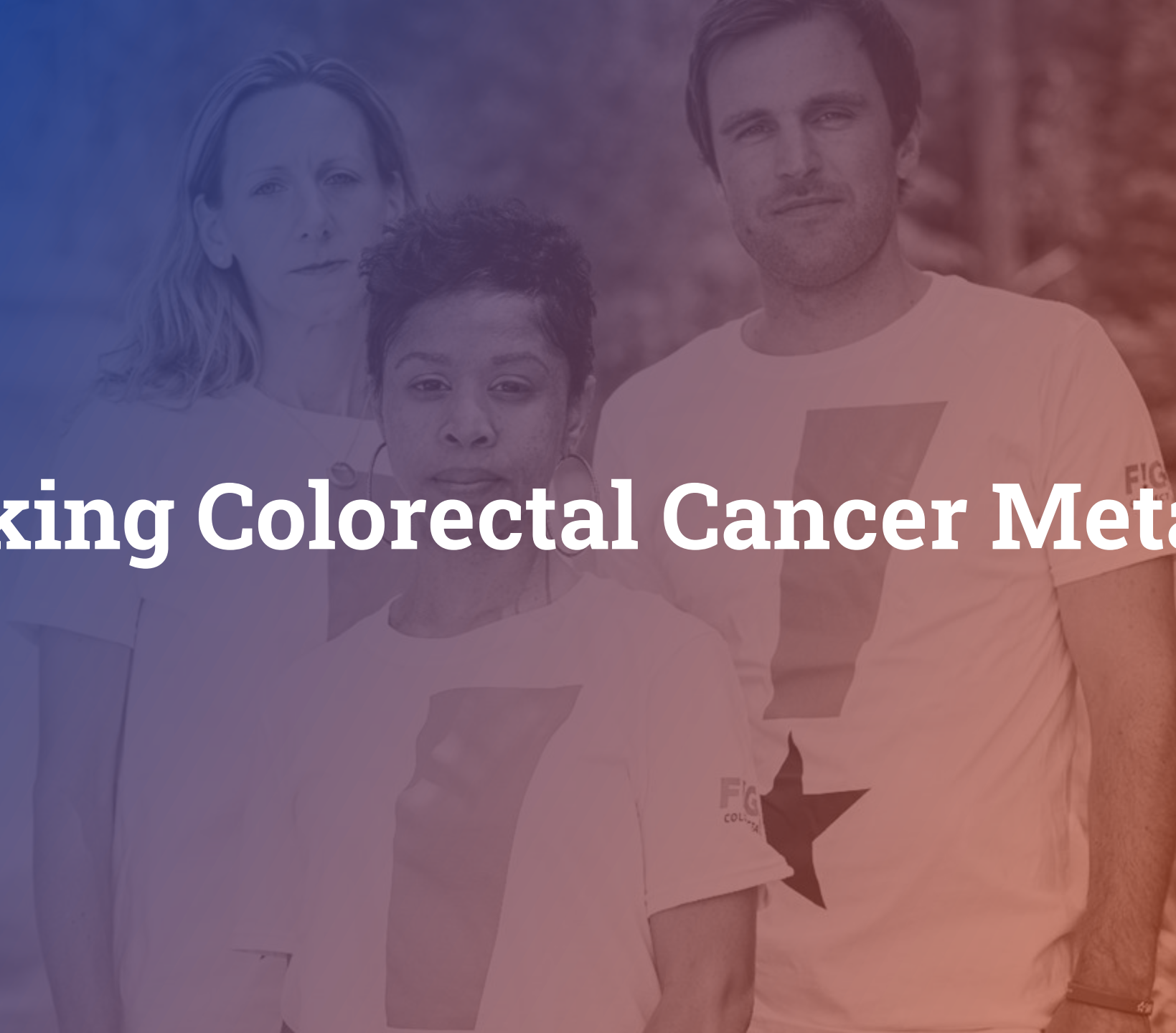


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COLORECTAL CANCER

OUR WEBINAR WILL BEGIN SHORTLY

Unpacking Colorectal Cancer Metastases





TODAY'S WEBINAR



01 QUESTIONS

Ask a question in the panel on the right side of your screen

02 WEBINAR ARCHIVE

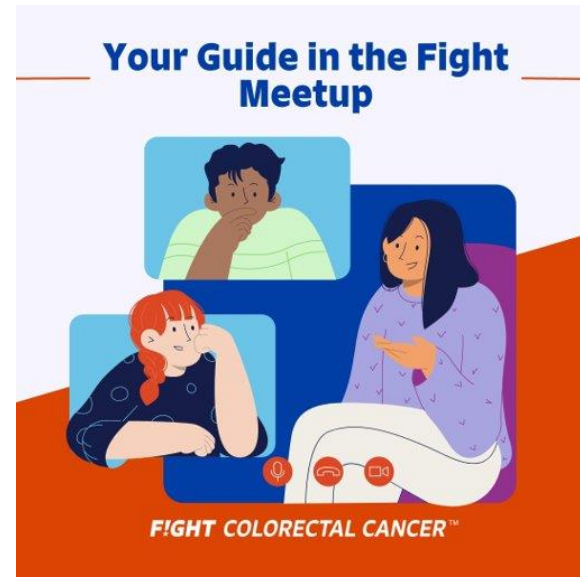
Watch a recording of this webinar on the Fight CRC website. Visit FightCRC.org

03 TWEET ALONG!

Follow along on Twitter. Use the hashtag [#CRCWebinar](https://twitter.com/hashtag/CRCWebinar)

Resources

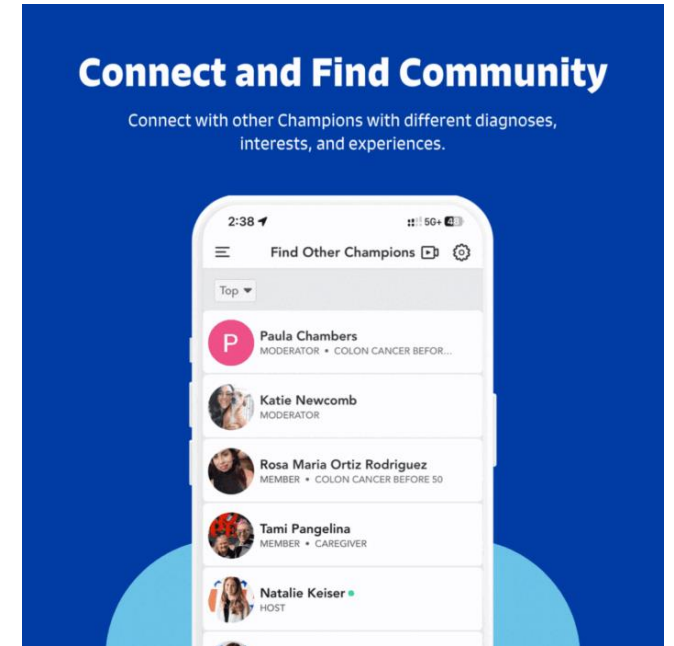
Fight CRC offers a wide variety of resources for those touched by colorectal cancer. Visit FightCRC.org to view, download, and order the latest resources.



Dedicated virtual
meetup spaces



Free Resources



Community of Champions App

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COLORECTAL CANCER

The information and services provided by Fight Colorectal Cancer are for general informational purposes only. The information and services are not intended to be substitutes for professional medical advice, diagnoses or treatment.

If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room.

Fight Colorectal Cancer never recommends or endorses any specific physicians, products or treatments for any condition.

