Oncology Grand Rounds

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

Part 2: 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

Given the prevalent nature of the disease, extensive resources are allocated to colorectal cancer (CRC) research and education. Interestingly, however, although individually less frequently encountered, the collection of other, "non-CRC" GI cancers accounts for more per annum deaths than those attributed to tumors of the colon and rectum combined. As such, educational opportunities relevant to the clinical management of CRC and prevalent non-CRC GI tumors, including gastric, pancreatic and hepatocellular cancer, are essential to the delivery of comprehensive care.

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 second part of a 6-part integrated CNE curriculum originally held at the 2018 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.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with GI cancers.

LEARNING OBJECTIVES

- Apply available research data to the therapeutic and supportive care of patients with pancreatic cancer, gastric/gastroesophageal junction (GEJ) cancer, CRC and hepatocellular carcinoma (HCC).
- Consider age, performance status and other clinical and logistical factors in the selection of systemic therapy for patients with localized, locally advanced or metastatic pancreatic cancer.
- Use HER2 status, PD-L1 combined positive score, clinical factors and patient preferences to optimize systemic therapy for locally advanced or metastatic gastric/GEJ cancer.
- Recognize the importance of biomarker analysis for patients diagnosed with CRC or gastric/GEJ cancer, and use this information to counsel these individuals regarding the selection of evidence-based systemic treatment options.
- Describe the clinical indications, benefits and toxicities associated with the use of existing and recently approved systemic therapies in the management of metastatic CRC.
- Communicate the benefits and risks of approved and emerging systemic interventions to patients with locally advanced or metastatic HCC.
- Appraise the rationale for and clinical data with commercially available and developmental immune checkpoint inhibitors in the treatment of GI cancers.

ACCREDITATION STATEMENT

Research To Practice (RTP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.7 contact hours is provided by RTP during the period of July 2018 through July 2019.

This activity is awarded 1.7 ANCC pharmacotherapeutic contact hours.

ONCOLOGY NURSING CERTIFICATION CORPORATION (ONCC)/INDIVIDUAL LEARNING NEEDS ASSESSMENT (ILNA) CERTIFICATION INFORMATION

The program content has been reviewed by the ONCC and is acceptable for recertification points. To review certification qualifications, please visit **ResearchToPractice.com/ONS2018/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

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/ONSGI2018/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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:

Tanios Bekaii-Saab, MD
Professor, Mayo Clinic College of Medicine and Science
Co-Leader, GI Cancer Program
Mayo Clinic Cancer Center
Senior Associate Consultant
Mayo Clinic
Scottsdale, Arizona

Consulting Agreements: Amgen Inc, ARMO BioSciences, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Exelixis Inc, Genentech BioOncology, Ipsen Biopharmaceuticals Inc, Merck, Roche Laboratories Inc, SillaJen; **Contracted Research:** Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Lilly.

Michael Casey, APRN-BC, FNP
Gastrointestinal Cancer Center
Dana-Farber Cancer Institute
Harvard Medical School
Boston, Massachusetts

No relevant conflicts of interest to disclose.

John L Marshall, MD
Chief, Hematology and Oncology
Director, Ruesch Center for the Cure of GI Cancers
Lombardi Comprehensive Cancer Center
Georgetown University
Washington, DC

Advisory Committee and Speakers Bureau: Amgen Inc, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology, Merck.

Jessica Mitchell, APRN, CNP, MPH
Assistant Professor, GI Oncology
Mayo Clinic
Rochester, Minnesota

No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, 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, administered by Janssen Scientific Affairs LLC, 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, Pfizer Inc, 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.

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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

Release date: July 2018

Expiration date: July 2019

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

Select Publications

Abou-Alfa GK et al. **Cabozantinib (C) versus placebo (P) in patients (pts) with advanced hepatocellular carcinoma (HCC) who have received prior sorafenib: Results from the randomized phase III CELESTIAL trial.** Gastrointestinal Cancers Symposium 2018;**Abstract 207**.

