

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



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 research leaders.

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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HOW TO USE THIS CME ACTIVITY

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

Guide to Audio Program

Audio Tape 1: *Side A* — case from Dr Glynn, case from Dr Weinstein, case from Dr Hussein, case from Dr Harwin; *Side B* — case from Dr Harwin (continued), case from Dr Grabelsky, case from Dr Gastesi

Audio Tape 2: *Side A* — case from Dr Hart, case from Dr Weinstein; *Side B* — case from Dr Kurian, case from Dr Vacirca, case from Dr Reeves, case from Dr Towell

Compact Disc 1: Tracks 1-4 — case from Dr Glynn; Tracks 5-7 — case from Dr Weinstein; Tracks 8-12 — case from Dr Hussein; Tracks 13-18 — case from Dr Harwin; Tracks 19-23 — case from Dr Grabelsky

Compact Disc 2: Tracks 1-5 — case from Dr Grabelsky (continued); Tracks 6-11 — case from Dr Gastesi; Tracks 12-18 — case from Dr Hart; Tracks 19-24 — case from Dr Weinstein

Compact Disc 3: Tracks 1-4 — case from Dr Weinstein (continued); Tracks 5-6 — case from Dr Kurian; Tracks 7-10 — case from Dr Vacirca; Tracks 11-15 — case from Dr Reeves; Tracks 16-19 — case from Dr Towell

Faculty Affiliations



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Cancer Program
Director, Gastrointestinal
Tumor Risk Assessment
Program
Divisions of Medical
Science and Population
Science
Fox Chase Cancer Center
Philadelphia, Pennsylvania

Medical Oncologist Community Panel

Roman A Gastesi, MD
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Philip Glynn, MD
Springfield, Massachusetts

Stephen A Grabelsky, MD
Boca Raton, Florida

Lowell L Hart, MD, FACP
Fort Myers, Florida

William N Harwin, MD
Fort Myers, Florida

Atif M Hussein, MD
Hollywood, Florida

Sobha Kurian, MD
Morgantown, West Virginia

William G Reeves, MD
Youngstown, Ohio

Brenda L Towell, MD
Austin, Texas

Jeffrey V Vacirca, MD
East Setauket, New York

Paul L Weinstein, MD
Stamford, Connecticut

CONTENT VALIDATION AND DISCLOSURES

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In addition, the following faculty (and their spouses/partners) have reported real or apparent conflicts of interest that have been resolved through a peer review process:

Dr Curley — **Consulting Fees:** Genentech Inc, Sanofi-Aventis. **Dr Fuchs** — **Honoraria:** Genentech Inc, Pfizer Inc, Sanofi-Aventis. **Dr Haller** — **Consulting Fees:** Genentech Inc, Roche Laboratories Inc, Sanofi-Aventis; **Contracted Research:** Bristol-Myers Squibb Company, Roche Laboratories Inc, Sanofi-Aventis. **Dr Meropol** — **Consulting Fees:** Amgen Inc, Genentech Inc, Pfizer Inc.

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Case Studies

Case 1: A 71-year-old woman with a large primary lesion located in the cecum, innumerable hepatic lesions, an LDH of 2,406 and a CEA of 474, which rose to 924 following her first cycle of FOLFOX (*from the practice of Dr Philip Glynn*)

Case 2: A 74-year-old man with a poorly differentiated adenocarcinoma in the ascending colon and four out of five positive lymph nodes with a history of diabetes and significant coronary artery disease (*from the practice of Dr Paul L Weinstein*)

Case 3: A 43-year-old man with a four-centimeter, poorly differentiated rectal adenocarcinoma with lymphatic invasion and multiple enlarged lymph nodes on endorectal ultrasound (*from the practice of Dr Atif M Hussein*)

Case 4: A 77-year-old woman with solitary liver metastases three and a half years after resection of the colon followed by six months of adjuvant Roswell Park 5-FU/leucovorin for a bulky, node-negative tumor fixed to the pelvic sidewall (*from the practice of Dr William N Harwin*)

Case 5: An 82-year-old man with a moderately differentiated adenocarcinoma in the right colon at the hepatic flexure with one out of 12 positive lymph nodes, preexisting hypertension, hyperlipidemia and minimal lower-extremity peripheral neuropathy related to spinal stenosis (*from the practice of Dr Stephen A Grabelsky*)

Case 6: A 54-year-old man with a five-centimeter adenocarcinoma of the colon fixed to the pelvic wall, invading the bladder and with peritoneal implants (*from the practice of Dr Roman A Gastesi*)

Case 7: A 57-year-old woman with a 2.4-centimeter, moderately differentiated colorectal tumor with no lymphovascular invasion, zero out of three positive nodes and a history of polycystic kidney and liver disease (*from the practice of Dr Lowell L Hart*)

Case 8: A 59-year-old woman with a history of a moderately differentiated, cecal adenocarcinoma diagnosed at age 53 with four out of 17 positive nodes who develops liver metastases (*from the practice of Dr Paul L Weinstein*)

Case 9: A 60-year-old woman with an adenocarcinoma in the cecum, 14 out of 20 positive nodes and liver metastases (*from the practice of Dr Sobha Kurian*)

Case 10: An 80-year-old woman with an adenocarcinoma of the cecum and three discrete liver lesions, the largest being five by three and a half centimeters (*from the practice of Dr Jeffrey L Vacirca*)

Case 11: A 50-year-old woman with Stage II colorectal cancer and zero out of 25 positive nodes (*from the practice of Dr William G Reeves*)

Case 12: A 67-year-old man with T3/N0 rectal cancer and synchronous hepatic metastases, with six lesions seen on MRI and eight detected on PET scan (*from the practice of Dr Brenda L Towell*)

Evaluation Form: *Meet The Professors* Colorectal Cancer, Issue 1, 2006

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
Steven A Curley, MD	5 4 3 2 1	5 4 3 2 1
Charles S Fuchs, MD, MPH	5 4 3 2 1	5 4 3 2 1
Daniel G Haller, MD	5 4 3 2 1	5 4 3 2 1
Neal J Meropol, 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 Audio tapes Downloaded MP3s from website

Evaluation Form: *Meet The Professors* Colorectal Cancer, Issue 1, 2006

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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

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MTFC106

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