Advanced Colorectal Cancer: Current Treatment and Nursing Management With Economic Considerations

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Colorectal cancer is common in men and women. More than 56,000 people will die of the disease in the United States in 2005 (Jemal et al., 2005). Including Europe, the number rises to about 200,000 deaths (Midgley & Kerr, 2000b). Early diagnosis with better screening has improved overall survival for patients with colorectal cancer. Unfortunately, more than 50% of new patients present with stage III or metastatic disease, and half of all people with colorectal cancer are diagnosed with recurrent or metastatic disease (Xiong & Ajani, 2004). Therefore, screening and early diagnosis are crucial in helping to reduce mortality.

Because more patients with colorectal cancer present with later-stage disease, effective treatments are needed. Treatments usually include systemic chemotherapy. Patients often receive a combination of surgery, chemotherapy, and possibly radiation therapy in the treatment of stage III or advanced colorectal cancer. Although improvements have been made in surgical and radiation therapy techniques in the treatment of advanced colorectal cancer, 5-fluorouracil (5-FU) has been the mainstay of chemotherapy for this patient population (Midgley & Kerr, 2000a; Rich, Shepard, & Mosely, 2004). Chemotherapy options have changed dramatically since 2000 and will be the focus of this article.

The introduction of irinotecan in 1996, followed by the first new platinum analog agent, oxaliplatin, in 2002, offered considerable advances in chemotherapy for advanced and metastatic colorectal cancer (Schrag, 2004). An oral fluorouracil agent, capecitabine, was released in 1998 and has been shown to have activity in colorectal cancer. Two new monoclonal antibody agents, bevacizumab and cetuximab, were approved in 2004 for the treatment of patients with metastatic colorectal cancer. The agents are different in tumor effects and side-effect profiles and may...