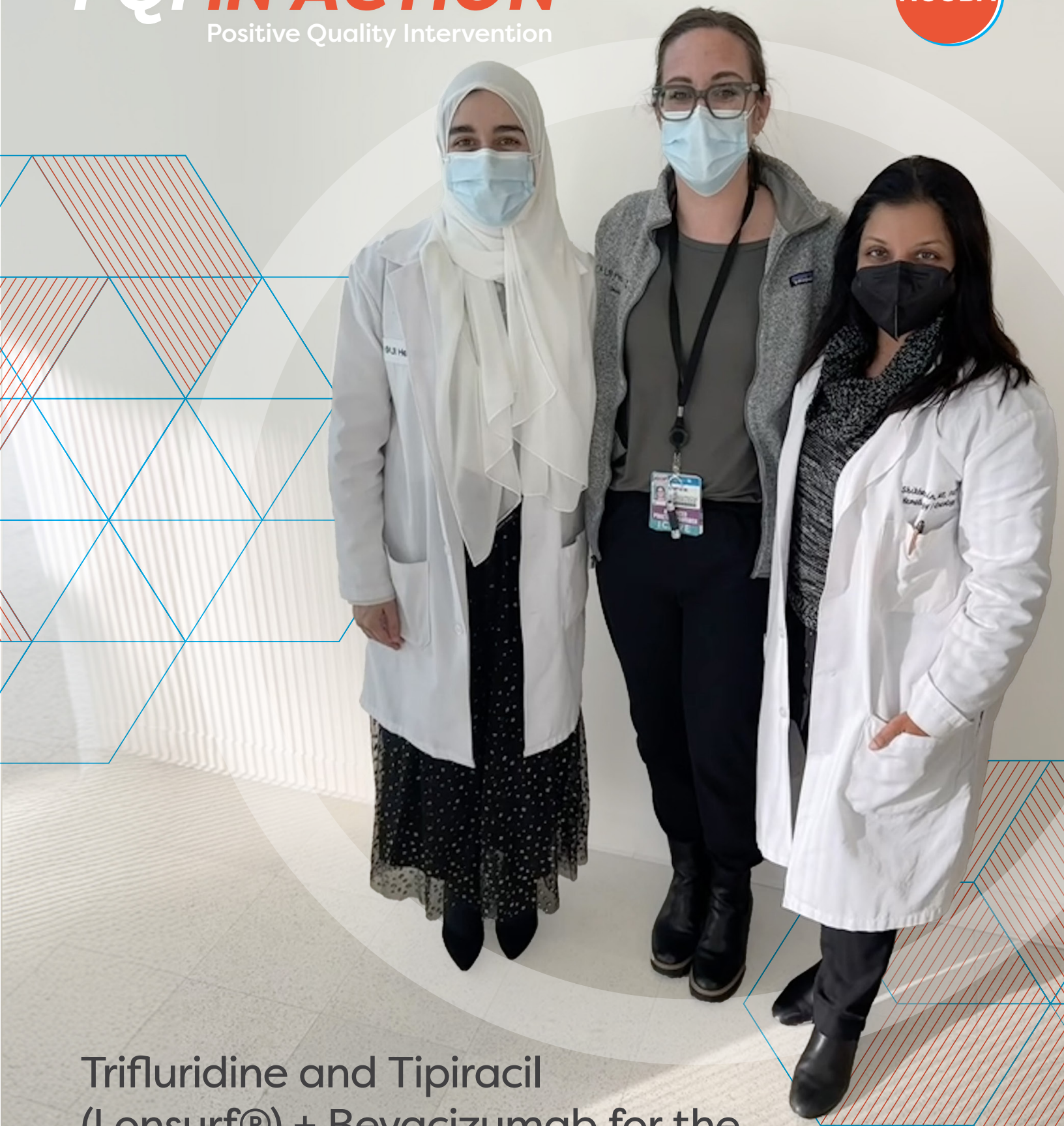
PQI IN ACTION

Positive Quality Intervention

NCODA



Trifluridine and Tipiracil (Lonsurf®) + Bevacizumab for the Treatment of Metastatic Colorectal Cancer

INTRODUCTION

NCODA developed the peer-reviewed Positive Quality Intervention (PQI) as an easy-to-use and relatable clinical guidance resource for healthcare providers. By consolidating quality standards, real-life effective practices, clinical trial results, and package insert and other guidance, PQIs equip the entire multidisciplinary care team with a comprehensive yet concise resource for managing patients receiving oral or IV oncolytics.

