

Oncology Tumor Panel Series

Oncologist and Nurse Investigators Consult on Actual Patients from the Practices of the Invited Faculty

Part 4 — Colorectal Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of colorectal cancer (CRC).

OVERVIEW OF ACTIVITY

Cancer of the colon and rectum is the fourth most frequently diagnosed cancer and the second most common cause of death among all neoplasms in the United States, accounting for approximately 8% of all cancer deaths. Current therapeutic management of colorectal cancer (CRC) is dependent on tumor stage at the time of initial diagnosis, status of surgical margins, patient performance status, age, prior treatment exposure and sites of metastasis for those with disease recurrence or de novo advanced cancer. Although these variables are helpful in guiding selection of treatment, the introduction of novel biomarkers, multigene signatures and molecular-targeted systemic agents has significantly refined the clinical algorithm such that individualized therapeutic approaches have become the standard. The availability of multiple recently approved treatment options with novel and complex mechanisms of action reinforces the pivotal position of nurses as caregivers, communicators and educators, as they play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being.

These video proceedings from the fourth part of a 5-part integrated CNE curriculum originally held at the 2015 ONS Annual Congress feature discussions with leading CRC cancer investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with CRC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the therapeutic and supportive care of patients with metastatic CRC (mCRC).
- Describe the clinical impact of and toxicities associated with commonly used systemic therapies for mCRC.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of mCRC.
- Use case-based learning to facilitate improved counseling for patients.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with mCRC to improve clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of August 2015 through August 2016.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ONSCRC2015/CNE.

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 CNE 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 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:

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RESEARCH TO PRACTICE STAFF AND EXTERNAL

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Hardware/Software Requirements:

A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: August 2015

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Select Publications

A phase III trial of irinotecan/5-FU/leucovorin or oxaliplatin/5-FU/leucovorin with bevacizumab, or cetuximab (C225), or with the combination of bevacizumab and cetuximab for patients with untreated metastatic adenocarcinoma of the colon or rectum. NCT00265850

André T et al. **Panitumumab combined with irinotecan for patients with KRAS wild-type metastatic colorectal cancer refractory to standard chemotherapy: A GERCOR efficacy, tolerance, and translational molecular study.** *Ann Oncol* 2013;24(2):412-9.

Bakitas MA et al. **Early versus delayed initiation of concurrent palliative oncology care: Patient outcomes in the ENABLE III randomized controlled trial.** *J Clin Oncol* 2015;33(13):1438-45.

Carrato A et al. **Panitumumab and irinotecan every 3 weeks is an active and convenient regimen for second-line treatment of patients with wild-type K-RAS metastatic colorectal cancer.** *Clin Transl Oncol* 2013;15(9):705-11.

Cunningham D et al. **Cetuximab monotherapy and cetuximab plus irinotecan in irinotecan-refractory metastatic colorectal cancer.** *N Engl J Med* 2004;351(4):337-45.

Farr KP, Safwat A. **Palmar-plantar erythrodysesthesia associated with chemotherapy and its treatment.** *Case Rep Oncol* 2011;4(1):229-35.

Gomes B. **Palliative care: If it makes a difference, why wait?** *J Clin Oncol* 2015;33(13):1420-1.

Grothey A et al. **Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): An international, multicentre, randomised, placebo-controlled, phase 3 trial.** *Lancet* 2013;381(9863):303-12.

Grothey A et al. **Time course of regorafenib-associated adverse events in the phase III CORRECT study.** Gastrointestinal Cancers Symposium 2013;Abstract 467.

Grothey A et al. **Results of a phase III randomized, double-blind, placebo-controlled, multicenter trial (CORRECT) of regorafenib plus best supportive care (BSC) versus placebo plus BSC in patients (pts) with metastatic colorectal cancer (mCRC) who have progressed after standard therapies.** Gastrointestinal Cancers Symposium 2012;Abstract LBA385.

Kim T et al. **CONCUR: A randomized, placebo-controlled phase 3 study of regorafenib (REG) monotherapy in Asian patients with previously treated metastatic colorectal cancer (mCRC).** *Proc ESMO* 2014;Abstract 5000.

Lacouture ME. **Prevention and treatment of multikinase inhibitor-induced hand-foot syndrome.** *ASCO Post* 2012;3(18).

Lacouture ME et al. **Skin toxicity evaluation protocol with panitumumab (STEPP), a phase II, open-label, randomized trial evaluating the impact of a pre-emptive skin treatment regimen on skin toxicities and quality of life in patients with metastatic colorectal cancer.** *J Clin Oncol* 2010;28(8):1351-7.

Li J et al. **CONCUR: A randomized, double-blind, placebo-controlled phase 3 study of regorafenib monotherapy in Asian patients with previously treated metastatic colorectal cancer (mCRC).** ESMO 16th World Congress on Gastrointestinal Cancer 2014;Abstract O-0023.

Loupakis F et al. **Initial therapy with FOLFOXIRI and bevacizumab for metastatic colorectal cancer.** *N Engl J Med* 2014;371(17):1609-18.

Regorafenib dose optimization study (ReDOS): A phase II randomized study of lower dose regorafenib compared to standard dose regorafenib in patients with refractory metastatic colorectal cancer. NCT02368886

Rosell R et al. **Randomized phase II study of cetuximab plus cisplatin/vinorelbine compared with cisplatin/vinorelbine alone as first-line therapy in EGFR-expressing advanced non-small-cell lung cancer.** *Ann Oncol* 2008;19(2):362-9.

Temel JS et al. **Early palliative care for patients with metastatic non-small-cell lung cancer.** *N Engl J Med* 2010;363(8):733-42.

Van Cutsem E et al. **Phase III RECURSE trial of TAS-102 vs placebo, with best supportive care (BSC), in patients (pts) with metastatic colorectal cancer (mCRC) refractory to standard therapies.** *Proc ESMO* 2014;Abstract LBA13.

Van Cutsem E et al. **KRAS status and efficacy in the first-line treatment of patients with metastatic colorectal cancer (mCRC) treated with FOLFIRI with or without cetuximab: The CRYSTAL experience.** *J Clin Oncol* 2008;26(15S):2.

Venook AP et al. **CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab (BV) or cetuximab (CET) for patients (pts) with KRAS wild-type (wt) untreated metastatic adenocarcinoma of the colon or rectum (MCRC).** *Proc ASCO* 2014;Abstract LBA3.

Yoshino T et al. **Results of a multicenter, randomized, double-blind, phase III study of TAS-102 vs placebo, with best supportive care (bsc), in patients (pts) with metastatic colorectal cancer (mCRC) refractory to standard therapies (RECURSE).** ESMO 16th World Congress on Gastrointestinal Cancer 2014;Abstract O-0022.