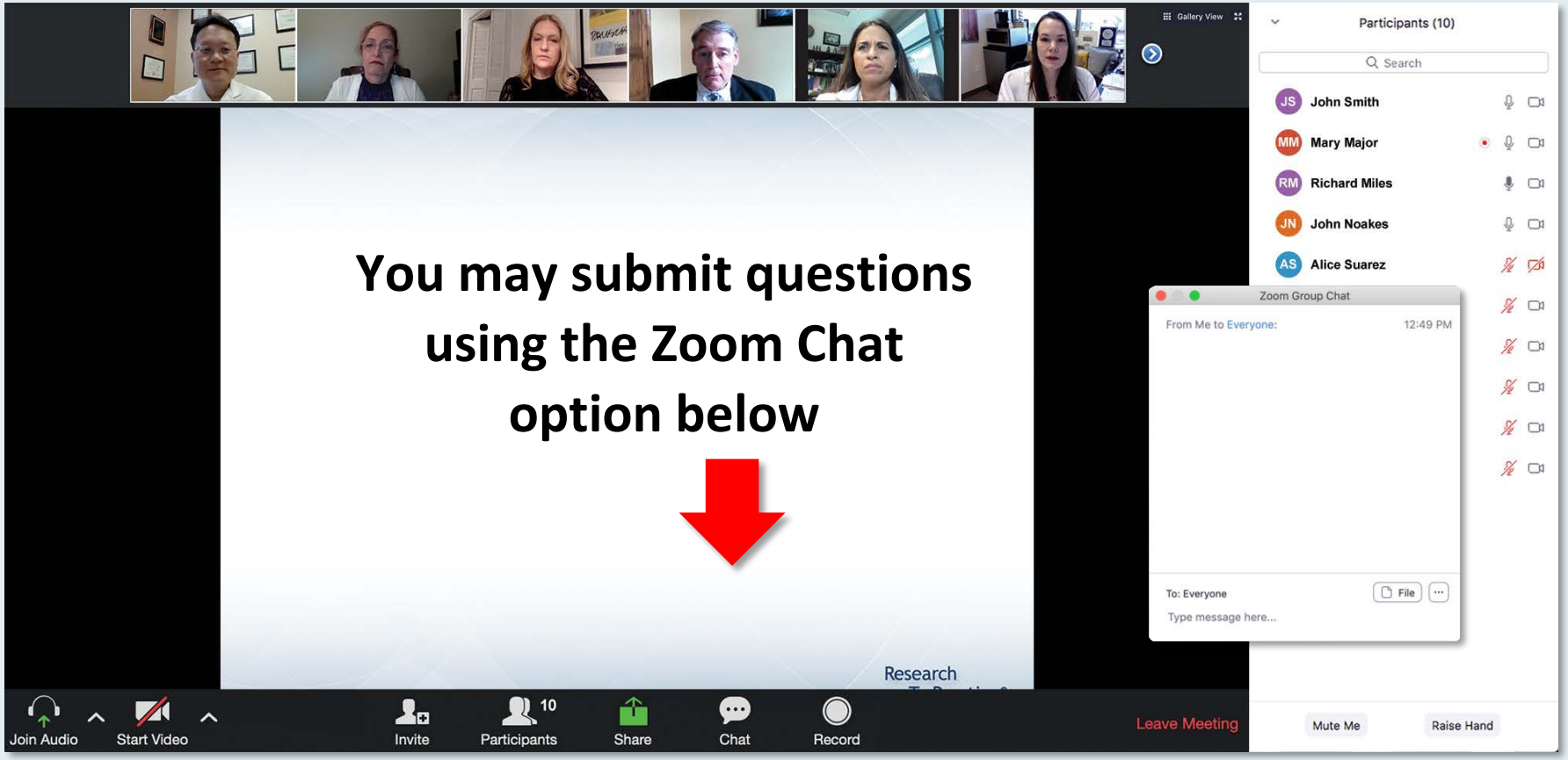
**Kelly EH Goodwin, MSN, RN, ANP-BC**
**David R Spigel, MD**
**Heather Wakelee, MD**
**Elizabeth S Waxman, RN, MSN, ANP-BC**

## Moderator

**Neil Love, MD**

RTP RESEARCH TO PRACTICE

# We Encourage Clinicians in Practice to Submit Questions

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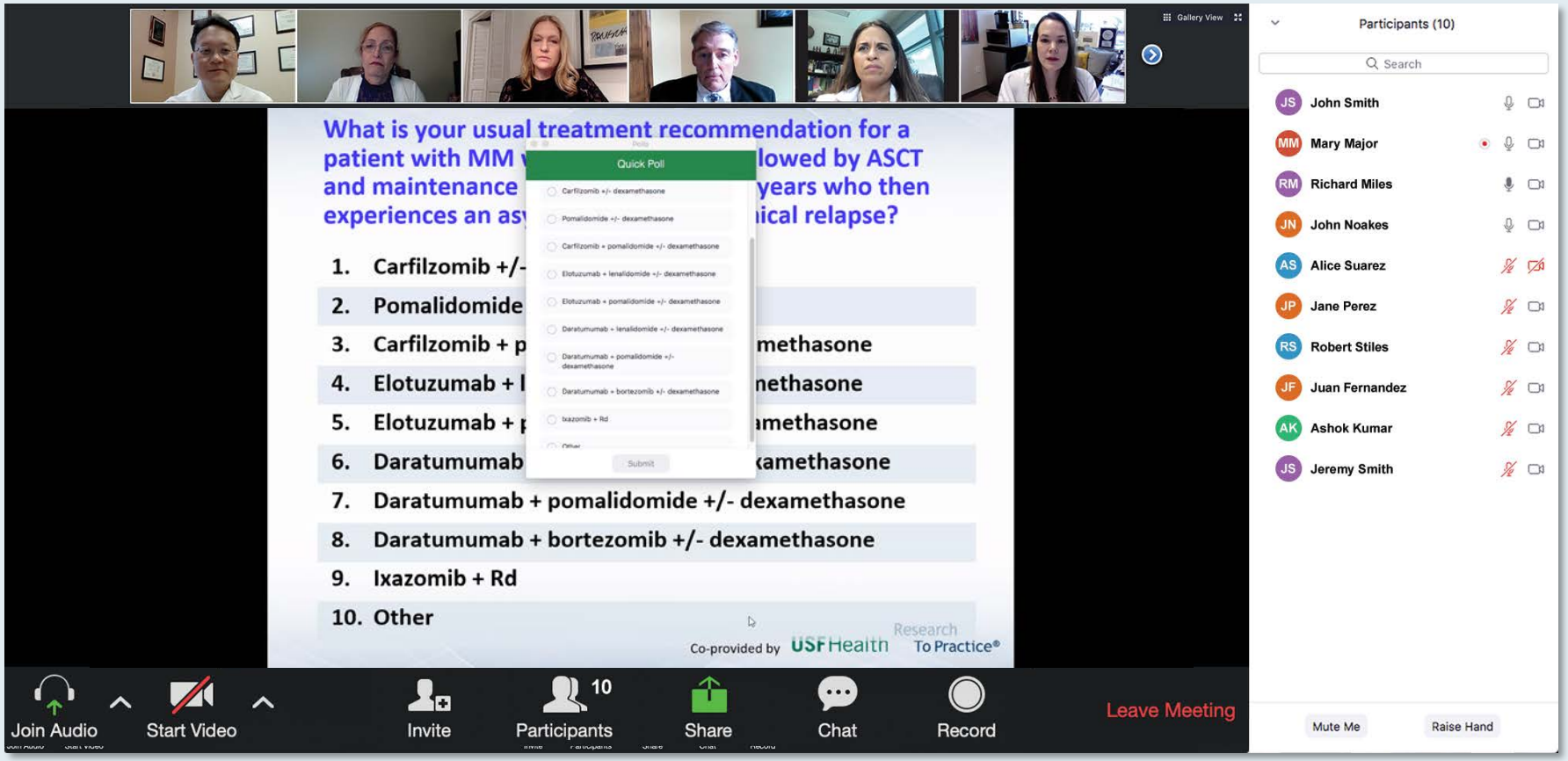
# Familiarizing Yourself with the Zoom Interface

