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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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Colorectal Cancer™ UPDATE

CME Certified

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

STATEMENT OF NEED/TARGET AUDIENCE

Colorectal cancer is among the most common cancers 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* utilizes case-based discussions between community oncologists and clinical investigators.

GLOBAL LEARNING OBJECTIVES

- Critically evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment and incorporate these data into management strategies in the neoadjuvant, adjuvant and metastatic settings.
- Counsel appropriately selected patients about the availability of ongoing clinical trials.
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU, and explain the absolute risks and benefits of these regimens to patients.
- Integrate emerging data on biologic therapies into the management of colorectal cancer.

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Research To Practice designates this educational activity for a maximum of 3.5 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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This CME activity contains both audio and print components. To receive credit, the participant should listen to the CDs, review the CME information and complete the Evaluation Form located in the back of this book or on our website, **MeetTheProfessors.com**.

This program is supported by education grants from Genentech BioOncology, Roche Laboratories Inc and Sanofi-Aventis.

Guide to Audio Program

Compact Disc 1: Tracks 1-5 — case from Dr Sabbath; Tracks 6-11 — case from Dr Hussein; Tracks 12-16 — case from Dr Schwartz; Tracks 17-20 — case from Dr Glynn; Tracks 21-22 — case from Dr Garrido; **Compact Disc 2:** Tracks 1-4 — case from Dr Garrido (continued); Tracks 5-11 — case from Dr Merchant; Tracks 12-15 — case from Dr Reeves; Tracks 16-19 — case from Dr Moriarty; **Compact Disc 3:** Tracks 1-5 — case from Dr Kumar; Tracks 6-8 — case from Dr Bhardwaj; Tracks 9-12 — case from Dr Hussein; Tracks 13-15 — case from Dr Reeves; Tracks 16-18 — case from Dr Glynn

CONTENT VALIDATION AND DISCLOSURES

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Medical Oncologist Panel

MEET THE PROFESSORS DOWNLOADABLE AUDIO

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

Case Studies

Case 1 from the practice of Kert D Sabbath, MD: A 45-year-old man with a history of morbid obesity, diabetes and venous insufficiency who underwent resection of a 5-cm, poorly differentiated adenocarcinoma of the colon, associated with invasion of the muscularis, and 2/4 positive nodes (presented to Dr Richard M Goldberg and Dr Robert A Wolff).

Case 2 from the practice of Atif M Hussein, MD: A 65-year-old physician diagnosed with Dukes C colon cancer who underwent surgery and received adjuvant 5-FU/leucovorin. Five years later, he began FOLFOX6 with bevacizumab for liver metastases, resulting in a partial tumor response. The patient stopped chemotherapy after nine cycles due to neuropathy and continued on bevacizumab. Three months later, the liver lesions progressed and FOLFIRI with bevacizumab was started (presented to Dr Goldberg and Dr Wolff).

Case 3 from the practice of Michael A Schwartz, MD: A 63-year-old man diagnosed with primary sigmoid colon cancer with synchronous liver metastases and extensive pelvic disease who underwent a diverting colostomy and received FOLFOX with bevacizumab. After three cycles, his CEA level dropped by 80 percent, and after six cycles, no tumor could be visualized on sigmoidoscopy and then, at laparotomy. The colostomy was closed, and the patient began capecitabine (presented to Dr Jordan D Berlin and Dr Axel Grothey).

Case 4 from the practice of Philip Glynn, MD: A 72-year-old woman who underwent a left hemicolectomy for a 9.2-cm, Grade II adenocarcinoma with 42/47 positive lymph nodes. She completed six months of adjuvant FOLFOX. She was asymptomatic for 16 months until she recurred with a retroperitoneal mass. She then received five months of CAPOX and bevacizumab for progression (presented to Dr Berlin and Dr Grothey).

Case 5 from the practice of Sara M Garrido, MD: A 70-year-old woman who underwent a right hemicolectomy for a 3-cm, well- to moderately differentiated tumor with 3/15 positive nodes. She has a history of diabetes and laryngeal cancer, treated with cisplatin-based chemotherapy and radiation therapy, with residual neuropathy. The patient was treated with adjuvant capecitabine for the colon cancer (presented to Dr Berlin and Dr Grothey).

Case 6 from the practice of Noor M Merchant, MD: An 89-year-old man who underwent resection of a T4/N2 sigmoid colon cancer with a positive pelvic wall margin and 4/4 positive nodes and was then followed expectantly. His postoperative CEA level of 1.5 subsequently rose to 6.0. A PET scan revealed progression in the anterior abdominal wall. He received 5-FU/leucovorin and bevacizumab. His CEA level dropped after two cycles, and a PET scan was normal. Treatment ended after eight months, and the patient has subsequently done well for three years off treatment (presented to Dr Goldberg and Dr Wolff).

Case 7 from the practice of William G Reeves, MD: An 84-year-old man who underwent a right hemicolectomy for a 3-cm tumor with penetration of the muscularis and 1/15 positive nodes. The patient was the sole caretaker for his wife, who had suffered a stroke. He received six months of adjuvant capecitabine, continued to care for his wife and is doing well 12 months after initiation of treatment (presented to Dr Goldberg and Dr Wolff).

