

Colorectal Cancer™

U P D A T E

Conversations with Clinical Investigators
Bridging the Gap between Research and Patient Care

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Colorectal Cancer Update for Surgeons

A Continuing Medical Education Audio Series

STATEMENT OF NEED/TARGET AUDIENCE

Colorectal cancer is one of the most rapidly evolving fields in oncology. Published results from a plethora of ongoing clinical trials lead to the continuous emergence of new therapeutic techniques, agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing colorectal cancer surgeon must be well informed of these advances. To bridge the gap between research and patient care, *Colorectal Cancer Update for Surgeons* utilizes one-on-one discussions with leading colorectal cancer investigators. By providing access to the latest research developments and expert perspectives, this CME program assists colorectal surgeons in the formulation of up-to-date clinical management strategies.

GLOBAL LEARNING OBJECTIVES

- Critically evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment in order to incorporate these data into local and systemic management strategies in the neoadjuvant, adjuvant and metastatic disease settings.
- Counsel appropriately selected patients about the availability of ongoing clinical trials.
- Evaluate the emerging research data on various adjuvant chemotherapy approaches, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU.
- Evaluate emerging research data on various neoadjuvant radiation therapy/chemotherapy approaches for rectal cancer and explain the absolute risks and benefits of these regimens to patients.
- Describe and implement an algorithm for medical and radiation oncology referral for appropriately selected patients with colorectal cancer for consideration of systemic therapy.
- Describe the risks and benefits of various surgical approaches to isolated metastases of colorectal cancer.
- Assess the number of resected lymph nodes required to adequately determine the risk of recurrence in patients with colon cancer.

PURPOSE OF THIS ISSUE OF *COLORECTAL CANCER UPDATE FOR SURGEONS*

The purpose of Issue 1 of *Colorectal Cancer Update for Surgeons* is to support these global objectives by offering the perspectives of Drs Marshall, Wagman, Wolff and Wong on the integration of emerging clinical research data into the management of colorectal cancer.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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In addition, the following faculty (and their spouses/partners) have reported real or apparent conflicts of interest that have been resolved through a peer review process:

Dr Marshall — Consulting Fees, Speakers Bureau and Contracted Research: Genentech BioOncology, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis. **Dr Wagman** — No financial interests or affiliations to disclose.

Dr Wolff — Consulting Fees: Eli Lilly and Company, Pfizer Inc. **Dr Wong** — Consulting Fees: B-K Medical.

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EDITOR'S NOTE

Neil Love, MD

Welcome to our series!

For more than 20 years, our CME group, Research To Practice, has been producing cancer education programs for medical oncologists. The centerpiece of our educational offerings has always been the *Cancer Update* audio series, featuring one-on-one interviews with clinical investigators that bridge the gap between research and patient care. Currently, more than two thirds of the medical oncologists in the United States regularly listen to our audio education programs.

In recent years, we have also developed programs for surgeons that delve not only into surgical issues but also into the role of systemic therapy in the management of early and metastatic disease. This new series in colorectal cancer joins our breast cancer surgical series. Rapidly emerging clinical research in both tumor types has significantly changed clinical care of patients with these tumors.

Never before has the multidisciplinary management of colorectal cancer been more important. In recent years, the availability of a number of new and effective chemotherapeutic and biologic agents has caused an explosion in treatment options for patients with both primary and metastatic disease. To that end, our goal for this new series is to help surgeons understand the latest developments in clinical research and enable them to apply practical management strategies to daily patient care.

In this program, we cover a number of important topics: Dr John Marshall discusses the curability of colon cancer with oligometastatic disease, Dr Lawrence Wagman reviews the current NSABP study examining the role of hepatic arterial infusion of chemotherapy following liver resection, Dr Robert Wolff shares his perspectives on the latest research findings with adjuvant chemotherapy and his suggested algorithm for referring patients with Stage II disease for a medical oncology consultation and Dr Douglas Wong provides an overview of the utility of neoadjuvant chemoradiation for patients with rectal cancer.

As with all of our series, we welcome your input and suggestions and hope you enjoy this new program and will continue listening for many years to come.

