ReachMD
Be part of the knowledge.

TRANSCRIPT

Transcript Details
This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/conversations-colorectal-cancer/expanding-nccn-guidelines-for-mcrc-care/10269/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Expanding NCCN Guidelines for mCRC Care

Announcer:
This is ReachMD, and you're listening to *Conversations on Colorectal Cancer,* sponsored by Lilly. On this episode, titled *The Impacts of the NCCN Guidlines* we will hear from Dr. Benjamin Weinberg from Georgetown University in Washington, DC.

Dr. Weinberg:
So, the NCCN guidelines form a foundation for all clinical oncologists to use to base their decision-making regarding colorectal cancer, and there have been a number of important updates just within the past year reflecting new advances in colorectal cancer. One of them surrounds how long to give patients adjuvant chemotherapy after a colon cancer is removed. Previously, 6 months of chemotherapy using either FOLFOX or CAPOX was traditionally recommended for patients with Stage III colon cancer following surgery, but in light of the IDEA consortium, which was published in the New England Journal just earlier this year, it now appears that for patients with lower-risk Stage III colon cancers, those with less than T4 and/or N2 disease, 3 months appears to be so-called non-inferior to 6 months of therapy. And all patients who receive 3 months of therapy have less peripheral neuropathy associated with receiving less oxaliplatin, so this was an important advance that has now been incorporated into the NCCN guidelines.

So, another advance in the NCCN guidelines has been the incorporation of tumor sidedness in patients with advanced disease. We know that a patient with left-sided colon and rectal cancers, those from the

descending colon, sigmoid colon and rectum, have better overall survival than patients with right-sided colon cancers of the ascending colon and cecum. However, we also know that patients respond differently to biologic therapies whether they have tumors that arise from the left side of the colon or the right side. In this instance, patients with RAS wild-type tumors that have left-sided primaries respond much better to the EGFR-targeting drugs, cetuximab and panitumumab, whereas patients with right-sided colon cancers, even if they are RAS wild-type, really don't have the same magnitude of response, and those patients respond better to bevacizumab, and that finding has been incorporated into the NCCN guidelines. As such, patients with right-sided colon cancers, even if they are RAS wild-type, will likely receive cetuximab and panitumumab much later as a line of therapy.

And finally, the big other change that has occurred in the NCCN guidelines is the incorporation of BRAF-targeted therapy. This is for patients in the second line who have known BRAF V600 mutations. The combination of vemurafenib, either cetuximab or panitumumab, and irinotecan is now an NCCN guideline-designated therapy, and this is important for patients with BRAF-mutated tumors because BRAF-targeted therapy has shown to be very beneficial for this patient population.

Announcer:
The preceding program was sponsored by Lilly. Content for this series is produced and controlled by ReachMD. This series is intended for healthcare professionals only. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/mCRC. Thank you for listening to ReachMD. Be Part of the Knowledge.