## How to answer poll questions

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# ONCOLOGY TODAY

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# Management of Locally Advanced Non-Small Cell Lung Cancer

## Clinical Scenario: A 70-Year-Old Patient with Stage IIIB Adenocarcinoma of the Lung

### Module 1: Chemoradiation Followed by Consolidation Durvalumab: Explaining Risks and Benefits

- Clinical implications of…
  - Smoking history and comorbidities
  - Genomic evaluation of the tumor
  - Markers of immune responsiveness (PD-L1, tumor mutation burden)
  - Psychosocial factors
    - Patient concerns about contracting COVID-19
- Chemoradiation therapy: Potential benefits and risks
- Addition of consolidation durvalumab: Potential benefits and risks

### Module 2: Tolerability Considerations with Consolidation Durvalumab

- Evaluation and care of the patient with a chief complaint of…
  - Dyspnea
  - Rash
  - Fatigue
  - Diarrhea
  - Difficulty swallowing

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# What are the risks and benefits of chemoradiation therapy for patients with unresectable Stage III NSCLC?

**What do you tell patients who are about to undergo chemoradiation therapy that they should expect to experience with the treatment?**

# In your practice, what is the most commonly employed chemotherapy regimen administered in combination with radiation therapy for otherwise healthy patients with nonsquamous locally advanced NSCLC?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Cis/pem for healthy/robust PS; weekly carbo/paclitaxel for older/comorbidities |
|  RAMASWAMY GOVINDAN, MD | Weekly carboplatin and paclitaxel |
|  MATTHEW GUBENS, MD, MS | Weekly carboplatin and paclitaxel |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Carboplatin and pemetrexed |
|  RASHEDA PERSINGER, NP-C | Weekly carboplatin/paclitaxel concurrently with radiation therapy |
|  DAVID R SPIGEL, MD | Carboplatin/paclitaxel |
|  HEATHER WAKELEE, MD | Cisplatin or carboplatin/pemetrexed or cisplatin/etoposide |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Carboplatin/paclitaxel |

# In your practice, what is the most commonly employed chemotherapy regimen administered in combination with radiation therapy for otherwise healthy patients with squamous cell locally advanced NSCLC?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Weekly carboplatin/paclitaxel or EP5050 (for robust patients) |
|  RAMASWAMY GOVINDAN, MD | Weekly carboplatin and paclitaxel |
|  MATTHEW GUBENS, MD, MS | Weekly carboplatin and paclitaxel |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Weekly carboplatin and paclitaxel |
|  RASHEDA PERSINGER, NP-C | Carboplatin/paclitaxel |
|  DAVID R SPIGEL, MD | Carboplatin/paclitaxel |
|  HEATHER WAKELEE, MD | Carboplatin/paclitaxel or cisplatin/etoposide |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Cisplatin |

## Should imaging studies be obtained for all patients with locally advanced NSCLC after the completion of chemoradiation therapy but prior to initiating consolidation durvalumab?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Yes |
|  RAMASWAMY GOVINDAN, MD | Yes |
|  MATTHEW GUBENS, MD, MS | Yes |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | No |
|  RASHEDA PERSINGER, NP-C | Yes |
|  DAVID R SPIGEL, MD | Yes |
|  HEATHER WAKELEE, MD | No |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Yes |

# A patient who successfully received chemoradiation therapy for locally advanced NSCLC is about to start durvalumab but is experiencing mild esophagitis. Should durvalumab be started?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Yes |
|  RAMASWAMY GOVINDAN, MD | Yes |
|  MATTHEW GUBENS, MD, MS | Yes |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Yes |
|  RASHEDA PERSINGER, NP-C | Yes |
|  DAVID R SPIGEL, MD | Yes |
|  HEATHER WAKELEE, MD | Yes |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Yes |

# A patient who successfully received chemoradiation therapy for locally advanced NSCLC is about to start durvalumab but is experiencing mildly symptomatic pneumonitis. Should durvalumab be started?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | No |
|  RAMASWAMY GOVINDAN, MD | Yes |
|  MATTHEW GUBENS, MD, MS | No |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | No |
|  RASHEDA PERSINGER, NP-C | No |
|  DAVID R SPIGEL, MD | No |
|  HEATHER WAKELEE, MD | No |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | No |

# What are the risks and benefits of adding consolidation durvalumab after chemoradiation therapy for patients with Stage III NSCLC?

**What do you tell patients who are about to begin consolidation therapy with durvalumab that they should expect to experience with the treatment?**

# Should PD-L1 levels generally be tested in patients with locally advanced NSCLC?

# Should patients with locally advanced NSCLC generally undergo testing for targetable tumor mutations?

**In general, should durvalumab be recommended as consolidation treatment for an older, frail patient who is unable to tolerate chemotherapy and receives only radiation therapy for unresectable locally advanced NSCLC?**

**In general, should durvalumab be recommended as consolidation treatment for a patient with locally advanced NSCLC who underwent surgical excision and chemoradiation therapy as initial treatment?**

