Gastrointestinal Cancer Update

Issue 1, 2016 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of gastrointestinal (GI) cancers.

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" 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 bridge the gap between research and patient care, *Gastrointestinal Cancer Update* uses one-on-one discussion with leading GI oncology investigators. By providing access to the latest scientific developments and the perspectives of experts in the field, this CME activity assists medical oncologists with the formulation of up-to-date management strategies.

LEARNING OBJECTIVES

- Appraise recent data on therapeutic advances and changing practice standards in colorectal and gastric cancer, and integrate this information, as appropriate, into current clinical care.
- Develop a long-term care plan for individuals diagnosed with metastatic CRC, considering the patient's biomarker profile, exposure to prior systemic therapy, symptomatology, performance status and personal goals for treatment.
- Use HER2 status, clinical factors and patient perspectives to optimize the selection and sequence of systemic therapy for locally advanced or metastatic gastric/gastroesophageal cancer.
- Appraise the rationale for and clinical data with investigational anti-PD-1 and/or anti-PD-L1 antibodies in patients with CRC or gastric cancer.
- Assess available data with currently approved and investigational agents with documented activity in gastroesophageal cancer, and develop a clinical algorithm for optimal patient care, including the option of participating in clinical research.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity enables the participant to earn up to 1.5 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/GICU116/Video/CME.

CONTENT VALIDATION AND DISCLOSURES

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

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Advisory Committee: Amgen Inc, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Lilly, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc; **Contracted Research:** Amgen Inc, Bristol-Myers Squibb Company, Genentech BioOncology, Lilly, Merck, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc, Takeda Oncology; **Other Remunerated Activities:** Genentech BioOncology.

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No relevant conflicts of interest to disclose.

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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

Last review date: January 2017

Expiration date: January 2018

Select Publications

Al-Shamsi HO et al. **Continuation of trastuzumab beyond disease progression in patients with metastatic gastric cancer: A retrospective analysis of 25 cases — The MD Anderson experience.** *Proc ASCO* 2016;**Abstract e15560**.

Bendell JC et al. **Clinical activity and safety of cobimetinib (cobi) and atezolizumab in colorectal cancer (CRC).** *Proc ASCO* 2016;**Abstract 3502**.

Corcoran RB et al. **Combined BRAF and MEK inhibition with dabrafenib and trametinib in BRAF V600-mutant colorectal cancer.** *J Clin Oncol* 2015;33(34):4023-31.

Diaz LA et al. **Programmed death-1 blockade in mismatch repair deficient cancer independent of tumor histology.** *Proc ASCO* 2016;**Abstract 3003**.

Ganesh K et al. **Somatic tumor profiling of DNA mismatch repair deficient (MMR-D) colorectal cancers (CRC).** *Proc ASCO* 2016;**Abstract 1528**.

Kang YK et al. **A randomized, open-label, multicenter, adaptive phase 2/3 study of trastuzumab emtansine (T-DM1) versus a taxane (TAX) in patients (pts) with previously treated HER2-positive locally advanced or metastatic gastric/gastroesophageal junction adenocarcinoma (LA/MGC/GEJC).** Gastrointestinal Cancers Symposium 2016;**Abstract 05**.

Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2015;372(26):2509-20.

O'Neil BH et al. **Phase 1b extension study of cancer stemness inhibitor BB608 (napabucasin) administered in combination with FOLFIRI +/- bevacizumab (Bev) in patients (pts) with advanced colorectal cancer (CRC).** *Proc ASCO* 2016;**Abstract 3564**.

Overman MJ et al. **Nivolumab ± ipilimumab in treatment (tx) of patients (pts) with metastatic colorectal cancer (mCRC) with and without high microsatellite instability (MSI-H): CheckMate-142 interim results.** *Proc ASCO* 2016;**Abstract 3501**.

Ross-Innes CS et al. **Whole-genome sequencing provides new insights into the clonal architecture of Barrett's esophagus and esophageal adenocarcinoma.** *Nat Genet* 2015;47(9):1038-46.

Shah MA et al. **The BRIGHTER trial: A phase III randomized double-blind study of BBI-608 + weekly paclitaxel versus placebo (PBO) + weekly paclitaxel in patients (pts) with pretreated advanced gastric and gastro-esophageal junction (GEJ) adenocarcinoma.** *Proc ASCO* 2016;**Abstract TPS4144**.

Sharma P et al. **Quality indicators for the management of Barrett's esophagus, dysplasia, and esophageal adenocarcinoma: International consensus recommendations from the American Gastroenterological Association Symposium.** *Gastroenterology* 2015;149(6):1599-606.

Shinozaki E et al. **Timing of adverse events (AEs) in the Phase 3 RECOURSE trial of TAS-102 versus placebo in patients (pts) with metastatic colorectal cancer (mCRC).** *Proc ECC* 2015;**Abstract 2151**.

Smyth EC et al. **Correlation between mismatch repair deficiency (MMRd), microsatellite instability (MSI) and survival in MAGIC.** *Proc ASCO* 2016;**Abstract 4064**.

Stachler MD et al. **Paired exome analysis of Barrett's esophagus and adenocarcinoma.** *Nat Genet* 2015;47(9):1047-55.

Verheij M et al. **A multicenter randomized phase III trial of neo-adjuvant chemotherapy followed by surgery and chemotherapy or by surgery and chemoradiotherapy in resectable gastric cancer: First results from the CRITICS study.** *Proc ASCO* 2016;**Abstract 4000**.