

Beyond the Guidelines

Investigator Perspectives on Clinical Issues in the Management of Colorectal, Gastric and Pancreatic Cancer

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematology-oncology fellows and other allied healthcare professionals involved in the treatment of colorectal, gastroesophageal and pancreatic cancer.

OVERVIEW OF ACTIVITY

Given 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 account for more per annum deaths than those attributed to tumors of the colon and rectum combined. Among this collection of distinct diseases, two areas in particular — gastric and pancreatic cancer — have witnessed several recent advances that have altered or have the potential to drastically alter current treatment considerations and approaches.

These video proceedings from a CME symposium held during the 2016 ASCO Annual Meeting feature discussions with leading researchers regarding the self-described practice patterns of a cohort of GI cancer clinical investigators and review of the published literature surrounding the clinical situations explored. 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 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

- Compare and contrast the therapeutic decision-making of community-based oncologists and those of GI clinical investigators for patients with advanced colorectal, gastroesophageal and pancreatic cancer.
- Develop a long-term care plan for individuals diagnosed with metastatic CRC (mCRC), considering the patient's biomarker profile, exposure to prior systemic therapy, symptomatology, performance status and personal goals of treatment.

- Use HER2 status, clinical factors and patient perspectives to optimize the selection and sequence of systemic therapy for locally advanced or metastatic gastric/gastroesophageal cancer.
- Consider age, performance status and other clinical and logistical factors in the selection of systemic therapy for patients with locally advanced or metastatic pancreatic cancer.
- Educate patients with pancreatic cancer about the potential side effects of various chemotherapeutic regimens, and provide preventive and emergent strategies to reduce or ameliorate these toxicities.
- Appreciate the recent FDA approvals of TAS-102 for mCRC and MM-398 for metastatic pancreatic cancer, and develop strategies to incorporate these agents into current clinical algorithms.
- Appraise the rationale for and clinical data with investigational anti-PD-1 and anti-PD-L1 antibodies for patients with GI cancers.
- Recall new data with investigational agents demonstrating promising activity in colorectal, gastroesophageal and pancreatic cancer.

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

Professor Dirk Arnold

Director
CUF Hospitals Cancer Center
Lisbon, Portugal

Advisory Committee, Consulting Agreements and Honoraria: Bayer HealthCare Pharmaceuticals, EMD Serono Inc, Lilly, Roche Laboratories Inc.

Johanna C Bendell, MD

Director, GI Oncology Research
Associate Director, Drug Development Unit
Sarah Cannon Research Institute
Nashville, Tennessee

No relevant conflicts of interest to disclose.

George A Fisher, MD, PhD

Colleen G Haas Professor of Medicine
Stanford University School of Medicine
Stanford, California

Contracted Research: AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Merck; **Data and Safety Monitoring Board:** Celgene Corporation; Stock Ownership: Seattle Genetics.

Richard M Goldberg, MD

Professor of Medicine
Physician-in-Chief
OSUCCC – James Cancer Hospital and Richard J Solove
Research Institute
Klotz Family Chair in Cancer Research
The Ohio State University
Columbus, Ohio

Advisory Committee: Biothera Pharmaceuticals, Bristol-Myers Squibb Company, EMD Serono Inc, Merck, Pfizer Inc, Sirtex Medical Ltd, Taiho Oncology Inc, Targovax; **Consulting Agreements:** Amgen Inc, Forty Seven Inc, Immunovative Therapies Ltd, Kanghong Pharma; **Contracted Research:** Bristol-Myers Squibb Company, Merck, Sanofi.

Axel Grothey, MD

Professor of Oncology
Department of Medical Oncology
Mayo Clinic
Rochester, Minnesota

Advisory Committee: Amgen Inc, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Celgene Corporation, Genentech BioOncology, Lilly; **Contracted Research:** Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Eisai Inc, Genentech BioOncology, Lilly, Merck, Sanofi.

John L Marshall, MD

Chief, Hematology and Oncology
Director, Ruesch Center for the Cure of GI Cancers
Lombardi Comprehensive Cancer Center
Georgetown University
Washington, DC

Advisory Committee: Amgen Inc, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Daiichi Sankyo Inc, Genentech BioOncology; **Consulting Agreements, Contracted Research and Speakers Bureau:** Amgen Inc, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology.

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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

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Select Publications

Professor Dirk Arnold

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- Cremolini C et al. **Early tumor shrinkage and depth of response predict long-term outcome in metastatic colorectal cancer patients treated with first-line chemotherapy plus bevacizumab: Results from phase III TRIBE trial by the Gruppo Oncologico del Nord Ovest.** *Ann Oncol* 2015;26(6):1188-94.
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- Masi G et al. **Bevacizumab with FOLFOXIRI (irinotecan, oxaliplatin, fluorouracil, and folinate) as first-line treatment for metastatic colorectal cancer: A phase 2 trial.** *Lancet Oncol* 2010;11(9):845-52.
- Piso P et al. **Challenges in the multidisciplinary management of stage IV colon and rectal cancer.** *Expert Rev Gastroenterol Hepatol* 2015;9(3):317-26.
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Richard M Goldberg, MD

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- Cunningham D et al. **Perioperative chemotherapy versus surgery alone for resectable gastroesophageal cancer.** *N Engl J Med* 2006;355(1):11-20.
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John L Marshall, MD

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George A Fisher, MD, PhD

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Johanna C Bendell, MD

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Axel Grothey, MD

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