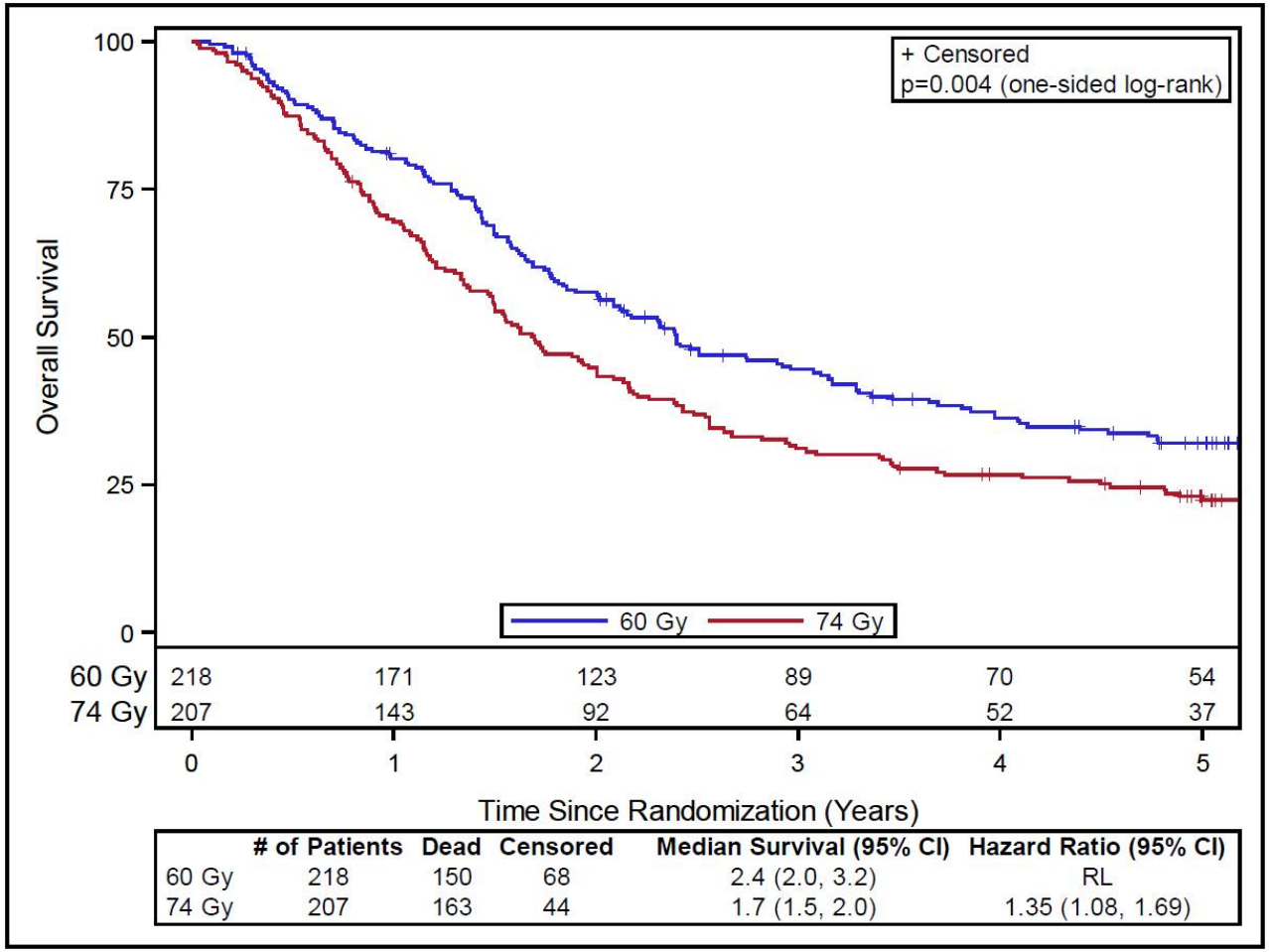
# What is the significance of a prior medical history of autoimmune disease or organ transplant in a patient who is being considered for durvalumab consolidation?

# What do you consider to be the absolute and relative contraindications to the use of consolidation durvalumab in the management of locally advanced NSCLC?

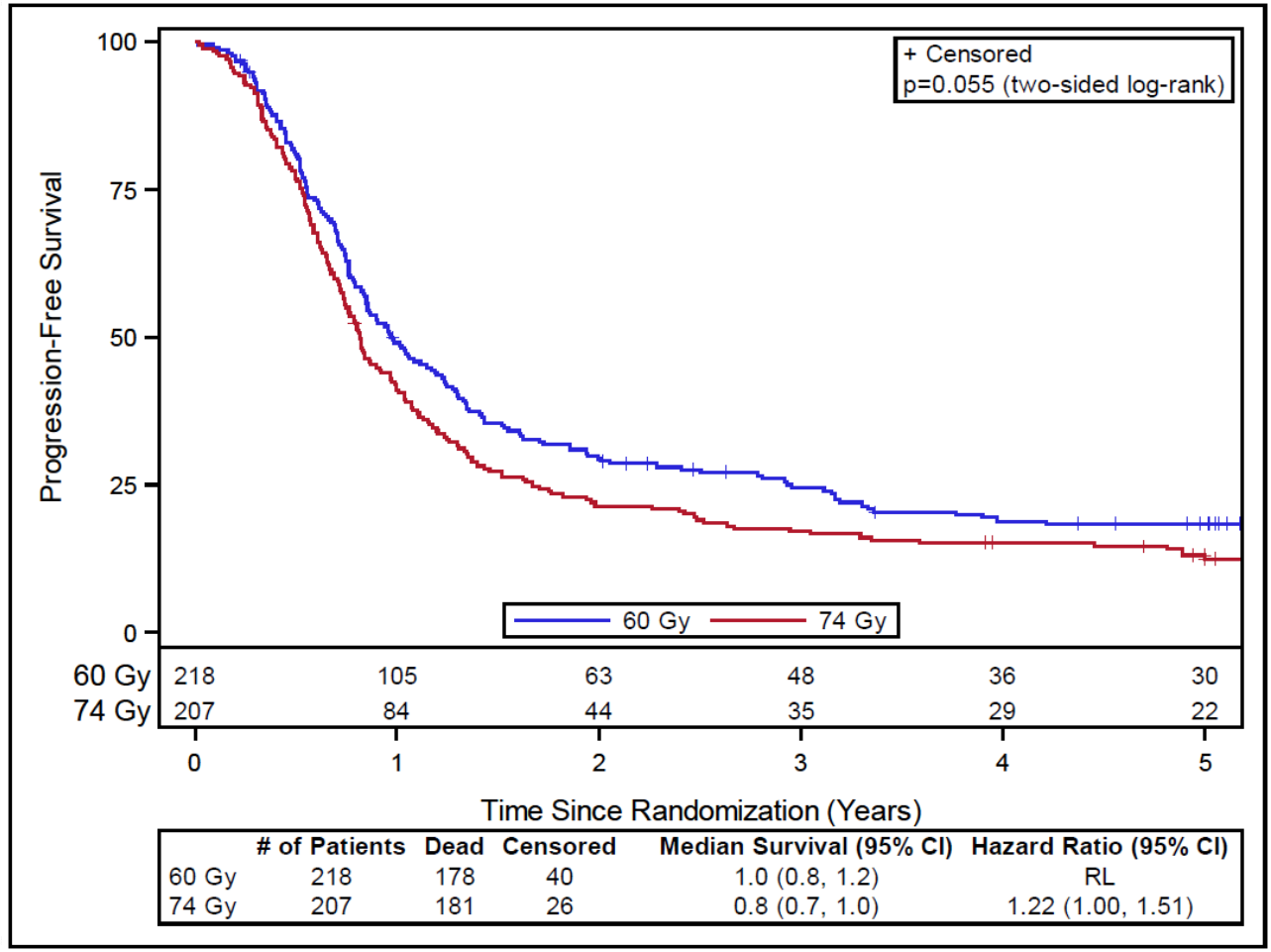
| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Absolute: severe/symptomatic pneumonitis; Relative: stable autoimmune illnesses |
|  RAMASWAMY GOVINDAN, MD | Absolute: lupus, organ transplant; Relative: other autoimmune diseases, poor PS |
|  MATTHEW GUBENS, MD, MS | Absolute: pneumonitis, auto-immune disease; Relative: poor PS after CRT |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Absolute: pneumonitis; Relative: underlying auto-immune disorders |
|  RASHEDA PERSINGER, NP-C | Transplant and any auto immune disease not well controlled |
|  DAVID R SPIGEL, MD | Severe autoimmune medical history and/or severe pneumonitis from radiation |
|  HEATHER WAKELEE, MD | Underlying autoimmune disorders |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Preexisting autoimmune disorders (eg, myasthenia gravis) |

