Mrs. L, a 59-year-old Caucasian woman, presented to the oncology clinic for a follow-up visit after hospitalization for anemia and uncontrolled diarrhea. She initially presented to the emergency department with a complaint of shortness of breath and uncontrolled diarrhea. She had experienced cramp-like abdominal pain for the previous six months. Two days before her emergency room visit, Mrs. L developed a foul-smelling vaginal discharge. Upon examination, she was found to have a rectovaginal fistula and was admitted to the hospital for additional testing. Mrs. L was diagnosed with adenocarcinoma of the colon, based on findings from a colonoscopy and computed tomography scan of the abdomen and pelvis with infusion. She was scheduled for hysterectomy and tumor resection in two days.

Medical History and Surgical Report

Mrs. L is 5’8” tall and weighs 201 pounds; her body mass index is 30.6. She appears healthy. Vital signs and her physical examination are healthy except for the following. Her abdomen is distended, with hypoactive bowel sounds in all four abdominal quadrants. Her liver is enlarged and can be palpated three fingertips below the ribs.

Chemotherapy Overview

Since the late 1990s, FOLFOX has been a standard of care for metastatic colon cancer (Goldberg et al., 2004; Saltz et al., 2007). Bevacizumab is a monoclonal antibody against human vascular endothelial growth factor (VEGF), and cetuximab is a monoclonal antibody against epidermal growth factor receptor (EGFR). Cetuximab is approved as a single agent for the treatment of metastatic colon cancer that expresses wild-type K-ras (Hurwitz et al., 2005). A chemotherapy regimen of FOLFOX and bevacizumab every two weeks has been used; FOLFOX and bevacizumab have been combined with cetuximab in multiple clinical trials (see Table 1).

In August, 2007, Mrs. L was enrolled in a clinical trial of FOLFOX, bevacizumab, and cetuximab (for National Comprehensive Cancer Network guidelines, visit www.nccn.org/professionals/physicians_gls/pdf/colon.pdf; for clinical trial enrollment information, visit www.nccn.org/professionals/physicians_gls/pdf/colon.pdf). On day 1, the first chemotherapy treatment was administered (390 mg/m² IV push and 4,680 mg continuous 5-fluorouracil, 388 mg/m² 4,680 mg continuous 5-fluorouracil, 388 mg/m² folinic acid, 388 mg/m² oxaliplatin, 83 mg/m² bevacizumab, and 242 mg/m² cetuximab). On day 14, cetuximab was held for a grade 3 rash. Numerous small pustules and erythematous papules in the hair follicles developed during the first two weeks of treatment. The skin lesions were acneform and were located on the

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