

# Advanced and Metastatic Urothelial Cancer: Advanced Treatment Options Webinar

## FACILITATOR INSTRUCTION SHEET

### Overview

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This Facilitator Instruction Sheet provides two models you may use when presenting this webinar to an audience: a participate together model and a virtual classroom model. Both methodologies involve discussion around the materials after the group has watched the video.

Below is a proposed agenda, materials requirements, and specific guidelines for each portion of the agenda. There are also some alternatives listed for materials and activities. These are simply suggestions for how you might adapt the presentation and activities for your group and environment.

### Schedule

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#### Proposed Agenda

**Length of session: 1.5 hours**

- **Pre-session:** Ensure all participants can see a shared screen.
- **Instructions and setup:** 5 minutes
- **Watch webinar:** 60 minutes
- **Group discussion:** 20 minutes
- **Next steps:** 5 minutes

#### Materials

- Audio and video equipment for participants to see and hear the webinar
- Access to the interactive webinar

#### Presentation and Activities

##### *Instructions (5 minutes) and webinar (60 minutes)*

Consider the size of the group and the setup of the room when deciding how to conduct the webinar review. You may need to adapt your plan, so take a few minutes at the beginning to solidify our approach for your learners. Here are two options.

**Option 1:** As participants watch the webinar, pause at the points indicated. Ask the group the optional discussion questions found at the end of this document, and encourage the group to shout their answers (or raise their hands to vote). Don't discuss, go with the majority, and see what happens as the webinar progresses. Don't try to influence what the participants are choosing.

**Option 2:** Divide participants into teams before starting the webinar, and instruct the teams to vote on their answers to the questions. You might give all teams 2 minutes to discuss each question and determine their answer. Then, a representative from each team can state their answer. You could navigate the webinar based on a majority vote. Alternatively, you might allow the teams to engage in debate if they have different answers; although this method will take longer, you can limit it by allowing one representative from each team to debate, with 2 minutes to state their case.

### *Group discussion (20 minutes)*

After the webinar, lead a group discussion of each question, confirming the correct answers. If the group is large, consider splitting participants into smaller groups with a leader to guide the discussion. Provide the answer key if you opt to use this model.

### *Next steps (5 minutes)*

Resolve any outstanding questions and take a few minutes to discuss next steps.

- Make a list of unanswered questions (e.g., variances in the scenario, how something is handled in your institution).
- Determine who will find the answer to each of the questions.
- Determine how you will inform the group of the answers you find (e.g., follow-up meeting, email).
- Agree to hold each other accountable. This may be a group activity or you may ask people to pair up.
- Ask the group or pairs to define how they will hold each other accountable. Examples include the following:
  - Reach out when you encounter a situation like the one presented in the case study so you can discuss.
  - Agree to coach (and be open to coaching) if someone is seen not implementing what was learned.
- Reinforce how learners can earn NCPD contact hours.

## Virtual Session Considerations

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If you are holding this session virtually, you'll have a few additional considerations.

- Model 1: Participate Together
  - To allow everyone to see and participate simultaneously, ask the participants to join with both video and audio, which is an option in most meeting applications (e.g., Zoom, GoToMeeting). You will need to share your screen and audio with the group, and you can usually find the audio settings in the advanced settings. Be sure to familiarize yourself with the platform in advance so you are not figuring it out as the session gets started.
  - With this model, you have a few options for reviewing the webinar.
    - In Option 1, the virtual format makes sharing answers more challenging. Consider asking people to submit their answers or vote in the chat or polling functionality.

- In Option 2, if you want to divide the group into teams, explore the application's functionality for breakout groups. You will need to appoint a group leader who can share their screen (and audio) with the group and walk through the webinar. This model may require a pre-session with group leaders to ensure they understand the technology and the activity.
- Group discussion for both models
  - A large group discussion in a virtual format is difficult, particularly if you can't see all participants. Because of the lost visual cues and connection lags, a virtual session will need to be a little more structured than an in-person session.
    - Ask participants to use an emoji (e.g., raised hand) to indicate when they would like to be called on to speak.
    - Conduct the conversation in a round-robin in which everyone speaks. This could be a predetermined order that you share in the chat or you could call on people in whatever order you determine. Alternatively, after a person speaks, they could call on the next person to share.

## Optional Discussion Questions

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**Pause the recording at 01:25, just before the presentation by Barbara Zoltick.**

1. Which of the following individuals is at higher risk of bladder cancer?
  - a. 70-year-old White man, obese, smoker of 35 pack-years
  - b. 65-year-old African American man, obese, high blood pressure, diabetes
  - c. 65-year-old White woman, obese, diabetes, cardiovascular disease
  - d. 70-year-old African American woman, physically fit, family history of breast cancer
2. In the United States, what is the most common histological type of cancer in the bladder and urinary tract?
  - a. Squamous cell carcinoma
  - b. Adenocarcinoma
  - c. Urothelial carcinoma
  - d. Sarcoma
3. What would be the best treatment option for locally advanced muscle invasive bladder cancer?
  - a. Radiation therapy alone
  - b. Radiation therapy with intravesicular chemotherapy
  - c. IV chemotherapy alone
  - d. Surgery with or without neoadjuvant chemotherapy

**Pause the recording at 18:28, just before the presentation by Andrew Ruplin.**

4. Name the IV drug considered first-line therapy for advanced urothelial cancer.
  - a. Cyclophosphamide

- b. Cisplatin
  - c. Etoposide
  - d. Paclitaxel
5. Which of the following drugs used in the treatment of urothelial cancer has a risk for immune-related adverse events?
- a. Gemcitabine
  - b. Erdafitinib
  - c. Pembrolizumab
  - d. Enfortumab vedotin
6. Which of the following is true about the function of erdafitinib?
- a. It is effective on the surface of the cell to inhibit CD-20 pathways.
  - b. It stops cellular reproduction during the S phase of the cell cycle.
  - c. It helps the immune system to recognize the tumor as foreign.
  - d. It blocks the FGF signaling pathway to promote cell death.

**Pause the recording at 30:15, just before the presentation by Clara Beaver.**

7. What should be included in a pretreatment assessment?
- a. Relevant laboratory values
  - b. Review and verification of orders
  - c. History and physical, including comorbidities
  - d. All of the above
8. Which of the following is correct about the administration of a vesicant?
- a. Administration is always safer by IV piggyback.
  - b. Extravasation may cause extensive tissue damage.
  - c. Use of an IV pump will decrease the risk of extravasation.
  - d. Positive blood return is not required when using a central line.
9. Which of the following should be included in patient education for those receiving a PD-1 inhibitor?
- a. Notify the healthcare team if diarrhea or a cough develops.
  - b. Stress the importance of taking scheduled antiemetics.
  - c. Return to the clinic for 7-day nadir lab work.
  - d. All of the above
10. Which of the following statements by the patient shows an understanding of safe handling of an oral oncolytic?
- a. "My daughter said she'll handle all my meds for me. Did I tell you she's expecting?"
  - b. "I will need to avoid hugging my grandson."
  - c. "I'll store this medication in a safe place and wash my hands before and after taking it."
  - d. "Absolutely no one else can share my bathroom."

**Answers:** 1A; 2C; 3D; 4B; 5C; 6D; 7D; 8B; 9A; 10C