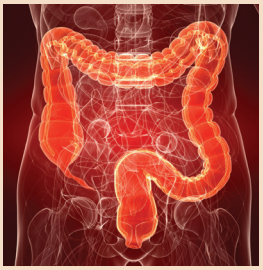
■ Online Exclusive Article

Adverse Event Management Strategies:
Optimizing Treatment With Regorafenib in Patients With Metastatic Colorectal Cancer

Jessica Mitchell, RN, CNP, MPH, Taline Khoukaz, ACNP-C, Deborah McNeal, RN, OCN®, and Lori Brent, CFNP



Patients with metastatic colorectal cancer (mCRC) frequently experience treatment-related adverse events (AEs), which may lead to nonadherence or discontinuation from their treatment regimen. In the phase 3 CORRECT study, the addition of regorafenib to best supportive care (BSC) significantly increased overall survival and progression-free survival compared with placebo plus BSC in patients with mCRC who had progressed on all approved standard care therapies. Although regorafenib showed an acceptable safety profile, patients experienced treatment-related AEs such as hand-foot skin reaction, hypertension, oral mucositis, diarrhea, fatigue, and liver abnormalities. The goal of this article is to help oncology nurses implement a strategic, proactive approach to AE management in patients mCRC treated with regorafenib. The article reviews the most common AEs associated with regorafenib in patients who participated in the CORRECT study and provides a strategy and practical measures that nurses can apply to AE management. In addition, the article provides direction and guidance for educating patients and their caregivers on recognizing and managing potential side effects of regorafenib.

Jessica Mitchell, RN, CNP, MPH, is a nurse practitioner at the Mayo Clinic in Rochester, MN; Taline Khoukaz, ACNP-C, is a nurse practitioner at the University of Southern California Norris Comprehensive Cancer Center in Los Angeles; Deborah McNeal, RN, OCN®, is lead research coordinator at Charleston Hematology Oncology Associates in South Carolina; and Lori Brent, CFNP, is a certified family nurse practitioner at Jackson Oncology Associates in Mississippi. The authors take full responsibility for the content of the article. Editorial support was provided by Margaret Callahan, MS, at Precept Medical Communications through funding from Bayer HealthCare. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Mitchell can be reached at mitchell.jessica@mayo.edu, with copy to editor at CJONEditor@ons.org. (Submitted July 2013. Accepted for publication August 8, 2013.)

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Patient adherence and persistence with oral anti-cancer medications can be challenging (Ruddy, Mayer, & Partridge, 2009). Patients with metastatic colorectal cancer (mCRC) may have issues with nonadherence or choose to discontinue their treatment regimen after experiencing treatment-related adverse events (AEs) (Bhattacharya, Easthall, Willoughby, Small, & Watson, 2012). Regorafenib is a broad-acting oral multikinase inhibitor that targets key proteins involved in the regulation of angiogenesis, oncogenesis, and activities within the tumor microenvironment (Wilhelm et al., 2011). Regorafenib was approved in 2012 by the U.S. Food and Drug Administration (FDA) for the treatment of patients with mCRC who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; antivascular endothelial growth factor (VEGF) therapy; and if *KRAS* wild-type, an anti-epidermal growth factor receptor (EGFR) therapy (Bayer HealthCare, 2013). Approval was based on the findings of the CORRECT study, a phase 3, international, multicenter, randomized, double-blind, placebo-controlled trial that showed the addition of regorafenib to best supportive care (BSC) resulted in a statistically significant increase in overall survival and progression-free survival compared with placebo plus BSC in patients with mCRC (Grothey et al., 2013a). Regorafenib has an acceptable safety profile; however, a number of treatment-related AEs may occur with treatment (Grothey et al., 2013a). Oncology nurses must identify, accurately assess, and appropriately manage the common AEs experienced by patients receiving regorafenib to maximize the benefit that may be achieved from the therapy. In addition, oncology nurses play a key role in educating patients and their caregivers to recognize and manage the potential side effects associated with regorafenib therapy. The aim of this article is