TARGET AUDIENCE
This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of gastrointestinal cancers.

OVERVIEW OF ACTIVITY
Cancer of the colon or rectum is the fourth most frequently diagnosed cancer and the second most common cause of cancer-related death in the United States. In the year 2019, it is estimated that 145,600 people will be diagnosed with colon or rectal cancer in the United States, representing a continued decline over the past few decades thought to be related to improvements in detection and treatment.

Published results from ongoing trials continually lead to the emergence of new therapeutic targets and regimens, thereby altering management algorithms, and 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. To bridge the gap between research and patient care, this program features a roundtable discussion with 2 leading gastrointestinal oncology investigators. By providing access to the latest scientific developments and the perspectives of experts in the field, this CME activity assists medical oncologists with the formulation of up-to-date management strategies.

LEARNING OBJECTIVES
• Coordinate comprehensive biomarker analysis for patients diagnosed with metastatic colorectal cancer (mCRC), and use this information to guide evidence-based care.
• Develop an understanding of the prognostic and predictive implications of tumor sidedness, and use this information to counsel patients regarding guideline-endorsed therapeutic options.
• Consider patient and disease characteristics, including primary tumor location and potentially targetable genetic abnormalities (eg, BRAF, HER2) to inform the selection of first- and later-line therapy for mCRC.
• Communicate the benefits and risks of approved anti-VEGF, anti-EGFR and other systemic therapies to patients with newly diagnosed and progressive mCRC, and develop an evidence-based algorithm for sequencing these available options.
• Appraise the recent FDA approvals of nivolumab, pembrolizumab and the combination of nivolumab/ipilimumab for patients with microsatellite instability-high or mismatch repair-deficient mCRC, and appropriately integrate these agents into current nonresearch treatment algorithms.

ACCREDITATION STATEMENT
Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT
Research To Practice designates this enduring material for a maximum of 2.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)
Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.5 Medical Knowledge MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: medical oncology.

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HOW TO USE THIS CME ACTIVITY
This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit
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 CME 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 physician 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:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: May 2019
Expiration date: May 2020
Amanam I et al. Lower tumor mutational burden (TMB) and hepatic metastases may predict for lack of response to PD-1 blockade in MSI-H metastatic colorectal cancer (MCRC). *Proc ESMO* 2018;Abstract 535P.


Cohen R et al. Assessment of local clinical practice for testing of mismatch repair deficiency in metastatic colorectal cancer: The need for new diagnostic guidelines prior to immunotherapy. *Proc ESMO* 2018;Abstract 537P.

Das RK et al. Causal modeling of CALGB/SWOG 80405 (Alliance) identifies primary (1°) side-related angiogenic drivers of metastatic colorectal cancer (mCRC). *Proc ESMO* 2018;Abstract 458PD.


Heinemann V et al. Somatic DNA mutations, tumor mutational burden (TMB), and MSI status: Association with efficacy in patients (pts) with metastatic colorectal cancer (mCRC) of FIRE-3 (AIO KRK-0306). *Proc ASCO* 2018;Abstract 3591.

Hoyer L, Schmidt N. Verification of guideline conform mCRC treatment with EGFR inhibitors with real world evidence data from EU5 countries. *Proc ESMO* 2018;Abstract 489P.


Jeong JH et al. HER2 amplification and cetuximab efficacy in patients with metastatic colorectal cancer harboring wild-type RAS and BRAF. *Clin Colorectal Cancer* 2017;16(3):e147-52.

Kopetz S et al. Randomized trial of irinotecan and cetuximab with or without vemurafenib in BRAF-mutant metastatic colorectal cancer (SWOG 1406). Gastrointestinal Cancers Symposium 2017;Abstract 520.


Lenz HJ et al. Durable clinical benefit with nivolumab (NIVO) plus low-dose ipilimumab (IPI) as first-line therapy in microsatellite instability-high/mismatch repair deficient (MSI-H/dMMR) metastatic colorectal cancer (mCRC). *Proc ESMO* 2018;Abstract LBA18_PR.

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Marginean EC, Melosky B. Is there a role for programmed death ligand-1 testing and immunotherapy in colorectal cancer with microsatellite instability? Part II — The challenge of programmed death ligand-1 testing and its role in microsatellite instability-high colorectal cancer. *Arch Pathol Lab Med* 2018;142(1):26-34.
Select Publications

Morano F et al. Negative hyper-selection of RAS wild-type (wt) metastatic colorectal cancer (mCRC) patients randomized to first-line FOLFOX plus panitumumab (pan) followed by maintenance therapy with either 5FU/LV plus pan or single-agent pan: Translational analyses of the VALENTINO study. Proc ESMO 2018;Abstract LBA22.


Rich TA et al. RET rearrangements may arise following anti-EGFR therapy in advanced colorectal cancer. Proc ESMO 2018;Abstract 482P.


Siena S et al. Final results of the HERACLES trial in HER2-amplified colorectal cancer. Proc AACR 2017;Abstract CT005.


Sunakawa Y et al. Gene mutation status in circulating tumor DNA (ctDNA) and first-line FOLFOXIRI plus bevacizumab (bev) in metastatic colorectal cancer (mCRC) harboring RAS mutation. Proc ESMO 2018;Abstract 543P.


Van Cutsem E et al. BEACON CRC study safety lead-in: Assessment of the BRAF inhibitor encorafenib + MEK inhibitor binimetinib + anti-epidermal growth factor receptor antibody cetuximab for BRAFV600E metastatic colorectal cancer. Proc ESMO World Congress on Gastrointestinal Cancer 2018;Abstract O-027.

Venook AP et al. Impact of primary (1st) tumor location on overall survival (OS) and progression-free survival (PFS) in patients (pts) with mCRC: Analysis of CALGB/SWOG 80405 (Alliance). Proc ASCO 2016;Abstract 3504.