

# Oncology Grand Rounds

## *Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice*

### Part 1: 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

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 other, “non-CRC” GI cancers accounts for more per annum deaths than those attributed to tumors of the colon and rectum combined. As such, educational opportunities relevant to the clinical management of CRC and prevalent non-CRC GI tumors, including gastric, pancreatic and hepatocellular cancer, are essential to the delivery of comprehensive care.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses 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 first part of a 6-part integrated CNE curriculum originally held at the 2019 ONS Annual Congress feature discussions with leading GI cancer 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 available research data to the therapeutic and supportive care of patients with colorectal cancer (CRC), gastroesophageal cancer, pancreatic cancer and hepatocellular carcinoma (HCC).

- Recognize the importance of biomarker analysis for patients diagnosed with CRC or gastric/gastroesophageal junction (GEJ)/esophageal cancer, and use this information to counsel these individuals regarding the selection of evidence-based systemic treatment options.
- Describe the clinical indications, benefits and toxicities associated with the use of existing and recently approved systemic therapies in the management of metastatic CRC.
- Use HER2 status, PD-L1 combined positive score, clinical factors and patient preferences to optimize systemic therapy for locally advanced or metastatic gastric/GEJ/esophageal cancer.
- Consider age, performance status and other clinical and logistical factors in the selection of systemic therapy for patients with localized, locally advanced or metastatic pancreatic cancer.
- Communicate the benefits and risks of approved and emerging systemic interventions to patients with locally advanced or metastatic HCC.
- Appraise the rationale for and clinical data with commercially available and developmental immune checkpoint inhibitors in the treatment of GI cancers.

#### ACCREDITATION STATEMENT

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

#### CREDIT DESIGNATION STATEMENT

This educational activity for 1.7 contact hours is provided by RTP during the period of June 2019 through June 2020.

This activity is awarded 1.7 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/ONS2019/ILNA](https://www.researchtopractice.com/ONS2019/ILNA).

ONCC review is only for designating content to be used for ILNA 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 or ILNA categories 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 80% or better and fill out the Educational Assessment and Credit Form located at [ResearchToPractice.com/ONSGI2019/CNE](https://www.researchtopractice.com/ONSGI2019/CNE).

## CONTENT VALIDATION AND DISCLOSURES

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:

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No relevant conflicts of interest to disclose.

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No relevant conflicts of interest to disclose.

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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:** June 2019

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## Select Publications

- Abou-Alfa GK et al. **Cabozantinib in patients with advanced and progressing hepatocellular carcinoma.** *N Engl J Med* 2018;379(1):54-63.
- Bekaii-Saab TS et al. **Regorafenib dose optimization study (ReDOS): Randomized phase II trial to evaluate dosing strategies for regorafenib in refractory metastatic colorectal cancer (mCRC) — An ACCRU Network study.** Gastrointestinal Cancers Symposium 2018;Abstract 611.
- Bruix J et al. **Regorafenib for patients with hepatocellular carcinoma who progressed on sorafenib treatment (RESORCE): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2017;389(10064):56-66.
- Conroy T et al. **FOLFIRINOX or gemcitabine as adjuvant therapy for pancreatic cancer.** *N Engl J Med* 2018;379(25):2395-406.
- El-Khoueiry AB et al. **Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): An open-label, non-comparative, phase 1/2 dose escalation and expansion trial.** *Lancet* 2017;389(10088):2492-502.
- Finn RS et al. **A multicenter, open-label, phase 3 trial to compare the efficacy and safety of lenvatinib (E7080) versus sorafenib in first-line treatment of subjects with unresectable hepatocellular carcinoma.** *Proc ASCO* 2014;Abstract TPS4153.
- Fuchs CS et al. **Safety and efficacy of pembrolizumab monotherapy in patients with previously treated advanced gastric and gastroesophageal junction cancer: Phase 2 clinical KEYNOTE-059 trial.** *JAMA Oncol* 2018;4(5)e180013.
- 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.
- Ikeda K et al. **Phase 2 study of lenvatinib in patients with advanced hepatocellular carcinoma.** *J Gastroenterol* 2017;52(4):512-9.
- Kang YK et al. **Nivolumab in patients with advanced gastric or gastro-oesophageal junction cancer refractory to, or intolerant of, at least two previous chemotherapy regimens (ONO-4538-12, ATTRACTION-2): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2017;391(10111):2461-71.
- Kojima T et al. **Pembrolizumab versus chemotherapy as second-line therapy for advanced esophageal cancer: Phase III KEYNOTE-181 study.** Gastrointestinal Cancers Symposium 2019;Abstract 2.
- Kudo M et al. **Lenvatinib versus sorafenib in first-line treatment of patients with unresectable hepatocellular carcinoma: A randomised phase 3 non-inferiority trial.** *Lancet* 2018;391(10126):1163-73.
- Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2016;372(26):2509-20.
- Love N et al. **A biomarker-driven algorithm for sequencing of systemic therapy for metastatic non-small cell lung cancer (mNSCLC): A survey of 25 investigators.** *Proc IASLC* 2017;Abstract PS02.17.
- Mayer RJ et al. **Randomized trial of TAS-102 for refractory metastatic colorectal cancer.** *N Engl J Med* 2015;372(20):1909-19.
- Overman MJ et al. **Nivolumab (NIVO) + low-dose ipilimumab (IPI) in previously treated patients (pts) with microsatellite instability-high/mismatch repair-deficient (MSI-H/dMMR) metastatic colorectal cancer (mCRC): Long-term follow-up.** Gastrointestinal Cancers Symposium 2019;Abstract 635.
- Shitara K et al. **Trifluridine/tipiracil versus placebo in patients with heavily pretreated metastatic gastric cancer (TAGS): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2018;19(11):1437-48.
- Stjepanovic N, Capdevila J. **Multikinase inhibitors in the treatment of thyroid cancer: Specific role of lenvatinib.** *Biologics* 2014;8:129-39.
- Venook A et al. **Impact of primary (1°) tumor location on overall survival (OS) and progression-free survival (PFS) in patients (pts) with metastatic colorectal cancer (mCRC): Analysis of CALGB/SWOG 80405 (Alliance).** *Proc ASCO* 2016;Abstract 3504.
- Wang-Gillam A et al. **NAPOLI-1 phase 3 study of liposomal irinotecan in metastatic pancreatic cancer: Final overall survival analysis and characteristics of long-term survivors.** *Eur J Cancer* 2019;108:78-87.
- 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.
- Zhu AX et al. **Ramucirumab after sorafenib in patients with advanced hepatocellular carcinoma and increased  $\alpha$ -fetoprotein concentrations (REACH-2): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet Oncol* 2019;20(2):282-96.
- Zhu AX et al. **Pembrolizumab in patients with advanced hepatocellular carcinoma previously treated with sorafenib (KEYNOTE-224): A non-randomised, open-label phase 2 trial.** *Lancet Oncol* 2018;19(7):940-52.