

2008 Alliance Award for Most Outstanding Certified Live CME Activity

In Recognition of an Organization Responsible for Innovation and Excellence in the Design, Educational Format, and Instructional Delivery of a Live CME Activity

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Advances in the Management of Recurrent and Refractory Ovarian Cancer: A CaseMat™ Approach

Studies have suggested that exclusively didactic CME modalities are relatively ineffective in fostering changes in practice as compared with more active learning approaches.¹ A comprehensive review by Jones outlines the role of small groups in promoting lifelong learning, including:

- Individuals in small groups have a greater chance of identifying what they do not know or fully understand.
- Individuals in small groups have greater control of their learning activities with a greater opportunity to self-direct their learning and to develop self-reflection and self-discipline essential for lifelong learning.²

The CaseMat™ educational format was designed as a case-based, interactive activity for small groups regarding the diagnosis, staging, and treatment of patients with cancer. The specific CaseMat™ activity discussed in this article, *Advances of Recurrent and Refractory Ovarian Cancer: A CaseMat™ Approach*, targeted gynecologic oncologists and medical oncologists caring for patients with ovarian cancer. The CaseMat™ method was also used as a feedback tool to evaluate physician thought patterns with regard to treatment selection, side effect management, and therapeutic combination considerations.

Needs Assessment for Ovarian Cancer Content in the Activity

Approximately 25,000 new cases of ovarian cancer are diagnosed each year.³ Currently, more than 80% of ovarian cancer patients are diagnosed at a late clinical stage. In addition, ovarian cancer patients have a 20% or less chance of surviving for five years following standard treatment of cytoreductive surgery and six cycles of chemotherapy with a platinum-analog and paclitaxel.⁴ Although this five-year survival rate is low, numerous patients are receiving benefit from ovarian cancer therapy for many months to years, causing some researchers to suggest considerations appropriate for management of a *chronic illness*.⁵ This new characterization of the disease may require clinicians to adopt a new mindset and be more aware of various treatment options that are available over time.

For relapsed and refractory disease, there are many active agents available, yet the most effective way to utilize them is still being elucidated. The length of time between the conclusion of adjuvant carboplatin and paclitaxel therapy predicts the usefulness of additional therapy with a platinum analog.⁶ Recently, two large trials have shown that combination chemotherapy with gemcitabine or paclitaxel added to carboplatin is more effective than single-agent carboplatin in platinum-sensitive recurrent ovarian cancer.^{7,8} Among the available agents lacking cross-resistance to both paclitaxel and platinum compounds, such as liposomal doxorubicin and topotecan, understanding the adverse event profile and the sometimes subtle impact on quality of life is very important for management of a disease with the time course of ovarian cancer.^{9,10} Biologic targeted therapy, such as epidermal growth factor inhibitors and vascular endothelial growth factor inhibitors, may be useful additions in this role. This educational activity provided clinicians with the most up-to-date information in order to foster translation of research findings into clinical practice for optimal patient outcomes.

Learning Objectives

Upon completion of this educational activity, participants were better able to:

1. Discuss emerging trends and the clinical relevance of biochemical markers for use in efficacy assessment with regard to ovarian cancer treatment selection
2. Propose an appropriate chemotherapy regimen for patients with ovarian cancer utilizing patient- and disease-specific characteristics
3. Compare and contrast chemotherapy regimens based upon efficacy and toxicity profiles for the management of relapsed and refractory ovarian cancer
4. Recommend the most appropriate chemotherapy-based treatment regimen and time of initiation for the management of relapsed and refractory ovarian cancer based upon efficacy and toxicity data.

How CaseMat™ Works

In an effort to encourage discussion and maximize the exchange of clinical data and experiences, the audience size for the CaseMat™ activity was limited to 15 oncologists. In advance of the activity, activity faculty provided patient cases that exemplified many of the difficult or controversial clinical issues seen in practice. A slide set was created that contained these cases and all major clinical data on the subject. Hyperlinks within the slide set allowed the speaker to utilize it in a nonlinear manner, based upon the expressed interest of the attendees.