**How do you respond to a patient who is about to begin treatment for locally advanced NSCLC and has expressed concern about clinic visits due to fear of contracting COVID-19?**

# RTOG 0617 Overall and Progression-free Survival by RT Dose




| | # of Patients | Dead | Censored | Median Survival (95% CI) | Hazard Ratio (95% CI) |
|---|---|---|---|---|---|
| 60 Gy | 218 | 150 | 68 | 2.4 (2.0, 3.2) | RL |
| 74 Gy | 207 | 163 | 44 | 1.7 (1.5, 2.0) | 1.35 (1.08, 1.69) |




| | # of Patients | Dead | Censored | Median Survival (95% CI) | Hazard Ratio (95% CI) |
|---|---|---|---|---|---|
| 60 Gy | 218 | 178 | 40 | 1.0 (0.8, 1.2) | RL |
| 74 Gy | 207 | 181 | 26 | 0.8 (0.7, 1.0) | 1.22 (1.00, 1.51) |

1. Bradley JD, et al. *Int J Radiat Oncol Biol Phys.* 2017;99:S105.

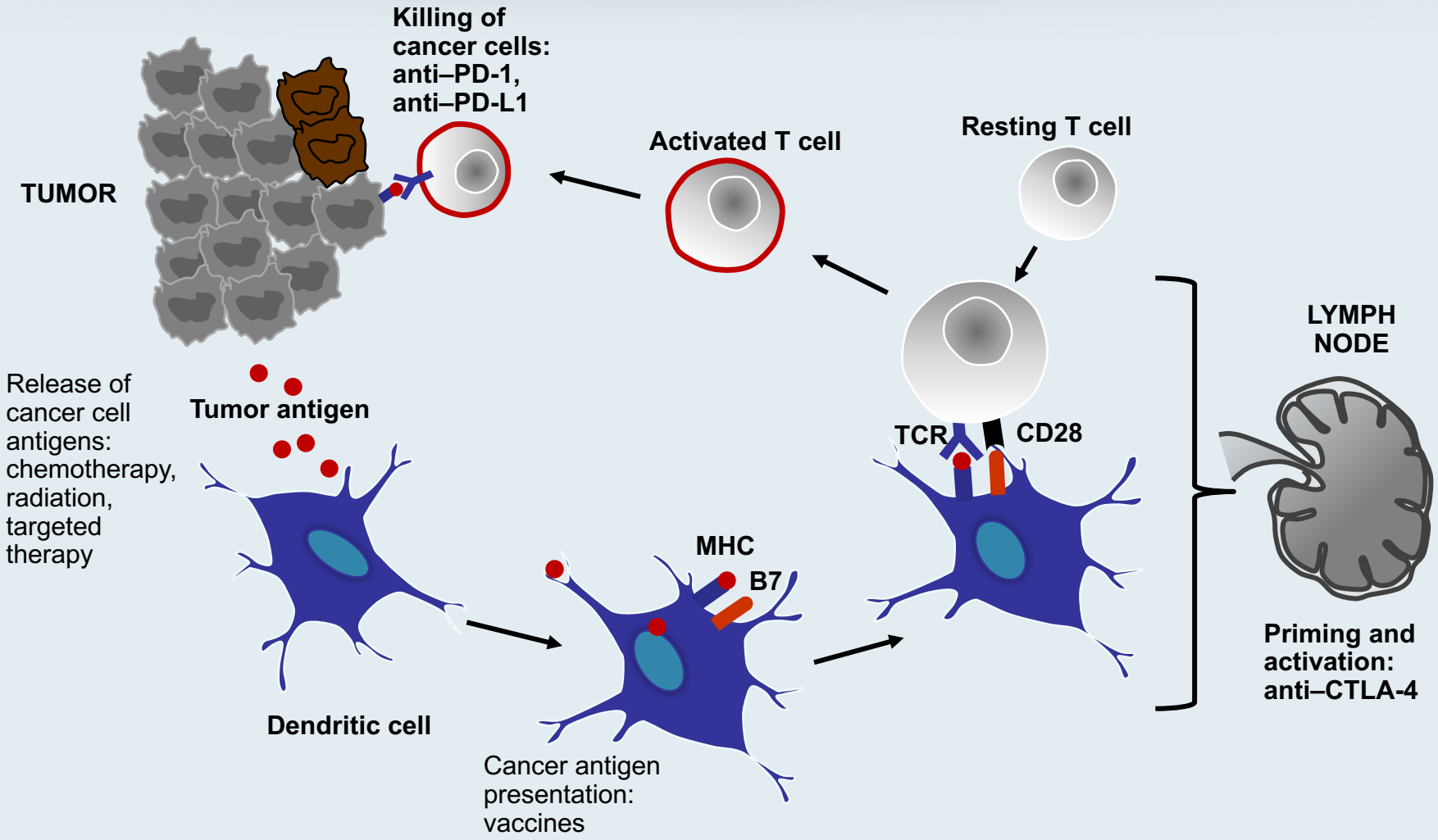
Courtesy of Walter J Curran Jr, MD
Winship Cancer Institute | Emory University

# Radiation as Immunosuppressant What is the Data?

- Decline in blood counts with large field RT well known
- Blood count depression with pelvic RT vs prostate only RT
- Lymphocyte count sufficient?
- Concept of RT dose to circulating immune cells?