This PQI in Action is a follow up to the Trifluridine and Tipiracil (Lonsurf®) for Metastatic Colorectal Cancer PQI and explores how the medically integrated teams at Baptist MD Anderson Cancer Center and University of Illinois Cancer Center collaborate and utilize the information found in the PQI as part of their daily practice. This PQI in Action focuses on the use of Lonsurf in combination with bevacizumab to optimize the treatment of patients with previously treated metastatic colorectal cancer (CRC).

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TREATMENT LANDSCAPE FOR METASTATIC COLORECTAL CANCER

CRC, the third most common cancer diagnosed in both men and women in the United States, has a 5-year relative survival rate of 64%.[1] Metastatic disease occurs in approximately 33% of CRCs and is associated with a 5-year relative survival rate of 16%.[2,3] Heterogeneity of disease, including location, molecular subtype, and actionable treatment targets makes treatment decisions for metastatic CRC challenging.

WHAT THE GUIDELINES SAY

National Cancer Comprehensive Network (NCCN) and American Society of Clinical Oncology (ASCO) treatment guidelines for metastatic CRC generally follows a continuum of care that includes fluoropyrimidine-, oxaliplatin-, and/or irinotecan-based chemotherapy regimens combined more recently with targeted, biologic, or immunotherapy depending on patient and tumor characteristics.[4-6]

Molecular testing plays a critical role in developing a treatment plan for patients with metastatic CRC. NCCN guidelines recommend determining tumor gene status for KRAS/NRAS and BRAF mutations, HER2 amplifications, and microsatellite instability (MSI)/mismatch repair (MMR) status (if not previously done) in all patients.[4,5] Based on the advantages of ability to determine rare and actionable genetic mutations (eg, NTRK, RET fusions) coupled with the option of tissue or blood-based (ie, liquid) biopsy sample, next generation sequencing (NGS) panels are the preferred testing method; testing may also be performed for individual genes.

In the continuum of care approach to systemic therapy for metastatic CRC, VEGF inhibition with bevacizumab in combination with various chemotherapy regimens (eg, FOLFOX, CAPEOX, FOLFIRI, FOLFIRINOX) remains the standard of care for non-biomarker-directed or MSI high disease starting in the first-line setting. An anti-EGFR agent (eg, cetuximab, panitumumab) is typically recommended for left-sided disease or disease with RAS or BRAF V600E wild type mutation status. For metastatic CRC that progresses, choice of treatment depends on initial treatments administered, and usually includes a change in the backbone chemotherapy regimen, with continuation of targeted/biologic therapy.

Lonsurf + Bevacizumab: INDICATION & CLINICAL DATA

LONSURF INDICATIONS AND MECHANISM OF ACTION

CRC, Lonsurf, the combination of trifluridine (a nucleoside metabolic inhibitor) and tipiracil (a thymidine phosphorylase inhibitor), as a single agent or in combination with bevacizumab, is indicated for the treatment of adult patients with metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR therapy (anti-EGRF therapy should not be used in right sided tumors).[7] In addition to its indications in CRC, Lonsurf is indicated for metastatic gastric or gastroesophageal junction adenocarcinoma.

The 2-drug combination in Lonsurf works as follows: tipiracil increases trifluridine exposure by inhibiting its metabolism, hence following uptake into cancer cells, trifluridine is incorporated into DNA, interferes with its synthesis, and reduces cell proliferation.

Lonsurf + Bevacizumab: Indication & Clinical Data - continued

LONSURF® CLINICAL TRIAL DATA

Results of the phase 3 RECOURSE trial that compared Lonsurf® with placebo in 800 patients with refractory metastatic CRC led to its registration as monotherapy.[8] Key highlights of the trial are shown in **Table 1.**

Proof of principle of safety and clinical activity of Lonsurf in combination with bevacizumab was demonstrated in a randomized phase 2 study that compared Lonsurf + bevacizumab with Lonsurf alone in 93 patients with refractory metastatic CRC.[9] Median progression-free survival (PFS) with Lonsurf alone was 2.6 months vs 4.6 months in the combination group (hazard ratio [HR] 0.45, 95% confidence interval [CI] 0.29-0.72, p=0.0015). Serious adverse events were similar between treatment groups, with more ≥grade 3 neutropenia in the combination group (67% vs 38%).

The phase 3 SUNLIGHT trial that compared Lonsurf monotherapy to Lonsurf in combination with bevacizumab in 492 patients who had received no more than 2 previous chemotherapy regimens for the treatment of advanced CRC led to the registration of the combination regimen.[10] Both OS and PFS were significantly improved with the addition of bevacizumab as shown in **Table 1**. Predominantly a third-line trial (>90% of patients had received 2 previous lines of therapy), findings from SUNLIGHT are notable in that (1) the Lonsurf-bevacizumab combination exceeded efficacy of the proven Lonsurf monotherapy regimen, (2) for the first time, bevacizumab demonstrated substantial efficacy beyond the second-line setting; and (3) serious adverse events (AEs), febrile neutropenia, or AEs leading to treatment discontinuation were not increased with the addition of bevacizumab. Dose modifications were more common in the combination group likely due to the more frequent assessments related to the treatment schedule in this group.

