Managing Toxicities Associated With Antiangiogenic Biologic Agents in Combination With Chemotherapy for Metastatic Colorectal Cancer

Nina N. Grenon, DNP, ANP-BC, GNP-BC, AOCN®

Toxicities commonly associated with antiangiogenic agents include hypertension, proteinuria, wound-healing complications, bleeding or hemorrhage, thromboembolic events, hypersensitivity reactions, and gastrointestinal perforation; however, toxicities most often attributed to chemotherapy include nausea, vomiting, diarrhea, constipation, fatigue, neuropathy, mucositis, hand-foot syndrome, hypersensitivity reactions, and myelosuppression. Patients with metastatic colorectal cancer (mCRC) who receive an antiangiogenic agent in combination with chemotherapy may experience toxicities related to both chemotherapy and the antiangiogenic agent. If possible, evidence-based interventions should be used for the management of toxicities. Patient education about expected toxicities and optimal toxicity management can promote the optimal use of therapy to improve survival and quality of life. Oncology nurses are well positioned to educate patients and their families on anticipated treatment and management of side effects. This article summarizes the incidence of toxicities associated with the antiangiogenic biologic agents aflibercept and bevacizumab, in combination with chemotherapy for patients with mCRC, and provides strategies for managing these toxicities based on clinical practice guidelines.

Nina N. Grenon, DNP, ANP-BC, GNP-BC, AOCN®, is a nurse practitioner at the Dana-Farber Cancer Institute in Boston, MA. The author takes full responsibility for the content of the article and acknowledges Susan DePetris, PhD, of Phase Five Communications Inc., supported by Sanofi US LLC, in collaboration with Regeneron Pharmaceuticals, for medical writing support. 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. Mentions of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society. Grenon can be reached at nina_grenon@dfci.harvard.edu, with copy to editor at CJONEditor@ons.org. (Submitted October 2012. Accepted for publication December 15, 2012.)

© Oncology Nursing Society. Unauthorized reproduction, in part or in whole, is strictly prohibited. For permission to photocopy, post online, reprint, adapt, or otherwise reuse any or all content from this article, e-mail pubpermissions@ons.org. To purchase high-quality reprints, e-mail reprints@ons.org.

Clinical Journal of Oncology Nursing • Volume 17, Number 4 • Managing Toxicities in Metastatic Colorectal Cancer

425