

Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 7: Gastrointestinal Cancers

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) cancers.

OVERVIEW OF ACTIVITY

Cancer of the colon or rectum is the fourth most frequently diagnosed malignant neoplasm and the second most common cause of cancer death in the United States (approximately 9% of all cancer deaths). In 2017, it is estimated that 95,520 new cases of colon cancer and 39,910 new cases of rectal cancer will be documented in the US population, representing a continued decline over the past 2 decades thought to be related to improvements in detection and treatment. Although individually less frequently encountered, the collection of noncolorectal GI cancers actually account for more deaths per annum than those attributed to tumors of the colon and rectum combined. Within this collection of distinct diseases, a number have undergone several recent advances that have already drastically altered (or have the potential to alter) current treatment considerations and approaches. While these new options are welcomed by all, they create a challenge for those members of the interdisciplinary treatment team who are required to learn about, explain and appropriately integrate them into standard clinical practice. Educational opportunities relevant to the clinical management of colorectal cancer and select noncolorectal GI cancers — namely gastric, pancreatic and liver cancer — are essential for all healthcare professionals responsible for delivering comprehensive care to these patients.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses 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 seventh part of a 7-part integrated CNE curriculum originally held at the 2017 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.

LEARNING OBJECTIVES

- Apply available research data to the therapeutic and supportive care of patients with locally advanced and metastatic colorectal cancer, gastric cancer, pancreatic cancer and GI neuroendocrine tumors (NET).
- Describe the clinical indications and toxicities associated with the use of existing (bevacizumab, EGFR inhibitors, regorafenib) and recently approved (ramucirumab, TAS-102) systemic therapies used in the management of metastatic colorectal cancer.
- Appreciate the recent FDA approval of irinotecan liposome injection (nal-IRI) in combination with 5-FU/leucovorin, and develop effective strategies to integrate this regimen into the management of pancreatic cancer.
- Discuss the benefits and risks associated with existing and recently approved treatments used in the evidence-based management of newly diagnosed and progressive GI NET, including somatostatin analogues, targeted biologic agents and cytotoxic therapy.
- Use clinical characteristics and molecular biomarkers to select optimal treatment strategies for patients with metastatic gastric or gastroesophageal cancer.
- Appraise the rationale for and clinical data with investigational anti-PD-1 and anti-PD-L1 antibodies for patients with various forms of GI cancer.

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 2.1 contact hours is provided by Research To Practice during the period of July 2017 through July 2018.

This activity is awarded 2.1 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable

for recertification points. To review certification qualifications please visit ResearchToPractice.com/ONS2017/ILNA.

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FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSGI2017/CNE.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CNE activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL

REVIEWERS — The scientific staff and reviewers for Research To Practice have 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: July 2017

Expiration date: July 2018

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

Select Publications

- 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.
- Cidon EU. **New therapeutic approaches to metastatic gastroenteropancreatic neuroendocrine tumors: A glimpse into the future.** *World J Gastrointest Oncol* 2017;9(1):4-20.
- Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.
- 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.
- Gatalica Z et al. **High microsatellite instability (MSI-H) colorectal carcinoma: A brief review of predictive biomarkers in the era of personalized medicine.** *Fam Cancer* 2016;15(3):405-12.
- 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 02.
- Kulke MH et al. **Telotristat ethyl, a tryptophan hydroxylase inhibitor for the treatment of carcinoid syndrome.** *J Clin Oncol* 2017;35(1):14-23.
- Kwekkeboom DJ, Krenning EP. **Peptide receptor radionuclide therapy in the treatment of neuroendocrine tumors.** *Hematol Oncol Clin North Am* 2016;30(1):179-91.
- Le DT et al. **PD-1 blockade in tumors with mismatch-repair deficiency.** *N Engl J Med* 2016;372(26):2509-20.
- Mayer RJ et al. **Randomized trial of TAS-102 for refractory metastatic colorectal cancer.** *N Engl J Med* 2015;372(20):1909-19.
- 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.
- Neoptolemos JP et al. **Comparison of adjuvant gemcitabine and capecitabine with gemcitabine monotherapy in patients with resected pancreatic cancer (ESPAC-4): A multicentre, open-label, randomised, phase 3 trial.** *Lancet* 2017;389(10073):1101-24.
- Pinchot SN et al. **Carcinoid tumors.** *Oncologist* 2008;13(12):1255-69.
- Riall TS, Lillemoe KD. **Underutilization of surgical resection in patients with localized pancreatic cancer.** *Ann Surg* 2007;246(2):181-2.
- Siegel RL et al. **Cancer statistics, 2017.** *Ca Cancer J Clin* 2017;67(1):7-30.
- Strosberg J et al. **Phase 3 trial of 177Lu-Dotatate for midgut neuroendocrine tumors.** *N Engl J Med* 2017;376(2):125-35.
- Tsikitis VL et al. **Trends of incidence and survival of gastrointestinal neuroendocrine tumors in the United States: A SEER analysis.** *J Cancer* 2012;3:292-302.
- von Hoff DD et al. **Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.
- Wang-Gillam A et al. **Nanoliposomal irinotecan with fluorouracil and folinic acid in metastatic pancreatic cancer after previous gemcitabine-based therapy (NAPOLI-1): A global, randomised, open-label, phase 3 trial.** *Lancet* 2016;387(10018):545-57.
- 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 Oncol* 2014;15(11):1224-35.