

Colorectal Cancer Update
Live Clinical Investigator Think Tank:

*Proceedings from a CME Satellite Meeting at the
Gastrointestinal Cancers Symposium in Orlando, Florida*



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Cancers Symposium in Orlando, Florida*

A Continuing Medical Education Audio Program

STATEMENT OF NEED/TARGET AUDIENCE

Colorectal cancer is among the most common types of cancer in the United States, and the arena of colorectal cancer treatment continues to evolve. Published results from ongoing clinical trials lead to the emergence of new therapeutic agents and regimens and changes in the indications, doses and schedules for existing treatments. 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. By providing access to the latest research developments and expert perspectives, this CME activity assists medical oncologists in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Select medical and surgical treatment regimens for patients with colorectal cancer, based on key clinical and pathological risk factors.
- Develop an evidence-based algorithm for the initial treatment for localized Stage II and Stage III colon cancer, in the context of the risks and benefits of adjuvant systemic therapy.
- Assess emerging clinical research information and ongoing trials to decide on the value of continuing molecular-targeted therapy beyond disease progression.
- Evaluate existing data and emerging research on the optimal management of locally advanced rectal cancer, including pre- and postoperative concomitant chemoradiation therapy and additional adjuvant systemic therapy, and incorporate relevant information into management strategies.
- Review the multiple sequential treatment approaches for recurrent or de novo advanced colorectal cancer:
 - Describe the benefits and risks of single-agent and combination chemotherapy regimens.
 - Critically evaluate the current data integrating VEGF and/or EGFR-inhibiting agents into the treatment algorithm.
- Discuss the risks and benefits of neoadjuvant or adjuvant systemic therapy for colorectal cancer with appropriate patients with potentially curable hepatic metastases.
- Counsel appropriately selected patients about clinical trial participation.

PURPOSE OF THIS ISSUE

The purpose of this program is to support the learning objectives by offering the perspectives of Drs Goldberg, Grothey, Haller, Hochster, Meropol, O'Connell and Venook on the integration of emerging clinical research data into the management of colorectal cancer.

ACCREDITATION STATEMENT

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. The OPTIMOX2 study evaluated chemotherapy-free intervals versus maintenance therapy with _____ for patients with mCRC treated with FOLFOX.
 - a. Oxaliplatin
 - b. Irinotecan
 - c. Bevacizumab
 - d. 5-FU/leucovorin
2. Findings from the 20,800-patient ACCENT data set indicate that patients with Stage III colon cancer have a longer survival after recurrence than patients with Stage II colon cancer.
 - a. True
 - b. False
3. In the preliminary safety data from NSABP-C-08, the addition of bevacizumab to adjuvant FOLFOX resulted in a significant increase in _____.
 - a. Gastrointestinal perforation
 - b. Stroke
 - c. Congestive heart failure
 - d. None of the above
4. Data indicate that patients with K-ras mutations consistently benefit from anti-EGFR antibody therapies, such as cetuximab and panitumumab.
 - a. True
 - b. False
5. In the BRiTE observational study of patients who received first-line bevacizumab-containing chemotherapy, no improvement occurred in overall survival for patients who continued to receive bevacizumab beyond disease progression.
 - a. True
 - b. False
6. The iBET randomized trial (SWOG-S0600) is evaluating the hypothesis that continuation of bevacizumab beyond disease progression is associated with improvement in overall survival.
 - a. True
 - b. False
7. CALGB-C80405 is evaluating _____ with FOLFOX or FOLFIRI for patients with previously untreated mCRC.
 - a. Cetuximab
 - b. Bevacizumab
 - c. Cetuximab and bevacizumab
 - d. All of the above
8. In the QUASAR adjuvant study, an improvement in overall survival was evident among patients with Stage II colon cancer who received _____ compared to observation.
 - a. FOLFOX
 - b. FOLFIRI
 - c. Capecitabine
 - d. 5-FU
9. ECOG is conducting a Phase III randomized trial in rectal cancer evaluating _____ for patients who have undergone neoadjuvant chemoradiation therapy and surgery.
 - a. Capecitabine with or without oxaliplatin
 - b. FOLFOX with or without cetuximab
 - c. FOLFOX with or without bevacizumab
10. RTOG-0247 is a randomized Phase II trial evaluating _____ for patients with locally advanced rectal cancer undergoing surgical resection.
 - a. Preoperative FOLFOX
 - b. Preoperative radiation therapy and FOLFOX
 - c. Preoperative radiation therapy and capecitabine with or without oxaliplatin followed by adjuvant FOLFOX

Post-test answer key: 1d, 2b, 3d, 4b, 5b, 6a, 7d, 8d, 9c, 10c

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART ONE — Please tell us about your experience with this educational activity

BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Potential benefits of adjuvant systemic therapy for patients with Stage II disease4 3 2 1
K-ras mutations and response to anti-EGFR antibody therapies.....4 3 2 1
Continuation of bevacizumab upon disease progression4 3 2 1
Systemic therapy for patients with potentially curable hepatic metastases4 3 2 1

AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Potential benefits of adjuvant systemic therapy for patients with Stage II disease4 3 2 1
K-ras mutations and response to anti-EGFR antibody therapies.....4 3 2 1
Continuation of bevacizumab upon disease progression4 3 2 1
Systemic therapy for patients with potentially curable hepatic metastases4 3 2 1

Was the activity evidence based, fair, balanced and free from commercial bias?

Yes No

If no, please explain:

Will this activity help you improve patient care?

Yes No Not applicable

If no, please explain:

Did the activity meet your educational needs and expectations?

Yes No

If no, please explain:

Please respond to the following LEARNER statements by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

As a result of this activity, I will:

- Select medical and surgical treatment regimens for patients with colorectal cancer, based on key clinical and pathological risk factors.4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the initial treatment for localized Stage II and Stage III colon cancer, in the context of the risks and benefits of adjuvant systemic therapy.....4 3 2 1 N/M N/A
- Assess emerging clinical research information and ongoing trials to decide on the value of continuing molecular-targeted therapy beyond disease progression.....4 3 2 1 N/M N/A
- Evaluate existing data and emerging research on the optimal management of locally advanced rectal cancer, including pre- and postoperative concomitant chemoradiation therapy and additional adjuvant systemic therapy, and incorporate relevant information into management strategies..4 3 2 1 N/M N/A
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 - Critically evaluate the current data integrating VEGF and/or EGFR-inhibiting agents into the treatment algorithm.4 3 2 1 N/M N/A
- Discuss the risks and benefits of neoadjuvant or adjuvant systemic therapy for colorectal cancer with appropriate patients with potentially curable hepatic metastases.4 3 2 1 N/M N/A
- Counsel appropriately selected patients about clinical trial participation.....4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What other practice changes will you make or consider making as a result of this activity?

.....

What additional information or training do you need on the activity topics or other oncology-related topics?

.....

Additional comments about this activity:

.....

May we include you in future assessments to evaluate the effectiveness of this activity?

Yes No

PART TWO — Please tell us about the faculty for this educational activity

Faculty	4 = Expert				3 = Above average				2 = Competent				1 = Insufficient			
	Knowledge of subject matter								Effectiveness as an educator							
Richard M Goldberg, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Axel Grothey, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Daniel G Haller, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Howard S Hochster, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Neal J Meropol, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Michael J O’Connell, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Alan P Venook, MD	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

Please recommend additional faculty for future activities:

.....

Other comments about the faculty for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

Degree:
 MD DO PharmD NP BS RN PA Other

Medical License/ME Number: Last 4 Digits of SSN (required):

Street Address: Box/Suite:

City, State, Zip:

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: Date:

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