Colorectal Cancer Update

Issue 1, 2018 (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 135,000 people were diagnosed with colon or rectal cancer in the United States in 2017 alone, with nearly 50,000 of these individuals succumbing to their disease. Published results from ongoing trials continually 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, *Colorectal 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

- Formulate an individualized approach to the selection of adjuvant chemotherapy regimens and the duration of treatment for patients with standard- and high-risk colon cancer.
- Consider patient and disease characteristics in selecting therapy for patients with metastatic colorectal cancer (mCRC), including primary tumor location and presence of potentially targetable genetic abnormalities (eg, BRAF, HER2).
- Appraise the recent approvals of pembrolizumab and nivolumab for patients with microsatellite instability-high or mismatch repair-deficient tumors, and integrate these agents into current mCRC treatment algorithms.
- Devise a rational approach to the incorporation of regorafenib and TAS-102 into the treatment algorithm for mCRC that includes consideration of each agent's unique side-effect profile.
- Counsel patients regarding the incidence and manifestation of side effects associated with commonly used systemic agents and regimens, and develop a plan to optimally manage these toxicities.
- Recall available and emerging data with other investigational agents currently being tested in clinical trials for CRC, and refer eligible patients for trial participation or expanded access programs.

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 4.5 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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The corresponding audio program is available as an alternative at **ResearchToPractice.com/CCU118**.

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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 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: February 2018

Expiration date: February 2019

Select Publications

A phase III study of pembrolizumab (MK-3475) vs chemotherapy in microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) stage IV colorectal carcinoma (KEYNOTE-177). NCT02563002

Andre T et al. **Oxaliplatin-based chemotherapy for patients with stage III colon cancer: Disease free survival results of the three versus six months adjuvant IDEA France Trial.** *Proc ASCO* 2017;**Abstract 3500**.

André T et al. **Analysis of tumor PD-L1 expression and biomarkers in relation to clinical activity in patients (pts) with deficient DNA mismatch repair (dMMR)/high microsatellite instability (MSI-H) metastatic colorectal cancer (mCRC) treated with nivolumab (NIVO) + ipilimumab (IPI): CheckMate 142.** *Proc ESMO* 2017;**Abstract 484PD**.

Arnold D et al. **Prognostic and predictive value of primary tumour side in patients with RAS wild-type metastatic colorectal cancer treated with chemotherapy and EGFR directed antibodies in six randomised trials.** *Ann Oncol* 2017;28(8):1713-29.

Cohen R et al. **BRAF-mutated colorectal cancer: What is the optimal strategy for treatment?** *Curr Treat Options Oncol* 2017;18(2):9.

Colorectal cancer metastatic dMMR immuno-therapy (COMMIT) study: A randomized phase III study of mFOLFOX6/bevacizumab combination chemotherapy with or without atezolizumab or atezolizumab monotherapy in the first-line treatment of patients with deficient DNA mismatch repair (dMMR) metastatic colorectal cancer. NCT02997228

Fuchs MA et al. **Predicted vitamin D status and colon cancer recurrence and mortality in CALGB 89803 (Alliance).** *Ann Oncol* 2017;28(6):1359-67.

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

Huijberts S et al. **BEACON CRC: Safety lead-in (SLI) for the combination of binimetinib (BINI), encorafenib (ENCO), and cetuximab (CTX) in patients (pts) with BRAF-V600E metastatic colorectal cancer (mCRC).** *Proc ESMO* 2017;**Abstract 517P**.

Hurwitz H et al. **Updated efficacy, safety, and biomarker analyses of STEAM, a randomized, open-label, phase II trial of sequential (s) and concurrent (c) FOLFOXIRI-bevacizumab (BV) vs FOLFOX-BV for first-line (1L) treatment (tx) of patients with metastatic colorectal cancer (mCRC).** Gastrointestinal Cancers Symposium 2017;**Abstract 657**.

Innocenti F et al. **Somatic DNA mutations, MSI status, mutational load (ML): Association with overall survival (OS) in patients (pts) with metastatic colorectal cancer (mCRC) of CALGB/SWOG 80405 (Alliance).** *Proc ASCO* 2017;**Abstract 3504**.

Iveson T et al. **Final DFS results of the SCOT study: An international phase III randomised (1:1) non-inferiority trial comparing 3 versus 6 months of oxaliplatin based adjuvant chemotherapy for colorectal cancer.** *Proc ASCO* 2017;**Abstract 3502**.

