Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/conversations-colorectal-cancer/an-oncologists-keys-to-managing-adverse-events-in-mcrc-care/11086/

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An Oncologist's Keys to Managing Adverse Events in mCRC Care

Announcer:
Welcome to *Conversations on Colorectal Cancer* on ReachMD, sponsored by Lilly.

On today's program, we'll hear from Dr. Putao Cen, Associate Professor of Medical Oncology at The University of Texas Health Science Center McGovern Medical School. Dr. Cen reveals some clinical keys when managing adverse events in metastatic colorectal cancer care. Let's hear from her now.

Dr. Cen:
So on the initial presentation, if the patient have a left-side colon cancer present with an obstruction or severe constipations, we tend to give a doublet chemotherapy of FOLFOX/FOLFIRI combined with EGFR inhibitor, especially in the RAS wild-type patients. And that could achieve a quick clinical response. However, in some patients, if they're nearly at complete obstruction or complete obstruction, we need to create a colostomy or ileostomy or rectal stent temporarily, and wait for a response. And sometimes in the right side colon cancer, they could present with tumor perforations with peritoneal metastasis. And in that situation, surgical intervention is needed in the emergent situations. For for FOLFOX chemotherapy backbone, oxaliplatin could create neuropathy, especially after four months or six months. And in that patients, sometimes we could switch to FOLFIRI despite if patient have a good response to FOLFOX, and then rotate it back to FOLFOX in the future when the patient progressed on FOLFIRI, because some patients have severe neuropathy on FOLFOX, oxaliplatin chemotherapy after longer than six months. For patients receiving EGFR inhibitor, they could have 80 percent of incident of a rash; this acne-like rash. Most of the time we consult the patients on prevention of the rash before the first dose of EGFR inhibitor. For example, we offer them oral antibiotics, tetracycline, or monocycline 100 mg once a day plus topical clindamycin gel, plus steroid cream; the rash could decrease significantly, especially for the first one month, which is the peak of the rash. For the JAK inhibitor, especially for RAS-mutated patient or front-line right-side colon cancer, we tend to use the JAK inhibitor combined with chemotherapy. In some patients, especially the right side colon or the cancer on the ascending or cecum, primary inside, intact patients, the JAK inhibitor, could have potential side effect of the GI perforations. And those patients could typically present with the pain on the abdomen, or the tumor on the right side, so right lower quadrant pain, and it's getting worse, but without constipations. And the CT scan could show inflammation or free air level on the abdominal area.

Announcer:
That was Dr. Putao Cen providing essential keys to managing adverse events in patients with metastatic colorectal cancer. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/mCRC, where you can Be Part of the Knowledge.