

# Colorectal Cancer™

U P D A T E

An Audio Review Journal for Nurses

Management of Colorectal Cancer in the Adjuvant and Metastatic Settings

**EDITOR**

Neil Love, MD

**INTERVIEWS**

Alan P Venook, MD

Tom Weber, ANP-BC

*Additional comments by two  
patients with colon cancer*



#### OVERVIEW OF ACTIVITY

Colorectal cancer is one of the most rapidly evolving fields in oncology nursing. Published results from ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, oncology nurses must be well informed of these advances, including the relative efficacy of new agents and regimens and strategies to minimize and manage associated toxicities. This program provides nurses with access to the latest research developments and opinions of oncology healthcare professionals with experience and expertise in the field, in addition to perspectives of patients undergoing treatment.

#### PURPOSE STATEMENT

To present the most current research developments in colorectal cancer and to provide the perspectives of medical oncologists, oncology nurses and patients on the diagnosis and treatment of colorectal cancer.

#### EDUCATIONAL OBJECTIVES FOR THIS ISSUE OF *COLORECTAL CANCER UPDATE FOR NURSES*

- Communicate the risks and benefits of adjuvant systemic therapy to patients with Stage II and III colon cancer.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with oxaliplatin-based chemotherapy.
- Describe the clinical impact of and toxicities associated with the use of bevacizumab for metastatic colon cancer.
- Recall the rationale for surgical resection as part of the multidisciplinary management of colorectal cancer with isolated hepatic metastases.
- Discuss the role of the oncology clinician in the care of patients who choose alternative treatments to complement conventional therapy.
- Recognize the psychosocial and emotional needs of patients, caregivers and their loved ones facing the diagnosis and treatment of colon cancer.

#### ACCREDITATION STATEMENTS

This educational activity for 1.7 contact hours is provided by Research To Practice during the period of February 2009 through February 2010.

Research To Practice is an approved provider of continuing nursing education by the New Jersey State Nurses Association, Provider Number P215-01/07-10. NJSNA is accredited by the ANCC Commission on Accreditation. Provider Approval is valid through January 31, 2010.

#### HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website [ResearchToPractice.com/CCU/Nurses](http://ResearchToPractice.com/CCU/Nurses) also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this book and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 70 percent or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within three weeks or may be printed online.

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**FACULTY** — **Mr Weber** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Venook** — **Advisory Committee:** Amgen Inc, ImClone Systems Incorporated; **Grant Funding:** Genentech BioOncology; **Paid Research:** Bayer Pharmaceuticals Corporation, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc, Pfizer Inc.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following are considered high-risk factors for recurrence in patients with Stage II colon cancer?
  - a. Obstruction
  - b. Bowel perforation
  - c. Inadequate lymph node sampling
  - d. Both a and b
  - e. All of the above
2. Which of the following have been administered intravenously to prevent oxaliplatin-induced cold sensitivity?
  - a. Calcium
  - b. Magnesium
  - c. Potassium
  - d. Both a and b
  - e. All of the above
3. Patients experiencing oxaliplatin-induced peripheral neuropathy may complain of \_\_\_\_\_.
  - a. Burning
  - b. Tingling
  - c. Difficulty buttoning buttons
  - d. All of the above
  - e. None of the above
4. What is considered an adequate amount of time to wait between surgery and the administration of bevacizumab?
  - a. Six to eight days
  - b. Six to eight weeks
  - c. Six to eight months
5. Which of the following are side effects associated with bevacizumab?
  - a. Hypertension
  - b. Proteinuria
  - c. Blood clots
  - d. All of the above
  - e. None of the above
6. Bevacizumab is a humanized antibody to \_\_\_\_\_.
  - a. Vascular endothelial growth factor
  - b. Epidermal growth factor receptor
  - c. Human epidermal growth factor receptor 2
  - d. All of the above
  - e. None of the above
7. Colon cancer with isolated hepatic metastases is always incurable.
  - a. True
  - b. False
8. In the treatment of colon cancer, bevacizumab is more effective when \_\_\_\_\_.
  - a. Combined with chemotherapy
  - b. Administered as a single agent
9. The initial data from the NSABP adjuvant trial of FOLFOX with or without bevacizumab, presented at ASCO 2008, \_\_\_\_\_ indicate a significant increase in bowel perforations among the patients who received bevacizumab.
  - a. Did
  - b. Did not
10. In the resection of primary colon cancer, adequate lymph node sampling requires the removal and identification of at least four nodes.
  - a. True
  - b. False

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART ONE — Please tell us about your experience with this educational activity**

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Risk factors for recurrence in patients with Stage II colon cancer	4	3	2	1
Strategies to ameliorate oxaliplatin-induced peripheral neuropathy	4	3	2	1
Toxicities associated with bevacizumab	4	3	2	1
Role of surgical resection for isolated hepatic metastases	4	3	2	1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Risk factors for recurrence in patients with Stage II colon cancer	4	3	2	1
Strategies to ameliorate oxaliplatin-induced peripheral neuropathy	4	3	2	1
Toxicities associated with bevacizumab	4	3	2	1
Role of surgical resection for isolated hepatic metastases	4	3	2	1

**Was the activity evidence based, fair, balanced and free from commercial bias?**

Yes  No

If no, please explain: .....

**Will this activity help you improve patient care?**

Yes  No  Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

Yes  No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

**As a result of this activity, I will be able to:**

- Communicate the risks and benefits of adjuvant systemic therapy to patients with Stage II and III colon cancer. .... 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with oxaliplatin-based chemotherapy. .... 4 3 2 1 N/M N/A
- Describe the clinical impact of and toxicities associated with the use of bevacizumab for metastatic colon cancer. .... 4 3 2 1 N/M N/A
- Recall the rationale for surgical resection as part of the multidisciplinary management of colorectal cancer with isolated hepatic metastases. .... 4 3 2 1 N/M N/A
- Discuss the role of the oncology clinician in the care of patients who choose alternative treatments to complement conventional therapy. .... 4 3 2 1 N/M N/A
- Recognize the psychosocial and emotional needs of patients, caregivers and their loved ones facing the diagnosis and treatment of colon cancer. .... 4 3 2 1 N/M N/A

**What other practice changes will you make or consider making as a result of this activity?**

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**What additional information or training do you need on the activity topics or other oncology-related topics?**

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**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

**Additional comments about this activity:**

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Yes, I am willing to participate in a follow-up survey.     No, I am not willing to participate in a follow-up survey.

**PART TWO — Please tell us about the editor and faculty for this educational activity**

4 = Excellent    3 = Good    2 = Adequate    1 = Suboptimal

Faculty	Knowledge of subject matter				Effectiveness as an educator			
Alan P Venook, MD	4	3	2	1	4	3	2	1
Tom Weber, ANP-BC	4	3	2	1	4	3	2	1
Editor	Knowledge of subject matter				Effectiveness as an educator			
Neil Love, MD	4	3	2	1	4	3	2	1

**Please recommend additional faculty for future activities:**

.....  
.....

**Other comments about the editor and faculty for this activity:**

.....  
.....

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Credentials:

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