— Neil Love, MD
NLove@ResearchToPractice.net

QUESTIONS (PLEASE CIRCLE ANSWER):

1. Because bevacizumab may impair wound healing, it should be discontinued for a period of time before surgery.
 - a. True
 - b. False
2. ECOG-E5202 randomly assigns patients with Stage II colon cancer who have a high-risk tumor genotype to:
 - a. FOLFOX
 - b. FOLFOX plus bevacizumab
 - c. Observation
 - d. Either a or b
 - e. All of the above
3. Oxaliplatin is associated with both an acute and a cumulative neurotoxicity.
 - a. True
 - b. False
4. Capecitabine is the oral form of which type of chemotherapy?
 - a. Platinum
 - b. Irinotecan
 - c. Fluoropyrimidine
 - d. None of the above
5. NSABP-C-09 randomly assigns patients undergoing surgical resection and/or ablation for hepatic metastases from colorectal cancer to:
 - a. Oxaliplatin plus capecitabine
 - b. Oxaliplatin plus capecitabine plus FUDR via hepatic artery infusion
 - c. Oxaliplatin plus capecitabine plus bevacizumab
 - d. Either a or b
 - e. All of the above
6. NSABP-R-04 is evaluating the role of neoadjuvant chemoradiation therapy in patients with rectal cancer.
 - a. True
 - b. False
7. The X-ACT trial demonstrated that capecitabine was as effective as 5-FU as adjuvant therapy in patients with Stage III colon cancer.
 - a. True
 - b. False
8. Irinotecan in the adjuvant setting has been found to improve disease-free survival.
 - a. True
 - b. False
9. In patients with rectal cancer, preoperative therapy _____ than postoperative therapy.
 - a. Is better tolerated
 - b. Confers better local control
 - c. Confers better overall survival
 - d. Both a and b
 - e. All of the above
10. In patients with early-stage rectal cancer, local excision is controversial because of the high local recurrence rates.
 - a. True
 - b. False
11. Neoadjuvant therapy may help downstage rectal cancer so the patient may have sphincter-preserving surgery.
 - a. True
 - b. False
12. Side effects associated with the use of bevacizumab in the treatment of colon cancer include _____.
 - a. Hypertension
 - b. Gastrointestinal perforation
 - c. Stroke
 - d. Heart problems
 - e. All of the above
13. The removal and examination of an adequate number of lymph nodes is important for the staging of colon cancer.
 - a. True
 - b. False
14. The AVANT trial was designed to compare disease-free survival rates with FOLFOX versus _____.
 - a. Bevacizumab
 - b. FOLFOX plus bevacizumab
 - c. XELOX
 - d. XELOX plus bevacizumab
 - e. Both a and c
 - f. Both b and d

EVALUATION FORM

Colorectal Cancer Update for Surgeons — Issue 1, 2006

Research To Practice respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please complete this evaluation form. A certificate of completion is issued upon receipt of your completed evaluation form.

Please answer the following questions by circling the appropriate rating:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor N/A = Not applicable to this issue of *CCU* for Surgeons

GLOBAL LEARNING OBJECTIVES

To what extent does this issue of *CCU* for Surgeons address the following global learning objectives?

- Critically evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment in order to incorporate these data into local and systemic management strategies in the neoadjuvant, adjuvant and metastatic disease settings. 5 4 3 2 1 N/A
- Counsel appropriately selected patients about the availability of ongoing clinical trials. 5 4 3 2 1 N/A
- Evaluate the emerging research data on various adjuvant chemotherapy approaches, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU. 5 4 3 2 1 N/A
- Evaluate emerging research data on various neoadjuvant radiation therapy/chemotherapy approaches for rectal cancer and explain the absolute risks and benefits of these regimens to patients. 5 4 3 2 1 N/A
- Describe and implement an algorithm for medical and radiation oncology referral for appropriately selected patients with colorectal cancer for consideration of systemic therapy. 5 4 3 2 1 N/A
- Describe the risks and benefits of various surgical approaches to isolated metastases of colorectal cancer. 5 4 3 2 1 N/A
- Assess the number of resected lymph nodes required to adequately determine the risk of recurrence in patients with colon cancer. 5 4 3 2 1 N/A

EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
John L Marshall, MD	5 4 3 2 1	5 4 3 2 1
Lawrence D Wagman, MD	5 4 3 2 1	5 4 3 2 1
Robert A Wolff, MD	5 4 3 2 1	5 4 3 2 1
W Douglas Wong, MD	5 4 3 2 1	5 4 3 2 1

OVERALL EFFECTIVENESS OF THE ACTIVITY

- Objectives were related to overall purpose/goal(s) of activity. 5 4 3 2 1 N/A
- Related to my practice needs. 5 4 3 2 1 N/A
- Will influence how I practice. 5 4 3 2 1 N/A
- Will help me improve patient care. 5 4 3 2 1 N/A
- Stimulated my intellectual curiosity. 5 4 3 2 1 N/A
- Overall quality of material. 5 4 3 2 1 N/A
- Overall, the activity met my expectations. 5 4 3 2 1 N/A
- Avoided commercial bias or influence. 5 4 3 2 1 N/A

Which of the following audio formats of this program did you use?

- Audio CDs Downloaded MP3s from website

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