Courtesy of Walter J Curran Jr, MD
Winship Cancer Institute | Emory University

# A Road Map of Immunotherapy Agents in the Cancer-Immune System Interaction



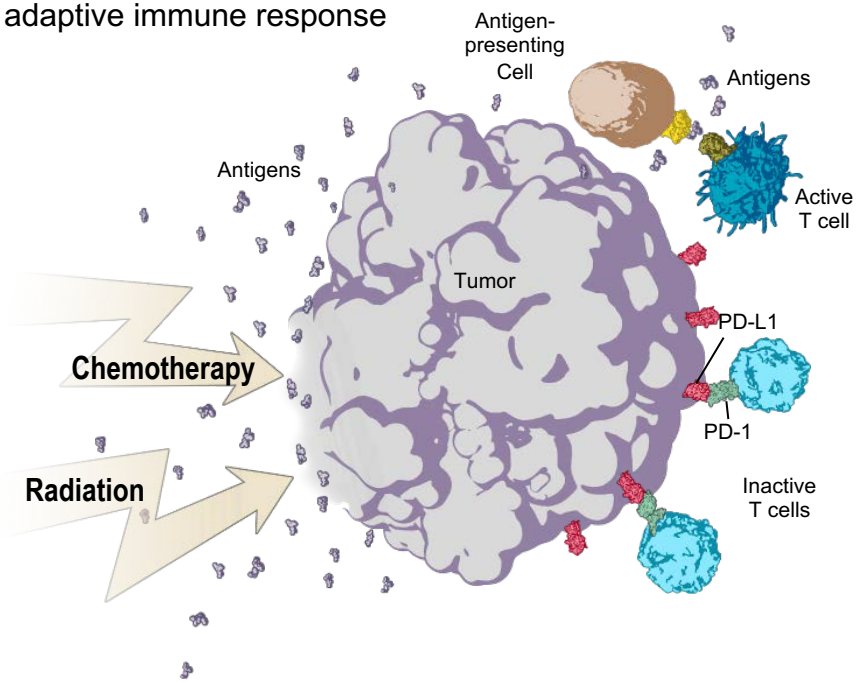

Courtesy of Julie R Brahmer, MD, MSc

# Rationale of checkpoint inhibitors after chemoradiation

## CHEMORADIATION

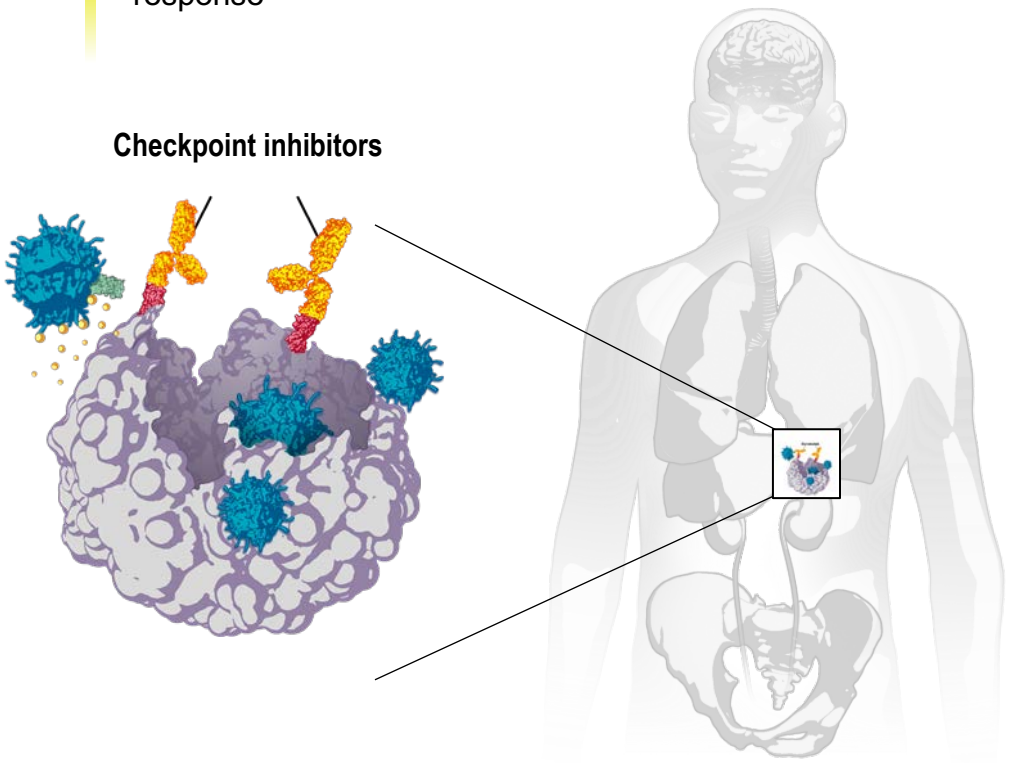
Chemoradiation induces tumor antigen release and an adaptive immune response

PD-L1 overexpression leads to immune cell evasion




## CHECKPOINT INHIBITOR

PD-1/PD-L1 inhibitors reverse immune suppression and lead to a systemic antitumor response



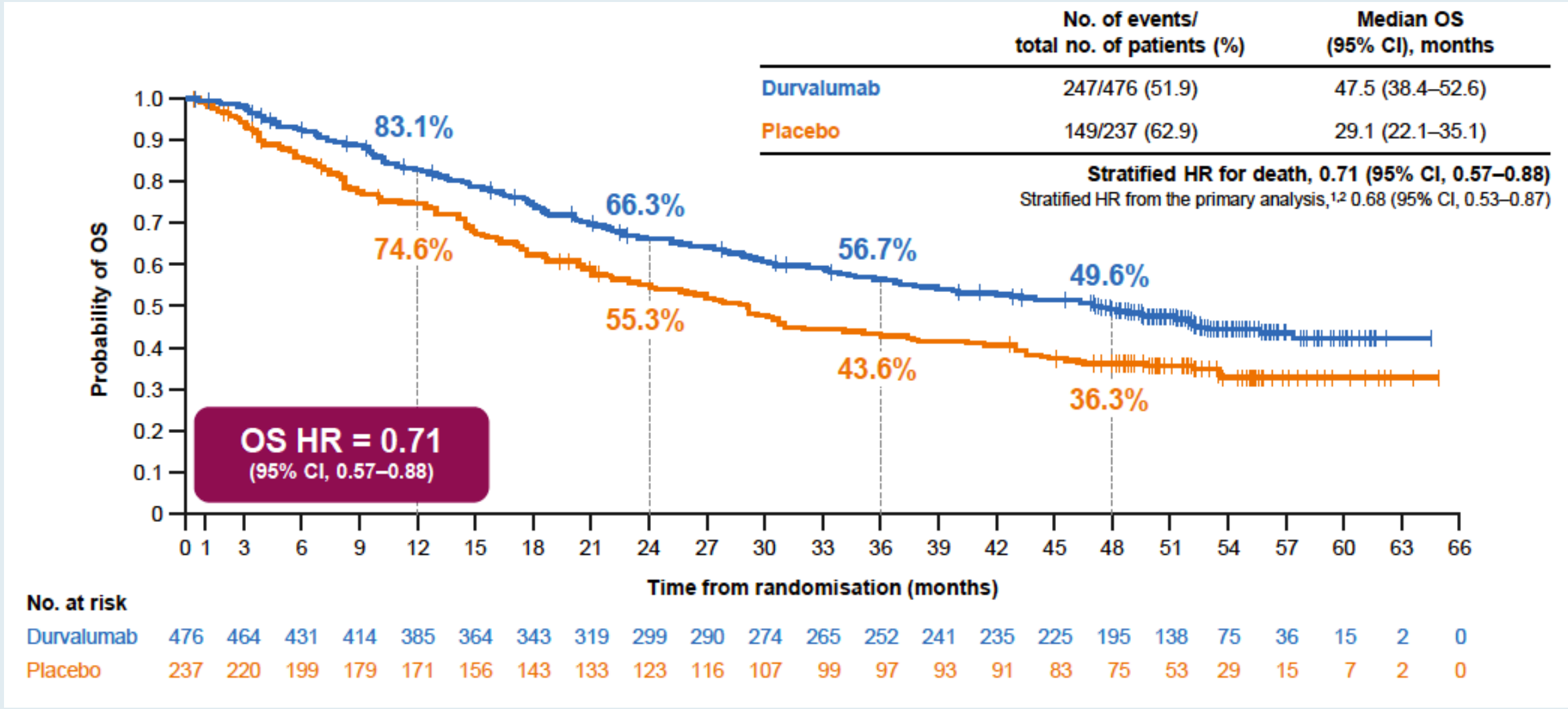

Courtesy of Benjamin Levy, MD

# Durvalumab After Chemoradiotherapy in Stage III NSCLC: 4-Year Survival Update from the Phase III PACIFIC Trial

Faivre-Finn C et al.

