

# OA Members Enjoyed

## “The Ride of Their Lives” Before ONS

OA relies heavily on its nurse members for honest feedback regarding the challenges they face running a successful oncology practice. Since we realize how precious a nurse's time is, we felt that holding an intimate strategy symposium before the Annual ONS Congress in Anaheim was the perfect format for our members. The OA Pre-ONS Strategy Meeting gave nurse attendees the opportunity to discuss reimbursement issues in their practice, receive vital clinical updates, and network with their colleagues.

Clinical presentations included the latest update on chemotherapy induced nausea and vomiting and an overview of Xeloda usage for breast and colorectal cancer. Members gained insight to achieving the maximum benefit from OA product agreements during contract review sessions.



Brent Evans, OA Executive Vice President, meets with loyal members at the OA booth.

Roundtable talks regarding regional reimbursement issues and tactics for practice survival followed the clinical presentations. A delicious group dinner in downtown Disneyland prepared the attendees for the ONS Annual Congress, which began the next day.

### OA Unveils New Booth at ONS

Oncology Associates was excited to show off its new booth at the ONS Annual Congress this year. The booth featured an updated look

that incorporated our key message: OA provides you with the tools you need to serve your practice, including savings, education and first-rate service. We would like to thank those members who visited our booth and provided us with updates on their practices. We look forward to assisting you in the months ahead. **OA**

WE WOULD LIKE TO THANK OUR GENEROUS PARTNERS FOR THEIR SUPPORT OF THIS MEETING:

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### FROM THE DESK OF DR. JOE



## Emerging Therapies for Colorectal Carcinoma

by Dr. Joe DiBenedetto, Jr., M.D.  
Medical Director, Oncology Associates

Colorectal carcinoma is a major cause of morbidity and mortality worldwide. In the United States, it is the fourth most common type of cancer and results in the second cause of cancer deaths. Early colorectal carcinoma can be cured with surgical excision; however once the disease has metastasized and becomes unresectable, the disease is incurable and therapy becomes palliative.

### Common Combination Therapies

The past year has witnessed the emergence of a number of new classes and

combinations of therapy that have resulted in increased response rates and improved survival. Today there is no one “gold standard” for first-line chemotherapy for metastatic colorectal carcinoma. There are many combinations that are used today which include 5-FU/LV (fluorouracil, leucovorin), IFL (irinotecan, bolus fluorouracil, leucovorin), XELOX (Xeloda, oxaliplatin), XELIRI (Xeloda, irinotecan), FOLFOX (fluorouracil, leucovorin, oxaliplatin), and FOLFIRI (fluorouracil, leucovorin, irinotecan). The choice of which of the above combinations to use depends upon several factors including patient selection,

ease and convenience of administration, duration of therapy, and side-effect profile.

### New Agents

Recently the FDA has approved two new agents for the treatment of patients with metastatic colorectal carcinoma. Erbitux is the first monoclonal antibody approved to treat colorectal carcinoma. Erbitux works by targeting the epidermal growth factor receptor (EGFR) on the surface of cancer cells and thus interferes with cell growth. Avastin, a monoclonal antibody, is an antiangiogenesis agent that works by inhibiting the activity of the vascular endothelial growth factor (VEGF). Avastin prevents the stimulation of the growth of new blood vessels and subsequently tumor growth. Both of these agents have shown some responsiveness in colorectal carcinoma.

The optimal first or second line treatment for metastatic colorectal carcinoma today has still not been realized, but given the emergence of new drugs and the potential combinations available, one can only hope to see continued progress in the response rate and survival against this disease. **OA**