TODAY'S PRESENTERS



Dr. Cathy Eng
MD, FACP, FASCO
Professor of Medicine,
Hematology and Oncology
Vanderbilt-Ingram Cancer Center
Fight CRC Board Member



Phuong Gallagher
Fight CRC RATS Manager
Stage IV Survivor

What is cancer staging?

All cancers, including colorectal cancer, are staged using the TNM system.

- **T (tumor):** How far the tumor has grown into or through the colon or rectum wall. This is scored from 1-4
- **N (node):** Whether any lymph nodes near the original tumor have cancer. This is scored from 1-3
- **M (metastasis):** Whether cancer has spread to areas or organs outside the colon or rectum. This is scored from 0-M1, M1a, M1b, and M1c.
- When these three variables are combined, you receive your cancer stage, such as Stage IVA

Stage	TNM Classification
Stage 0	Tis, N0, M0
Stage I	T1 or T2, N0, M0
Stage IIA	T3, N0, M0
Stage IIB	T4a, N0, M0
Stage IIC	T4b, N0, M0
Stage IIIA	T1 or T2, N1 or N1c, M0 or T1, N2a, M0
Stage IIIB	T3 or T4a, N1 or N1c, M0 or T2 or T3, N2a, M0 or T1 or T2, N2b, M0
Stage IIIC	T4a, N2a, M0 or T3 or T4a, N2b, M0 or T4b, N1 or N2, M0
Stage IVA	Any T, Any N, M1a
Stage IVB	Any T, Any N, M1b
Stage IVC	Any T, Any N, M1c

How is staging done in CRC?

