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Visiting Professors

A case-based discussion on the management of gastrointestinal cancer

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Featuring clinical investigators' perspectives on a day spent visiting patients with gastrointestinal cancer in the clinics of general oncologists

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Visiting Professors: A case-based discussion on the management of gastrointestinal cancer

OVERVIEW OF ACTIVITY

Colorectal cancer (CRC) is a common and potentially lethal type of cancer, and its clinical management is continuously evolving. Although "non-CRC" gastrointestinal (GI) tumors are less frequently encountered individually, the cancer-related deaths in that subcategory surpass those attributed to CRC. Published results from ongoing trials continuously lead to the emergence of novel biomarkers and new therapeutic targets and regimens, thereby altering existing management algorithms. 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.

To provide clinicians with therapeutic strategies to address the disparate needs of patients with GI cancers, the *Visiting Professors* audio series employs an innovative case-based approach that unites the perspectives of leading GI oncology investigators and general oncologists as they explore the intricacies of making treatment decisions. Upon completion of this CME activity, medical oncologists should be able to formulate an up-to-date and more complete approach to the care of patients with GI cancers.

LEARNING OBJECTIVES

- Apply case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care for patients with GI cancer.
- Develop evidence-based treatment approaches for patients diagnosed with HER2-positive metastatic gastric cancer.
- Integrate the results of practice-changing clinical research into the selection and sequencing of chemobiologic regimens for patients with metastatic CRC.
- Educate patients with metastatic gastric cancer or neuroendocrine tumors of the GI tract regarding approved and novel treatment approaches for unresectable disease.
- Summarize key findings from clinical studies of emerging therapeutic regimens for pancreatic cancer, and use this information to guide treatment decision-making.
- Communicate the benefits and risks of existing and emerging systemic interventions to patients with advanced hepatocellular carcinoma.
- Counsel patients with early GI stromal tumors about the potential benefit of adjuvant imatinib, and define an evidence-based duration of treatment.

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FACULTY — **Drs Bendell** and **Moriarty** had no real or apparent conflicts of interest to disclose. 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: **Dr Bekaii-Saab** — ***Consulting Agreements:*** AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Genentech BioOncology, Lilly, Sanofi; ***Contracted Research:*** Oncolytics Biotech Inc, Pfizer Inc. **Dr Cartwright** — ***Advisory Committee:*** Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Lilly; ***Speakers Bureau:*** Amgen Inc, Astellas, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company.

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Discussion with Johanna C Bendell, MD and Daniel J Moriarty, MD

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TRACK 46 Approach to second-line therapy for patients with advanced HCC

TRACK 47 Perspective on the potential role of anti-angiogenic agents in HCC

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Bang Y et al. **A randomized, open-label, phase III study of lapatinib in combination with weekly paclitaxel versus weekly paclitaxel alone in the second-line treatment of HER2 amplified advanced gastric cancer (AGC) in Asian population: TyTAN study.** Gastrointestinal Cancers Symposium 2013;**Abstract 11**.

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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 Oncol* 2014;383(9911):31-9.

Hecht JR et al. **Lapatinib in combination with capecitabine plus oxaliplatin (CapeOx) in HER2-positive advanced or metastatic gastric, esophageal, or gastroesophageal adenocarcinoma (AC): The TRIO-013/LOGiC trial.** *Proc ASCO* 2013;**Abstract LBA4001**.

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Phase III prospective randomized comparison of depot octreotide plus interferon alpha versus depot octreotide plus bevacizumab (NSC #704865) in advanced, poor prognosis carcinoid patients. NCT00569127

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Rinke A et al. **Placebo-controlled, double-blind, prospective, randomized study on the effect of octreotide LAR in the control of tumor growth in patients with metastatic neuroendocrine midgut tumors: A report from the PROMID Study Group.** *J Clin Oncol* 2009;27(28):4656-63.

Shanafelt TD et al. **Burnout and career satisfaction among US oncologists.** *J Clin Oncol* 2014;32(7):678-86.

Strosberg JR et al. **Dosing patterns for octreotide LAR in neuroendocrine tumor (NET) patients: NCCN NET outcomes database.** *Proc ASCO* 2013;**Abstract 4142**.

