# Acute Leukemia

### John Valgus, Pharm.D., BCOP

Clinical Assistant Professor; Hematology/Oncology Clinical Specialist University of North Carolina Hospitals and Clinics Chapel Hill, North Carolina

### Learning Objectives:

- Identify the aspects of acute promyelocytic leukemia which differentiate this disease state from other subtypes of acute myeloid leukemia
- 2. Describe the role of all-trans retinoic acid, arsenic trioxide, and conventional chemotherapy in the treatment of acute promyelocytic leukemia
- 3. Discuss the mechanisms of action of all-trans retinoic acid and arsenic trioxide

## Bladder, Renal Cell, and Testicular Cancers

### Patrick Medina, Pharm.D., BCOP

Associate Professor University of Oklahoma Health Sciences Center Oklahoma City, Oklahoma

- 1. Describe the role of the von Hippel-Lindau (VHL) gene in renal cell cancer
- 2. Summarize the role epidermal growth factor receptor (EGFR), vascular endothelial growth factor (VEGF), and raf/MEK/ERK pathway on cell growth in renal cell cancer
- 3. Outline the pharmacological principles for agents used to treat renal cell cancer.
- 4. Compare and contrast the mechanism of action of sunitinib, sorafenib, and temsirolimus in metastatic renal cell cancer.
- 5. Outline clinical data regarding these new agents in renal cell cancer

# Breast Cancer I

## Laura Boehnke Michaud, Pharm.D., BCOP, FASHP

The University of Texas M. D. Anderson Cancer Center Houston, Texas

- 1. Identify patients who may benefit from the addition of ixabepilone to capecitabine for the treatment of breast cancer.
- 2. Discuss the benefits these patients may experience with the addition of ixabepilone to this chemotherapy regimen.
- 3. Identify the appropriate dosing and administration schedule for ixabepilone and capecitabine when given in combination for the management of breast cancer.
- 4. Review the overall safety related to the addition of ixabepilone to capecitabine.
- 5. Review the mechanism of action and pharmacology of the epothilones, specifically ixabepilone.
- 6. Discuss how this information may be incorporated into standard treatment recommendations for the treatment of breast cancer.

# **Breast Cancer II**

### Laura Boehnke Michaud, Pharm.D., BCOP, FASHP

The University of Texas M. D. Anderson Cancer Center Houston, Texas

- 1. Identify the absolute and relative benefits gained with the addition of trastuzumab to chemotherapy in the adjuvant setting to treat early stage breast cancer.
- 2. Identify the absolute and relative risks associated with the addition of trastuzumab to chemotherapy in the adjuvant setting to treat early stage breast cancer.
- 3. Review the overall safety related to the addition of trastuzumab to chemotherapy in the adjuvant treatment setting.
- 4. Discuss how this information may be incorporated into standard treatment recommendations for the adjuvant treatment of early stage breast cancer.

## Hematopoietic Stem Cell Transplantation

### Helen L. Leather, B.Pharm

Clinical Pharmacy Specialist BMT/leukemia College of Pharmacy University of Florida Gainesville, Florida

- 1. Discuss the role of hematopoietic stem cell transplantation (HSCT) as part of the treatment of adult acute myeloid leukemia.
- 2. Compare and contrast outcomes with conventional chemotherapy and autologous HSCT in adults.
- 3. Compare and contrast outcomes achieved with conventional chemotherapy and allogeneic HSCT in adults.
- 4. Describe the role of autologous and allogeneic HSCT in adult acute myeloid leukemia.
- 5. Describe the optimal timing for HSCT in adult acute myeloid leukemia patients
- 6. Identify the optimum source of stem cells for transplantation.
- 7. Discuss the role of T-cell depletion as part of the transplant process for adult acute myeloid leukemia.
- 8. Outline the role of HSCT (autologous and allogeneic) and conventional chemotherapy in the treatment of acute lymphoblastic leukemia

# Hypercalcemia

Val R. Adams, Pharm.D., FCCP, BCOP University of Kentucky College of Pharmacy

### Learning Objectives:

- 1. Describe the presenting signs and symptoms of hypercalcemia of malignancy
- 2. Recommend a treatment plan for a patient with severe hypercalcemia of malignancy.
- 3. Describe the time course of response to therapy to hypocalcemic agents.
- 4. Describe the common side effects of hypocalcemic agents.

## Literature Evaluation and Biostatistics in Oncology

### Linda S. Tyler, Pharm.D., FASHP

Director, Drug Information Service University of Utah Hospitals & Clinics Salt Lake City, Utah

### Learning Objectives:

### Given a meta-analysis addressing an issue in oncology:

- 1. Describe the purpose of Forrest and funnel plots and interpret the information presented.
- 2. Interpret I<sup>2</sup> values.
- 3. Assess heterogeneity qualitatively and quantitatively.
- 4. List factors that are important to consider when determining if it is appropriate to combine studies for a meta-analysis.

