COLORECTAL CANCER

Oral Therapy

Your Guide to Colorectal Cancer Therapy Taken by Mouth

FIGHT COLORECTAL CANCER

What is Oral Therapy and How Does it Work?

If you have been diagnosed with colorectal cancer, you may hear your care team talk about different treatment options. Understanding the basics can help you feel more prepared and confident as you make decisions.

Many colorectal cancer treatments are systemic therapies — meaning the medication travels through your bloodstream to treat cancer cells throughout the body. Systemic therapy may be given through an IV in a clinic or taken by mouth at home. Oral therapy is one way the following treatments can be delivered:

- **Chemotherapy:** uses medication to slow or stop the growth of cancer cells. In colorectal cancer, chemotherapy may be given by IV or taken as pills.
- **Targeted therapy:** therapy aims to disrupt specific features of cancer cells that help them grow and survive. Some targeted therapies are given by IV, while others may be taken by mouth.
- **Immunotherapy:** helps your immune system recognize and attack cancer cells. For colorectal cancer, immunotherapy is given by IV and is most effective for certain tumor types based on biomarker testing.

Why Your Test Results Matter

Biomarker and genetic testing look at the biology of your cancer. These tests help your care team understand which treatments are most likely to work for you, including whether oral therapy may be recommended. Knowing your results personalizes your treatment and avoid therapies that are unlikely to help.

Fight CRC's Chat CRC assistant can explain your test results in plain language.

TAKEAWAY FOR PATIENTS

There is no "best therapy" option, only the one that best fits your specific cancer.

3 Questions to Ask

1. Based on my test results, am I a candidate for any oral therapy options?
2. How do my oral treatment options differ from my infusion options?
3. What side effects should I expect, and when should I call you if they are severe?

"I was given the option to take 5-FU by infusion or orally, in the form of Xeloda®. I taught five-year-olds at the time and was concerned about one of them pulling out my IV line, so I opted for the oral therapy. I could live with the side effects for the six months of prescribed therapy, and luckily for me I was cancer-free afterward."

Joe B.
STAGE III SURVIVOR

Ready to tell your story and offer your advice? fightcrc.org/story

Learn more about your biomarkers and how they impact your treatment options.
fightcrc.org/biomarkers

ADDITIONAL RESOURCES

ChatCRC Questions about your therapy options? ChatCRC can help! Text ChatCRC to (318) 242-8272. chatbot.fightcrc.org

Biomarkers fightcrc.org/biomarkers
Genetic Testing fightcrc.org/genetics

Join our community!
community.fightcrc.org
Support Fight Colorectal Cancer Donate today! fightcrc.org/donate

A Resource for Patients by Patients

Starting Oral Therapy: What to Know

Being prescribed an oral therapy means you will take your cancer treatment at home. This can feel like a big shift, and it is okay to take this one step at a time.

WHAT WILL BE DIFFERENT Oral therapies are usually filled by a specialty pharmacy and taken on a set schedule. They may be delivered to you at home rather than getting filled at a retail pharmacy or your oncologist's office. Some medications include planned breaks, so it is important to follow the instructions from your care team closely.

YOUR ROLE IN TREATMENT Taking treatment at home means you play an active role in your care. Take each dose exactly as prescribed and do not change your dose without checking with your provider.

SIDE EFFECTS AND WHEN TO CALL Oral therapies can cause side effects, just like IV treatments. Keep in mind that a pill treatment doesn't necessarily mean it is less aggressive or has fewer side effects. Your care team will tell you what to expect. Call your care team if side effects feel severe, unusual, or hard to manage. Reaching out early can help prevent more serious problems later on.

COST AND COVERAGE Insurance coverage for oral therapies may be different from infusion treatments. Your care team or pharmacy can help explain your coverage and look for financial assistance if needed.

SAFETY AT HOME Oral cancer medications are powerful. Store them safely and keep them out of reach of children and pets. Tell your care team about all medications, vitamins, and supplements you take to avoid harmful interactions.

> You are never bothering your care team by calling with concerns

Oral Therapy vs. Infusion Therapy

Oral and infusion therapies are both systemic treatments, meaning they travel through the bloodstream to treat cancer throughout the body. The right option depends on the biology of your cancer and your overall health.

ORAL THERAPY

Oral therapy is taken by mouth, usually at home.

Whether it is an option depends on the specific features of your tumor, prior treatment history, and in some cases, your biomarker results. If you need help understanding your biomarker test results, the Fight CRC ChatCRC assistant can help explain them in plain language.

