Cases from the Community

Clinical Investigators Provide Perspectives on Actual Patients with Metastatic Colorectal, Gastric and Pancreatic Cancer

CME INFORMATION

TARGET AUDIENCE

This activity is intended for medical oncologists, hematology-oncology fellows, gastrointestinal surgeons and other healthcare providers involved in the treatment of gastrointestinal (GI) cancers.

OVERVIEW OF ACTIVITY

Cancer of the colon and rectum is the fourth 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. Although individually less frequently encountered, the collection of other noncolorectal GI cancers account for more per annum cancer-related deaths than those attributed to tumors of the colon and rectum combined. In 2014 in the United States alone it is estimated that these diseases culminated in 136,830 new cases and 50,310 deaths.

Current therapeutic management of colorectal cancer (CRC) is dependent on tumor stage at the time of initial diagnosis, status of surgical margins, 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 introduction 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. Similarly, local and systemic treatment approaches for each of the non-CRC GI cancers are continuously evolving. Like their more prevalent tumor counterparts, the impact of novel molecular-targeted and biologic therapies on the management of non-CRC GI cancers has been profound. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, hematology-oncology fellows, gastrointestinal surgeons and other healthcare providers with the formulation of up-to-date clinical management strategies for both CRC and select non-CRC GI cancers.

LEARNING OBJECTIVES

- Coordinate comprehensive biomarker analysis for patients diagnosed with advanced CRC, and use this information to guide evidence-based care.
- Communicate the benefits and risks of approved anti-VEGF, anti-EGFR and other targeted biologic therapies to patients with metastatic CRC, and develop an evidence-based algorithm to sequence available options based on disease- and patient-specific characteristics.
- Individualize local and systemic treatment for patients with metastatic CRC that is isolated to the liver.
- Appreciate the recent FDA-approved indications for ramucirumab in advanced gastric or gastroesophageal junction cancer, and discern how this agent can be optimally integrated into clinical practice for patients with HER2-negative and HER2-positive disease.
- Implement a clinical plan for the management of advanced HER2-positive gastric cancer, incorporating existing and emerging targeted treatments.
- Appraise the rationale for and clinical data with investigational anti-PD-1 and/or anti-PD-L1 antibodies in patients with gastric cancer.
- Consider age, performance status and other clinical factors in the selection of systemic therapy for patients with metastatic pancreatic adenocarcinoma.
- Describe the mechanism of action of and available research data with ruxolitinib in pancreatic cancer, and use this information to counsel appropriate patients regarding ongoing trials evaluating this novel approach.
- Recall new data with other investigational agents demonstrating promising activity in colorectal, gastric and pancreatic cancers.

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MODERATOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Myriad Genetic Laboratories Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Boston Biomedical Pharma Inc, Genentech BioOncology, Incyte Corporation, Lilly, Sirtex Medical Ltd and Taiho Oncology Inc.

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: May 2015

Expiration date: May 2016

SELECT PUBLICATIONS

Dirk Arnold, MD

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Tanios Bekaii-Saab, MD

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Axel Grothey, MD

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Howard S Hochster, MD

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