

Cases from the Community

Clinical Investigators Provide Perspectives on Actual Patients with Pancreatic Cancer

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematology-oncology fellows, surgeons and other healthcare providers involved in the treatment of pancreatic cancer.

OVERVIEW OF ACTIVITY

Pancreatic cancer is the fourth most common cause of cancer-related death among men and women in the United States. The overwhelming majority of pancreatic cancers (approximately 90%) are ductal adenocarcinomas. Unfortunately, many patients diagnosed with pancreatic adenocarcinoma (PAD) do not exhibit disease-specific symptoms until the cancer has reached an advanced stage, and for all stages of PAD the combined 1-year survival rate for patients who do not receive surgery is approximately 29% and the 5-year rate is just 7%. Published clinical trial results have led to the emergence of new therapeutic targets and regimens, and the poor clinical course for many patients with progressive PAD mandates the investigation of even more new approaches. 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.

These video slide presentations from a CME symposium held during the 2019 Gastrointestinal Cancers Symposium feature presentations given by leading pancreatic cancer investigators. By providing information on important new developments, this activity will address the most pressing educational needs of practitioners involved in the management of pancreatic cancer.

LEARNING OBJECTIVES

- Develop an evidence-based strategy for the treatment of resectable or borderline resectable PAD, exploring the role of neoadjuvant and adjuvant chemotherapy and/or radiation therapy.
- Appraise available and emerging clinical trial data documenting the utility of contemporary combination chemotherapy regimens (eg, FOLFIRINOX, nab paclitaxel/gemcitabine) in the neoadjuvant and adjuvant settings, and determine what role, if any, these strategies should play in the current care of patients diagnosed with resectable PAD.

- Consider patient- and disease-specific characteristics and available clinical trial data in the selection and sequencing of systemic therapy for locally advanced or metastatic PAD.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with the use of approved systemic regimens for the management of locally advanced or metastatic PAD to support quality of life and continuation of therapy.
- Recall the biologic rationale for and available and emerging data with novel investigational agents currently in clinical testing for PAD, and, where applicable, refer eligible patients for trial participation or other 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 1 Medical Knowledge MOC point 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/GICancers19/Pancreatic/CME](https://www.researchtopractice.com/GICancers19/Pancreatic/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/GICancers19/Pancreatic/Audio](https://www.researchtopractice.com/GICancers19/Pancreatic/Audio).

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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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

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Select Publications

Margaret A Tempero, MD

- Conroy T et al. **Unicancer GI PRODIGE 24/CCTG PA.6 trial: A multicenter international randomized phase III trial of adjuvant mFOLFIRINOX versus gemcitabine (gem) in patients with resected pancreatic ductal adenocarcinomas.** *Proc ASCO* 2018;Abstract LBA4001.
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- Neoptolemos JP et al. **A randomized trial of chemoradiotherapy and chemotherapy after resection of pancreatic cancer.** *N Engl J Med* 2004;350(12):1200-10.
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- Van Tienhoven G et al. **Preoperative chemoradiotherapy versus immediate surgery for resectable and borderline resectable pancreatic cancer (PREOPANC-1): A randomized, controlled, multicenter phase III trial.** *Proc ASCO* 2018;Abstract LBA4002.

Philip A Philip, MD, PhD

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- Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.
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- Sohal DPS et al. **Metastatic pancreatic cancer: ASCO Clinical Practice Guideline update.** *J Clin Oncol* 2018;36(24):2545-56.
- Suker M et al. **FOLFIRINOX for locally advanced pancreatic cancer: A systematic review and patient-level meta-analysis.** *Lancet Oncol* 2016;17(6):801-10.
- Von Hoff D et al. **Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.
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Select Publications

Eileen M O'Reilly, MD

- Conroy T et al. **FOLFIRINOX versus gemcitabine for metastatic pancreatic cancer.** *N Engl J Med* 2011;364(19):1817-25.
- Gill S et al. **PANCREOX: A randomized phase III study of fluorouracil/leucovorin with or without oxaliplatin for second-line advanced pancreatic cancer in patients who have received gemcitabine-based chemotherapy.** *J Clin Oncol* 2016;34(32):3914-20.
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- Von Hoff DD et al. **Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine.** *N Engl J Med* 2013;369(18):1691-703.
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- Bekaii-Saab T et al. **CanStem111P trial: A phase III study of napabucasin (BBI-608) plus nab-paclitaxel (nab-PTX) with gemcitabine (gem) in adult patients with metastatic pancreatic adenocarcinoma (mPDAC).** *Proc ASCO* 2017;Abstract TPS4148.
- Bullock AJ et al. **Final analysis of stage 1 data from a randomized phase II study of PEGPH20 plus nab-paclitaxel/gemcitabine in stage IV previously untreated pancreatic cancer patients (pts), utilizing Ventana companion diagnostic assay.** *Proc ASCO* 2016;Abstract 4104.
- Hingorani S et al. **Randomized phase II study of PEGPH20 plus nab-paclitaxel/gemcitabine (PAG) vs AG in patients (Pts) with untreated, metastatic pancreatic ductal adenocarcinoma (mPDA).** *Proc ASCO* 2017;Abstract 4008.
- Kaufman B et al. **Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation.** *J Clin Oncol* 2015;33(3):244-50.
- Khelifa S et al. **Development of a companion diagnostic assay for tissue hyaluronan detection and treatment with PEGPH20 in metastatic pancreatic ductal adenocarcinoma patients.** *Proc ASCO* 2016;Abstract e15749.
- Olive KP et al. **Inhibition of Hedgehog signaling enhances delivery of chemotherapy in a mouse model of pancreatic cancer.** *Science* 2009;324(5922):1457-61.
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