Bekaii-Saab TS et al. **Regorafenib dose optimization study (ReDOS): Randomized phase II trial to evaluate dosing strategies for regorafenib in refractory metastatic colorectal cancer (mCRC) — An ACCRU Network study.** Gastrointestinal Cancers Symposium 2018;**Abstract 611**.

Brahmer JR et al. **Management of immune-related adverse events in patients treated with immune checkpoint inhibitor therapy: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2018;[Epub ahead of print].

Bruix J et al. **Regorafenib for patients with hepatocellular carcinoma who progressed on sorafenib treatment (RESORCE): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2017;389(10064):56-66.

Chen LT et al. **Final results of NAPOLI-1: A phase 3 study of nal-IRI (MM-398) ± 5-fluorouracil and leucovorin (5-FU/LV) vs 5-FU/LV in metastatic pancreatic cancer (mPAC) previously treated with gemcitabine-based therapy.** *Proc ESMO* 2016;**Abstract 622PD**.

Cheng AL et al. **Phase III trial of lenvatinib (LEN) vs sorafenib (SOR) in first-line treatment of patients (pts) with unresectable hepatocellular carcinoma (uHCC).** *Proc ASCO* 2017;**Abstract 4001**.

Conroy T et al; Groupe Tumeurs Digestives of Unicancer; PRODIGE Intergroup. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.

El-Khoueiry AB et al. **Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): An open-label, non-comparative, phase 1/2 dose escalation and expansion trial.** *Lancet* 2017;389(10088):2492-502.

Finn RS et al. **A multicenter, open-label, phase 3 trial to compare the efficacy and safety of lenvatinib (E7080) versus sorafenib in first-line treatment of subjects with unresectable hepatocellular carcinoma.** *Proc ASCO* 2014;**Abstract TPS4153**.

Fuchs CS et al. **Safety and efficacy of pembrolizumab monotherapy in patients with previously treated advanced gastric and gastroesophageal junction cancer: Phase 2 clinical KEYNOTE-059 trial.** *JAMA Oncol* 2018;[Epub ahead of print].

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.

Ikeda K et al. **Phase 2 study of lenvatinib in patients with advanced hepatocellular carcinoma.** *J Gastroenterol* 2017;52(4):512-9.

Kang YK et al. **Conformational study of Ac-Xaa-Pro-NHMe dipeptides: Proline puckering and trans/cis imide bond.** *Lancet* 2017;391(10111):2461-71.

Kudo M et al. **Lenvatinib versus sorafenib in first-line treatment of patients with unresectable hepatocellular carcinoma: A randomised phase 3 non-inferiority trial.** *Lancet* 2018;391(10126):1163-73.

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; RECOURSE Study Group. **Randomized trial of TAS-102 for refractory metastatic colorectal cancer.** *N Engl J Med* 2015;372(20):1909-19.

Overman MJ et al. **Durable clinical benefit with nivolumab plus ipilimumab in DNA mismatch repair-deficient/microsatellite instability-high metastatic colorectal cancer.** *J Clin Oncol* 2018;36(8):773-9.

Riall TS, Lillemoe KD. **Underutilization of surgical resection in patients with localized pancreatic cancer.** *Ann Surg* 2007;246(2):181-2.

Routy B et al. **Gut microbiome influences efficacy of PD-1-based immunotherapy against epithelial tumors.** *Science* 2018;359(6371):91-7.

Siegel RL et al. **Cancer statistics, 2017.** *Ca Cancer J Clin* 2017;67(1):7-30.

Stjepanovic N, Capdevila J. **Multikinase inhibitors in the treatment of thyroid cancer: Specific role of lenvatinib.** *Biologics* 2014;8:129-39.

Von Hoff DD et al. **Increased survival in pancreatic cancer with *nab*-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.

Wilke H et al; RAINBOW Study Group. **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.