ESMO 2020;Abstract LBA49.

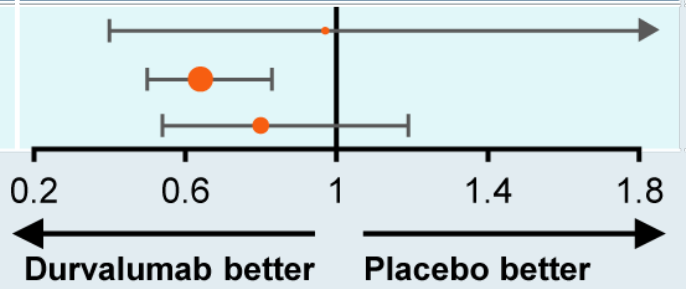
# PACIFIC: 4-Year Overall Survival – Intent-To-Treat Population

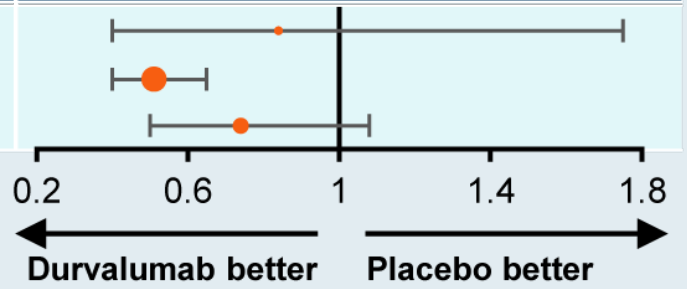



Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

# PACIFIC: Updated Outcomes by EGFR Status

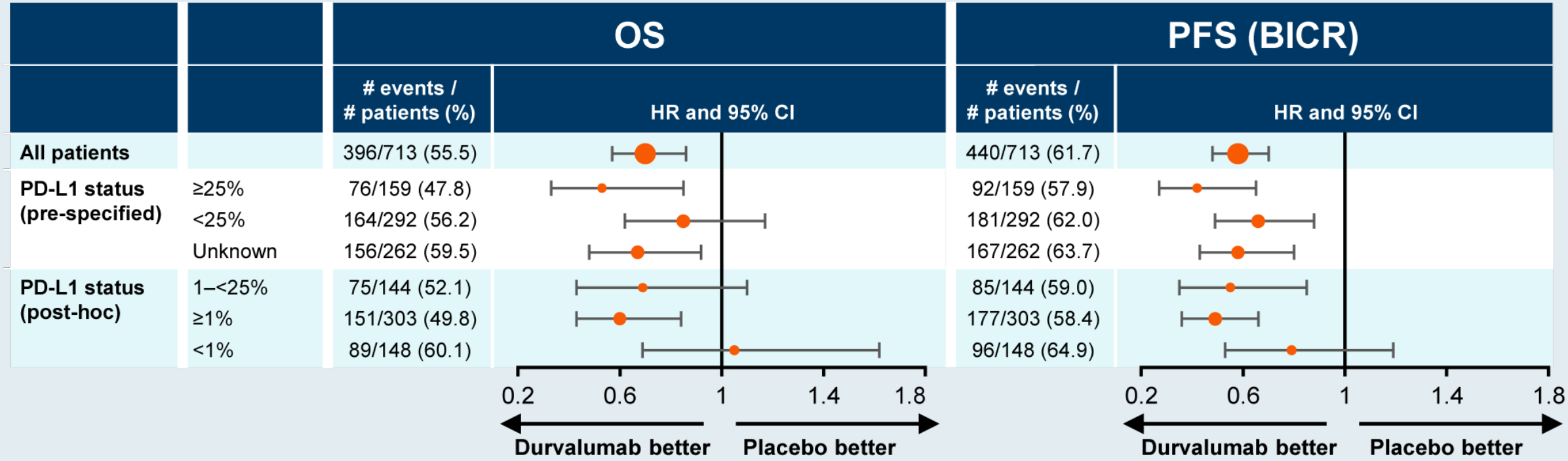
| | | OS | | PFS (BICR) | |
|---|---|---|---|---|---|
| | | # events / # patients (%) | HR and 95% CI | # events / # patients (%) | HR and 95% CI |
| ***EGFR* mutation** | Positive | 24/43 (55.8) | | 32/43 (74.4) | |
| | Negative | 261/482 (54.1) | | 290/482 (60.2) | |
| | Unknown | 111/188 (59.0) | | 118/188 (62.8) | |




Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

# PACIFIC: Updated Outcomes by PD-L1 Status




- Important facts regarding PD-L1 status:
  - PD-L1 testing was not required and 37% of all randomised patients had unknown PD-L1 status
  - PD-L1 status was determined from tumour tissue obtained pre-CRT (getting a sample post-CRT medically not feasible)
  - PDL1 expression-level cutoff of 1% was part of an unplanned post-hoc analysis requested by the EMA

Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

# Characteristics of the First 615 Patients Enrolled in Pacific R: A Study of the First Real-World Data on Unresectable Stage III NSCLC Patients Treated with Durvalumab After Chemoradiotherapy

Girard N et al.

ESMO 2020;Abstract 1242P.

# Pacific R: Biomarker Status

| Biomarker evaluated | Tested, n (%) | Positive, n (%) | Inconclusive, n (%) |
|---|---|---|---|
| PD-L1 expression | 442 (71.9) | 324 (73.3) | 27 (6.1) |
| EGFR mutation | 262 (42.8) | 19 (7.3) | 7 (2.7) |
| ALK translocation | 256 (41.9) | 6 (2.3) | 12 (4.7) |
| BRAF mutation | 164 (26.8) | 14 (8.5) | 5 (3.0) |
| KRAS mutation | 180 (29.5) | 44 (24.4) | 6 (3.3) |

Girard N et al. ESMO 2020;Abstract 1242P.

# Management of Locally Advanced Non-Small Cell Lung Cancer

## Clinical Scenario: A 70-Year-Old Patient with Stage IIIB Adenocarcinoma of the Lung

### Module 1: Chemoradiation Followed by Consolidation Durvalumab: Explaining Risks and Benefits

- Clinical implications of…
  - Smoking history and comorbidities
  - Genomic evaluation of the tumor
  - Markers of immune responsiveness (PD-L1, tumor mutation burden)
  - Psychosocial factors
    - Patient concerns about contracting COVID-19
- Chemoradiation therapy: Potential benefits and risks
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### Module 2: Tolerability Considerations with Consolidation Durvalumab

- Evaluation and care of the patient with a chief complaint of…
  - Dyspnea
  - Rash
  - Fatigue
  - Diarrhea
  - Difficulty swallowing

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# Questions and Comments: Evaluation of the patient with new-onset dyspnea

**Ms Kelly Goodwin**

Co-provided by USF Health
RTP RESEARCH TO PRACTICE

# Chief complaint: Shortness of breath

**A patient with locally advanced NSCLC has been receiving consolidation durvalumab and faring well. His wife calls saying that over the past week he has developed a dry cough that has worsened but no fever. He is also increasingly short of breath and is having trouble walking short distances. What would you recommend?**

