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Online, Interactive, Case-Based Education Significantly Improves Oncologists' and Surgeons' Ability in Managing Patients with Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma

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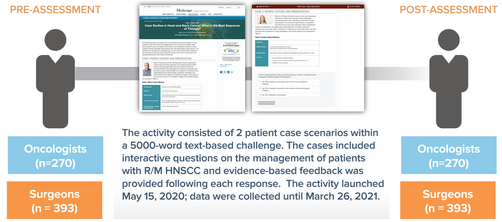
BACKGROUND

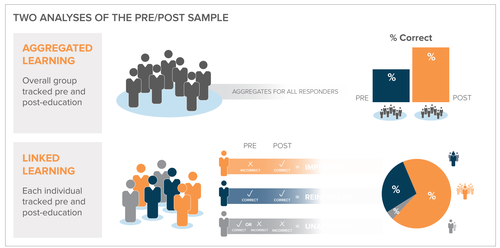
Head and neck squamous cell carcinoma (HNSCC) includes cancers of the oral cavity, oropharynx, hypopharynx, and larynx. Recurrent or metastatic (R/M) disease that is not amenable to local therapy is treated with systemic therapy. ICIs have recently been approved for frontline treatment, with improved overall survival observed compared with previous chemotherapy-only containing regimens. As a result of these advancements and changing of the treatment landscape, many clinicians are challenged to stay current with emerging data and knowing how best to integrate these regimens into the spectrum of HNSCC treatment paradigms.

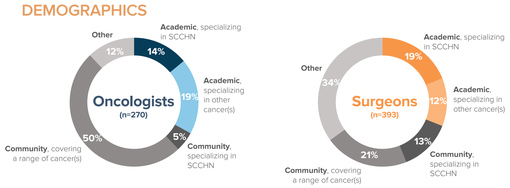
OBJECTIVE

The objective of this study was to determine if an online, case-based continuing medical education (CME) intervention could improve oncologists' and surgeons' skills in the comprehensive management of patients with R/M HNSCC.

METHODS



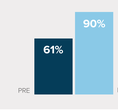




RESULTS

Oncologists (n=270)

AGGREGATED RESULTS



CRAMER'S V EFFECT SIZE: EXTENSIVE

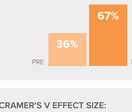
CHI-SQUARE TEST

$P < .0001$

SIGNIFICANCE (P <.05)

Surgeons (n = 393)

AGGREGATED RESULTS



CRAMER'S V EFFECT SIZE: EXTENSIVE

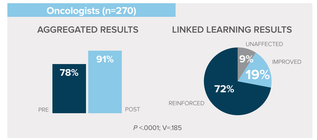
CHI-SQUARE TEST

$P < .0001$

SIGNIFICANCE (P <.05)

QUESTION 1 RESULTS

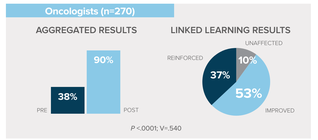
Significant improvement related to PD-L1 testing for patient with locally advanced, HPV-positive oropharyngeal squamous cell carcinoma



Patient Case: Mike is a 54-year-old former 30-pack-year smoker diagnosed 6 months ago with locally advanced, HPV-positive oropharyngeal SCC. He received definitive chemotherapy and radiation and achieved a PR. Four months after the completion of treatment, he feels a new nodule in his neck and comes in for evaluation. He is asymptomatic and his workup shows cervical lymphadenopathy and multiple lung nodules. Biopsy confirms HPV-associated SCC. **Question:** Would you recommend programmed cell death-ligand 1 (PD-L1) testing at this time? **Correct Answer:** Yes, order it now

QUESTION 2 RESULTS

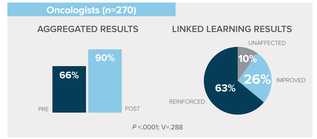
Significant improvement in selecting most appropriate initial therapy for patient with oropharyngeal SCC and CPS score of 30



Question: Mike's PD-L1 testing shows a CPS score of 30. He had grade 3 mucositis during chemoradiation that resolved after completion of therapy. Based on recent clinical trials, which of the following options would be most appropriate as initial therapy? **Correct Answer:** Pembrolizumab alone

QUESTION 3 RESULTS

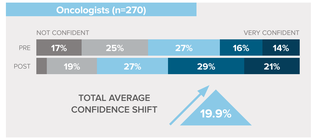
Significant improvement in managing a patient with cancer of the larynx experiencing immune-mediated colitis



Patient Case: A 67-year-old woman originally diagnosed with laryngeal cancer presents with recurrent metastatic disease and receives second-line nivolumab. She achieves a PR, but at routine follow-up mentions the onset of diarrhea after a round of antibiotics for a urinary tract infection. Gastrointestinal workup is negative for infectious causes and confirms grade 2 colitis. **Question:** What would you recommend to manage her colitis? **Correct Answer:** Hold nivolumab and initiate corticosteroids

SELF EFFICACY RESULTS

Oncologists' and surgeons confidence improved regarding the use of immunotherapy for patients with R/M HNSCC



How confident are you right now in prescribing immunotherapy for your patients with recurrent/metastatic squamous cell carcinoma of the head and neck? (Select ranking from 1 [Not confident] to 5 [Very confident])

CONCLUSIONS

Participation in an online, interactive, case-based CME-certified activity resulted in statistically significant improvements in knowledge/competence, and measurable increases in confidence of oncologists and surgeons regarding the management of patients with R/M HNSCC. These results have the ability to translate to improvements in clinical care. Despite the improvements, additional educational activities are needed to address residual gaps and further increase clinicians' ability in this clinical setting.

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For additional information please contact Michelle A. Worst, Associate Director of Clinical Strategy Oncology at *mworst@medscape.net.*

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REFERENCES

1. Case studies in Head and Neck Cancer: What is the Best Sequence of Therapy (https://www.medscape.org/viewarticle/930134)
2. Burtness B, Harrington KJ, Greil R, et al; KEYNOTE-048 Investigators. Pembrolizumab alone or with chemotherapy versus cetuximab with chemotherapy for recurrent or metastatic squamous cell carcinoma of the head and neck (KEYNOTE-048): a randomised, open-label, phase 3 study. *Lancet.* 2019;394:1915-1928.
3. Cohen EEW, Soulières D, Le Tourneau C, et al; KEYNOTE-040 investigators. Pembrolizumab versus methotrexate, docetaxel, or cetuximab for recurrent or metastatic head-and-neck squamous cell carcinoma (KEYNOTE-040): a randomised, open-label, phase 3 study. *Lancet.* 2019;393:156-167.
4. Ferris RL, Blumenschein G Jr, Fayette J, et al. Nivolumab vs investigator's choice in recurrent or metastatic squamous cell carcinoma of the head and neck: 2-year long-term survival update of CheckMate 141 with analyses by tumor PD-L1 expression. *Oral Oncol.* 2018;81:45-51.
5. Ferris RL, Blumenschein G Jr, Fayette J et al. Nivolumab for recurrent squamous-cell carcinoma of the head and neck. *N Engl J Med.* 2016; 375:1856-1867.

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