Colorectal Cancer™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

SPECIAL ISSUE
Proceedings from a Clinical Investigator Think Tank

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Colorectal Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Colorectal cancer is among the most common types of cancer in the United States, and the treatment of this disease continues to evolve. Published results from ongoing clinical trials lead to the emergence of new therapeutic agents and regimens, changes in the indications, doses and schedules for existing treatments and the development of new genomic assays and markers with prognostic and/or predictive potential. 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

- Utilize assessment of K-ras mutation status to select appropriate patients with colorectal cancer (CRC) who may benefit from treatment with EGFR inhibitors.
- Develop an evidence-based algorithm for the treatment of metastatic CRC that incorporates the individualized use of bevacizumab, cetuximab and other biologic agents based on an understanding of their unique efficacy and tolerability profiles.
- Appraise the clinical value of continuing therapy with biologic agents beyond initial disease progression.
- Recognize patients with isolated CRC hepatic metastases who may be eligible for surgical cure, considering the utility of conversion therapy and perioperative/postoperative systemic treatments.
- Describe existing and investigational biomarkers used to predict risk of CRC recurrence and/or response to targeted therapy.
- Identify the clinical and molecular characteristics of hereditary nonpolyposis CRC, and refer patients at high risk for genetic evaluation.
- Compare and contrast the clinical indications for preoperative and/or postoperative concomitant chemoradiation therapy among patients with locally advanced rectal cancer.
- Summarize the efficacy and toxicity findings from clinical research combining molecularly targeted agents for the treatment of advanced CRC.
- Counsel appropriately selected patients with CRC about availability of and participation in ongoing clinical trials.

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This program is supported by educational grants from AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology, Genomic Health Inc and ImClone Systems Incorporated.

Last review date: December 2008; Release date: December 2008; Expiration date: December 2009

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POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Emerging clinical trial data demonstrate that cetuximab is ineffective in patients with _____ colorectal cancer.**
   a. K-ras mutant
   b. Wild-type K-ras

2. **In the PACCE study, _____ was found with FOLFOX/bevacizumab/panitumumab compared to FOLFOX/bevacizumab.**
   a. Inferior activity
   b. Excess toxicity
   c. Both a and b
   d. None of the above

3. **In CALGB-C80405, which evaluates chemotherapy in combination with cetuximab and/or bevacizumab for previously untreated metastatic colorectal cancer, the chemotherapy regimen used is _____.**
   a. FOLFOX
   b. FOLFIRI
   c. FOLFOX or FOLFIRI, at the discretion of the physician

4. **A correlation has been demonstrated between _____ -induced hypersensitivity reactions and the IgE antibody.**
   a. Bevacizumab
   b. Cetuximab
   c. Panitumumab

5. **A quantitative RT-PCR gene assay, tested in NSABP studies C-01 and C-02, was able to stratify patients with Stage II colon cancer into categories of low, intermediate and high risk for recurrence at five years.**
   a. True
   b. False

6. **Prospectively collected data from the BRiTE registry support the hypothesis that continued use of bevacizumab beyond disease progression is associated with an improved clinical outcome.**
   a. True
   b. False

7. **In a randomized Phase II trial, cediranib, an oral tyrosine kinase inhibitor, is combined with FOLFOX and compared to _____ for previously treated metastatic colorectal cancer.**
   a. FOLFOX only
   b. FOLFOX/bevacizumab
   c. FOLFIRI

8. **Steatohepatitis, a major determinant of postoperative liver failure and wound healing complications, is most frequently associated with the use of _____.**
   a. 5-FU
   b. Irinotecan
   c. Oxaliplatin

9. **The preliminary safety data from NSABP-C-08 demonstrate that 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

10. **Data from a CALGB/IFL study demonstrated that microsatellite instability was predictive of benefit from adjuvant irinotecan.**
    a. True
    b. False

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

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 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

- **Impact of K-ras mutations on response to EGFR inhibitors** 4 3 2 1
- **Combining biologic agents for the treatment of advanced colorectal cancer** . . . 4 3 2 1
- **Role of perioperative chemotherapy in patients with resectable hepatic metastases** . . 4 3 2 1
- **Continuation of biologic agents beyond disease progression** 4 3 2 1

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

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- **Impact of K-ras mutations on response to EGFR inhibitors** 4 3 2 1
- **Combining biologic agents for the treatment of advanced colorectal cancer** . . . 4 3 2 1
- **Role of perioperative chemotherapy in patients with resectable hepatic metastases** . . 4 3 2 1
- **Continuation of biologic agents beyond disease progression** 4 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 be able to:

- Utilize assessment of K-ras mutation status to select appropriate patients with colorectal cancer (CRC) who may benefit from treatment with EGFR inhibitors . . . . . 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the treatment of metastatic CRC that incorporates the individualized use of bevacizumab, cetuximab and other biologic agents based on an understanding of their unique efficacy and tolerability profiles . . . . . 4 3 2 1 N/M N/A
- Appraise the clinical value of continuing therapy with biologic agents beyond initial disease progression. . . . . 4 3 2 1 N/M N/A
- Recognize patients with isolated CRC hepatic metastases who may be eligible for surgical cure, considering the utility of conversion therapy and perioperative/postoperative systemic treatments. . . . . 4 3 2 1 N/M N/A
- Describe existing and investigational biomarkers used to predict risk of CRC recurrence and/or response to targeted therapy. . . . . 4 3 2 1 N/M N/A
- Identify the clinical and molecular characteristics of hereditary nonpolyposis CRC, and refer patients at high risk for genetic evaluation . . . . . 4 3 2 1 N/M N/A
- Compare and contrast the clinical indications for preoperative and/or postoperative concomitant chemoradiation therapy among patients with locally advanced rectal cancer . . . . . 4 3 2 1 N/M N/A
- Summarize the efficacy and toxicity findings from clinical research combining molecularly targeted agents for the treatment of advanced CRC . . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with CRC about availability of and participation in ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

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?

. . . . . .

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Additional comments about this activity:

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As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

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

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

4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Jordan D Berlin, MD	4 3 2 1	4 3 2 1
Lee M Ellis, MD	4 3 2 1	4 3 2 1
Charles S Fuchs, MD, MPH	4 3 2 1	4 3 2 1
Richard M Goldberg, MD	4 3 2 1	4 3 2 1
Axel Grothey, MD	4 3 2 1	4 3 2 1
Daniel G Haller, MD	4 3 2 1	4 3 2 1
Herbert I Hurwitz, MD	4 3 2 1	4 3 2 1
Neal J Meropol, MD	4 3 2 1	4 3 2 1
Alan P Venook, MD	4 3 2 1	4 3 2 1
Moderator	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

.....

Other comments about the moderator and faculty for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name: ..... Specialty: .....

Degree:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ BS ☐ RN ☐ PA ☐ Other .....

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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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CCUTT108

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U P D A T E

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Last review date: December 2008
Release date: December 2008
Expiration date: December 2009
Estimated time to complete: 2.75 hours