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Meet The Professors

A case-based discussion on the management of colorectal cancer in the adjuvant and metastatic settings

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FACULTY
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Axel Grothey, MD
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From the publishers of:
Colorectal Cancer™ UPDATE
CME Certified

Meet The Professors: A case-based discussion on the management of colorectal cancer in the adjuvant and metastatic settings

OVERVIEW OF ACTIVITY

Colorectal cancer is among the most common types of cancer in the United States, and the arena of colorectal cancer treatment continues to evolve. Published results from ongoing clinical trials lead to the emergence of new therapeutic agents and regimens and changes in indications, doses and schedules for existing treatments. 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. In order to incorporate research advances into developing treatment strategies for patients, the CME program *Meet The Professors* uses case-based discussions between community oncologists and clinical investigators.

LEARNING OBJECTIVES

- Compare and contrast the incremental benefit and risk of adjuvant chemotherapy for patients with Stage II versus Stage III colon cancer.
- Assess the current availability and value of K-ras testing to select patients with colorectal cancer (CRC) who may benefit from treatment with EGFR inhibitors.
- Communicate the clinical rationale for combination regimens, sequential single-agent strategies and chemotherapy-free intervals when recommending treatment for patients with recurrent or de novo advanced CRC.
- Develop an evidence-based algorithm for the treatment of metastatic CRC that incorporates the individualized use of biologic agents, based on an understanding of the efficacy and tolerability of these therapies.
- Identify appropriate treatment strategies for elderly patients with CRC that minimize therapy-induced toxicity and preserve quality of life.
- Recognize the clinical characteristics of patients with Stage IV CRC who may be candidates for metastectomy with curative intent.
- Discern the clinical utility of neoadjuvant or perioperative chemotherapy to facilitate surgical resection and reduce the risk of recurrence for patients with CRC and isolated hepatic metastases.
- Counsel appropriately selected patients about the availability of ongoing clinical trials in which they may be eligible to participate.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

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HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs and complete the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/MTP/Colorectal**.

This program is supported by educational grants from Genentech BioOncology and ImClone Systems Incorporated.

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Guide to Audio Program

Track 1 — case from Dr Bobrow; Track 2 — case from Dr Harwin; Track 3 — case from Dr Hoffman; Track 4 — case from Dr Kanner; Track 5 — case from Dr Safa; Tracks 6-7 — cases from Dr Schwartz; Track 8 — case from Dr Hoffman; Track 9 — case from Dr Hart

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 potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent 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 physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Venook — *Advisory Committee:*** Amgen Inc, ImClone Systems Incorporated; ***Grant Funding:*** Genentech BioOncology; ***Paid Research:*** Novartis Pharmaceuticals Corporation, Pfizer Inc. **Dr Grothey — *Advisory Committee:*** Genentech BioOncology, Genomic Health Inc, Pfizer Inc, Roche Laboratories Inc, Sanofi-Aventis; ***Consulting Agreements:*** Amgen Inc, Bayer Pharmaceuticals Corporation, Bristol-Myers Squibb Company, Genentech BioOncology, Roche Laboratories Inc. **Dr Haller — *Advisory Committee:*** Abraxis BioScience, Amgen Inc, Genentech BioOncology, Sanofi-Aventis; ***Consulting Agreement:*** Sanofi-Aventis.

COMMUNITY PANEL — **Drs Bobrow, Harwin, Hoffman and Schwartz** had no real or apparent conflicts of interest to disclose. **Dr Hart — *Speakers Bureau:*** GlaxoSmithKline. **Dr Kanner — *Advisory Committee:*** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Eisai Inc, Millennium Pharmaceuticals Inc. **Dr Safa** — ***Paid Research:*** MedImmune Inc, Sanofi-Aventis; ***Speakers Bureau:*** Genentech BioOncology, Pfizer Inc.

