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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CREDIT DESIGNATION STATEMENT
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Successful completion of this CME activity enables the participant to earn up to 2.75 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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This CME activity consists of a video component. To receive credit, the participant should 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/ASCOGastrointestinal16/CME.

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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:

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

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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

Last review date: August 2016
Expiration date: August 2017
Professor Dirk Arnold


Bendell JC et al. Overall response rate (ORR) in STEAM, a randomized, open-label, phase 2 trial of sequential and concurrent FOLFOXIRI-bevacizumab (BEV) vs FOLFOX-BEV for the first-line (1L) treatment (tx) of patients (pts) with metastatic colorectal cancer (mCRC). Gastrointestinal Cancers Symposium 2016;Abstract 492.


Cremolini C et al. Modified FOLFOXIRI plus cetuximab (cet) as induction treatment in unresectable metastatic colorectal cancer (mCRC) patients (pts): Preliminary results of the phase II randomized Macbeth trial by GONO group. Proc ASCO 2014;Abstract 3596.

Folprecht G et al. Dose escalating study of cetuximab and 5-FU/folinic acid (FA)/oxaliplatin/irinotecan (FOLFOXIRI) in first line therapy of patients with metastatic colorectal cancer. BMC Cancer 2014;14:521.


Martens UM et al. AIO-KRK-0109: A randomized phase II trial of panitumumab plus FOLFOXIRI or FOLFOXIRI alone as 1st-line treatment in RAS-wild-type metastatic colorectal cancer (mCRC). Proc ECCO 2015;Abstract 2049.


Richard M Goldberg, MD


John L Marshall, MD


Select Publications


Van Cutsem E et al. Phase III RECORESE trial of TAS-102 versus placebo, with best supportive care (BSC), in patients (pts) with metastatic colorectal cancer (mCRC) refractory to standard therapies. *Proc ESMO* 2014;Abstract LBA13.


George A Fisher, MD, PhD


Gill S et al. PANCREOX: A randomized phase 3 study of 5FU/LV with or without oxaliplatin for second-line advanced pancreatic cancer (APC) in patients (pts) who have received gemcitabine (GEM)-based chemotherapy (CT). *Proc ASCO* 2014;Abstract 4022.

Katz MH et al. Response of borderline resectable pancreatic cancer to neoadjuvant therapy is not reflected by radiographic indicators. *Cancer* 2012;118(23):5749-56.


Select Publications


Johanna C Bendell, MD


Axel Grothey, MD


Hubbard JM et al. Phase Ib study of cancer stem cell (CSC) pathway inhibitor BBI-608 administered in combination with FOLFIRI with and without bevacizumab (Bev) in patients (pts) with advanced colorectal cancer (CRC). *Gastrointestinal Cancers Symposium* 2016;Abstract 569.

