

Pancreatic Cancer Update

Issue 1, 2019

(Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of pancreatic cancer.

OVERVIEW OF ACTIVITY

Pancreatic cancer is the fourth most common cause of cancer-related death among men and women in the United States. The overwhelming majority of pancreatic cancers (approximately 90%) are ductal adenocarcinomas. Unfortunately, many patients diagnosed with pancreatic adenocarcinoma (PAD) do not exhibit disease-specific symptoms until the cancer has reached an advanced stage, and for all stages of PAD the combined 1-year survival rate for patients who do not receive surgery is approximately 29% and the 5-year rate is just 7%. Published clinical trial results have led to the emergence of new therapeutic targets and regimens, and the poor clinical course for many patients with progressive PAD mandates the investigation of even more new approaches. 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, *Pancreatic Cancer Update* presents one-on-one discussions with 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

- Develop an evidence-based strategy for the treatment of resectable or borderline resectable PAD, exploring the roles of neoadjuvant and adjuvant chemotherapy and/or radiation therapy.
- Consider patient age, performance status and other clinical and logistic factors in the selection of systemic therapy for locally advanced or metastatic PAD.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with the use of approved systemic regimens for patients with locally advanced or metastatic PAD to support quality of life and continuation of therapy.
- Appreciate the efficacy and tolerability profile of nanoliposomal irinotecan for treatment-refractory metastatic PAD, and optimally incorporate this agent into patient-care algorithms.

- Review the potential impact of early palliative care, pain management and end-of-life planning on clinical outcomes for patients with advanced pancreatic cancer, and integrate this information, as applicable, into routine practice.

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 2.75 *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 2.75 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 Form located at [ResearchToPractice.com/PancreaticCancerUpdate119/Video/CME](https://www.researchtopractice.com/PancreaticCancerUpdate119/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/PancreaticCancerUpdate119](https://www.researchtopractice.com/PancreaticCancerUpdate119).

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 (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

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Expiration date: March 2020

Select Publications

- Borazanci EH et al. **A phase II pilot trial of nivolumab + albumin bound paclitaxel + paricalcitol + cisplatin + gemcitabine (NAPPCG) in patients with previously untreated metastatic pancreatic ductal adenocarcinoma.** *Gastrointestinal Cancers Symposium 2018*;Abstract 358.
- Carnevale J, Ashworth A. **Assessing the significance of BRCA1 and BRCA2 mutations in pancreatic cancer.** *J Clin Oncol* 2015;33(28):3080-1.
- Chiorean EG et al. **Performance status dynamics during treatment with nab-paclitaxel plus gemcitabine versus gemcitabine alone for metastatic pancreatic cancer.** *Cancer Manag Res* 2018;10:1389-96.
- Chiorean EG et al. **Real-world comparative effectiveness of nab-paclitaxel plus gemcitabine (nab-P/G) vs FOLFIRINOX (FFX) in patients (pts) with advanced pancreatic cancer (aPC).** *Proc ESMO 2018*;Abstract 724P.
- Chiorean EG et al. **A phase II study of abemaciclib as a monotherapy and in combination with other agents in patients with previously treated metastatic pancreatic ductal adenocarcinoma (PDAC).** *Proc ASCO 2017*;Abstract TPS4150.
- Chiorean EG et al. **Randomized phase II study of 2nd-line FOLFIRI versus modified FOLFIRI with PARP inhibitor ABT-888 (veliparib) (NSC-737664) in metastatic pancreatic cancer (mPC): SWOG S1513.** *Proc ASCO 2017*;Abstract TPS4147.
- Doherty GJ et al. **HALO-109-301: A phase III trial of PEGPH20 (with gemcitabine and nab-paclitaxel) in hyaluronic acid-high stage IV pancreatic cancer.** *Future Oncol* 2018;14(1):13-22.
- Goldstein D et al. **Nomogram for predicting overall survival (OS) in patients (pts) treated with nab-paclitaxel (nab-P) plus gemcitabine (Gem) or Gem alone for metastatic pancreatic cancer (MPC).** *Proc ASCO 2017*;Abstract 4109.
- Hingorani SR et al. **HALO 202: Randomized phase II study of PEGPH20 plus nab-paclitaxel/gemcitabine versus nab-paclitaxel/gemcitabine in patients with untreated, metastatic pancreatic ductal adenocarcinoma.** *J Clin Oncol* 2018;36(4):359-66.
- Neoptolemos JP et al. **Comparison of adjuvant gemcitabine and capecitabine with gemcitabine monotherapy in patients with resected pancreatic cancer (ESPAC-4): A multicentre, open-label, randomised, phase 3 trial.** *Lancet* 2017;389(10073):1011-24.
- Ouyang G et al. **Gemcitabine plus cisplatin versus gemcitabine alone in the treatment of pancreatic cancer: A meta-analysis.** *World J Surg Oncol* 2016;14:59.
- Picozzi VJ et al. **Initial gemcitabine/nab-paclitaxel (GA) followed by sequential (S) mFOLFIRINOX or alternating (A) mFOLFIRI in metastatic pancreatic cancer (mPC): The SEENA-1 study.** *Gastrointestinal Cancers Symposium 2017*;Abstract 359.
- Ramanathan RK et al. **A phase IB/II randomized study of mFOLFIRINOX (mFFOX) + pegylated recombinant human hyaluronidase (PEGPH20) versus mFFOX alone in patients with good performance status metastatic pancreatic adenocarcinoma (mPC): SWOG S1313 (NCT#01959139).** *Gastrointestinal Cancers Symposium 2018*;Abstract 208.
- Ramanathan RK et al. **Correlation between ferumoxytol uptake in tumor lesions by MRI and response to nanoliposomal irinotecan in patients with advanced solid tumors: A pilot study.** *Clin Cancer Res* 2017;23(14):3638-48.
- S1313, a phase IB/II randomized study of modified FOLFIRINOX + pegylated recombinant human hyaluronidase (PEGPH20) versus modified FOLFIRINOX alone in patients with good performance status metastatic pancreatic adenocarcinoma.** NCT01959139
- Sohal D et al. **SWOG S1505: A randomized phase II study of perioperative mFOLFIRINOX vs gemcitabine/nab-paclitaxel as therapy for resectable pancreatic adenocarcinoma.** *Proc ASCO 2017*;Abstract TPS4152.
- Sonbol MB et al. **Second-line treatment in patients with pancreatic ductal adenocarcinoma: A meta-analysis.** *Cancer* 2017;123(23):4680-6.
- Suker M et al. **FOLFIRINOX for locally advanced pancreatic cancer: A systematic review and patient-level meta-analysis.** *Lancet Oncol* 2016;17(6):801-10.
- 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;[Epub ahead of print].
- Zhen DB et al. **Biomarker-driven and molecularly targeted therapies for pancreatic adenocarcinoma.** *Semin Oncol* 2018;45(3):107-15.