Clinical Investigators Provide Perspectives on Actual Patients with Pancreatic Cancer

(Audio Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematology-oncology fellows, surgeons 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 US men and women. The overwhelming majority (approximately 90%) of pancreatic cancers are ductal adenocarcinomas, and many patients diagnosed with pancreatic adenocarcinoma (PAD) do not exhibit distinctive symptoms until the disease has reached an advanced stage. 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 an appalling 7%. Published results from ongoing trials have led to the emergence of new therapeutic targets and regimens, and the poor clinical course for so many patients with progressive PAD mandates the consideration of these 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.

This CME program was developed from the proceedings of a satellite symposium held during the 2019 Gastrointestinal Cancers Symposium. It explores the most significant therapeutic advances in the field of pancreatic cancer by using the perspectives of leading experts on challenging cases and questions submitted by community oncologists to frame a discussion of how this information has aided in the refinement of current clinical practice and ongoing research. This activity will help medical oncologists and other allied healthcare professionals find answers to the individualized questions and concerns they frequently encounter, and in turn it will help them to provide high-quality cancer care.

LEARNING OBJECTIVES

- Develop an evidence-based strategy for the treatment of resectable or borderline-resectable PAD, exploring the role of neoadjuvant and adjuvant chemotherapy and/or radiation therapy.
- Consider patient and disease characteristics and available clinical trial data in the selection and sequencing 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 the management of locally advanced or metastatic PAD and thus to support quality of life and continuation of therapy.
- Recall available and emerging data with investigational agents currently in clinical testing for PAD, and where applicable refer eligible patients for trial participation.

ACCREDITATION STATEMENT

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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 1.25 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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This CME activity consists of a audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/GICancers19/Pancreatic/Audio/CME**. The corresponding video program is available as an alternative at **ResearchToPractice.com/GICancers19/Pancreatic**.

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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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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Select Publications

Margaret A Tempero, MD

Conroy T et al. **Unicancer GI PRODIGE 24/CCTG PA.6 trial: A multicenter international randomized phase III trial of adjuvant mFOLFIRINOX versus gemcitabine (gem) in patients with resected pancreatic ductal adenocarcinomas.** *Proc ASCO* 2018;**Abstract LBA4001**.

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Kalser MH, Ellenberg SS. **Pancreatic cancer: Adjuvant combined radiation and chemotherapy following curative resection.** *Arch Surg* 1985;120(8):899-903.

Klinkenbijl JH et al. **Adjuvant radiotherapy and 5-fluorouracil after curative resection of cancer of the pancreas and periampullary region: Phase III trial of the EORTC Gastrointestinal Tract Cancer Cooperative Group.** *Ann Surg* 1999;230(6):776-82.

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.

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Neoptolemos JP et al. **A randomized trial of chemoradiotherapy and chemotherapy after resection of pancreatic cancer.** *N Engl J Med* 2004;350(12):1200-10.

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Van Tienhoven G et al. **Preoperative chemoradiotherapy versus immediate surgery for resectable and borderline resectable pancreatic cancer (PREOPANC-1): A randomized, controlled, multicenter phase III trial.** *Proc ASCO* 2018;**Abstract LBA4002**.

Philip A Philip, MD, PhD

Burris HA III et al. **Improvements in survival and clinical benefit with gemcitabine as first-line therapy for patients with advanced pancreas cancer: A randomized trial.** *J Clin Oncol* 1997;15(6):2403-13.

Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.

Goldstein D et al. ***Nab*-paclitaxel plus gemcitabine for metastatic pancreatic cancer: Long-term survival from a phase III trial.** *J Natl Cancer Inst* 2015;107(2):pii.

Scheithauer W et al. **Dose modification and efficacy of *nab*-paclitaxel plus gemcitabine vs gemcitabine for patients with metastatic pancreatic cancer: Phase III MPACT trial.** *J Gastrointest Oncol* 2016;7(3):469-78.

Sohal DPS et al. **Metastatic pancreatic cancer: ASCO Clinical Practice Guideline update.** *J Clin Oncol* 2018;36(24):2545-56.

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.

Von Hoff D et al. **Increased survival in pancreatic cancer with *nab*-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.

Von Hoff D et al. **Randomized phase III study of weekly *nab*-paclitaxel plus gemcitabine versus gemcitabine alone in patients with metastatic adenocarcinoma of the pancreas (MPACT).** Gastrointestinal Cancers Symposium 2013;**Abstract LBA148**.

Select Publications

Eileen M O'Reilly, MD

Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.

Gill S et al. **PANCREOX: A randomized phase III study of fluorouracil/leucovorin with or without oxaliplatin for second-line advanced pancreatic cancer in patients who have received gemcitabine-based chemotherapy.** *J Clin Oncol* 2016;34(32):3914-20.

Oettle H et al. **Second-line oxaliplatin, folinic acid, and fluorouracil versus folinic acid and fluorouracil alone for gemcitabine-refractory pancreatic cancer: Outcomes from the CONKO-003 trial.** *J Clin Oncol* 2014;32(23):2423-9.

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Sonbol MB et al. **Second-line treatment in patients with pancreatic ductal adenocarcinoma: A meta-analysis.** *Cancer* 2017;123(23):4680-6.

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Wang-Gillam A et al. **Nanoliposomal irinotecan with fluorouracil and folinic acid in metastatic pancreatic cancer after previous gemcitabine-based therapy (NAPOLI-1): A global, randomised, open-label, phase 3 trial.** *Lancet* 2016;387(10018):545-57.

Yoo C et al. **A randomised phase II study of modified FOLFIRI.3 vs modified FOLFOX as second-line therapy in patients with gemcitabine-refractory advanced pancreatic cancer.** *Br J Cancer* 2009;101(10):1658-63.

Andrew E Hendifar, MD

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Bekaii-Saab T et al. **A phase 1b/II study of cancer stemness inhibitor napabucasin in combination with gemcitabine (gem) & *nab*-paclitaxel (nabptx) in metastatic pancreatic adenocarcinoma (mpdac) patients (pts).** *Proc ESMO World Congress on Gastrointestinal Cancer* 2017;**Abstract LBA-002**.

Bekaii-Saab T et al. **CanStem111P trial: A phase III study of napabucasin (BBI-608) plus *nab*-paclitaxel (*nab*-PTX) with gemcitabine (gem) in adult patients with metastatic pancreatic adenocarcinoma (mPDAC).** *Proc ASCO* 2017;**Abstract TPS4148**.

Bullock AJ et al. **Final analysis of stage 1 data from a randomized phase II study of PEGPH20 plus *nab*-paclitaxel/gemcitabine in stage IV previously untreated pancreatic cancer patients (pts), utilizing Ventana companion diagnostic assay.** *Proc ASCO* 2016;**Abstract 4104**.

Hingorani S et al. **Randomized phase II study of PEGPH20 plus *nab*-paclitaxel/gemcitabine (PAG) vs AG in patients (Pts) with untreated, metastatic pancreatic ductal adenocarcinoma (mPDA).** *Proc ASCO* 2017;**Abstract 4008**.

Kaufman B et al. **Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation.** *J Clin Oncol* 2015;33(3):244-50.

Khelifa S et al. **Development of a companion diagnostic assay for tissue hyaluronan detection and treatment with PEGPH20 in metastatic pancreatic ductal adenocarcinoma patients.** *Proc ASCO* 2016;**Abstract e15749**.

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Provenzano PP et al. **Enzymatic targeting of the stroma ablates physical barriers to treatment of pancreatic ductal adenocarcinoma.** *Cancer Cell* 2012;21(3):418-29.

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