Table 1. Highlights of Lonsurf® Phase 3 Registrational Trials

Trial	Regimen	No. of Patients	Median PFS, mo (HR, 95% CI, p value)	Median OS, mo (HR, 95% CI, p value)	Safety, % of patients
RECOURSE[8]	Lonsurf vs Placebo	800	2.0 vs 1.7 (0.48, 0.41-0.57, p<.001)	7.1 vs 5.3 (0.68, 0.58-0.81, p<.001)	Gr≥3 neutropenia: 38 vs 0 Gr≥3 febrile neutropenia: 4 vs 0 Gr≥3 decreased appetite: 4 vs 5 Gr≥3 fatigue: 4 vs 6
SUNLIGHT[10]	Lonsurf + bevacizumab vs Lonsurf	492	5.6 vs 2.4 (0.44, 0.36-0.54, p<.001)	10.8 vs 7.5 (0.61, 0.49-0.77, p<.001)	Gr 3-4 neutropenia: 43 vs 32 Gr 3-4 nausea: 2 vs 2 Gr 3-4 hypertension 6 vs 1 Gr 3-4 asthenia: 4 vs 4

CI, confidence interval; HR, hazard ratio; mo, months; no, number; PFS, progression-free survival; OS, overall survival

LONSURF IN THE NCCN GUIDELINES®

Lonsurf, with or without bevacizumab, is a category 2A treatment recommendation for patients with CRC whose disease has progressed through standard therapies.[4,5] The bevacizumab combination is preferred over Lonsurf alone, and an FDA-approved biosimilar is an appropriate substitute for bevacizumab.

Lonsurf + Bevacizumab Patient Profile:
HCP INSIGHTS

Medical oncologists and nurse practitioners at Baptist MD Anderson Cancer Center and University of Illinois Cancer Center shared their insights on how they select patients with metastatic CRC for Lonsurf + bevacizumab. Their insights are aligned with the recommended guidelines and prescribing information. Dr. Zaiden stated that his "go-to" for patients with RAS wild-type disease who have a good response to 5FU-based agents and have received FOLFOX and FOLFIRI is Lonsurf-bevacizumab. In his experience, Lonsurf is more tolerable than alternative regimens. Recent data also suggest greater benefit when Lonsurf is administered prior to regorafenib in patients with metastatic CRC that progressed on 2 or more chemotherapy regimens.[11] Nurse practitioner Sarah Griffis echoed Dr. Zaiden's approach. Based on the side effect profile, she prefers Lonsurf + bevacizumab and prescribes it for patients with no actionable targets and progression after the first 2 lines of therapy. Says Griffis, "It's important to assess how the patient may tolerate therapy. These patients have had multiple lines of therapy and may already be in a weakened state when treatment starts."

"We administer Lonsurf + bevacizumab in the third-line setting in RAS wild type (after appropriate EGFR targeted agents) disease after FOLFOX and FOLFIRI."

-Dr. Robert Zaiden, Medical Oncologist

"We follow NCCN Guidelines. For metastatic CRC patients, we usually administer FOLFOX, then FOLFIRI, then Lonsurf + bevacizumab when there is disease progression on imaging or rising tumor markers on imaging."

- Karyn Morgan, Nurse Practitioner

"Factors to consider in selecting Lonsurf:

1. patient tolerability: older or frail patients usually tolerate Lonsurf well;
2. younger patients with rapidly progressing disease"

– Sara Griffis, MSN, ARNP, FNP-C

"Bevacizumab is started in most of our patients with metastatic CRC unless they have a contraindication or unless they have a targetable mutation. I usually prescribe Lonsurf in the third line setting together with bevacizumab. If a patient has been on bevacizumab in the past, and there are no contraindications, we continue treatment."

– Dr. Shika Jain, Medical Oncologist

ELEVATING PATIENT CARE THROUGH MEDICALLY INTEGRATED PHARMACY (MIP)

ONCE a treatment regimen decision has been rendered, the multidisciplinary team kicks into gear to continue providing optimized patient care. The availability of MIP to process and dispense oral anti-cancer prescriptions in pharmacies located in oncology clinics has improved medication management, streamlining patient care, and improving patient convenience and continuity of care. "Having everything on site makes things easy for the patient," stated Megan Kranz, clinical oncology pharmacist.