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Medical Oncologist Community Panel

Samuel N Bobrow, MD
Associate Clinical Professor of Medicine, Yale University
Attending Physician at Yale-New Haven Hospital
Attending Physician at the Hospital of St Raphael
New Haven, Connecticut

Lowell Hart, MD
Research Director, Florida Cancer Specialists
Fort Myers, Florida

William N Harwin, MD
Hematologist/Oncologist
Florida Cancer Specialists
Fort Myers, Florida

Kenneth R Hoffman, MD, MPH
Teaneck, New Jersey

Steven P Kanner, MD
Oncology Associates of South Florida
Hollywood, Florida

Malek Safa, MD
Medical Oncology
Hematology Associates
Dayton, Ohio

Michael A Schwartz, MD
Attending, Mount Sinai Medical Center
Miami Beach, Florida

MEET THE PROFESSORS DOWNLOADABLE AUDIO AND PODCASTS

MP3 audio files are available for download on our website **www.ResearchToPractice.com/MTP/Colorectal/download-audio**

Case Studies

Case 1 from the practice of Samuel N Bobrow, MD: A 53-year-old man who underwent resection of a 9-cm, well-differentiated colon tumor in 1999. Twenty-five of 43 nodes were positive, and he received adjuvant 5-FU/leucovorin. In 2008, he presented with a ureteral obstruction and lymphadenopathy. A lymph node biopsy revealed an adenocarcinoma consistent with colon cancer, which tested CDX2-positive, CK20-positive and CK7-negative. He is currently receiving FOLFOX4/bevacizumab (*presented to Dr Venook*).

Case 2 from the practice of William N Harwin, MD: An 84-year-old woman receiving digoxin with a history of cardiac arrhythmia and hypertension who underwent resection of a 6.5-cm, high-grade, poorly differentiated adenocarcinoma. The mass perforated the lateral wall of the rectum. Lymphatic invasion was present, and seven of eight nodes were positive. The patient received capecitabine postoperatively (*presented to Dr Venook*).

Case 3 from the practice of Kenneth R Hoffman, MD, MPH: A 90-year-old man with PS 1 and controlled hypertension, hypercholesterolemia and coronary artery disease who presented in June 2008 with a ruptured appendix, a cecal mass and multiple matted nodes. The mass was resected and pathology revealed a well-differentiated adenocarcinoma, but the nodes have not yet been identified as metastatic disease versus gross inflammation (*presented to Dr Venook*).

Case 4 from the practice of Steven P Kanner, MD: A 52-year-old man who presented with a rectal adenocarcinoma and multiple hepatic metastases considered unresectable. He was treated with modified FOLFOX6 (*presented to Dr Venook*).

Case 5 from the practice of Malek Safa, MD: A 60-year-old woman who presented in 2003 with rectal cancer and multiple hepatic and bilateral lung metastases. After six months of FOLFOX, she experienced resolution of the tumor and metastases, but seven months later progressive disease was detected in the liver and lungs, and she began FOLFOX/bevacizumab. After her second cycle, she developed thrombocytopenia and was switched to FOLFIRI/bevacizumab and received cetuximab after disease progression (*presented to Dr Grothey*).

Case 6 from the practice of Michael A Schwartz, MD: A 57-year-old woman who underwent a hemicolectomy for a moderately well-differentiated adenocarcinoma. Three of 65 nodes were involved. Postoperatively she received FOLFOX6, but after nine cycles she developed herpes encephalitis (*presented to Dr Grothey*).

Case 7 from the practice of Dr Schwartz: A 56-year-old man who in 2003 underwent resection, followed by 5-FU/leucovorin and radiation therapy, for T3 rectal cancer with three positive nodes. In 2005, a single hepatic metastasis was treated by resection and ablation, followed by FOLFOX/bevacizumab. In 2007, he received FOLFIRI for metastasis in a supraclavicular node and periaortic and pelvic lymphadenopathy on CT. In 2008, he received FOLFIRI/cetuximab for progression of nodal and small-volume liver disease. The tumor tested positive for K-ras wild type, and he continues on maintenance cetuximab (*presented to Dr Haller*).