Upon arriving in the meeting room, program attendees were provided a CaseMat™ document (in duplicate format) to follow along in the case discussion. The faculty presenter directed the small group to proceed in the following manner:

- Step 1: *From the list provided, participants selected two controversial patient factors and/or treatment factors of interest.* Patient cases for the CaseMat™ activity were developed to highlight patient- and/or treatment-specific factors.
- Step 2: *Participants reviewed the patient case that illustrated the selected factors.* The faculty presenter then presented a patient case exemplifying controversies in the management of ovarian cancer.
- Step 3: *Participants identified therapy priorities for this patient.* Led by the faculty presenter, attendees were encouraged to discuss their treatment goals and the desired treatment outcomes.
- Step 4: *Participants selected the most appropriate treatment option.* Based upon the selection, the faculty presenter provided data from a corresponding slide deck focusing on clinical trial results from the selected treatment option.
- Step 5: *Why is the regimen you selected the best choice?* Activity participants and the faculty presenter discussed the treatment option selected and why this treatment was deemed most appropriate.
- Step 6: *Review outcome.* Participants were led through the remainder of the patient case to discuss patient response to the selected therapy.
- Step 7: *What are the next steps for your patient?* At this point in the activity, participants were encouraged to select alternative therapies for the patient based on additional information provided from the case. As described above, once a treatment selection was made, the faculty presenter provided data, from a customized slide deck, highlighting information on the selected treatment regimen.
- Step 8: *Why?* Participants were encouraged to again discuss the treatment selection and why it was the most appropriate choice for the respective patient.

After discussion of the initial case, the participants were able to choose an additional case to discuss or to describe a case from their own practice.

Evaluation Outcomes

The *Advances of Recurrent and Refractory Ovarian Cancer: A CaseMat™ Approach* program was conducted at approximately 35 sites throughout the United States. Results of the activity at Duke University Medical Center, held on February 28, 2007, are described below.

There were 14 physicians in attendance, 12 of whom were gynecologic oncologists, and two of whom were surgical oncologists. When asked if the activity met the identified objectives, 100% of respondents ranked the activity as *good* or *outstanding* (see Figure 1). When asked if the CaseMat™ method of delivery contributed to meeting all learning objectives, 100% of respondents ranked the method of activity as *outstanding* (see Figure 2). All respondents indicated the subject matter is necessary and important to their practice. Similarly, all respondents indicated the information presented will cause them to implement changes in their current practice, such as becoming more comfortable stopping chemotherapy in select patients.

Conclusion

This CaseMat™ activity was well received and effective in meeting the learning objectives. The CaseMat™ small group, case-based format was judged to be a major contributor towards the effectiveness of the activity. Importantly, participants indicated they were stimulated to make changes in their approach to patients in their clinical practice.

References

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Figure 1: Attendee Evaluation of Activity

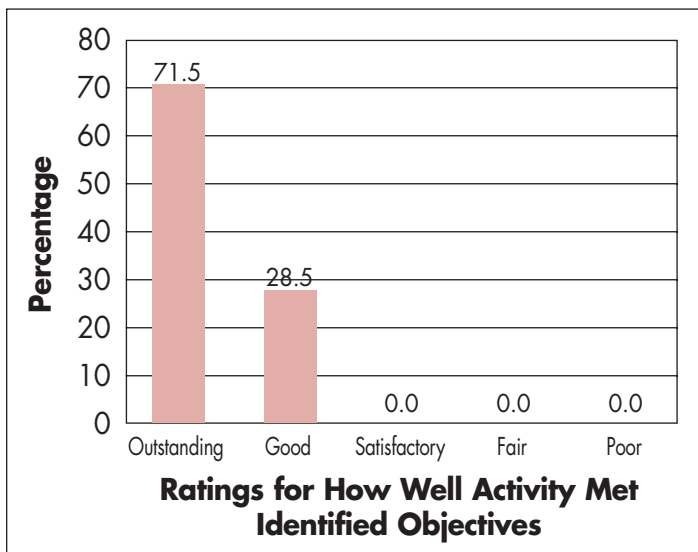


Figure 2: Attendee Evaluation of CaseMat™ Method