There are several phases for cancer staging, the most commonly used by patients are the clinical stage and pathological stage.

- **Clinical Stage:** Most staging starts with a "clinical stage". This is determined by biopsy, bloodwork, and imaging, such as MRI or CT.
- **Pathological Stage:** This is determined through surgery and considers the involvement of lymph nodes near the tumor. You will receive your pathological stage after the tumor and nearby lymph nodes, and/or tumors on any nearby organs, are removed and reviewed under a microscope.

So, what is stage IV colorectal cancer?

Stage IV (or metastatic) colorectal cancer is cancer in the colon or rectum that has spread (metastasized) to distant organs, such as the liver or lungs.

Treatment for stage IV CRC is complex and will differ based on your unique presentation. Treatment may involve surgery, radiation, and medication tailored to treat your specific situation.

There is no "one size fits all" treatment for stage IV CRC, so your treatment will be unique and likely managed by a multidisciplinary team.

Where has my stage IV colon cancer metastasized to?

If your cancer has spread to other organs at the time you were diagnosed, you have stage IV CRC. This is based on the results of a physical exam, biopsies, and imaging tests.

Colon cancer most commonly metastasizes to the liver and lungs. Less often, it can metastasize to the abdomen or other distant areas, such as the brain.

The goal of your treatment will be to treat both the primary tumor (the cancer in your colon or rectum) and the metastases (the tumor(s) on other organs, such as the liver or lungs).

Biomarker testing and stage IV CRC

While certain biomarker testing is recommended for all CRC diagnoses, it is especially important in a stage IV diagnosis. Testing is performed, typically, on a piece of tumor that is removed during surgery or biopsy.

Biomarker testing can provide information about your prognosis and treatment options that may be available for your particular cancer.

Testing can provide insight about which treatments may or may not be effective.

Stage IV / Metastatic Disease

Your tumor needs to be tested for MSI-H/dMMR.
You need to know which side your tumor formed (Right or Left).
You need your CEA checked.
Ask your doctor if there is a role for ctDNA testing.
Your tumor needs to be tested for genetic alterations, including KRAS, NRAS, and BRAF mutations, HER2 amplification, and NTRK fusions.

Immunotherapy

Depending on your biomarker test results, **immunotherapy** may be an option for stage IV CRC. If the tumor is dMMR (deficient mismatch repair) or MSI-H (microsatellite instability-high), you may be prescribed an immunotherapy drug.

There are several options approved for use in colorectal cancer, including:

- **Pembrolizumab** (Keytruda®)
- **Nivolumab** (Opdivo®)
- **Dostarlimab** (Jemperli®)
- **Ipilimumab** (Yervoy®)

Immunotherapy utilizes the person's own immune system to help recognize and destroy cancer cells.

Targeted Therapy

Targeted therapy for colorectal cancer is a rapidly advancing area of treatment. Targeted therapies work differently than chemotherapy and may produce different side effects.

They may be used in combination with conventional chemotherapy, by themselves, or in combination with other targeted therapy drugs. They work by targeting specific changes in the cells that cause colorectal cancer, so **knowing your biomarkers is important**. There are numerous targeted therapies available for CRC.

- Bevacizumab (Avastin®) VEGF inhibitor
- Ramucirumab (Cyramza®) VEGF inhibitor
- Ziv-aflibercept (Zaltrap®) VEGF inhibitor
- Fruquitinib (Fruzaqla®) VEGF inhibitor
- Cetuximab (Erbix®) EGFR inhibitor
- Panitumumab (Vectibix®) EGFR inhibitor
- Encorafenib (Braftovi®) *BRAF* inhibitor
- Trastuzumab (Herceptin®) targets *HER2*
- Pertuzumab (Perjeta®) targets *HER2*
- Tucatinib (Tukysa®) targets *HER2*
- Lapatinib (Tykerb®) targets *HER2*
- Fam-trastuzumab deruxtecan (Enhertu®) targets *HER2*
- Larotrectinib (Vitrakvi®) targets *NTRK* changes
- Entrectinib (Rozlytrek®) targets *NTRK* changes
- Selpercatinib (Retevmo®) targets *RET* changes
- Adagrasib (Krazati®) targets *KRAS* changes
- Sotorasib (Lumakras®) targets *KRAS* changes
- Regorafenib (Stivarga®) multikinase inhibitor

Chemotherapy

There are multiple chemotherapy combinations that may be prescribed for stage IV colorectal cancer.