THE PHARMACIST AS AN INTEGRAL TEAM MEMBER

Our multidisciplinary oncology panel agreed that the pharmacist is integral to the clinical management of patients with metastatic CRC and utilization of MIP for their oral medication needs. **Figure 1** highlights the group's collective feedback on some of the critical functions pharmacists provide to the MIP team. Oncology pharmacy technician Lazette Tutson stresses how helpful it is to both the healthcare team and to patients to have a pharmacist actually in the doctor's office to help answer patients' questions. "Having a pharmacist integrated in the care team allows for increased optimization and efficiency in the process," states Dr. Noor Naffakh, oncology clinical pharmacist.

ATTRIBUTES THAT MAKE PHARMACISTS AN INTEGRAL PART OF THE MIP TEAM:

01	Medication expertise
02	Improves medication management and safety
03	Contributes to personalized and optimized treatment plans
04	Anticipates potential problems
05	Reviews NGS results to determine/confirm treatment options
06	Double checks orders and patient characteristics (height, weight, labs)
07	Provides extra layer of communication between HCPs and patients
08	Assists with health literacy or language barriers
09	Assists with prior authorization process
10	Coordinates care to ensure cycle days of oral and IV medications are aligned

Figure 1. Pharmacists as Part of the MIP Team

"I love my pharmacy team and would be nowhere without them. They are my right hand and the nurses are my left hand. They help me do my job effectively."

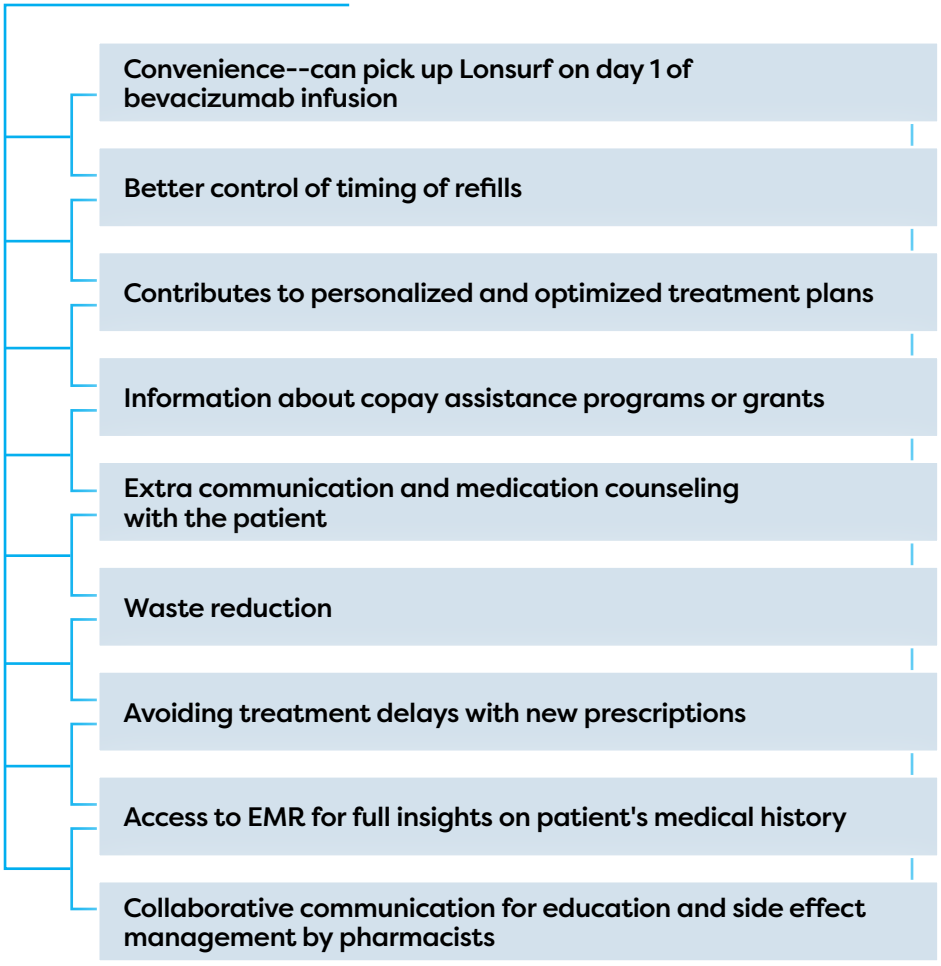
– Dr. Shika Jain, Medical Oncologist

THE PHARMACIST AS AN INTEGRAL TEAM MEMBER

Having a MIP option at the oncology clinic for prescriptions that the patient's insurance approves dispensing, offers a convenience to patients. According to oncology nurse practitioner Sarah Griffis, having a pharmacy team on site provides an additional check point for issues that patients may forget to bring up during their visit with the clinician. For example, a patient may mention his or her hypertension, triggering a concern about administering bevacizumab. "Having an extra set of eyes on potential drug adverse events and their management is helpful," says Griffis, "otherwise, it feels like no one is watching."

