

NEW DIRECTIONS IN THE TREATMENT OF METASTATIC MELANOMA: ADVANCES IN IMMUNOTHERAPY

A Local CME/CNE Speaker Program Series

Chair

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Educational Objectives

Upon completion of this activity, participants will be able to

1. Discuss the rationale for using immunotherapy to treat patients with metastatic melanoma.
2. Evaluate MoAb-based therapies that enhance T-cell-mediated immune responses in patients with metastatic melanoma.
3. Assess immunotherapeutic strategies that promote melanoma-specific immune responses in patients with metastatic melanoma, including vaccination and adoptive cell therapy.

Provided by



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Statement of Need

An estimated 68,720 new cases of melanoma will be diagnosed in the United States in 2009, and approximately 8650 patients will die of the disease. Most patients with melanoma are diagnosed at an early stage and can be cured by surgical resection, but patients with metastatic melanoma have a very poor prognosis, with a 5-year survival rate of only 16%. Because systemic therapies have not demonstrated significantly increased efficacy in phase III trials compared with best supportive care, few therapeutic agents have been approved for the treatment of advanced melanoma and no standard of care currently exists. Current treatment options include single-agent chemotherapy, which offers a clinical benefit in only up to 20% of patients, with a short duration of 4-6 months, and immunostimulatory agents, which have limited effectiveness and significant toxicity. However, recent scientific evidence has provided a better understanding of the pathogenesis of melanoma. Novel treatments currently under investigation include immunotherapeutic approaches such as monoclonal antibodies (MoAbs), vaccines, and adoptive cell therapy, with several strategies currently undergoing phase II and III clinical investigation. At the end of this activity, participants will be able to evaluate recent clinical data for novel immunotherapeutic options under investigation for the treatment of metastatic melanoma.

Target Audience

This activity is intended for medical oncologists, dermatologists, surgeons, nurses, physician assistants, and other healthcare professionals involved in the treatment of patients with metastatic melanoma.

Method of Participation

This interactive discussion/presentation will use multiple methods of participation to engage attendees and enhance the learning process.

Accreditation

Physicians: The CBCE™ (The Center for Biomedical Continuing Education) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The CBCE designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should only claim credit commensurate with the extent of their participation in this activity.

Physician Assistants: AAPA accepts certificates of participation for educational activities certified for Category 1 credit from AOACCME, Prescribed credit from AAFP, and *AMA PRA Category 1 Credit*™ from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 1.0 hour of Category 1 credit for completing this program.

Nurses: The CBCE™ (The Center for Biomedical Continuing Education) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The CBCE designates this educational activity for 1.0 contact hour.

Accreditation by the American Nurses Credentialing Center's Commission on Accreditation refers to recognition of educational activities and does not imply approval or endorsement of any product.

Certificate

The Evaluation and Request for Credit Form must be completed and returned to the CBCE following this activity to obtain credit. Please fill in the faculty name and date of the activity on the evaluation form. Participants will receive their certificate 4-6 weeks after the CBCE receives their form.

Acknowledgement of Commercial Support

The CBCE gratefully acknowledges the educational grant provided by Bristol-Myers Squibb Company.

Americans with Disabilities Act

The CBCE fully complies with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant in this educational activity is in need of support services, please notify the CBCE prior to the program.

Educational Inquiries

For further information, please contact the CBCE, 1707 Market Place Blvd., Suite 370, Irving, TX 75063; Phone: (877) 263-6911; Fax: (972) 929-8263; E-mail: localcme@thebcce.com.

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You can request one of the CBCE™ (The Center for Biomedical Continuing Education) distinguished faculty to present at your next grand rounds, tumor board, or other educational programs by completing this form and returning it to the CBCE by:

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E-MAIL | localcme@thebce.com **ONLINE |** www.thebce.com/localcme
MAIL | The CBCE, 1707 Market Place Blvd., Suite 370, Irving, TX 75063

HOST REQUESTING A SPEAKER

The request must come from a medical institution (office, clinic, hospital, organization, or physician), and a contact person must be designated. This individual will serve as the primary contact for all communications with the CBCE.

HOST INFORMATION

Physician Requesting Program		Primary Host Contact (if other than physician)	
Organization			
Address (no P.O. boxes, please)			
City	State	Zip	
Primary Contact Phone		Primary Contact Fax	
Primary Contact E-mail			
Signature of Primary Contact		Signature Date	
Type of Program (eg, offsite meeting: OM, tumor board: TB, grand rounds: GR)			
Expected Audience Composition (eg, physicians, nurses, pharmacists – minimum requirement of 10 attendees)			
Expected Number of Physicians in Attendance			

DATE AND TIME OF REQUESTED EDUCATIONAL PROGRAM

First Choice

Date _____ Time _____

Second Choice

Date _____ Time _____

Third Choice

Date _____ Time _____

Fourth Choice

Date _____ Time _____

SPEAKER REQUESTED (REFER TO FACULTY LIST)

First Choice

Second Choice

Third Choice

Fourth Choice

SUGGESTED LOCATION FOR EDUCATIONAL PROGRAM

Name (eg, restaurant, sciences building, suite)

Address

City

State

Zip

Phone

SELECT THE APPROPRIATE CME/CNE PROVIDER OPTION

The CBCE will provide the credit/certificates.

Please provide the following contact information:

Name of Accreditation Director/Manager

Or

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