Kang Y et al. **Gut microbiota and colorectal cancer: Insights into pathogenesis for novel therapeutic strategies.** *Z Gastroenterol* 2017;55(9):872-80.

Kim S et al. **Tumor sidedness and intrinsic subtypes in patients with stage II/III colon cancer: Analysis of NSABP C-07 (NRG Oncology).** *Proc ASCO* 2017;**Abstract 3514**.

Kopetz S et al. **Randomized trial of irinotecan and cetuximab with or without vemurafenib in BRAF-mutant metastatic colorectal cancer (SWOG S1406).** *Proc ASCO* 2017;**Abstract 3505**.

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

Lenz HJ et al. **Impact of consensus molecular subtyping (CMS) on overall survival (OS) and progression free survival (PFS) in patients (pts) with metastatic colorectal cancer (mCRC): Analysis of CALGB/SWOG 80405 (Alliance).** *Proc ASCO* 2017;**Abstract 3511**.

Mehta RS et al. **Association of dietary patterns with risk of colorectal cancer subtypes classified by Fusobacterium nucleatum in tumor tissue.** *JAMA Oncol* 2017;3(7):921-7.

Mima K et al. **The role of intestinal bacteria in the development and progression of gastrointestinal tract neoplasms.** *Surg Oncol* 2017;26(4):368-76.

Ng K et al. **SUNSHINE: Randomized double-blind phase II trial of vitamin D supplementation in patients with previously untreated metastatic colorectal cancer.** *Proc ASCO* 2017;**Abstract 3506**.

Ohtsu A et al. **Onset of neutropenia as an indicator of treatment response in the phase III RECOURSE trial of TAS-102 vs placebo in patients with metastatic colorectal cancer.** *Proc ASCO* 2016;**Abstract 3556**.

Overman MJ et al. **Nivolumab in patients with metastatic DNA mismatch repair-deficient or microsatellite instability-high colorectal cancer (CheckMate 142): An open-label, multicentre, phase 2 study.** *Lancet Oncol* 2017;18(9):1182-91.

Select Publications

Parikh A et al. **Prolonged response to HER2-directed therapy in a patient with HER2-amplified, rapidly progressive metastatic colorectal cancer.** *J Natl Compr Canc Netw* 2017;15(1):3-8.

Parseghian C et al. **Evaluating for pseudoprogression in colorectal and pancreatic tumors treated with immunotherapy.** *Proc ESMO* 2017;**Abstract PD-023**.

Raskov H et al. **Linking gut microbiota to colorectal cancer.** *J Cancer* 2017;8(17):3378-95.

Segelov E et al. **Survival by sidedness of metastatic colorectal cancer (mCRC) treated with epidermal growth factor receptor antibodies (EGFR-Ab) in the refractory setting: A population-based study of 1509 patients.** *Proc ESMO* 2017;**Abstract 587P**.

Shi Q et al. **Prospective pooled analysis of six phase III trials investigating duration of adjuvant (adjuv) oxaliplatin-based therapy (3 vs 6 months) for patients (pts) with stage III colon cancer (CC): The IDEA (International Duration Evaluation of Adjuvant chemotherapy) collaboration.** *Proc ASCO* 2017;**Abstract LBA1**.

Sobrero AF et al. **FOLFOX4/XELOX in stage II–III colon cancer: Efficacy results of the Italian three or six colon adjuvant (TOSCA) trial.** *Proc ASCO* 2017;**Abstract 3501**.

Sundar R et al. **Targeting BRAF-mutant colorectal cancer: Progress in combination strategies.** *Cancer Discov* 2017;7(6):558-60.

Taieb J et al. **Association of prognostic value of primary tumor location in stage III colon cancer with RAS and BRAF mutational status.** *Proc ASCO* 2017;**Abstract 3515**.

Van Blarigan E et al. **American Cancer Society (ACS) Nutrition and Physical Activity Guidelines after colon cancer diagnosis and disease-free (DFS), recurrence-free (RFS), and overall survival (OS) in CALGB 89803 (Alliance).** *Proc ASCO* 2017;**Abstract 10006**.

Venook AP et al. **Primary tumor location as an independent prognostic marker from molecular features for overall survival in patients with metastatic colorectal cancer: Analysis of CALGB/SWOG 80405 (Alliance).** *Proc ASCO* 2017;**Abstract 3503**.