**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/unraveling-disease-progression-predictors-of-mcrc/10271/

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Unraveling Disease Progression Predictors of mCRC

Announcer:
This is ReachMD, and you're listening to *Conversations on Colorectal Cancer,* sponsored by Lilly. On this episode, titled *Determining mCRC Disease Progression,* we will hear from Dr. Benjamin Weinberg from Georgetown University in Washington, DC.

Dr. Weinberg:
So, determining disease progression in metastatic colorectal cancer is actually much more difficult than one might think, and this is something that really needs to be tailored to the individual patient. Most of the time, disease is in the lung or liver or lymph nodes, or sometimes the primary tumor as well, the other side of disease often being in the peritoneum, and progression in any one of these sites could appear fundamentally different and have potentially different clinical outcomes for the patient. We often will continue treating a patient beyond progression if they are symptomatically doing okay and there is no organ compromise. We are often very frequently employing maintenance therapy, which is often using capecitabine with or without bevacizumab, in patients even with a small amount of tumor growth but who are clinically asymptomatic.

We have to be careful when we use multi-agent chemotherapy agents and when we need to have a kindler, gentler approach, maintaining some pressure against the tumor cells but not being overly harsh with the patient in terms of causing extra side effects. So, there are frequently scenarios in which a patient has a stable or maybe slightly growing tumor but clinically asymptomatic. We often will try to drag out a maintenance therapy approach for as long as possible. And there are prospective studies to corroborate and support that idea.

Announcer:
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