

Current Trends in the Treatment of Colorectal Cancer

As part of a clinical update for OA nurses and clinical managers, Roche sponsored a presentation made by Mary Nell Phillips, MSN, FNP, OCN, and nurse practitioner with the University of Tennessee Cancer Institute on new treatment modalities for colorectal cancer.

Ms. Phillips reviewed the incidence of colorectal cancer and discussed predisposing factors. A brief overview of past therapies, including the development and almost exclusive use of 5-FU until the last decade followed. Newer treatment regimens were presented in the order in which they were developed and approved.

5-FU/Leucovorin-based protocols continue to be the mainstay of both adjuvant and metastatic therapy, with the advent of continuous infusion 5-FU proving to be more effective in the metastatic setting. The addition of Irinotecan, Capecitabine, and Oxaliplatin has proven to increase both response rates and in some cases, survival data. The treatment combination that is 'rising to the surface' in the first line management of metastatic disease is FOLFOX (Oxaliplatin, Leucovorin infusion + Bolus 5-FU followed by infusional 5-FU on day one and repeated on day two without Oxaliplatin every 14 days). Variations of this combination have shown increased response and better survival than traditional therapies. Clinical trials continue to investigate FOLFOX combinations as well as other novel combination therapies. Capecitabine (Xeloda® offers options to patients for whom single agent oral therapy is desired.

New on the horizon are molecularly targeted therapies, i.e. monoclonal antibodies. The first anticipated to be released is Bevacizumab (Avastin®; a monoclonal antibody against vascular endothelial growth factor (VEGF). It will be used in combination with established chemotherapy protocols and can offer an additional therapeutic index for many patients with metastatic colorectal cancer.

In conclusion, recent advances using Irinotecan and Oxaliplatin in combination with 5-FU and Leucovorin have afforded steady increases in response rates and survival compared with 5-FU/Leucovorin alone. Ongoing studies are evaluating the optimal sequencing of agents and combinations of newly targeted therapies, which should provide continued improvement in the treatment of patients with colorectal cancer, extending survival and quality of life.



Mary Nell Phillips

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"I can now use OA as a source of information to help guide us through the tough times ahead."

Elizabeth Gonzalez

Eduardo Sapanara MD, Bronxville, NY

"We recently acquired the oncology practice for which I manage the RN's. This meeting has opened my eyes to help with the other physicians."

Susanna Bendel

Kenwood Healthcare LLC, Chevy Chase, MD

Understanding Myeloma & the Addition of Velcade to the Myeloma Armamentarium

Bonnie Jenkins, RN, OCN, Director of Project Development at the Myeloma Institute for Research and Therapy at the University of Arkansas for Medical Sciences, reintroduced the history of myeloma treatments over the last 40 years and ways of looking differently at myeloma as an emerging disease of new understanding. Several treatment strategies have been introduced in the last 15 years with the addition of the first proteasome inhibitor, Velcade.

Ms. Jenkins described the history of myeloma treatments since 1962 when melphalan was first introduced in the treatment of the disease. Since that time many ways of looking at the disease have emerged and with the new definitions of myeloma and its related plasma cell diseases, new therapies have come to the forefront. The role of bone marrow transplantation and the growth in technology to 'rescue' therapies using peripheral blood stem cells and mini-allo transplants have changed the course of the disease.

Since the introduction of melphalan in 1962, only three other drugs have been identified as independent agents - thalidomide, dexamethasone, and Velcade. By adding Velcade to the armamentarium of drug therapies, many new doors have opened for the future of the 'cure' for myeloma. Clinical experience with Velcade is very positive with more than 27% of patients receiving Velcade experiencing a CR or PR. These patients were refractory to at least 2 lines of prior therapy and had progressive disease. The proteasome inhibitor works from a totally different mechanism and the work with myeloma will open the window for combination therapies, up-front treatment and research models and combination therapies. Several trials are underway to look at new combination models with Velcade and other drugs, e.g. thalidomide, adriamycin, dexamethasone with other studies being developed. Early data on Velcade and thalidomide have shown increased remissions in patients who were resistant to either or both drugs. Phase 1 and Phase 2 trials in lung, colorectal, and other solid tumors are underway in centers across the US and in the UK.

The 'rules' for using Velcade, including how to evaluate patients for side effects, the mechanism for dose-reduction, assessment of toxicities, and administration procedures were discussed. Ms. Jenkins further discussed the small number of grade 3-4 toxicities and the experience of oncology nurses around the US with side effect management, and the incidence of side effects found during the Summit trial of 202 patients. Special emphasis was placed on the need to have 72 hours between doses and the reasons for the 10-day rest period were emphasized.

For more information on Velcade, contact the Velcade center at: 866-VELCADE.



Bonnie Jenkins

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