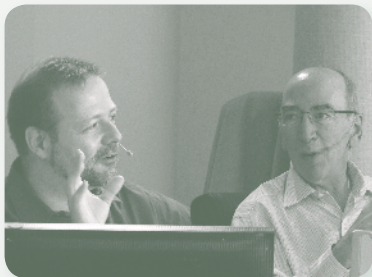


MetResect?

Management of Patients with Colorectal Cancer and Hepatic-Only Metastases

*Proceedings from a Case-Based Roundtable Meeting of Clinical Investigators
Developing a New Education/Management Platform for Adjuvant! Online*



MODERATOR

Neil Love, MD

FACULTY

Steven R Alberts, MD

Michael A Choti, MD, MBA

Fergus V Coakley, MD

Steven A Curley, MD

Richard M Goldberg, MD

Axel Grothey, MD

Daniel G Haller, MD

Chaan S Ng, MD

John N Primrose, MD

Peter M Ravdin, MD, PhD

Alan P Venook, MD

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METRESECT? — MANAGEMENT OF PATIENTS WITH COLORECTAL CANCER AND HEPATIC-ONLY METASTASES

A Continuing Medical Education Program

OVERVIEW OF ACTIVITY

Colorectal cancer is among the most common types of cancer in the United States, and its treatment is continually evolving. More than half of the patients diagnosed with colorectal cancer will develop disseminated disease. For select patients with isolated hepatic metastases, resection and, hence, cure should be the goal. Identifying those patients who may benefit from liver-directed treatment approaches with or without concurrent systemic therapy requires clinician knowledge of the clinicopathologic factors affecting disease prognosis in addition to emerging pivotal research results.

In order to offer optimal patient care — including the option of clinical trial participation — practicing medical and surgical oncologists must be well informed of these advances. By providing access to the latest research developments and expert perspectives, this CME activity assists medical and surgical oncologists in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Select appropriate imaging studies (ie, CT, PET scans) for the initial staging and subsequent surveillance of patients with colorectal cancer (CRC).
- Use clinical factors to identify patients with isolated CRC hepatic metastases who may benefit from surgical resection.
- Develop an evidence-based algorithm addressing the roles of liver-directed and systemic therapies in the management of isolated CRC hepatic metastases or synchronous primary and metastatic disease.
- Distinguish the clinical indications for local and/or systemic treatment of hepatic metastases in the presence of an intact primary colon or rectal tumor.
- Assess emerging clinical research data and ongoing trials to discern the optimal treatment-free window between the administration of anti-angiogenic therapy and surgery.
- Communicate the benefits and risks of postoperative adjuvant systemic therapy to appropriate patients with CRC and surgically resected liver metastases.
- Recognize the prognostic and predictive utility of K-ras mutation status when recommending treatment options for patients with metastatic CRC.
- Counsel appropriately selected patients with CRC about ongoing clinical trial participation.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

Research To Practice designates this educational activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at ResearchToPractice.com/MetResect.

This program is supported by an educational grant from Sanofi-Aventis.

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POST-TEST

MetResect? — Management of Patients with Colorectal Cancer and Hepatic-Only Metastases

QUESTIONS (PLEASE CIRCLE ANSWER):

