Colorectal cancer (CRC) is often curable if detected early. Metastatic CRC (mCRC) and recurrent CRC remain major treatment challenges. A tumor needs new blood vessels to receive the nutrients and oxygen necessary for growth. The development of new blood vessels is called angiogenesis. The class of targeted therapies known as antiangiogenic agents works by blocking the growth of blood vessels to tumors. Trials have established the usefulness of antiangiogenic agents and new regimens in prolonging survival in patients with advanced disease. In the United States, the antiangiogenic agents approved for treating metastatic CRC often are combined with traditional chemotherapeutic agents and include bevacizumab (Avastin®), ziv-aflibercept (Zaltrap®), and regorafenib (Stivarga®).

Objectives: This article reviews factors that guide the development of a nursing plan for monitoring and managing patients who are receiving antiangiogenic therapies.

Methods: Regorafenib and ziv-aflibercept, two newer agents that nurses and other healthcare professionals may have had less experience with, were reviewed.

Findings: The key to maximizing the potential benefit of these agents is understanding where these new therapies fit in the overall scheme of treatment options and how to help patients tolerate treatment.

Monitoring, Side-Effect Prevention, and Patient Education

When managing patients with mCRC who are being treated with any of the antiangiogenic targeted therapies, creating a nursing plan to assess for adverse events (AEs), minimize the occurrence and severity of side effects, and provide management.