# Real-World Rates of Pneumonitis After Consolidation Durvalumab

**Real-World Survey of Pneumonitis/Radiation Pneumonitis in LA-NSCLC After Approval of Durvalumab: HOPE-005/CRIMSON Retrospective Cohort Study**

- >80% developed pneumonitis
- More than half of them were asymptomatic, but 5% needed HOT and 1.5% developed fatal pneumonitis
- V20 was an independent risk factor for symptomatic pneumonitis (Grade ≥2)
- With careful consideration, durvalumab-rechallenge could be an option after corticosteroid therapy for pneumonitis

**Incidence of Pneumonitis in US Veterans with NSCLC Receiving Durvalumab After Chemoradiation Therapy**

- In this real-world cohort, clinical significant pneumonitis was:
  - More frequent compared to clinical trial reports
    - Asymptomatic infiltrates on imaging: 39.8%
    - Clinically significant pneumonitis: 21.1%
      - Grade 2 (7.3%), Grade 3 (11.4%), Grade 4 (1.6%), Grade 5 (0.8%)
  - Not associated with increased risk of death

Saito et al. ASCO 2020;Abstract 9039. Thomas T et al. ASCO 2020;Abstract 9034.

# Pneumonitis

- Pneumonitis differential
  - Radiation pneumonitis (consider radiation fields)
  - Immune-mediated pneumonitis (consider timing)
  - Pneumonia or infection (consider other symptoms)
- If non-infectious, initial management of radiation pneumonitis and immune-mediated pneumonitis is similar (steroid therapy)

Courtesy of Stephen V Liu, MD, PhD

# Pneumonitis Management

- Symptoms must be monitored closely
  - Engage entire medical team and caregivers
  - New dyspnea/cough, new hypoxia warrant workup
    - Low threshold to hold therapy for evaluation
- Management guided by grade of pneumonitis
  - Grade 1: asymptomatic, no intervention needed
  - Grade 2: symptomatic, intervention required
  - Grade 3: severe symptoms, limiting ADLs, oxygen indicated
  - Grade 4: life threatening

*Brahmer, JCO 2018*

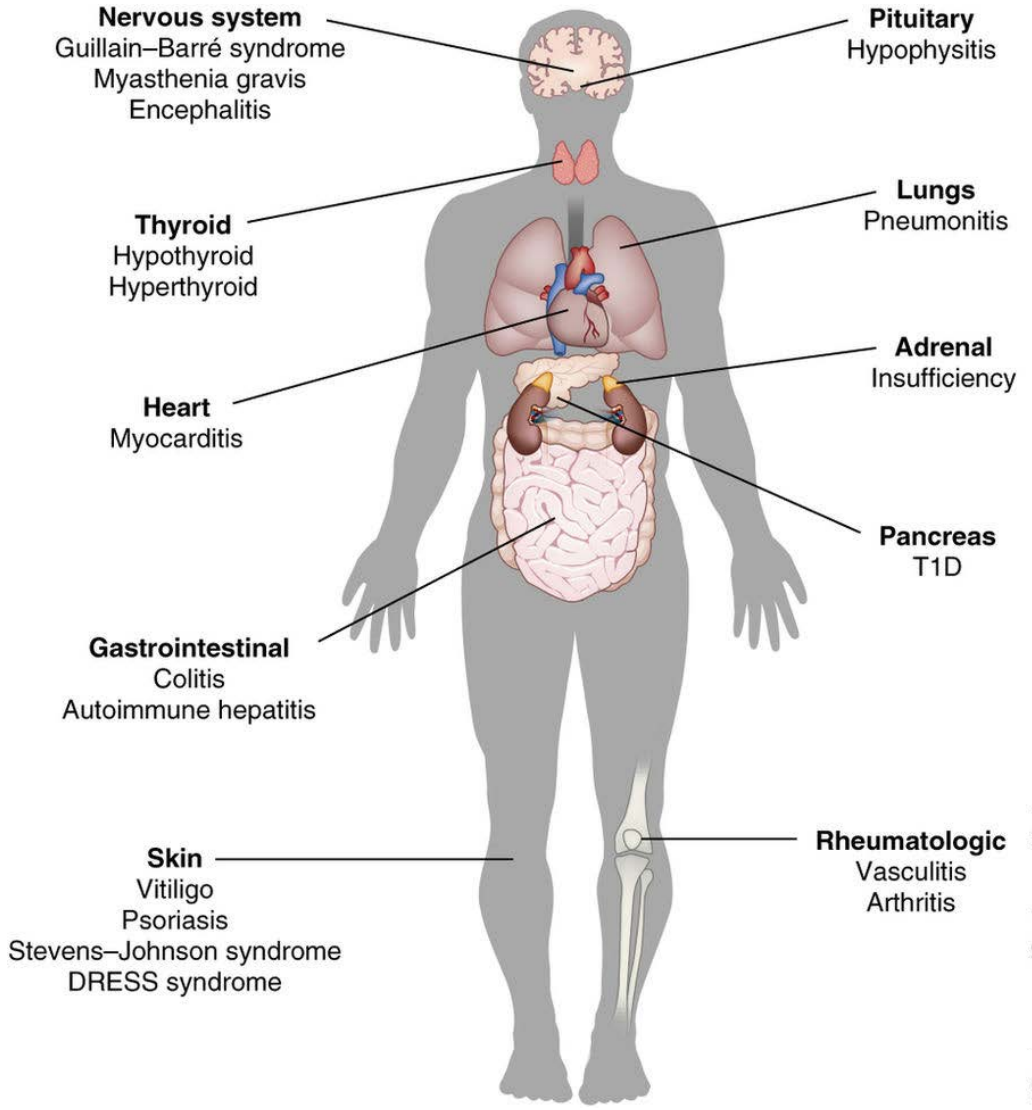
Courtesy of Stephen V Liu, MD, PhD

# Chief complaint: Difficulty swallowing

**What are the most common immune-mediated adverse events that you observe in your patients who are receiving consolidation durvalumab?**

# Immune-Mediated Toxicity

- Any organ/system can be affected
  - Special concern in stage III NSCLC for the lungs
  - Radiation alone can cause pneumonitis
  - Generally low grade, if any
  - Potential for serious toxicity
  - Early recognition is the key to avoiding poor outcomes




Courtesy of Stephen V Liu, MD, PhD

# Chief complaint: Diarrhea

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**A 60-year-old woman with locally advanced NSCLC has completed 3 cycles of cisplatin/pemetrexed with concurrent radiation therapy. She starts consolidation durvalumab but after 5 days calls in complaining of diarrhea (4 loose bowel movements in the past 24 hours without any abdominal pain). Do you advise her to take the loperamide that was prescribed to her?**

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | No |
|  RAMASWAMY GOVINDAN, MD | Yes |
|  MATTHEW GUBENS, MD, MS | Yes |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Yes |
|  RASHEDA PERSINGER, NP-C | Yes |
|  DAVID R SPIGEL, MD | Yes |
|  HEATHER WAKELEE, MD | Yes |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Yes |

