

# Colorectal Cancer™

U P D A T E

An Audio Review Journal for Surgeons  
Bridging the Gap between Research and Patient Care

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# *Colorectal Cancer Update for Surgeons*

## A Continuing Medical Education Audio Series

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### 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 gastrointestinal 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 gastrointestinal 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.
- Evaluate strategies for integrating targeted therapies into the treatment algorithm for colorectal cancer in the neoadjuvant, adjuvant and metastatic settings.
- Describe the risks and benefits of various surgical approaches to primary and metastatic colorectal cancer.
- Discuss the risks and benefits of neoadjuvant systemic therapy with appropriate patients with colorectal cancer who present with an asymptomatic primary tumor and synchronous hepatic metastases or isolated metastatic recurrence to the liver.
- Counsel patients with colorectal cancer receiving bevacizumab as part of a neoadjuvant/adjuvant systemic therapy regimen about potential treatment side effects, including surgical and wound-healing complications.
- Describe and implement an algorithm for medical and radiation oncology referral for appropriately selected patients with colorectal cancer for consideration of systemic therapy.
- 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.
- Counsel appropriately selected patients about the availability of ongoing clinical trials.

### 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 Wolmark, Ellis and Hochster on the integration of emerging clinical research data into the management of colorectal cancer.

### ACCREDITATION STATEMENT

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### HOW TO USE THIS CME ACTIVITY

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*This program is supported by education grants from Genentech BioOncology and Sanofi-Aventis.*

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## Colorectal Cancer Update for Surgeons — Issue 1, 2007

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**Dr Wolmark** — No financial interests or affiliations to disclose. **Dr Ellis** — Consulting Fees: Genentech BioOncology, ImClone Systems Inc, Pfizer Inc; Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents: Genentech BioOncology; Contracted Research: Amgen Inc, ImClone Systems Inc, Sanofi-Aventis. **Dr Hochster** — Consulting Fees: Bristol-Myers Squibb Company, Genentech BioOncology, ImClone Systems Inc, Sanofi-Aventis; Fees for Non-CME Services Received Directly from Commercial Interest or Their Agents: Genentech BioOncology, Sanofi-Aventis.

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## QUESTIONS (PLEASE CIRCLE ANSWER):

- According to the AJCC, \_\_\_\_\_ lymph nodes must be examined in patients with colon and rectal cancer for the examination to be considered adequate.
  - Eight
  - 10
  - ≥12
- In a large Phase III trial, adjuvant capecitabine was at least equivalent to bolus 5-FU/leucovorin (Mayo Clinic regimen) in terms of disease-free survival.
  - True
  - False
- NSABP-R-04 is evaluating neoadjuvant capecitabine or continuous infusion 5-FU, both with radiation therapy, with or without \_\_\_\_\_ for patients with rectal cancer.
  - Bevacizumab
  - Oxaliplatin
  - Both a and b
  - None of the above
- Goldberg and colleagues demonstrated that oxaliplatin-containing chemotherapy resulted in significantly reduced efficacy and increased toxicity in older (>70 years old) compared to younger patients.
  - True
  - False
- Which of the following are being evaluated to ameliorate oxaliplatin-associated neurotoxicity?
  - Calcium and magnesium
  - Xaliproden
  - Glutathione
  - All of the above
- In ECOG-E5202, patients with Stage II colon cancer are assigned to \_\_\_\_\_ based on high or low risk of recurrence, respectively, determined by molecular markers.
  - FOLFOX/bevacizumab/cetuximab versus FOLFOX/bevacizumab
  - FOLFOX/bevacizumab versus FOLFOX
  - FOLFOX with or without bevacizumab versus observation
- In the BRiTE registry, which collected data on 1,960 patients with metastatic colorectal cancer who were treated with chemotherapy and bevacizumab in the community, the incidence of bowel perforations was \_\_\_\_\_.
  - <2 percent
  - 3.4 percent
  - 5.9 percent
  - 8.3 percent
- Pharmacokinetic studies demonstrated that the half-life of bevacizumab is \_\_\_\_\_, with a range of -9 to +30 days.
  - 10 days
  - 20 days
  - 40 days
- The recently completed NSABP adjuvant trial C-08 evaluated \_\_\_\_\_ with or without bevacizumab.
  - FLOX
  - FOLFOX
  - FOLFIRI
  - CAPOX
  - All of the above
- In the NSABP-C-10 trial evaluating FOLFOX with bevacizumab in patients with synchronous primary lesions and metastatic disease, the primary endpoint is \_\_\_\_\_.
  - Survival
  - Disease-free survival
  - Local control of the primary tumor
- Which NSABP trial is analyzing the use of hepatic resection or ablation followed by CAPOX chemotherapy with or without intrahepatic FUDR for patients with resected or ablated liver metastases from colorectal cancer?
  - C-08
  - C-09
  - C-10
  - R-04

## EVALUATION FORM

### Colorectal Cancer Update for Surgeons — Issue 1, 2007

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 will be issued upon receipt of your completed Post-test and 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
- Evaluate strategies for integrating targeted therapies into the treatment algorithm for colorectal cancer in the neoadjuvant, adjuvant and metastatic settings. . . . . 5 4 3 2 1 N/A
- Describe the risks and benefits of various surgical approaches to primary and metastatic colorectal cancer. . . . . 5 4 3 2 1 N/A
- Discuss the risks and benefits of neoadjuvant systemic therapy with appropriate patients with colorectal cancer who present with an asymptomatic primary tumor and synchronous hepatic metastases or isolated metastatic recurrence to the liver. . . . . 5 4 3 2 1 N/A
- Counsel patients with colorectal cancer receiving bevacizumab as part of a neoadjuvant/adjuvant systemic therapy regimen about potential treatment side effects, including surgical and wound-healing complications. . . . . 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
- 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
- Counsel appropriately selected patients about the availability of ongoing clinical trials. . . . . 5 4 3 2 1 N/A

#### EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
Norman Wolmark, MD	5 4 3 2 1	5 4 3 2 1
Lee M Ellis, MD	5 4 3 2 1	5 4 3 2 1
Howard S Hochster, 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
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Which of the following audio formats of this program did you use?

- Audio CDs       Downloaded MP3s from website

## EVALUATION FORM

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.....

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.....

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.....

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