- **Capeox** or **Xelox** – Capecitabine (Xeloda®) plus oxaliplatin (Eloxatin®). Capecitabine is an oral drug that works the same as 5-FU inside cancer cells.
- **Folfox** - 5-FU, oxaliplatin, and leucovorin
- **Folfiri** - 5-FU, irinotecan (Camptosar®) and leucovorin
 - The above therapies may be combined with targeted therapies, such as bevacizumab, cetuximab, or panitumumab.
- **Folfirinox** - 5-FU, irinotecan, leucovorin, and oxaliplatin. This combination may also be prescribed with bevacizumab.

Chemotherapy

If you cannot tolerate the intensive chemotherapy regimens on the previous page, there may be other options available.

- **5-FU plus leucovorin** with or without **bevacizumab**
- **Capecitabine** with or without **bevacizumab**. This should only be considered if you cannot tolerate more aggressive options.
- If you have stopped responding to other treatments, or you cannot take certain chemotherapy medications, you have other options. **Trifluridine plus tipiracil (Lonsurf®)**, a nucleoside-analogue drug, may be prescribed. **Lonsurf** may also be administered with bevacizumab.

Surgery and stage IV CRC

Surgery or other procedures may be performed to remove both the primary tumor and metastases, if possible.

For metastases to the **liver**:

- **A partial hepatectomy** may be performed, which aim to remove tumors in the liver. This is also known as a liver resection.
- **Ablation** involves placing a special needle into or next to the tumors, and targeted energy is used to hopefully destroy the tumor.
- **Chemotherapy** may be delivered directly to the liver by injecting it directly into the blood vessels that lead to the tumor.

Surgery and stage IV CRC

Surgery or other procedures may be performed to remove both the primary tumor and metastases, if possible.

For metastases to the **lungs**:

- **A pulmonary metastasectomy** may be performed, which removes tumors from the affected lung or lungs.
- **Ablation** involves placing a special needle into or next to the tumors, and targeted energy is used to hopefully destroy the tumor.

Surgery and stage IV CRC

Surgery or other procedures may be performed to remove both the primary tumor and metastases, if possible.

For metastases to the tissues lining the **abdomen** (peritoneum):

- **Cytoreductive surgery** – this procedure involves removing all visible tumors in the abdomen. If a tumor cannot be removed from the surface of an organ, the organ may be removed as well.
- **Hyperthermic intraperitoneal chemotherapy (HIPEC)** - This procedure involves putting a heated chemotherapy solution directly into the abdominal cavity via a catheter.

Radiation therapy and stage IV CRC

Radiation therapy may be used to treat **rectal cancer**, and metastases to certain organs as well.

- **Selective internal radiation therapy (SIRT)** is a procedure in which small radioactive spheres are injected into the blood vessels leading to liver metastases, concentrating radiation in only the area that needs treatment.
- **Stereotactic body radiation therapy (SBRT)** is a type of external beam therapy, wherein high doses of radiation are aimed specifically at metastatic tumors using precise beams. The beams come from a machine outside the body and are aimed carefully to hopefully minimize damage to surrounding tissues. This can be used for liver, lung, and bone metastases.

Takeaways

Stage IV colorectal cancer is complex. There is no "one size fits all" approach to treatment, and your treatment may change throughout the course of the disease.

Your unique and specific situation will require *personalized intervention* from your healthcare team. It is critical that you are involved and communicate with everyone involved in your care.

There is **HOPE** after a stage IV diagnosis. You have treatment options.

If you don't understand something, **ask questions!** If your appointments are confusing, bring someone with you to help you take notes and think of questions you should ask.

Please reach out to patientinfo@fightcrc.org with any questions.



QUESTION AND ANSWER

Type in your questions on the panel on the right side of your screen



Fight Colorectal Cancer Mission

We FIGHT to cure colorectal cancer and serve as relentless champions of hope for all affected by this disease through informed patient support, impactful policy change, and breakthrough research endeavors.

THANK YOU