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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**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The Phase III RADIANT-2 study reported significant improvement in progression-free survival with everolimus/octreotide versus octreotide alone for patients with advanced carcinoid tumors.**
   a. True
   b. False

2. **The PRIME study, which assessed the efficacy of panitumumab in combination with FOLFOX4 versus FOLFOX4 alone, demonstrated that patients with nonclassical RAS mutations (mutations in KRAS or NRAS exon 2, 3 or 4) had worse outcomes with the addition of panitumumab to chemotherapy for untreated mCRC.**
   a. True
   b. False

3. **A Scandinavian trial of 1 versus 3 years of adjuvant imatinib for operable, high-risk gastrointestinal tumors did not demonstrate a significant improvement in overall survival for patients who underwent three years of treatment.**
   a. True
   b. False

4. **The TyTAN study investigated _____ in combination with weekly paclitaxel versus weekly paclitaxel alone in the second-line treatment of HER2-amplified advanced gastric cancer.**
   a. Pertuzumab
   b. Lapatinib
   c. Trastuzumab

5. **The RAINBOW study of weekly paclitaxel with or without ramucirumab in the treatment of metastatic GEJ and gastric adenocarcinoma in the second-line setting demonstrated a statistically significant improvement in overall survival with ramucirumab.**
   a. True
   b. False

6. **A recent study published in *The New England Journal of Medicine* reported that gemcitabine in combination with *nab* paclitaxel was superior to gemcitabine alone in terms of _____ for patients with mPC.**
   a. Overall survival
   b. Progression-free survival
   c. Overall response rate
   d. All of the above

7. **The Phase III TRIBE study of FOLFOXIRI/bevacizumab versus FOLFIRI/bevacizumab as first-line treatment in unresectable mCRC demonstrated a significant increase in progression-free survival with FOLFOXIRI/bevacizumab.**
   a. True
   b. False

8. **Common side effects that may be associated with aflibercept include _____.**
   a. Hypertension
   b. Nosebleeds
   c. Diarrhea
   d. Fatigue
   e. All of the above

9. **In the treatment of HCC, novel investigational agents targeting c-MET include _____.**
   a. E7050 (golvatinib)
   b. Tivantinib
   c. Onartuzumab
   d. All of the above

10. **Toxicities that may be associated with the use of regorafenib include _____.**
    a. Hand-foot syndrome
    b. Fatigue
    c. Diarrhea
    d. All of the above

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PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

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

	BEFORE	AFTER
MPACT study of first-line gemcitabine/*nab* paclitaxel for mPC	4 3 2 1	4 3 2 1
Improvement in overall survival with ramucirumab for previously treated, advanced gastric or GEJ adenocarcinoma	4 3 2 1	4 3 2 1
Efficacy and dosing patterns of octreotide in NET	4 3 2 1	4 3 2 1
Ras/RAF mutations as predictive markers of resistance to anti-EGFR therapy in colorectal cancer	4 3 2 1	4 3 2 1
Impact of performance status and age on the initial dosing of regorafenib for patients with advanced CRC	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice
☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify) .....

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No

If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No

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Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Apply case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care for patients with GI cancer. . . . . 4 3 2 1 N/M N/A
- Develop evidence-based treatment approaches for patients diagnosed with HER2-positive metastatic gastric cancer. . . . . 4 3 2 1 N/M N/A
- Integrate the results of practice-changing clinical research into the selection and sequencing of chemobiologic regimens for patients with metastatic CRC. . . . . 4 3 2 1 N/M N/A
- Educate patients with metastatic gastric cancer or neuroendocrine tumors of the GI tract regarding approved and novel treatment approaches for unresectable disease. . . . . 4 3 2 1 N/M N/A
- Summarize key findings from clinical studies of emerging therapeutic regimens for pancreatic cancer, and use this information to guide treatment decision-making. . . . . 4 3 2 1 N/M N/
- Communicate the benefits and risks of existing and emerging systemic interventions to patients with advanced hepatocellular carcinoma. . . . . 4 3 2 1 N/M N/A
- Counsel patients with early GI stromal tumors about the potential benefit of adjuvant imatinib, and define an evidence-based duration of treatment. . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....

.....

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain:.....

Additional comments about this activity:

.....

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.....

.....

PART 2 — Please tell us about the faculty and editor for this educational activity

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

Faculty	Knowledge of subject matter				Effectiveness as an educator			
Johanna C Bendell, MD	4	3	2	1	4	3	2	1
Daniel J Moriarty, MD	4	3	2	1	4	3	2	1
Tanios Bekaii-Saab, MD	4	3	2	1	4	3	2	1
Thomas H Cartwright, MD	4	3	2	1	4	3	2	1
Editor	**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 faculty and editor for this activity:

.....

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