Striving for Consensus: The Application of Existing and Emerging Research Findings to the Practical Management of Gastrointestinal Cancers

A Clinical Investigator Think Tank

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical oncologists, including gastroenterologists, interventional radiologists and hepatologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of gastrointestinal cancer.

OVERVIEW OF ACTIVITY

Because of the prevalent nature of the disease, extensive resources are allocated to colorectal cancer (CRC) research and education. Interestingly, however, although individually less frequently encountered, the collection of non-CRC gastrointestinal (GI) cancers accounts for more cancerrelated deaths per annum than do tumors of the colon and rectum combined. Published results from ongoing trials in both of these fields continually lead to the emergence of novel biomarkers and new therapeutic targets and regimens, thereby altering existing management algorithms. In order to offer optimal patient care — including the option of clinical trial participation — the practicing medical oncologist must be well informed of these advances. This CME program uses a roundtable discussion with leading GI clinical investigators to assist practicing clinicians in formulating up-to-date and appropriate clinical management strategies.

LEARNING OBJECTIVES

- Effectively apply the results of practice-changing clinical research to the selection and sequencing of chemobio-logic regimens for patients with metastatic CRC.
- Summarize key findings from clinical studies of emerging and newly approved therapeutic regimens for pancreatic cancer, and use this information to guide treatment decision-making.
- Use clinical and molecular biomarkers to optimize the selection of systemic therapy for patients with gastric or gastroesophageal cancer.
- Educate patients with unresectable metastatic neuroendocrine tumors of the GI tract regarding approved and

novel treatment approaches and their associated risks and benefits.

- Communicate the benefits and risks of existing and emerging systemic interventions to patients with advanced hepatocellular carcinoma.
- Counsel appropriately selected patients with GI cancer about the availability of ongoing clinical trial participation.

ACCREDITATION STATEMENT

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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 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/GICUTT114/Video/CME.

CONTENT VALIDATION AND DISCLOSURES

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RESEARCH TO PRACTICE STAFF AND EXTERNAL

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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:** January 2014

Expiration date: January 2015

Select Publications

A randomized, multicenter, adaptive Phase II/III study to evaluate the efficacy and safety of trastuzumab emtansine (T-DM1) versus taxane (docetaxel or paclitaxel) in patients with previously treated locally advanced or metastatic HER2-positive gastric cancer, including adenocarcinoma of the gastroesophageal junction. NCT01641939

Casali PG et al. Imatinib failure-free survival (IFS) in patients with localized gastrointestinal stromal tumors (GIST) treated with adjuvant imatinib (IM): The EORTC/AGITG/FSG/GEIS/ISG randomized controlled phase III trial. *Proc ASCO* 2013;Abstract 10500.

Cunningham D et al. MetGastric: A randomized phase III study of onartuzumab (MetMAb) in combination with mFOLFOX6 in patients with metastatic HER2-negative and MET-positive adenocarcinoma of the stomach or gastroesophageal junction. *Proc* ASCO 2013; Abstract TPS4155.

Cunningham D et al. **RILOMET-1:** An international phase III multicenter, randomized, double-blind, placebo-controlled trial of rilotumumab plus epirubicin, cisplatin, and capecitabine as first-line therapy in patients with advanced MET-positive gastric or gastroesophageal junction adenocarcinoma. *Proc ASCO* 2013;Abstract TPS4153.

Douillard JY et al. **Panitumumab-FOLFOX4 treatment and RAS mutations in colorectal cancer.** *N Engl J Med* 2013;369(11):1023-34.

Falcone A et al. FOLFOXIRI/bevacizumab (bev) versus FOLFIRI/bev as first-line treatment in unresectable metastatic colorectal cancer patients: Results of the phase III TRIBE trial by GONO group. *Proc ASCO* 2013; Abstract 3505.

Fuchs CS et al. **REGARD: A phase III, randomized, double-blind trial of ramucirumab and best supportive care (BSC) versus** placebo and BSC in the treatment of metastatic gastric or gastroesophageal junction adenocarcinoma following disease progression on first-line platinum- and/or fluoropyrimidine-containing combination therapy. Gastrointestinal Cancers Symposium 2013;Abstract LBA5.

Hecht JR et al. Lapatinib in combination with capecitabine plus oxaliplatin in HER2-positive advanced or metastatic gastric, esophageal, or gastroesophageal adenocarcinoma: The TRIO-013/LOGiC trial. *Proc ASCO* 2013; Abstract LBA4001.

Loprinzi CL et al. Phase III randomized, placebo-controlled, double-blind study of intravenous calcium/magnesium to prevent oxaliplatin-induced sensory neurotoxicity, NO8CB: An alliance for clinical trials in oncology study. *Proc ASCO* 2013;Abstract 3501.

Mitchel EP et al. North American subgroup results from VELOUR: Ziv-aflibercept versus placebo plus FOLFIRI in mCRC that is resistant to or has progressed after an oxaliplatin-containing regimen. Gastrointestinal Cancers Symposium 2013; Abstract 465.

Peng ZW. Radiofrequency ablation with or without transcatheter arterial chemoembolization in the treatment of hepatocellular carcinoma: A prospective randomized trial. *J Clin Oncol* 2013;31(4):426-32.

RAINBOW: A randomized, multicenter, double-blind, placebo-controlled Phase 3 study of weekly paclitaxel with or without ramucirumab (IMC-1121B) drug product in patients with metastatic gastric adenocarcinoma, refractory to or progressive after first-line therapy with platinum and fluoropyrimidine. NCT01170663

Santoro A et al. Metiv-HCC: A phase III clinical trial evaluating tivantinib (ARQ 197), a MET inhibitor, versus placebo as second-line in patients with MET-high inoperable hepatocellular carcinoma. *Proc ASCO* 2013;Abstract TPS4159.

Strosberg JR et al. Dosing patterns for octreotide LAR in neuroendocrine tumor (NET) patients: NCCN NET outcomes database. *Proc ASCO* 2013; Abstract 4142.

SWOG-S0518: Phase III prospective randomized comparison of depot octreotide plus interferon alpha versus depot octreotide plus bevacizumab (NSC #704865) in advanced, poor prognosis carcinoid patients. NCT00569127

Tabernero J et al. Pertuzumab with trastuzumab and chemotherapy inpatients with HER2-positive metastatic gastric or gastroesophageal junction cancer: An international phase III study (JACOB). *Proc ASCO* 2013; Abstract TPS4150.

Van Hagen P et al. Preoperative chemoradiotherapy for esophageal or junctional cancer. *N Engl J Med* 2012;366(22):2074-84.

Von Hoff DD et al. Results of a randomized phase III trial (MPACT) of weekly *nab*-paclitaxel plus gemcitabine versus gemcitabine alone for patients with metastatic adenocarcinoma of the pancreas with PET and CA19-9 correlates. *Proc ASCO* 2013;Abstract 4005.