Case 8 from the practice of Daniel J Moriarty, MD: A 62-year-old woman who received neoadjuvant radiation therapy and 5-FU/mitomycin for squamous cell carcinoma three to four centimeters above the anal verge. After chemotherapy, the tumor was no longer visible or palpable but was still seen on ultrasound. An AP resection revealed submucosal disease, with 5/19 positive nodes (presented to Dr Goldberg and Dr Wolff).

Case 9 from the practice of Kapisthalam S Kumar, MD: A 66-year-old man who underwent resection of a 4-cm, moderately differentiated tumor in the descending colon with involvement of the subserosa and 20 negative nodes. No lymphovascular invasion was seen, but the pathologist noted multiple microabscesses adjacent to the tumor (presented to Dr Berlin and Dr Grothey).

Case 10 from the practice of Sushil Bhardwaj, MD: A 46-year-old mother of three who underwent a left hemicolectomy for a 2.5-cm, poorly differentiated adenocarcinoma with lymphovascular invasion and invasion into the subserosa, but 18 negative nodes. She received weekly 5-FU/leucovorin but had a history of a calcium "allergy," and she consistently reacted with nausea, diarrhea and abdominal cramps, despite antiemetics. She was then switched to capecitabine, which she tolerated well (presented to Dr Berlin and Dr Grothey).

Case 11 from the practice of Dr Hussein: A 61-year-old man who underwent a colectomy for a 4-cm, poorly differentiated adenocarcinoma invading the subserosa. No lymphovascular invasion was detected, and all 17 nodes were negative. Enrolled on ECOG-E5202, the patient was classified as having "low-risk" disease and, therefore, did not receive adjuvant chemotherapy (presented to Dr Berlin and Dr Grothey).

Case 12 from the practice of Dr Reeves: A 54-year-old man in whom a colonoscopy revealed both rectal and transverse colon lesions. A PET-CT scan did not show any distant disease or nodal involvement (presented to Dr Berlin and Dr Grothey).

Case 13 from the practice of Dr Glynn: A 48-year-old woman who underwent resection of a 3-cm, moderately well-differentiated tumor extending into the subserosa with 4/7 positive nodes and two palpable liver lesions. Biopsy revealed metastatic disease. The patient received chemotherapy and then a wedge resection of the liver with cryotherapy. She subsequently received six months of 5-FU/leucovorin and is doing well 12 years later (presented to Dr Berlin and Dr Grothey).

Evaluation Form: *Meet The Professors* Colorectal Cancer, Issue 1, 2007

Research To Practice respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please complete this Evaluation Form. A certificate of completion will be issued upon receipt of your completed Evaluation Form.

Please answer the following questions by circling the appropriate rating:

5 = Outstanding	4 = Good	3 = Satisfactory	2 = Fair	1 = Poor	N/A = Not applicable to this issue of *MTP*

GLOBAL LEARNING OBJECTIVES

To what extent does this issue of *MTP* address the following global learning objectives?

- Critically evaluate the clinical implications of emerging clinical trial data in colorectal cancer treatment and incorporate these data into management strategies in the neoadjuvant, adjuvant and metastatic settings. . . . . 5 4 3 2 1 N/A
- Counsel appropriately selected patients about the availability of ongoing clinical trials. . . . . 5 4 3 2 1 N/A
- Evaluate the emerging data on various adjuvant chemotherapy approaches, including the use of oxaliplatin-containing regimens and the use of capecitabine or intravenous 5-FU, and explain the absolute risks and benefits of these regimens to patients. . . . . 5 4 3 2 1 N/A
- Integrate emerging data on biologic therapies into the management of colorectal cancer. . . . . 5 4 3 2 1 N/A

EFFECTIVENESS OF THE INDIVIDUAL FACULTY MEMBERS

Faculty	Knowledge of subject matter	Effectiveness as an educator
Jordan D Berlin, MD	5 4 3 2 1	5 4 3 2 1
Richard M Goldberg, MD	5 4 3 2 1	5 4 3 2 1
Axel Grothey, MD	5 4 3 2 1	5 4 3 2 1
Robert A Wolff, MD	5 4 3 2 1	5 4 3 2 1

OVERALL EFFECTIVENESS OF THE ACTIVITY

Objectives were related to overall purpose/goal(s) of activity 5 4 3 2 1
Related to my practice needs 5 4 3 2 1
Will influence how I practice 5 4 3 2 1
Will help me improve patient care 5 4 3 2 1
Stimulated my intellectual curiosity 5 4 3 2 1
Overall quality of material 5 4 3 2 1
Overall, the activity met my expectations 5 4 3 2 1
Avoided commercial bias or influence 5 4 3 2 1

Which of the following audio formats of this program did you use?

☐ Audio CDs ☐ Downloaded MP3s from website

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Will the information presented cause you to make any changes in your practice?

☐ Yes ☐ No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity.

.....

What other topics would you like to see addressed in future educational programs?

.....

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.....

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FOLLOW-UP

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:

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Meet The Professors

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