The multidisciplinary panel contributed to a list of benefits to patients filling their Lonsurf prescriptions using MIP. **Figure 2** highlights their collective insights.

Figure 2. Benefits in Using MIP



> "The biggest benefit of having a pharmacist on the team is having a resource to go to for side effects, dosages, frequency, quantity, and patient education. They know all about the drugs, and patients enjoy the conversations."
>
> Candace Childress, Oncology Nurse

Karyn Morgan, oncology nurse practitioner, describes a typical scenario of the seamless care MID offers. "We release the prescription to the in-house pharmacy; they prepare it; the pharmacy calls the patient or actually comes into the treatment area to counsel the patient, delivering the Lonsurf and premedications (eg, prochlorperazine and loperamide). Going the extra mile, our pharmacy will even set up home delivery if the patient is rushed."

Dr. Noor Naffakh, hematology/oncology pharmacist, gives an example of decisions she provides in real-time to increase the efficiency of patient care. "When I'm checking a Lonsurf prescription [that uses weight-based dosing], the number of tablets may not be feasible for the patient. So I will discuss dose-rounding options with the physician to improve medication adherence and keep the process moving."

LONSURF DOSING AND DOSE MODIFICATIONS

DOSING

LONSURF comes in 2 strengths: 15-mg and 20-mg tablets. The recommended dosage of Lonsurf is 35 mg/m^2 orally twice daily (BID) with food on Days 1-5 and 8-12 of a 28-day cycle (see Table 2 for dose calculation).[7] Bevacizumab is administered as an IV infusion on Days 1 and 15 of the Lonsurf cycle. A biweekly Lonsurf dosing strategy (35 mg/m^2 BID Days 1-5 and 15-19 of the 28-day cycle) has been studied to mitigate grade 3-4 neutropenia, dose delays, and dose reductions.[12] According to Drs. Zaiden and Kranz, the team at Baptist MD Anderson Cancer Center has adopted the biweekly dosing strategy in an effort to minimize use of colony stimulating factor support often required to maintain white blood cell counts with standard dosing. Oncology nurse practitioner Sarah Griffis added that it appears that patients tolerate the biweekly dosing schedule of Lonsurf well as it also helps with the side effect of diarrhea that can occur with Lonsurf.

Table 2. Lonsurf Dosing According to Body Surface Area

BSA (m^2)	Total Daily Dose (mg)	Dose (mg) Administered Twice Daily	Tablets per Dose 15mg	20mg
<1.07	70	35	1	1
1.07-1.22	80	40	0	2
1.23-1.37	90	45	3	0
1.38-1.52	100	50	2	1
1.53-1.68	110	55	1	2
1.69-1.83	120	60	0	3
1.84-1.98	130	65	3	1
1.99-2.14	140	70	2	2
2.15-2.29	150	75	1	3
≥ 2.30	160	80	0	4

PQI PROCESS

- Verify the correct dose 35 mg/m^2 (maximum 80 mg or 160 mg/day) orally twice daily on days 1-5, and days 8-12 (or 15-19 if using modified schedule), repeated every 28 days until disease progression or unacceptable toxicity.
  - Round to the nearest 5 mg increment.
  - Instruct patient to take within 1 hour of a meal. Absence of food does not affect AUC but can cause CMAX spike and adverse effects.
- It is not recommended to start at a lower dose to prevent dose limiting toxicities
- Bevacizumab 5 mg/kg on days 1 and 15 (if applicable)

DOSE MODIFICATIONS FOR ADVERSE REACTIONS

Figure 3 provides guidance for Lonsurf dosage modifications. Medical oncologist Dr. Shika Jain noted that though her team can manage most patients with supportive care, if a Lonsurf dose reduction or hold is needed, they are usually able to restart therapy in most patients. Dr. Megan Kranz (oncology clinical pharmacist) confirmed that hematologic counts/cytopenias are the main reason for delaying or dose reducing Lonsurf. Both multidisciplinary teams at Baptist MD Anderson and University of Illinois Cancer Centers follow guidance in the Lonsurf prescribing information.[7]

Sarah Griffis (oncology nurse practitioner) commented that patients generally tolerate Lonsurf dose reductions. The goal is to titrate the patient back up to full dose,

Scan or click here to access Lonsurf Dosing Guidelines for HCPs

Scan or click here to access Lonsurf dosage and personalized treatment calendar

particularly if progression is observed on imaging. In some cases, however, the drug is more tolerable at the lower dose. "We continue Lonsurf at the lower dose if we see good tolerability and clinical benefit," states Griffis. She lets patients know that a consistent lower dose regimen is better than a start-stop approach.

