TARGET AUDIENCE
This activity is intended for medical oncologists, hematology-oncology fellows, surgeons and other healthcare providers 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 account for more per annum cancer-related 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 or have the potential to affect current treatment considerations and approaches.

These video highlights from a CME symposium held during the 2016 Gastrointestinal Cancers Symposium feature presentations given by leading investigators in the management of GI cancers. By providing information on important new developments, this activity will address the most pressing educational needs of practitioners involved in the multidisciplinary management of colorectal, gastric and pancreatic cancer.

LEARNING OBJECTIVES
• Appraise recent data on therapeutic advances and changing practice standards in colorectal, gastric and pancreatic cancer, and integrate this information, as appropriate, into current clinical care.
• Develop a long-term care plan for individuals diagnosed with metastatic CRC, considering the patient’s biomarker profile, exposure to prior systemic therapy, symptomatology, performance status and personal goals for treatment.
• Communicate with patients and their caregivers regarding the incidence and manifestation of side effects and toxicities associated with systemic agents and regimens commonly used in the management of advanced GI cancers.
• Individualize local and systemic treatment for patients with liver-only or liver-dominant metastatic CRC.
• Use HER2 status, clinical factors and patient perspectives to optimize the selection and sequence of systemic therapy for patients with locally advanced or metastatic gastric or 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.
• Appraise the rationale for and clinical data with investigational anti-PD-1 and/or anti-PD-L1 antibodies in the treatment of GI cancers.
• Describe the proposed mechanisms of action of and recall new data with investigational agents demonstrating promising activity in colorectal, gastric and pancreatic cancer, and use this information to counsel appropriate patients regarding ongoing trials.

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 1.25 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 enables the participant to earn up to 1.25 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.
HOW TO USE THIS CME ACTIVITY
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/GICancers16/CME.

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.

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RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have 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 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: June 2016
Expiration date: June 2017
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Axel Grothey, MD


Hurwitz H et al. A randomized double-blind phase 2 study of ruxolitinib (RUX) or placebo (PBO) with capecitabine (CAPE) as second-line therapy in patients (pts) with metastatic pancreatic cancer (mPC). *Proc ASCO* 2014;Abstract 4000.


Ramanathan RK et al. Pilot study in patients with advanced solid tumors to evaluate feasibility of ferumoxytol (FMX) as tumor imaging agent prior to MM-398, a nanoliposomal irinotecan (nal-IRI). *Proc AACR* 2014;Abstract CT224.


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Alberto F Sobrero, MD

Cunningham D et al. Bevacizumab (bev) in combination with capecitabine (cape) for the first-line treatment of elderly patients with metastatic colorectal cancer (mCRC): Results of a randomized international phase III trial (AVEX). Gastrointestinal Cancers Symposium 2013;Abstract 337.


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Charles S Fuchs, MD, MPH

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