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Colorectal Cancer™

UPDATE

An Audio Review Journal for Surgeons
Bridging the Gap between Research and Patient Care

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CME Certified

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A Continuing Medical Education Audio Series

STATEMENT OF NEED/TARGET AUDIENCE

Colorectal cancer is one of the most rapidly evolving fields in oncology. Published results from a plethora of ongoing clinical trials lead to the continuous emergence of new therapeutic techniques, agents and changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing gastrointestinal surgeon must be well informed of these advances. To bridge the gap between research and patient care, *Colorectal Cancer Update* for Surgeons utilizes one-on-one discussions with leading colorectal cancer investigators. By providing access to the latest research developments and expert perspectives, this CME program assists gastrointestinal surgeons in the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment, and incorporate these data into local and systemic management strategies in the neoadjuvant, adjuvant and metastatic disease settings.
- Assess the risks and benefits of various surgical approaches and alternatives in the treatment of primary and metastatic colorectal cancer.
- Discuss the risks and benefits of neoadjuvant/adjuvant systemic therapy with appropriate patients with colorectal cancer who present with an asymptomatic primary tumor and synchronous surgically resectable hepatic metastases.
- Discuss the risks and benefits of surgery with neoadjuvant or adjuvant systemic therapy in patients with potentially resectable hepatic-only metastases.
- Counsel patients receiving bevacizumab as part of a neoadjuvant/adjuvant systemic therapy regimen about potential treatment side effects, including surgical and wound-healing complications.
- Evaluate the emerging research data on various adjuvant chemotherapy approaches in the context of clinical practice, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU.
- Counsel patients on the correlation between diet, exercise and colorectal cancer recurrence.
- Describe the impact of surgeon training and experience and hospital volume on patient outcomes.

PURPOSE OF THIS ISSUE OF *COLORECTAL CANCER UPDATE* FOR SURGEONS

The purpose of Issue 1 of *Colorectal Cancer Update* for Surgeons is to support the learning objectives by offering the perspectives of Drs Curley, Haller, Petrelli and Goldberg on the integration of emerging clinical research data into the management of colorectal cancer.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

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This program is supported by educational grants from Genentech BioOncology and Sanofi-Aventis.

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CME INFORMATION

Colorectal Cancer Update for Surgeons — Issue 1, 2008

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FACULTY — **Dr Petrelli** had no real or apparent conflicts of interest to disclose. 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 Curley** — Advisory Committee: Genentech BioOncology, Sanofi-Aventis; Speakers Bureau: Genentech BioOncology. **Dr Haller** — Consulting Fees: Genentech BioOncology, Roche Laboratories Inc, Sanofi-Aventis; Contracted Research: Bristol-Myers Squibb Company, Pfizer Inc, Roche Laboratories Inc. **Dr Goldberg** — Consulting Fees: Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim GmbH, Bristol-Myers Squibb Company, Genentech BioOncology, Human Genome Sciences, ImClone Systems Incorporated, Pfizer Inc, YAKULT PHARMACEUTICAL INDUSTRY CO LTD; Contracted Research: GlaxoSmithKline, Pfizer Inc.

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POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **In a German trial comparing preoperative to postoperative chemoradiation therapy for rectal cancer, neoadjuvant therapy reduced the need for colostomy by approximately ____________.**
   a. 15 percent
   b. 35 percent
   c. 50 percent
   d. 80 percent

2. **Discontinuing neoadjuvant bevacizumab six weeks prior to surgery is recommended to reduce the risk of surgical complications and disrupted postoperative wound healing.**
   a. True
   b. False

3. **In the NSABP-C-10 trial — a Phase II study of FOLFOX with bevacizumab for patients with unresectable Stage IV colon cancer and a synchronous asymptomatic primary tumor — the primary endpoint is ____________.**
   a. Rate of major morbidity
   b. Progression-free survival

4. **Patients ____________ have an elevated risk of thrombotic events associated with bevacizumab therapy.**
   a. Older than age 65
   b. With a history of arterial thrombotic events
   c. Both a and b

5. **A CALGB report suggests that exercise is associated with a reduction in the risk of recurrence of Stage III colon cancer of as much as ____________.**
   a. 10 percent
   b. 20 percent
   c. 30 percent
   d. 50 percent

6. **The NSABP-R-04 trial randomly assigns patients with rectal cancer to preoperative chemoradiation therapy with capecitabine or 5-FU, with or without ____________.**
   a. Oxaliplatin
   b. Leucovorin
   c. Irinotecan

