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
Local and systemic treatment approaches for GI cancers are continuously evolving. The impact of novel molecular-targeted and biologic therapies on the management of GI cancers has been profound and in several instances has changed best-practice care. In noncolorectal (non-CRC) GI cancers, late-stage clinical trials have demonstrated exciting results with an array of novel agents that are poised for integration into existing treatment algorithms. Also, a recent rapid expansion of novel biomarkers, multigene signatures and molecular-targeted systemic agents has significantly refined the clinical algorithm such that individualized therapeutic approaches have become standard for patients with colorectal cancer (CRC). This rapid paradigm shift presents a challenge to practicing oncologists who must grapple with the presentation of ambiguous data sets and their immediate impact on treatment decisions.

In addition to maintaining a sound understanding of the conventional but distinct treatment algorithms applicable to CRC and each subtype of non-CRC GI cancers, practicing oncologists must now rationally integrate targeted agents into their individualized therapeutic recommendations for the safe and effective clinical management of these diseases. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, surgeons and other healthcare providers with the formulation of up-to-date clinical management strategies for CRC and various non-CRC GI cancers.

LEARNING OBJECTIVES
- Develop a long-term treatment plan for individuals diagnosed with advanced CRC, considering the patient’s biomarker profile, exposure to prior systemic therapy, symptomatology, performance status and treatment goals.
- Discuss the use of HER2 status and clinical factors 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.
- Recognize the recent FDA approvals of TAS-102 for metastatic CRC and nal-IRI (MM-398) for metastatic pancreatic cancer, and discuss strategies to safely incorporate these agents into current clinical algorithms.
- Review new data on investigational agents demonstrating promising activity in colorectal, gastric/gastroesophageal and pancreatic cancer.
- Discuss the role of immune checkpoint inhibitors in the management of GI cancers.

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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 enables the participant to earn up to 2.5 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/GICancers16/Roundtable/CME.

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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 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

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Chen L et al. Expanded analyses of napoli-1: Phase 3 study of MM-398 (nal-IRI), with or without 5-fluorouracil and leucovorin, versus 5-fluorouracil and leucovorin, in metastatic pancreatic cancer (mPAC) previously treated with gemcitabine-based therapy. Gastrointestinal Cancers Symposium 2015;Abstract 234.


Gibbs P et al. SIRFLOX: Randomized phase III trial comparing first-line mFOLFOX6 ± bevacizumab (bev) versus mFOLFOX6 + selective internal radiation therapy (SIRT) ± bev in patients (pts) with metastatic colorectal cancer (mCRC). *Proc ASCO* 2015;Abstract 3502.


Muro K et al. Relationship between PD-L1 expression and clinical outcomes in patients (Pts) with advanced gastric cancer treated with the anti-PD-1 monoclonal antibody pembrolizumab (Pembro; MK-3475) in KEYNOTE-012. Gastrointestinal Cancers Symposium 2015;Abstract 03.
Select Publications


Shah M et al. The BRIGHTER trial: A phase III randomized double-blind study of BB1608 + weekly paclitaxel versus placebo (PBO) + weekly paclitaxel in patients (pts) with pretreated advanced gastric and gastro-esophageal junction (GEJ) adenocarcinoma. Proc ASCO 2015;Abstract TPS4139.

Siena S et al. Trastuzumab and lapatinib in HER2-amplified metastatic colorectal cancer patients (mCRC): The HERACLES trial. Proc ASCO 2015;Abstract 3508.


Van Cutsem E et al. Randomized phase III study of irinotecan and 5-FU/FA with or without cetuximab in the first-line treatment of patients with metastatic colorectal cancer (mCRC): The CRYSTAL trial. Proc ASCO 2007;Abstract 4000.

Von Hoff D et al. NAPOLI-1: Randomized Phase 3 study of MM-398 (nal-IRI), with or without 5-fluorouracil and leucovorin, versus 5-fluorouracil and leucovorin, in metastatic pancreatic cancer progressed on or following gemcitabine-based therapy. ESMO World Congress on Gastrointestinal Cancer 2015;Abstract 0-0003.