# Lung Cancer

### R. Donald Harvey, Pharm.D., BCPS, BCOP

Assistant Professor of Hematology and Oncology Winship Cancer Institute Emory University Atlanta, Georgia

- 1. Discuss therapeutic challenges with chemotherapy in non-small-cell lung cancer (NSCLC) in patients greater than 70 years of age.
- 2. Describe mutations and toxicities that predict response to erlotinib and their impact on disease control.
- 3. Evaluate response and toxicities associated with the addition of bevacizumab to carboplatin and paclitaxel in NSCLC patients over 70 years of age.
- 4. Compare response and toxicities with the addition of bevacizumab to carboplatin and paclitaxel in NSCLC patients above and below 70 years of age.

## **Multiple Myeloma**

## Chris Fausel, Pharm.D., BCPS, BCOP

Clinical Pharmacist Adult Cancer Care Center Indiana University Cancer Center Indianapolis, Indiana

- 1. Explain the rationale for initiating treatment for patients with refractory multiple myeloma.
- 2. Define the clinical benefit of the lenalidomide/dexamethasone containing arm offers to patients compared to single agent dexamethasone.
- 3. Evaluate the supportive care measures necessary for patients receiving the treatment regimens in this study.
- 4. Outline the clinically relevant toxicities between the respective treatment arms.

# **Ovarian Cancer**

### Dayna L. McCauley, Pharm.D., BCOP

Long Island Gynecologic Oncologists, PC State University of New York at Stony Brook and Winthrop-University Hospital Smithtown, New York

### Learning Objectives:

- 1. Describe the activity of Bevacizumab in patients with platinum resistant ovarian cancer.
- 2. Describe the toxicity of Bevacizumab in patients with platinum resistant ovarian cancer.

# Pancreatic, Stomach, and Liver Tumors

### Dina K. Patel, PharmD, BCOP

Clinical Pharmacy Specialist M.D. Anderson Cancer Center University of Texas

- 1. Describe the pathogenesis and Pathophysiology of pancreatic, stomach, and liver tumors.
- 2. Identify the risk factors, clinical symptoms, and staging for pancreatic, stomach, and liver tumors.
- 3. Explain the role of screening and prevention in pancreatic, stomach, and liver tumors.
- 4. Outline the appropriate pharmacologic and non-pharmacologic treatment of pancreatic, stomach, and liver tumors.
- 5. Discuss the pharmacology and toxicities associated with each chemotherapeutic agent used to treat pancreatic, stomach, and liver tumors.

# **Pediatric Malignancy**

### Mark T. Holdsworth, Pharm.D., BCOP

Associate Professor of Pharmacy and Pediatrics College of Pharmacy University of New Mexico Albuquerque, New Mexico

- 1. Describe the recent evidence regarding the occurrence of osteonecrosis in survivors of childhood leukemia.
- 2. Summarize the likely mechanisms of corticosteroid-induced osteonecrosis.
- 3. Summarize the main risk factors of osteonecrosis in the childhood acute lymphoblastic leukemia (ALL) population.
- 4. Identify the common clinical presentation among children with ALL who develop osteonecrosis.
- 5. Describe the severity of intraconazole- related vincristine neurotoxicity.
- 6. Discuss appropriate antifungal prophylaxis therapy for pediatric ALL patients.
- 7. Summarize the likely mechanism by which an intraconazole-vincristine interaction is more severe than that observed with other azole antifungals.

# **Prostate Cancer**

## Jill M. Kolesar, Pharm.D., FCCP, BCPS

Associate Professor University of Wisconsin Comprehensive Cancer Center Madison, Wisconsin

### Learning Objectives:

- 1. Describe the efficacy of oral phosphodiesterase type 5 (PDE5) inhibitors in treating erectile dysfunction following treatment of prostate cancer.
- 2. Understand the toxicity of oral phosphodiesterase type 5 (PDE5) inhibitors.
- 3. Outline a treatment plan for a man with erectile dysfunction after a radical prostatectomy, taking into consideration patient preferences, potential drug interactions, efficacy and toxicity.

# **Supportive Care**

### Theresa A. Mays, B.S., Pharm.D., BCOP

Director, Investigational Drug Section (IDS) South Texas Accelerated Research Therapeutics (START) San Antonio, Texas

- 1. Assess a patient's eligibility for receiving erythropoietin stimulating agents (ESA) based on their clinical presentation and recently published guidelines.
- 2. Discuss the risks verses benefits for patients receiving ESA therapy.
- 3. Outline an appropriate monitoring plan for patients receiving ESA therapy.
- 4. Compare and contrast the differences between available ESA therapies.
- 5. Explain the rationale for monitoring iron studies and when iron supplementation should be used in patients receiving ESA therapy.

## The Anticancer Drug Development Process

#### Jill M. Kolesar, Pharm.D., FCCP, BCPS

Associate Professor University of Wisconsin Comprehensive Cancer Center Madison, Wisconsin

- 1. List the primary endpoints and population of phase 0 clinical trials.
- 2. Explain the benefits and limitations of phase 0 clinical trials.
- 3. Describe the ethical implications pf phase 0 clinical trials.
- 4. Compare and contrast phase 0 clinical trials and with other types of clinical trials.