**A 75-year-old woman with locally advanced NSCLC has completed chemoradiation therapy and is receiving consolidation durvalumab. Her morning labs, which are fasting, have shown progressively higher glucose levels (210 mg/dL after her first cycle and 300 mg/dL after her second). Do you believe this could be related to the durvalumab?**

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Yes |
|  RAMASWAMY GOVINDAN, MD | No |
|  MATTHEW GUBENS, MD, MS | Yes |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Yes |
|  RASHEDA PERSINGER, NP-C | Yes |
|  DAVID R SPIGEL, MD | Yes |
|  HEATHER WAKELEE, MD | Yes |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Yes |

## A patient with locally advanced NSCLC has completed 3 months of consolidation durvalumab and is faring well but on routine labs is noted to have a TSH level of 14 mU/L and a free T4 level of 3 ng/dL. What would you recommend?

| | |
|---|---|
|  KELLY EH GOODWIN, MSN, RN, ANP-BC | Continue durvalumab and start thyroid hormone supplementation |
|  RAMASWAMY GOVINDAN, MD | Continue durvalumab and continue to monitor thyroid function |
|  MATTHEW GUBENS, MD, MS | Continue durvalumab and start thyroid hormone supplementation |
|  ALISON HOLMES TISCH, MSN, RN, ANP-BC, AOCNP | Continue durvalumab and start thyroid hormone supplementation |
|  RASHEDA PERSINGER, NP-C | Continue durvalumab and start thyroid hormone supplementation |
|  DAVID R SPIGEL, MD | Continue durvalumab and start thyroid hormone supplementation |
|  HEATHER WAKELEE, MD | Continue durvalumab and continue to monitor thyroid function |
|  ELIZABETH S WAXMAN, RN, MSN, ANP-BC | Continue durvalumab and start thyroid hormone supplementation |

# Questions and Comments: Evaluation of the patient with a rash

**Ms Kelly Goodwin**

# Chief complaint: Rash

# Chief complaint: Fatigue

# Immune-Mediated Toxicity

- Use of checkpoint inhibitors (including durvalumab)
  - Restore the ability of a patient's T-cells to attack tumors
  - Generate an immune-mediated antitumor response
  - The same checkpoints also prevent autoimmunity
  - Inhibiting those checkpoints can lead to autoimmune toxicity

*June, Nat Med 2017*

Courtesy of Stephen V Liu, MD, PhD

# Other Immune-Mediated Adverse Events

- Non-pneumonitis immune-mediated events with durvalumab
  - 56.3% occur within 3 months; 83.1% within 6 months
  - Thyroid disorders (seen in 11.4% of patients)
  - Rash/dermatitis (seen in 1.9%)
  - Diarrhea/colitis (seen in 1.1%)

| | Thyroid | Rash | Diarrhea |
|---|---|---|---|
| Time to Onset | 85 days | 37 days | 61 days |
| Duration | 63.5 days | 117 days | 74 days |
| Time to Resolution | 56 days | 104 days | 47.5 days |

*Naidoo, ASCO 2020*

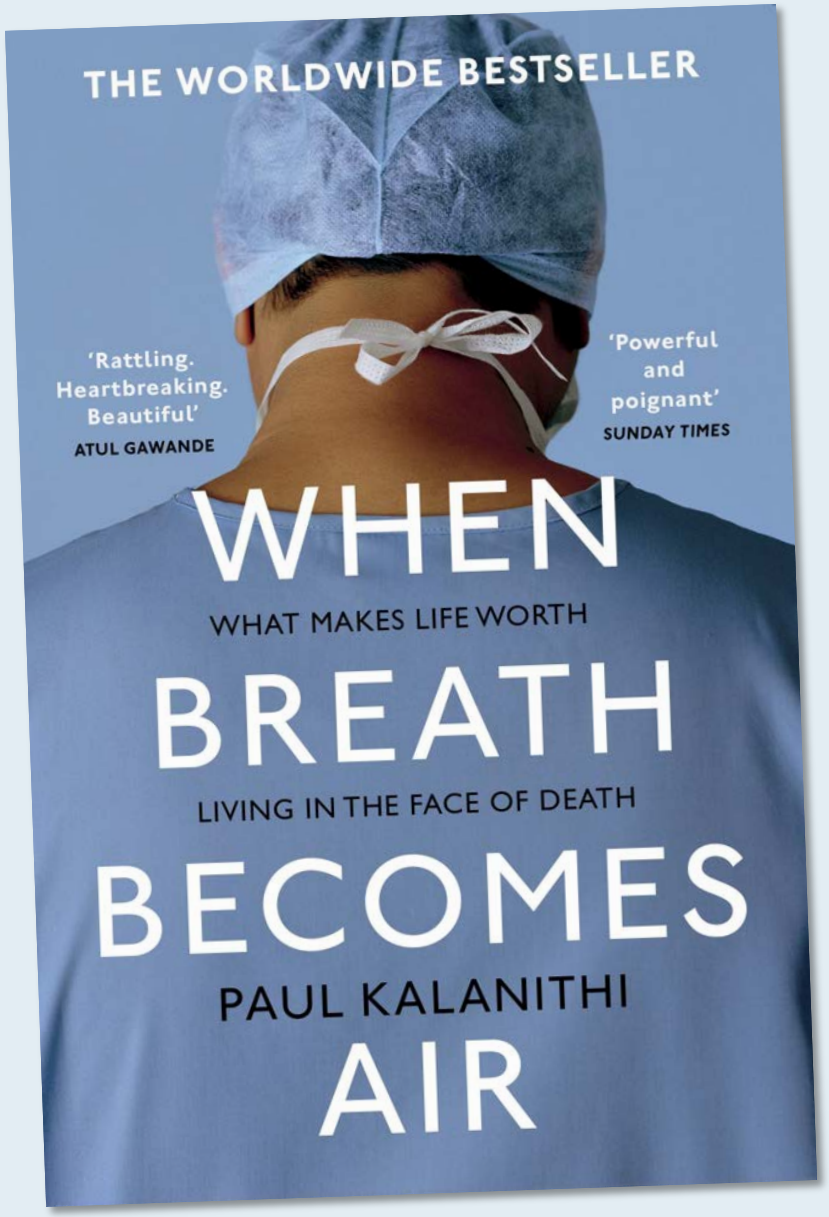
Courtesy of Stephen V Liu, MD, PhD

# Immune-Mediated Adverse Events

- Hormone replacement if indicated
- For severe immune-related side effects, treatment is immune suppression (steroids)
  - Early and aggressive intervention important for severe cases
  - When steroids tapered off, side effects may return
    - Long courses of steroids may be needed
    - Potential risk of infection and other complications of steroid use
  - Lowering the dose or changing schedule is not effective

*Roth, JCO 1992*

Courtesy of Stephen V Liu, MD, PhD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PAUL KALANITHI
AIR

# *Meet The Professor*
# Management of Ovarian Cancer

**Friday, November 6, 2020**
**12:00 PM – 1:00 PM ET**

## Faculty

**Mansoor Raza Mirza, MD**

## Moderator

**Neil Love, MD**

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**Thank you for joining us!**

**CNE (NCPD) credit information will be emailed to each participant tomorrow morning.**