PeerView Live

CME/MOC/AAPA

Amplifying the ADC Advantage

How to Fulfill the Potential of Antibody–Drug Conjugates as the Next Frontier in Precision Lung Cancer Care

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Meeting ID: 879 1416 4098 Passcode: 498367

This live virtual meeting is being hosted by the Georgia Society of Clinical Oncology



Activity Description

Mounting evidence continues to elucidate the clinical potential of antibody–drug conjugates (ADCs) in the treatment of patients with lung cancer. ADCs are now transitioning from research settings to clinical practice, with the first approval of a novel HER2-targeting ADC, trastuzumab deruxtecan, for HER2-mutated NSCLC. In addition, various other potent ADCs targeting HER3, TROP2, CEACAM5, c-MET, AXL, ROR2, and others are being evaluated in clinical trials in different disease settings, including in patients with advanced NSCLC with and without actionable genomic alterations, and they are showing impressive activity. How do we realize the promise of these ADCs as the next frontier in precision lung cancer care? What are the best ways to apply the emerging science to patient care decisions in everyday practice?

These and other key questions will be addressed in this PeerView Live MasterClass, produced in collaboration with the LUNGevity Foundation, to highlight patient perspectives alongside those of clinicians. Leading experts in the field will share their interpretations of the latest practice-changing evidence and provide practical guidance using real-world case scenarios to demonstrate how to maximize beneficial patient outcomes using ADCs.

Educational Objectives

Upon completion of this activity, participants should be better able to:

- · Discuss the modern composition, rationale for use, and clinical potential of novel ADCs in NSCLC
- · Compare the characteristics, efficacy/safety, and ongoing investigations of novel ADCs in NSCLC
- Apply the latest evidence and guidelines on patient assessment in NSCLC, including biomarker testing as indicated, to identify patients for targeted therapies, including novel ADCs
- Utilize best practices for identifying and managing treatment-related adverse events in patients receiving targeted therapies for NSCLC to promote
 optimal adherence, outcomes, and quality of life

Accreditation, Support, and Credit

In support of improving patient care, this activity has been planned and implemented by PVI, PeerView Institute for Medical Education, and LUNGevity Foundation. PVI, PeerView Institute for Medical Education, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Support

This activity is supported by independent educational grants from AstraZeneca, BioAtla, Inc., Daiichi Sankyo, Inc., Gilead Sciences, Inc., and Sanofi.

Physicians

PVI, PeerView Institute for Medical Education, designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MOC Statement

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.0 MOC points and patient safety MOC credit in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Participation information will be shared through the ACCME's Program and Activity Reporting System (PARS).

Physician Assistants

PeerView Institute for Medical Education, has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.