7. **Dermatologic side effects, such as skin rash and mucosal changes, are commonly seen with ____________.**
   a. Bevacizumab
   b. Cetuximab
   c. Oxaliplatin

8. **Patients with three or more colon metastases in the liver should never be considered for surgical resection with the intent to cure.**
   a. True
   b. False

9. **An extended duration of irinotecan prior to resection of hepatic metastases can adversely impact the liver and result in steatohepatitis.**
   a. True
   b. False

10. **Four to six weeks prior to extensive hepatic resection, portal vein embolization may be used in areas of the liver to be resected to cause compensatory hypertrophy of the remaining liver.**
    a. True
    b. False

11. **ECOG-E5204 is a randomized trial of adjuvant FOLFOX with or without bevacizumab in patients who have undergone surgery and neoadjuvant chemoradiation therapy for the treatment of _______ cancer.**
    a. Rectal
    b. Colon

12. **In a study reported by Jeff Meyerhardt, which dietary pattern was found to be associated with a reduced risk of colon cancer relapse and mortality?**
    a. A high-fat, high-calorie diet
    b. A low-fat, low-calorie diet
    c. None of the above

Post-test answer key: 1c, 2a, 3a, 4c, 5d, 6a, 7b, 8b, 9a, 10a, 11a, 12b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Colorectal Cancer Update for Surgeons — 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 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Treatment of primary colorectal cancer and synchronous asymptomatic metastases 4 3 2 1

Role of oxaliplatin-based regimens in the adjuvant setting 4 3 2 1

Incidence and management of bevacizumab-related toxicities 4 3 2 1

Correlation between diet, exercise and colorectal cancer recurrence 4 3 2 1

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

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Treatment of primary colorectal cancer and synchronous asymptomatic metastases 4 3 2 1

Role of oxaliplatin-based regimens in the adjuvant setting 4 3 2 1

Incidence and management of bevacizumab-related toxicities 4 3 2 1

Correlation between diet, exercise and colorectal cancer recurrence 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:

- Evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment, and incorporate these data into local and systemic management strategies in the neoadjuvant, adjuvant and metastatic disease settings. . . . . . 4 3 2 1 N/M N/A
- Assess the risks and benefits of various surgical approaches and alternatives in the treatment of primary and metastatic colorectal cancer. . . . . . 4 3 2 1 N/M N/A
- Discuss the risks and benefits of neoadjuvant/adjuvant systemic therapy with appropriate patients with colorectal cancer who present with an asymptomatic primary tumor and synchronous surgically resectable hepatic metastases. . . . . . 4 3 2 1 N/M N/A
- Discuss the risks and benefits of surgery with neoadjuvant or adjuvant systemic therapy in patients with potentially resectable hepatic-only metastases. . . . . . 4 3 2 1 N/M N/A
- Counsel patients receiving bevacizumab as part of a neoadjuvant/adjuvant systemic therapy regimen about potential treatment side effects, including surgical and wound-healing complications. . . . . . 4 3 2 1 N/M N/A
- Evaluate the emerging research data on various adjuvant chemotherapy approaches in the context of clinical practice, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU. . . . . . 4 3 2 1 N/M N/A
- Counsel patients on the correlation between diet, exercise and colorectal cancer recurrence. . . . . . 4 3 2 1 N/M N/A
- Describe the impact of surgeon training and experience and hospital volume on patient outcomes. . . . . . 4 3 2 1 N/M N/A

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

. . . .

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

. . . .

Additional comments about this activity:

. . . .

. . . .

May we include you in future assessments to evaluate the effectiveness of this activity?

☐ Yes ☐ No

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

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

Faculty	Knowledge of subject matter	Effectiveness as an educator
Steven A Curley, MD	4 3 2 1	4 3 2 1
Daniel G Haller, MD	4 3 2 1	4 3 2 1
Nicholas J Petrelli, MD	4 3 2 1	4 3 2 1
Richard M Goldberg, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

. . . .

Other comments about the faculty for this activity:

. . . .

REQUEST FOR CREDIT — Please print clearly

Name: . . . . Specialty: . . . .

Degree:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ BS ☐ RN ☐ PA ☐ Other . . . .

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I certify my actual time spent to complete this educational activity to be __________ hour(s).

Signature: . . . . Date: . . . .

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