- Which of the following patient characteristics would require that a larger volume of normal liver be left after the resection of liver metastases?
 - Prior administration of chemotherapy
 - High body mass index
 - Diabetes
 - All of the above
 - None of the above
- _____ weeks is considered an adequate amount of time between the administration of bevacizumab and surgery.
 - Two
 - Four
 - Six
 - None of the above
- In a Phase III, randomized, adjuvant trial of 5-FU/leucovorin versus 5-FU/leucovorin/irinotecan in patients who had undergone resection of liver metastases, the addition of irinotecan was associated with a(n) _____ disease-free survival.
 - Superior
 - Inferior
 - Comparable
- Which of the following adjuvant trials did not demonstrate an advantage with an irinotecan-based regimen?
 - CALGB-C89803
 - PETACC-3
 - ACCORD-02
 - All of the above
 - None of the above
- It will generally take _____ for the liver to hypertrophy when treated with portal vein embolization.
 - Four to five days
 - Four to five weeks
 - Four to five months
 - None of the above
- Which of the following trials did not demonstrate a benefit for the combination of bevacizumab and an EGFR inhibitor?
 - CAIRO-2
 - PACCE
 - BOND-2
 - Both a and b
 - All of the above
- In patients with resected liver metastases, the highest risk of recurrence occurs during the first two years after surgery.
 - True
 - False
- Patients with more than five liver metastases should always be considered to have unresectable disease.
 - True
 - False
- Which of the following is not FDA approved for use as first-line therapy for metastatic colorectal cancer?
 - Cetuximab
 - Bevacizumab
 - Oxaliplatin
 - Irinotecan
- In patients who have undergone surgery for colorectal cancer, the UK National Colorectal Cancer Follow-Up Trial will compare the utility of frequent CT scans to a single CT scan during the first two years.
 - True
 - False
- A recent publication by René Adam suggests that resection of liver metastases is of minimal benefit in patients with regional lymph node involvement.
 - True
 - False

Post-test answer key: 1d, 2c, 3c, 4d, 5b, 6d, 7a, 8b, 9a, 10a, 11b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

MetResect? — Management of Patients with Colorectal Cancer and Hepatic-Only Metastases

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 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Utilization of imaging studies for the initial staging and subsequent screening of patients with colorectal cancer (CRC) ... 4 3 2 1
Clinical factors to identify patients who may benefit from resection of liver-only CRC metastases with curative intent 4 3 2 1
Role of perioperative versus postoperative systemic therapy for patients with resected liver-only disease 4 3 2 1
Sequencing of systemic therapy and surgery for patients with primary colon cancer and synchronous liver metastases... 4 3 2 1
Optimal treatment-free window between the administration of anti-angiogenic therapy and surgery 4 3 2 1

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

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Utilization of imaging studies for the initial staging and subsequent screening of patients with colorectal cancer (CRC) ... 4 3 2 1
Clinical factors to identify patients who may benefit from resection of liver-only CRC metastases with curative intent 4 3 2 1
Role of perioperative versus postoperative systemic therapy for patients with resected liver-only disease 4 3 2 1
Sequencing of systemic therapy and surgery for patients with primary colon cancer and synchronous liver metastases... 4 3 2 1
Optimal treatment-free window between the administration of anti-angiogenic therapy and surgery 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:

- Select appropriate imaging studies (ie, CT, PET scans) for the initial staging and subsequent surveillance of patients with colorectal cancer (CRC). 4 3 2 1 N/M N/A
- Use clinical factors to identify patients with isolated CRC hepatic metastases who may benefit from surgical resection. 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm addressing the roles of liver-directed and systemic therapies in the management of isolated CRC hepatic metastases or synchronous primary and metastatic disease. 4 3 2 1 N/M N/A
- Distinguish the clinical indications for local and/or systemic treatment of hepatic metastases in the presence of an intact primary colon or rectal tumor. 4 3 2 1 N/M N/A
- Assess emerging clinical research data and ongoing trials to discern the optimal treatment-free window between the administration of anti-angiogenic therapy and surgery. 4 3 2 1 N/M N/A
- Communicate the benefits and risks of postoperative adjuvant systemic therapy to appropriate patients with CRC and surgically resected liver metastases. 4 3 2 1 N/M N/A
- Recognize the prognostic and predictive utility of K-ras mutation status when recommending treatment options for patients with metastatic CRC. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with CRC about ongoing clinical trial participation. 4 3 2 1 N/M N/A

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

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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

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 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal	
Faculty	Knowledge of subject matter				Effectiveness as an educator
Steven R Alberts, MD	4	3	2	1	4 3 2 1
Michael A Choti, MD, MBA	4	3	2	1	4 3 2 1
Fergus V Coakley, MD	4	3	2	1	4 3 2 1
Steven A Curley, MD	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
Chaan S Ng, MD	4	3	2	1	4 3 2 1
John N Primrose, MD	4	3	2	1	4 3 2 1
Peter M Ravdin, MD, PhD	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:

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ 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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Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

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MetResect?

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