Oncology Grand Rounds Series:

Part 2 — Gastrointestinal Cancers

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists 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 8% of all cancer deaths. 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, and over the past two decades a number of new pathways, receptors and molecular targets have been identified and linked to colorectal cancer (CRC) growth and progression. This enhanced understanding of the biology of the disease has led to the investigation and approval of several novel therapeutic approaches.

Given the prevalent nature of the disease, extensive resources are allocated to CRC research and education. Interestingly, however, although individually less frequently encountered, the collection of "non-CRC" GI cancers account for more per annum deaths than those attributed to tumors of the colon and rectum combined. Importantly, among this collection of distinct tumors, two areas in particular — gastric and pancreatic cancer — have witnessed several recent advances that have already drastically altered current treatment considerations and approaches.

Although these new options have been welcomed by all, they create a challenge for those members of the interdisciplinary treatment team who are required to learn about, explain and appropriately integrate them into standard clinical practice, particularly oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the second part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading GI investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with GI cancers.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the therapeutic and supportive care of patients with metastatic CRC (mCRC), gastric cancer and pancreatic cancer.
- Describe the clinical impact of and toxicities associated with the use of bevacizumab, EGFR inhibitors, regorafenib and TAS-102 for mCRC.
- Appreciate the recent FDA approvals of ramucirumab, TAS-102 and MM-398, and develop effective strategies to integrate these agents into the management of GI cancers.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of mCRC.
- 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.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.6 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSGI2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CNE activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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

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.

Philip A Philip, MD, PhD
Professor of Oncology and Medicine
Director of GI and Neuroendocrine Tumors
Vice President of Medical Affairs
Karmanos Cancer Institute
Wayne State University
Detroit, Michigan

Advisory Committee: bioTheranostics Inc, Caris Life Sciences, Celgene Corporation, EMD Serono Inc, Halozyme Therapeutics, Lexicon Pharmaceuticals Inc, Merrimack Pharmaceuticals Inc; **Contracted Research:** Acerta Pharma, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Incyte Corporation, Karyopharm Therapeutics, Lilly, Merck, Momenta Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc, Taiho Oncology Inc, XBiotech; **Speakers Bureau:** Amgen Inc, Celgene Corporation, Genentech BioOncology, Novartis Pharmaceuticals Corporation.

Robin Sommers, DNP, ANP-BC, AOCNP
Dana-Farber Cancer Institute
Boston, Massachusetts

No relevant conflicts of interest to disclose.

Amanda K Wagner, MS, ANP-BC, AOCNP
Arthur G James Cancer Hospital and Richard J Solove Research Institute
The Ohio State University Comprehensive Cancer Center
Columbus, Ohio

No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, 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.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Lilly, Merrimack Pharmaceuticals Inc 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: August 2016

Expiration date: August 2017

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

Bang YJ et al. **Relationship between PD-L1 expression and clinical outcomes in patients with advanced gastric cancer treated with the anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) in KEYNOTE-012.** *Proc ASCO* 2015;**Abstract 4001**.

Bang YJ et al. **Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): A phase 3, open-label, randomised controlled trial.** *Lancet* 2010;376(9742):687-97.

Boland CR, Goel A. **Microsatellite instability in colorectal cancer.** *Gastroenterology* 2010;138(6):2073-87.e3.

Brescia FJ et al. **Palliative care in pancreatic cancer.** *Cancer Control* 2004;11(1):39-45.

Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.

Dicken BJ et al. **Gastric adenocarcinoma: Review and considerations for future directions.** *Ann Surg* 2005;241(1):27-39.

Fuchs CS et al. **Ramucirumab monotherapy for previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (REGARD): An international, randomised, multicentre, placebo-controlled, phase 3 trial.** *Lancet* 2014;383(9911):31-9.

Grothey A et al. **Time course of regorafenib-associated adverse events in the phase III CORRECT study.** Gastrointestinal Cancers Symposium 2013;**Abstract 467**.

Kawasaki K et al. **Early tumor cavitation with regorafenib in metastatic colorectal cancer: A case report.** *Oncol Lett* 2016;11(1):231-3.

Ko AH et al. **A multinational phase 2 study of nanoliposomal irinotecan sucrosofate (PEP02, MM-398) for patients with gemcitabine-refractory metastatic pancreatic cancer.** *Br J Cancer* 2013;109(4):920-5.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

Mayer RJ et al. **Randomized trial of TAS-102 for refractory metastatic colorectal cancer.** *N Engl J Med* 2015;372(20):1909-19.

Riall TS et al. **Underutilization of surgical resection in patients with localized pancreatic cancer.** *Ann Surg* 2007;246(2):181-2.

Ribas A et al. **Tumor immunotherapy directed at PD-1.** *N Engl J Med* 2012;366(26):2517-9.

Von Hoff D et al. **NAPOLI-1: Randomized phase 3 study of MM-398 (nal-IRI), with or without 5-fluorouracil and leucovorin, versus 5-fluorouracil and leucovorin, in metastatic pancreatic cancer progressed on or following gemcitabine-based therapy.** *Ann Oncol* 2014;25(2):105-6.

Von Hoff DD et al. **Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.

Wilke H et al. **Ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (RAINBOW): A double-blind, randomised phase 3 trial.** *Lancet Oncol* 2014;15(11):1224-35.

Yoshino T et al. **Results of a multicenter, randomized, double-blind, phase III study of TAS-102 vs placebo, with best supportive care (BSC), in patients (pts) with metastatic colorectal cancer (mCRC) refractory to standard therapies (RECOURSE).** ESMO 16th World Congress on Gastrointestinal Cancer 2014;**Abstract O-0022**.