Case 8 from the practice of Dr Hoffman: A 68-year-old woman who in 2005 underwent resection of a T3N0M0 adenocarcinoma of the colon but declined adjuvant therapy. In 2008, metastatic colon cancer was confirmed in the liver and she received modified FOLFOX/bevacizumab, followed by resection of two masses — 1.1 and 1.2 centimeters (*presented to Dr Haller*).

Case 9 from the practice of Lowell Hart, MD: A 58-year-old man who underwent resection of a 3.5-cm, moderately differentiated rectal adenocarcinoma. One of 18 pericolonic nodes was positive. He was enrolled in a Phase II trial and received three cycles of 5-FU/bevacizumab and radiation therapy, followed by modified FOLFOX/bevacizumab (*presented to Dr Haller*).

Educational Assessment and Credit Form:
Meet The Professors Colorectal Cancer, Issue 1, 2008

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART ONE — Please tell us about your experience with this educational activity

BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Effect of K-ras mutation status on response to treatment with EGFR inhibitors 4 3 2 1
Combining biologics with chemotherapy for advanced colorectal cancer 4 3 2 1
Resection of colorectal cancer hepatic metastases with curative intent 4 3 2 1
Indications for adjuvant therapy in patients with Stage II colon cancer 4 3 2 1
Utilization of treatment holidays for patients with metastatic colorectal cancer . . 4 3 2 1
Treatment approaches for elderly patients with colorectal cancer 4 3 2 1

AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

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Combining biologics with chemotherapy for advanced colorectal cancer 4 3 2 1
Resection of colorectal cancer hepatic metastases with curative intent 4 3 2 1
Indications for adjuvant therapy in patients with Stage II colon cancer 4 3 2 1
Utilization of treatment holidays for patients with metastatic colorectal cancer . . 4 3 2 1
Treatment approaches for elderly patients with colorectal cancer 4 3 2 1

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No

If no, please explain: . . . . . .

Will this activity help you improve patient care?

☐ Yes ☐ No ☐ Not applicable

If no, please explain: . . . . . .

Did the activity meet your educational needs and expectations?

☐ Yes ☐ No

If no, please explain: . . . . . .

Please respond to the following LEARNER statements by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

As a result of this activity, I will be able to:

- Compare and contrast the incremental benefit and risk of adjuvant chemotherapy for patients with Stage II versus Stage III colon cancer. . . . . 4 3 2 1 N/M N/A
- Assess the current availability and value of K-ras testing to select patients with colorectal cancer (CRC) who may benefit from treatment with EGFR inhibitors. . . . . 4 3 2 1 N/M N/A
- Communicate the clinical rationale for combination regimens, sequential single-agent strategies and chemotherapy-free intervals when recommending treatment for patients with recurrent or de novo advanced CRC. . . . . 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the treatment of metastatic CRC that incorporates the individualized use of biologic agents, based on an understanding of the efficacy and tolerability of these therapies. . . . . 4 3 2 1 N/M N/A
- Identify appropriate treatment strategies for elderly patients with CRC that minimize therapy-induced toxicity and preserve quality of life. . . . . 4 3 2 1 N/M N/A
- Recognize the clinical characteristics of patients with Stage IV CRC who may be candidates for metastectomy with curative intent. . . . . 4 3 2 1 N/M N/A
- Discern the clinical utility of neoadjuvant or perioperative chemotherapy to facilitate surgical resection and reduce the risk of recurrence for patients with CRC and isolated hepatic metastases. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about the availability of ongoing clinical trials in which they may be eligible to participate. . . . . 4 3 2 1 N/M N/A

What other practice changes will you make or consider making as a result of this activity?

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What additional information or training do you need on the activity topics or other oncology-related topics?

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Additional comments about this activity:

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As part of our ongoing, continuous, quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- ☐ Yes, I am willing to participate in a follow-up survey.
- ☐ No, I am not willing to participate in a follow-up survey.

PART TWO — Please tell us about the moderator and faculty for this educational activity

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Alan P Venook, MD	4 3 2 1	4 3 2 1
Axel Grothey, MD	4 3 2 1	4 3 2 1
Daniel G Haller, MD	4 3 2 1	4 3 2 1
Moderator	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

.....

Other comments about the moderator and faculty for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

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