TARGET AUDIENCE
This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of gastrointestinal cancers.

OVERVIEW OF ACTIVITY
Cancer of the colon or rectum is the fourth most frequently diagnosed cancer and the second most common cause of cancer-related death in the United States. In the year 2019, it is estimated that 145,600 people will be diagnosed with colon or rectal cancer in the United States, representing a continued decline over the past few decades thought to be related to improvements in detection and treatment.

Published results from ongoing trials continually lead to the emergence of new therapeutic targets and regimens, thereby altering management algorithms, and 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. To bridge the gap between research and patient care, this program features a roundtable discussion with 2 leading gastrointestinal oncology investigators. By providing access to the latest scientific developments and the perspectives of experts in the field, this CME activity assists medical oncologists with the formulation of up-to-date management strategies.

LEARNING OBJECTIVES
- Coordinate comprehensive biomarker analysis for patients diagnosed with metastatic colorectal cancer (mCRC), and use this information to guide evidence-based care.
- Develop an understanding of the prognostic and predictive implications of tumor sidedness, and use this information to counsel patients regarding guideline-endorsed therapeutic options.
- Consider patient and disease characteristics, including primary tumor location and potentially targetable genetic abnormalities (eg, BRAF, HER2) to inform the selection of first- and later-line therapy for mCRC.
- Communicate the benefits and risks of approved anti-VEGF, anti-EGFR and other systemic therapies to patients with newly diagnosed and progressive mCRC, and develop an evidence-based algorithm for sequencing these available options.
- Appraise the recent FDA approvals of nivolumab, pembrolizumab and the combination of nivolumab/ipilimumab for patients with microsatellite instability-high or mismatch repair-deficient mCRC, and appropriately integrate these agents into current nonresearch treatment algorithms.

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
Research To Practice designates this enduring material for a maximum of 2.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 2.25 Medical Knowledge MOC points 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 an audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational
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 conflicts of interest with faculty, planners and managers of CME activities. 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.

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