

Challenging Cases in Select Gastrointestinal Cancers

Oncologist and Nurse Investigators Consult on Actual Patients from the Practices of the Invited Faculty

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of gastrointestinal (GI) cancer.

OVERVIEW OF ACTIVITY

Cancer of the colon and rectum is the fourth most frequently diagnosed cancer and the second most common cause of death among all neoplasms in the United States, accounting for approximately 9% of all cancer deaths. Although individually less frequently encountered, the collection of other noncolorectal GI cancers account for more per annum cancer-related deaths than those attributed to tumors of the colon and rectum combined. In 2014 in the United States alone it is estimated that these diseases will culminate in 136,830 new cases and 50,310 deaths.

Current therapeutic management of colorectal cancer (CRC) is dependent on tumor stage at the time of initial diagnosis, status of surgical margins, patient performance status, age, prior treatment exposure and sites of metastasis for those with disease recurrence or de novo advanced cancer. Although these variables are helpful in guiding selection of treatment, the introduction of novel biomarkers, multigene signatures and molecular-targeted systemic agents has significantly refined the clinical algorithm such that individualized therapeutic approaches have become the standard. Similarly, local and systemic treatment approaches for each of the non-CRC GI cancers are continuously evolving. Like their more prevalent tumor counterparts, the impact of novel molecular-targeted and biologic therapies on the management of non-CRC GI cancers has been profound. The availability of multiple recently approved treatment options with novel and complex mechanisms of action reinforces the pivotal position of nurses as caregivers, communicators and educators, as they play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being.

These video proceedings from the sixth part of a 6-part integrated CNE curriculum originally held at the 2014 ONS Annual Congress feature discussions with leading GI cancer investigators and their nursing counterparts regarding actual

patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with GI cancer.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the therapeutic and supportive care of patients with metastatic CRC (mCRC), gastric cancer and hepatocellular carcinoma (HCC).
- Describe the clinical impact of and toxicities associated with the use of bevacizumab, EGFR inhibitors, aflibercept and regorafenib for metastatic colon cancer.
- Use clinical characteristics and molecular biomarkers to select optimal treatment strategies for patients with locally advanced or metastatic gastric or gastroesophageal cancer.
- Communicate the benefits and risks of existing and emerging local and systemic interventions to patients with locally advanced or metastatic HCC.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with mCRC, gastric cancer and HCC to optimize clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of August 2014 through August 2015.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video and complete the Post-test and Educational Assessment and Credit Form located at ResearchToPractice.com/ONSGI2014/CNE. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 75% or better and a completed Educational Assessment and Credit Form.

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FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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No real or apparent conflicts of interest to disclose.

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RESEARCH TO PRACTICE STAFF AND EXTERNAL

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Hardware/Software Requirements:

A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

A multicenter, randomized, double-blind, Phase 3 study of ramucirumab (IMC-1121B) drug product and best supportive care (BSC) versus placebo and BSC as second-line treatment in patients with hepatocellular carcinoma following first-line therapy with sorafenib (REACH). NCT01140347

A Phase III trial evaluating the addition of trastuzumab to trimodality treatment of HER2-overexpressing esophageal adenocarcinoma. NCT01196390

A randomised phase II/III trial of peri-operative chemotherapy with or without bevacizumab in operable oesophagogastric adenocarcinoma and a feasibility study evaluating lapatinib in HER-2 positive oesophagogastric adenocarcinomas. NCT00450203

A randomized, double blind, placebo controlled, multicenter Phase III study of regorafenib in patients with hepatocellular carcinoma (HCC) after sorafenib. NCT01774344

A study of Perjeta (pertuzumab) in combination with Herceptin (trastuzumab) and chemotherapy in patients with HER2-positive metastatic gastroesophageal junction or gastric cancer. NCT01774786

Abdalla EK et al. **Improving resectability of hepatic colorectal metastases: Expert consensus statement.** *Ann Surg Oncol* 2006;13(10):1271-80.

Bang YJ et al. **Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): A phase 3, open-label, randomised controlled trial.** *Lancet* 2010;376(9742):687-97.

Bennouna J et al. **Continuation of bevacizumab after first progression in metastatic colorectal cancer (ML18147): A randomised phase 3 trial.** *Lancet Oncol* 2013;14(1):29-37.

Donadon M et al. **New paradigm in the management of liver-only metastases from colorectal cancer.** *Gastrointest Cancer Res* 2007;1(1):20-7.

Falcone A et al. **FOLFOXIRI/bevacizumab (bev) versus FOLFIRI/bev as first-line treatment in unresectable metastatic colorectal cancer (mCRC) patients (pts): Results of the phase III TRIBE trial by GONO group.** *Proc ASCO* 2013;Abstract 3505.

Fuchs CS et al. **Ramucirumab monotherapy for previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (REGARD): An international, randomised, multicentre, placebo-controlled, phase 3 trial.** *Lancet* 2014;383(9911):31-9.

Grothey A et al. **Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): An international, multicentre, randomised, placebo-controlled, phase 3 trial.** *Lancet* 2013;381(9863):303-12.

HELOISE study: A study of Herceptin (trastuzumab) in combination with cisplatin/capecitabine chemotherapy in patients with HER2-positive metastatic gastric or gastro-esophageal junction cancer. NCT01450696

Lacouture M. **Prevention and treatment of multikinase inhibitor-induced hand-foot syndrome.** *ASCO Post* 2012;3(18). Available at: <http://www.ascopost.com/issues/december-15-2012/prevention-and-treatment-of-multikinase-inhibitor%E2%80%93induced-hand-foot-syndrome.aspx>.

Llovet JM et al. **Sorafenib in advanced hepatocellular carcinoma.** *N Engl J Med* 2008;359:378-90.

Loprinzi CL et al. **Phase III randomized, placebo (PL)-controlled, double-blind study of intravenous calcium/magnesium (CaMg) to prevent oxaliplatin-induced sensory neurotoxicity (sNT), N08CB: An alliance for clinical trials in oncology study.** *Proc ASCO* 2013;Abstract 3501.

National Comprehensive Cancer Network (NCCN®). **NCCN clinical practice guidelines in oncology.** *Gastric cancer* — Version 1.2014. Available at: http://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf.

US Food and Drug Administration. **FDA approves Cyramza for stomach cancer** [press release]. April 21, 2014. Available at: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm394107.htm>

Van Cutsem E et al. **Addition of aflibercept to fluorouracil, leucovorin, and irinotecan improves survival in a phase III randomized trial in patients with metastatic colorectal cancer previously treated with an oxaliplatin-based regimen.** *J Clin Oncol* 2012;30(28):3499-506.

Welzel TM et al. **Population-attributable fractions of risk factors for hepatocellular carcinoma in the United States.** *Am J Gastroenterol* 2013;108(8):1314-21.

Wilke H et al. **RAINBOW: A global, phase III, randomized, double-blind study of ramucirumab plus paclitaxel versus placebo plus paclitaxel in the treatment of metastatic gastroesophageal junction (GEJ) and gastric adenocarcinoma following disease progression on first-line platinum- and fluoropyrimidine-containing combination therapy rainbow IMCL CP12-0922 (I4T-IE-JVBE).** *Gastrointestinal Cancers Symposium 2014;Abstract LBA7.*