

Gastric Cancer Update

Issue 1, 2017 (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 cancers.

OVERVIEW OF ACTIVITY

Approximately 45,000 people will be diagnosed with gastric or esophageal cancer in the United States in 2017 alone, with nearly 26,700 of these individuals succumbing to their disease. Published results from ongoing trials continuously lead to the emergence of 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, *Gastric Cancer Update* uses one-on-one discussion with leading gastrointestinal 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 gastric/gastroesophageal cancer, and integrate this information, as appropriate, into current clinical care.
- 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.
- Describe available and emerging research with immune checkpoint inhibitors in gastric/gastroesophageal cancers, and use this information to inform trial participation.
- Counsel patients regarding the incidence and manifestation of side effects and toxicities associated with commonly used systemic agents/regimens in the management of advanced gastric/gastroesophageal cancer.
- Discuss the proposed mechanisms of action of and recall new data with other investigational agents demonstrating promising activity in gastric/gastroesophageal cancer, and refer appropriate patients for participation in ongoing trials evaluating these approaches.

ACCREDITATION STATEMENT

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

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.5 Medical Knowledge 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 review the CME information, 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/GastricCancerUpdate117/Video/CME](https://www.researchtopractice.com/GastricCancerUpdate117/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/GastricCancerUpdate117](https://www.researchtopractice.com/GastricCancerUpdate117).

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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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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

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Select Publications

A phase III clinical trial of BBI608 plus weekly paclitaxel vs placebo plus weekly paclitaxel in adult patients with advanced, previously treated gastric and gastro-esophageal junction adenocarcinoma. NCT02178956

Al-Batran SE et al. **Effect of neoadjuvant chemotherapy followed by surgical resection on survival in patients with limited metastatic gastric or gastroesophageal junction cancer: The AIO-FLOT3 trial.** *JAMA Oncol* 2017;[Epub ahead of print].

Al-Batran SE et al. **FAST: An international, multicenter, randomized, phase II trial of epirubicin, oxaliplatin, and capecitabine (EOX) with or without IMAB362, a first-in-class anti-CLDN18.2 antibody, as first-line therapy in patients with advanced CLDN18.2+ gastric and gastroesophageal junction (GEJ) adenocarcinoma.** *Proc ASCO* 2016;Abstract LBA4001.

Bekaii-Saab T, El-Rayes B. **Identifying and targeting cancer stem cells in the treatment of gastric cancer.** *Cancer* 2017;123(8):1303-12.

Boku N et al. **A phase 3 study of nivolumab (nivo) in previously treated advanced gastric or gastroesophageal junction (G/GEJ) cancer: Updated results and subset analysis by PD-L1 expression (ATTRACTION-02).** *Proc ESMO* 2017;Abstract 6170.

Cancer Genome Atlas Research Network. **Integrated genomic characterization of oesophageal carcinoma.** *Nature* 2017;541(7636):169-75.

Catenacci D et al. **A phase 1b/2, open label, dose-escalation study of margetuximab (M) in combination with pembrolizumab (P) in patients with relapsed/refractory advanced HER2+ gastroesophageal (GEJ) junction or gastric (G) cancer.** Gastrointestinal Cancers Symposium 2017;Abstract TPS219.

Ford HE et al. **Docetaxel versus active symptom control for refractory oesophagogastric adenocarcinoma (COUGAR-02): An open-label, phase 3 randomised controlled trial.** *Lancet Oncol* 2014;15(1):78-86.

Fuchs CS et al. **KEYNOTE-059 cohort 1: Efficacy and safety of pembrolizumab (pembro) monotherapy in patients with previously treated advanced gastric cancer.** *Proc ASCO* 2017;Abstract 4003.

Fuchs CS et al. **A randomized, double-blind, placebo-controlled phase III study of cisplatin plus a fluoropyrimidine with or without ramucirumab as first-line therapy in patients with metastatic gastric or gastroesophageal junction (GEJ) adenocarcinoma (RAINFALL, NCT02314117).** Gastrointestinal Cancers Symposium 2016;Abstract TPS178.

Gerson JN et al. **Perspectives of HER2-targeting in gastric and esophageal cancer.** *Expert Opin Investig Drugs* 2017; 26(5):531-40.

Hubbard JM, Grothey A. **Napabucasin: An update on the first-in-class cancer stemness inhibitor.** *Drugs* 2017;77(10):1091-103.

Janjigian YY et al. **Nivolumab ± ipilimumab in pts with advanced (adv)/metastatic chemotherapy-refractory (CTx-R) gastric (G), esophageal (E), or gastroesophageal junction (GEJ) cancer: CheckMate 032 study.** *Proc ASCO* 2017;Abstract 4014.

Kang YK et al. **Nivolumab (ONO-4538/BMS-936558) as salvage treatment after second or later-line chemotherapy for advanced gastric or gastro-esophageal junction cancer (AGC): A double-blinded, randomized, phase III trial.** Gastrointestinal Cancers Symposium 2017;Abstract 2.

Lordick F et al. **New agents on the horizon in gastric cancer.** *Ann Oncol* 2017;28(8):1767-75.

Muro K et al. **Pembrolizumab for patients with PD-L1-positive advanced gastric cancer (KEYNOTE-012): A multicentre, open-label, phase 1b trial.** *Lancet Oncol* 2016;17(6):717-26.

Sanford NN et al. **A retrospective comparison of neoadjuvant chemoradiotherapy regimens for locally advanced esophageal cancer.** *Dis Esophagus* 2017;30(7):1-8.

Singh P et al. **Anti-claudin 18.2 antibody as new targeted therapy for advanced gastric cancer.** *J Hematol Oncol* 2017;10(1):105.

Tabernero J et al. **Pertuzumab (P) + trastuzumab (H) + chemotherapy (CT) for HER2-positive metastatic gastric or gastro-oesophageal junction cancer (mGC/GEJC): Final analysis of a Phase III study (JACOB).** *Proc ESMO* 2017;Abstract 6160.

Wilke H et al. **Ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (RAINBOW): A double-blind, randomised phase 3 trial.** *Lancet* 2014;15(11):1224-35.