What Oncology Clinicians Want to Know:  
ADDRESSING CURRENT QUESTIONS AND  
CONTROVERSIES IN THE MANAGEMENT  
OF CANCERS OF THE COLON AND RECTUM

TARGET AUDIENCE
This activity is intended for medical oncologists, surgeons and other healthcare providers involved in the treatment of gastrointestinal cancers.

OVERVIEW OF ACTIVITY
Cancer of the colon and rectum is the third most frequently diagnosed cancer and the second most common cause of death among all neoplasms in the United States, accounting for approximately 9% of all cancer deaths. In the year 2014 it is estimated that 96,830 new cases of colon cancer and 40,000 new cases of rectal cancer will be documented in the United States, representing a continued decline over the past 2 decades thought to be related to improvements in detection and treatment. Current therapeutic management of colorectal cancer (CRC) is dependent on tumor stage at the time of initial diagnosis, status of surgical margins (R0, R1, R2) and patient performance status, age, prior treatment exposure and sites of metastasis for those with disease recurrence or de novo advanced cancer. Although these variables are helpful in guiding selection of treatment, the recent rapid expansion of novel biomarkers, multigene signatures and molecular-targeted systemic agents has significantly refined the clinical algorithm such that individualized therapeutic approaches have become the standard. This rapid paradigm shift presents a challenge to practicing oncologists who must grapple with the presentation of ambiguous data sets and their immediate impact on treatment decisions.

By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, surgeons and other healthcare providers with the formulation of up-to-date clinical management strategies for CRC.

LEARNING OBJECTIVES
Upon completion of this activity, participants should be able to:

• Apply the results of emerging clinical research to the best-practice management of early and advanced CRC.
• Assess the utility of available tissue-based assays in determining the risk of recurrence and the potential benefits of adjuvant therapy for patients with Stage II and Stage III colon cancer.
• Communicate the benefits and risks of anti-VEGF, anti-EGFR and other targeted biologic therapies to patients with metastatic CRC, and develop an evidence-based algorithm to sequence available therapeutic options.
• Counsel patients with advanced CRC regarding the efficacy and toxicities associated with regorafenib, and employ strategies to safely and effectively integrate this agent into clinical practice.
• Use clinical and/or biological factors to individualize the selection of chemobiologic therapy for patients with metastatic CRC who have experienced disease progression after first-line therapy.
• Counsel patients with CRC about participation in ongoing clinical trials.

ACCREDITATION STATEMENT
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CREDIT DESIGNATION STATEMENT
Research To Practice designates this enduring material for a maximum of 2.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY
This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ASCOGICRC14/CME.
CONTENT VALIDATION AND DISCLOSURES

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FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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**Hardware/Software Requirements:**
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

**Last review date:** April 2014
**Expiration date:** April 2015
SELECT PUBLICATIONS

John L Marshall, MD


Wells A Messersmith, MD


Ychou M et al. Randomized phase III trial comparing infused 5-fluorouracil/folinic acid (LV5FU) versus LV5FU+irinotecan (LV5FU+IRI) as adjuvant treatment after complete resection of liver metastases from colorectal cancer (LMCRC). Proc ASCO 2008;Abstract LBA4013.


Richard M Goldberg, MD


Eric Van Cutsem, MD, PhD


Douillard J et al. Final results from PRIME — A Phase III study of panitumumab with FOLFOX4 for first-line mCRC. Proc ASCO 2011;Abstract 3510.


Van Cutsem E et al. Intravenous (IV) aflibercept versus placebo in combination with irinotecan/5-FU (FOLFIRI) for second-line treatment of metastatic colorectal cancer (MCRC): Results of a multinational phase 3 trial (EFC10262-VELOUR). *ESMO 13th World Congress on Gastrointestinal Cancer 2011;Abstract 0-0024.*


Scott Kopetz, MD, PhD


Umetani N et al. Diagnostic primer sets for microsatellite instability optimized for a minimal amount of damaged DNA from colorectal tissue samples. *Ann Surg Oncol* 2000;7(4):276-80.


Yothers G et al. Validation of the 12-gene colon cancer Recurrence Score in NSABP C-07 as a predictor of recurrence in patients with stage II and III colon cancer treated with fluorouracil and leucovorin (FU/LV) and FU/LV plus oxaliplatin. *J Clin Oncol* 2013;[Epub ahead of print].