According to hematology/oncology pharmacist Dr. Noor Naffakh, "if holding Lonsurf is required, the team coordinates to resolve side effects first." Supportive care with anti-diarrheal medications, colony-stimulating factor, platelet transfusions are examples of measures that may be taken to get the patient past the side effect. "We always talk to the patient to determine their goals and aim to optimize their condition so they can continue," states Naffakh.

Figure 3. Guidance for Lonsurf Dosage Modifications

Do not initiate the cycle of Lonsurf until:

- Absolute neutrophil count (ANC) ≥1,500/mm^3 or febrile neutropenia is resolved
- Platelets ≥75,000/mm^3
- Grade 3-4 non-hematological adverse reactions are resolved to Grade 0/1

Within a treatment cycle, withhold Lonsurf for any of the following:

- ANC <500/mm^3 or febrile neutropenia
- Platelets <50,000/mm^3
- Grade 3-4 non-hematologic adverse reaction

After recovery, resume Lonsurf after reducing the dose by 5 mg/m^2/dose from the previous dose, if the following occur:

- Febrile neutropenia
- Uncomplicated Grade 4 neutropenia (which has recovered to ≥1,500/mm^3) or thrombocytopenia (which has recovered to ≥75,000/mm^3) that results in more than 1 week delay in start of next cycle
- Non-hematologic Grade 3-4 adverse reaction except for Grade 3 nausea and/or vomiting controlled by antiemetic therapy or Grade 3 diarrhea responsive to antidiarrheal medication

A maximum of 3 dose reductions are permitted.

Permanently discontinue Lonsurf in patients who are unable to tolerate a dose of 20 mg/m^2 orally twice daily.

Do not escalate Lonsurf dosage after it has been reduced.

COORDINATION OF CARE AND MONITORING PATIENTS

WITH dual route of administration, care for patients with metastatic CRC receiving Lonsurf and bevacizumab requires a coordinated approach. Electronic medical record (EMR) software, such as Epic, has helped shape and standardize treatment plans, monitoring, and refills. Laboratory tests and urinalysis orders are built into orders for Lonsurf + bevacizumab to facilitate treatment monitoring. Holds are also built into the system for abnormal laboratory parameters.

Medical oncologist Dr. Shika Jain described a typical care plan for her

PQI PROCESS

- Obtain complete blood counts prior to Day 1 and on Day 15 of each cycle
  - Ensure platelets are ≥75,000/mm^3 and ANC > 1500/mm^3 prior to starting each cycle
- Check liver function; do not initiate therapy in patients with moderate to severe hepatic impairment (Bilirubin >1.5 ULN and any AST elevation)
- Check renal function
  - CrCl 15-29: Reduce Lonsurf dose to 20 mg/m^2 orally BID
  - Consider reduction to 15 mg/m^2 PO BID if further reduction is needed

"Follow-up is built into our Epic EMR care plans. This includes lab work, blood pressure check, nurse visit, and pharmacy contact with the patient."

Karyn Morgan,
Oncology Nurse Practitioner

patients with metastatic CRC who are receiving Lonsurf + bevacizumab at University of Illinois Cancer Center. The team aims for bevacizumab and Lonsurf to commence on the same day, even if the patient is utilizing an outside pharmacy to fill the Lonsurf prescription. "We see patients on the first day of every cycle; the pharmacist coordinates having both drugs on site, and the oncology nurse contacts patients approximately 1 week into the first treatment cycle to confirm they are tolerating the regimen." Dr. Noor Naffakh outlined her role as the hematology/oncology pharmacist in helping to execute treatment plans once they are validated and put into production to initiate treatment. "The pharmacist reviews the treatment plan that the provider enters before the patient initiates therapy. Our comprehensive review includes a verification check for appropriateness of treatment, drug interactions, dosing, and pill burden/amount of tablets." Dr. Naffakh added that the internal specialty pharmacy completes an added level of internal checks when filling prescriptions for oral anticancer agents.

"Epic provides an automated message that informs the team when a patient's counts are low."