Taking treatment at home may reduce clinic visits, but it also means taking each dose exactly as prescribed. Some oral therapies have specific schedules and side effects that require close attention.

Some oral therapies must be given along with an infusion therapy to be effective, so it is possible to be on both an oral and infusion treatment at the same time.

INFUSION THERAPY

Infusion therapy is given through an IV in a clinic or infusion center.

Many standard chemotherapy treatments for colorectal cancer are delivered this way. Some targeted therapies and all current immunotherapies for colorectal cancer are also given by infusion.

Infusion therapy is administered by your care team and requires clinic visits and transportation. Some patients may need a port.

TIP A dedicated pill organizer or phone reminder can make it easier to stay on track with your oral therapy.

HANDLING ORAL CANCER MEDICATION AT HOME

It is okay if someone briefly touches your medication. Tips to keep everyone safe:

- Wash your hands after handling pills
- Do not crush or split pills unless instructed
- Store medication away from children and pets
- When in doubt, call your care team or pharmacist.

ONE THING TO REMEMBER

You are not expected to manage oral therapy alone. Your care team is there to support you, answer questions, and help you stay on track.

Oral Therapy Options for Colorectal Cancer

Below are oral therapies that may be used to treat colorectal cancer. These medications are used in specific situations and often depend on biomarker test results. Your care team will determine which options may be right for you.

BRAND NAME	GENERIC NAME	TYPE	WHO IT MIGHT HELP	WHAT TO EXPECT
Xeloda®	capecitabine	Chemotherapy	Used before or after surgery or to treat cancer that has spread. Use is not directed by biomarker results.	Skin reactions on your hands or feet, nausea, diarrhea, fatigue
Lonsurf®	trifluridine and tipiracil	Chemotherapy	Used for advanced colorectal cancer after other treatments with or without Avastin®. Use is not directed by biomarker results.	Low blood counts, tiredness, nausea
Fruzaqla®	fruquintinib	Targeted therapy	Used for advanced colorectal cancer after other treatments with or without Avastin®. Use is not directed by biomarker results.	High blood pressure, skin changes, mouth sores
Stivarga®	regorafenib	Targeted therapy	Used for advanced colorectal cancer after other treatments with or without Avastin®. Use is not directed by biomarker results.	Fatigue, diarrhea, skin reactions on your hands or feet
Braftovi®	encorafenib	Targeted therapy	Used only if cancer has a BRAF V600E mutation in combination with Erbitux® +/- chemotherapy.	Diarrhea, fatigue, nausea
Tukysa®	tucatinib	Targeted therapy	Used for HER2 positive colorectal cancer after prior treatment* in combination with Herceptin®.	Diarrhea, liver related lab changes
Tykerb®	lapatinib	Targeted therapy	May be used off label for HER2 positive colorectal cancer*.	Diarrhea, liver related lab changes
Krazati®	adagrasib	Targeted therapy	Used only if cancer has a KRAS G12C mutation in combination with Erbitux®.	Nausea, fatigue, lab changes
Lumakras®	sotorasib	Targeted therapy	Used only if cancer has a KRAS G12C mutation in combination with Vectibix®.	Nausea, fatigue, lab changes
Retevmo®	selpercatinib	Targeted therapy	Used only if cancer has a RET gene fusion (rare).	Fatigue, high blood pressure
Vitrakvi®	larotrectinib	Targeted therapy	Used only if cancer has an NTRK gene fusion (rare).	Dizziness, fatigue, nausea
Rozlytrek®	entrectinib	Targeted therapy	Used only if cancer has an NTRK gene fusion (rare).	Dizziness, fatigue, nausea

*HER2 may be listed as ERBB2 on some test reports. ** Not every treatment listed here will apply to you. Many oral therapies are used only when certain biomarker results are present.

When to Call Your Doctor

Call your care team if you have:

- Fever or signs of infection
- Severe nausea, vomiting, or diarrhea
- New or worsening pain or extreme fatigue
- Mouth sores or painful skin changes
- Shortness of breath, chest pain, dizziness, or unusual bleeding
- Missed or extra doses, or questions about your treatment schedule

If something does not feel right, call your healthcare team.

IF YOU FORGET A DOSE

If you miss a dose of your oral treatment, do not take an extra dose unless your care team gives you specific instructions.

Call your care team or specialty pharmacy to help you safely get back on schedule.

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