

# 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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**CME**  
Certified



#### 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 2 of *Colorectal Cancer Update for Surgeons* is to support these global objectives by offering the perspectives of Drs Minsky, Grothey, Bilchik and Venook 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

This CME activity contains an audio component. To receive credit, the participant should listen to the CDs, review the CME information and complete the Post-test and Evaluation Form located in the back of this book or on our website, [ColorectalCancerUpdate.com/Surgeons](http://ColorectalCancerUpdate.com/Surgeons).

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## Colorectal Cancer Update for Surgeons — Issue 2, 2007

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## QUESTIONS (PLEASE CIRCLE ANSWER):

1. A commonly used practice is to stop bevacizumab therapy \_\_\_\_\_ before surgery to reduce the risk of surgical complications.
  - a. Two to three weeks
  - b. Six to eight weeks
  - c. Three to four months
  - d. Six months
2. Current clinical practice guidelines recommend the use of adjuvant chemotherapy for all patients with Stage II colon cancer.
  - a. True
  - b. False
3. In patients with colon and rectal cancer, at least \_\_\_\_\_ lymph nodes must be examined for the examination to be considered adequate.
  - a. Six
  - b. Eight
  - c. 12
4. In the X-ACT trial, adjuvant capecitabine was at least equivalent to bolus 5-FU/leucovorin (Mayo Clinic regimen) in terms of disease-free survival.
  - a. True
  - b. False
5. Capecitabine seems to cause less toxicity in European patients than in North American patients.
  - a. True
  - b. False
6. The American College of Surgeons Oncology Group is conducting a trial of neoadjuvant chemoradiation therapy followed by local excision for patients with ultrasound-staged T2N0 rectal cancer.
  - a. True
  - b. False
7. The MOSAIC trial, which compared adjuvant FOLFOX4 to 5-FU/leucovorin, demonstrated a significant benefit in terms of disease-free survival for the patients who received FOLFOX.
  - a. True
  - b. False
8. Which of the following is not a common side effect of capecitabine?
  - a. Hand-foot syndrome
  - b. Alopecia areata
  - c. Diarrhea
9. The recently completed adjuvant trial NSABP-C-08 evaluated \_\_\_\_\_ with or without bevacizumab.
  - a. FLOX
  - b. FOLFOX
  - c. FOLFIRI
  - d. CAPOX
10. In the BRITe registry, which collected data on patients with metastatic colorectal cancer treated with chemotherapy and bevacizumab in the community, the incidence of bowel perforations was \_\_\_\_\_.
  - a. Less than 2 percent
  - b. 3.4 percent
  - c. 5.9 percent
  - d. 8.3 percent
11. NSABP-R-04 is evaluating neoadjuvant capecitabine or continuous infusion 5-FU, both with radiation therapy, with or without \_\_\_\_\_ for patients with rectal cancer.
  - a. Bevacizumab
  - b. Oxaliplatin
  - c. Both a and b
  - d. None of the above

## EVALUATION FORM

### Colorectal Cancer Update for Surgeons — Issue 2, 2007

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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
Bruce Minsky, MD	5 4 3 2 1	5 4 3 2 1
Axel Grothey, MD	5 4 3 2 1	5 4 3 2 1
Anton Bilchik, MD, PhD	5 4 3 2 1	5 4 3 2 1
Alan P Venook, 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

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.....

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.....

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.....

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Yes, I am willing to participate in a follow-up survey.       No, I am not willing to participate in a follow-up survey.

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