Karyn Morgan, Oncology Nurse Practitioner

PQI PROCESS

TIMING OF PRESENTATION OF ADVERSE EVENTS:

- **Cycles 1-3 are the cycles with the highest incidence of adverse events.**
- **Neutropenia-Dose holidays are preferred for neutropenia.**
- **Retrospective data shows neutropenia at the 1-month mark showed trend towards overall survival benefit.**

Oncology clinical pharmacist Dr. Megan Kranz pointed out that coordinating care for patients in whom Lonsurf has been dose reduced or delayed can be quite challenging. It is not uncommon for the team at Baptist MD Anderson Cancer Center to alternate or delay bevacizumab treatment to get the regimen back on track.

CONSIDERATIONS IN BEVACIZUMAB PREPARATION

In preparing and administering bevacizumab to patients with metastatic CRC, the team must be prepared for an infusion reaction; fortunately, our discussions revealed that it is an uncommon experience. Oncology clinical pharmacist Megan Kranz and oncology pharmacy technician Lazette Tutson shared some practical recommendations for bevacizumab: (1) round the drug to the nearest vial size to avoid waste and ease preparation; (2) try to coordinate cycle initiation on Mondays to help patients remember the Lonsurf dosing schedule.

"Our technicians call and ask patients how many Lonsurf tablets they have remaining to determine if there is an adherence problem which gets escalated to the pharmacist and potentially the clinical care team."

Noor Naffakh, Hematology/Oncology Pharmacist

"We have found that initiating the combination IV infusion and oral regimen on a Monday makes things easy for patients to remember the 5-day Lonsurf sequence."

Dr. Megan Kranz, Clinical Oncology Pharmacist

COUNSELING PATIENTS ON POTENTIAL ADVERSE EVENTS

THE team members discussed the most common and troublesome side effects that may occur with Lonsurf and bevacizumab. These include myelosuppression/cytopenia, fatigue (a surrogate of anemia), bleeding or bruising easily, nausea, diarrhea, abnormal liver function blood tests, abdominal pain, and loss of appetite. Potential side effects that some patients experience with bevacizumab include delayed wound healing, hypertension and proteinuria, particularly with long-term treatment; these can lead to dose delays, reductions, or additional work up. Treatment plans include orders to monitor for protein in the urine every month. The team agreed that anti-angiogenic side effects (eg, bleeding risk, blood clots, gastrointestinal perforation) are not commonly seen with bevacizumab.

Figure 4 summarizes various tips the teams shared on standards of care for

Figure 4. Tips for Managing Side Effects and Counseling Patients on Lonsurf + Bevacizumab

Hypertension:	**Follow guidelines to determine optimal medication based on co-existing conditions. Potential options for patients already taking antihypertensive agent(s) include dose increase, addition of ACE inhibitor or diuretic.**
Nausea:	**Consider a combination of ondansetron and prochlorperazine. Olanzapine is warranted in some situations as are steroids.**
Supportive Care:	**Colony-stimulating factor support may be required to maintain the dosing schedule.**
Abdominal Pain:	**Instruct patients to inform the team if experienced (could be a sign of GI perforation).**
Tolerability:	**Let patients know that the regimen is fairly well tolerated. Describe the most common side effects experienced in the registrational trials.**
Monitoring:	**Explain to patients what monitoring will entail (eg, lab tests) and the reason.**
Precautions:	**Advise practical tips to avoid neutropenic fever, ie, avoid being around sick people.**
Surgery or Procedures:	**Advise patients about the potential for impaired wound healing with bevacizumab and to let the healthcare team know if any planned procedures.**

Counseling Patients on Potential Adverse Events - continued

managing side effects and counseling patients who are receiving Lonsurf and bevacizumab. Oncology nurse Candice Childress described the team approach to counseling patients at Baptist MD Anderson Cancer Center. "After our physicians and nurse practitioners discuss a new regimen with a patient, our pharmacists provide in-depth teaching, including side effects, what to expect with treatment, the schedule, and who to call for symptoms. Patients are instructed to call our nurses for problems, and we educate on the phone," remarks Childress. Dr. Shika Jain described a similar approach at University of Illinois Cancer Center: "I give an overview of side effects and basic education. Our oncology fellows supplement that information, and the pharmacy team comes in and provides detailed information and answers any follow-up questions patients have."

EDUCATIONAL TOOLS ENHANCE PATIENTS' UNDERSTANDING OF LONSURF + BEVACIZUMAB

SEVERAL educational tools are helpful and available for patients with metastatic CRC who are taking Lonsurf + bevacizumab. Pharmacists at both Baptist MD Anderson and University of Illinois Cancer Centers utilize a calendar to educate patients to visually help patients understand when they will be receiving their medications. Other resources and actions that patients and the team have found helpful include Lonsurf Patient Treatment Kits, printed materials on the medications, a list of healthcare team members to contact for anything once at home, placing the oral medication in pillboxes, and resources available in the online Taiho Medical Information library.

Dr. Noor Naffakh emphasizes the benefit of having an initial in-person interaction between a pharmacist and a patient. "This helps the patient feel more connected, so that he or she feels comfortable expressing any concerns or issues, enabling a more successful treatment." The team agreed that it is critically important for a patient to be thoroughly informed and comfortably prepared for their treatment for metastatic CRC. Using all methods needed to help a patient understand both IV and oral components of their regimen as well as ensuring access to each is of paramount importance.

SUMMARY

The team commended NCODA for providing immediately accessible drug information via the PQI documents. Several team members vocalized their appreciation to NCODA for developing concise and useful information (eg, clinical trial data, dosing modifications, and monitoring parameters) on Lonsurf + bevacizumab that is easy to navigate.

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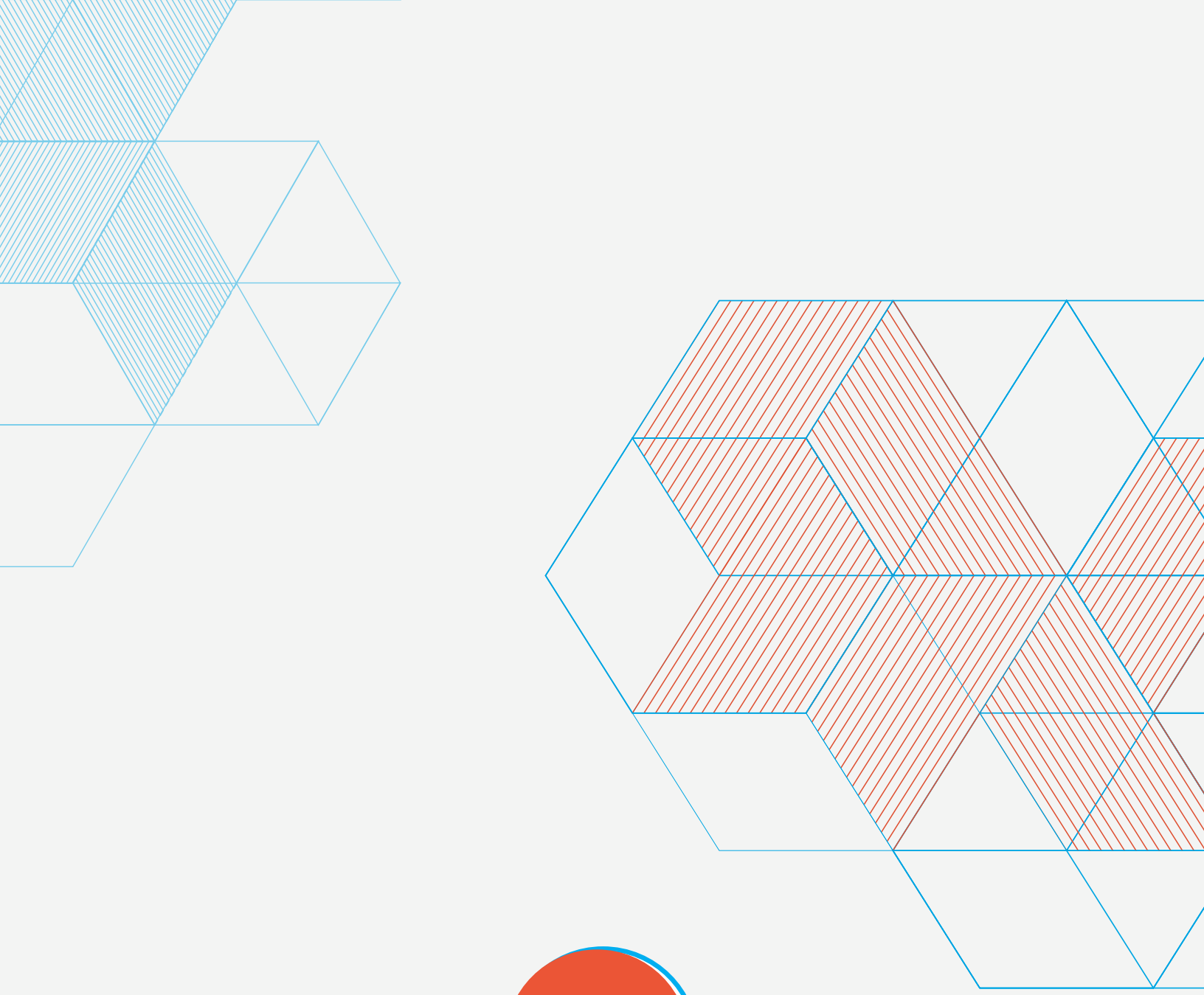

Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgment.