

## CONTENTS

# Web Exclusive: Gaining Ground In Treating Metastatic Colorectal Cancer

BY KATHY LATOUR

Scott Kopetz, MD, says it feels good to finally have positive news for metastatic colorectal cancer patients. Kopetz, an assistant professor in the department of gastrointestinal medical oncology at M.D. Anderson Cancer Center in Houston, also notes that advances have even created a subgroup of metastatic patients referred to as stage 4 NED (no evidence of disease).

“For years we would hear about all the successes in breast cancer, and we were looking at an average survival of one year for metastatic colorectal patients,” Kopetz says.

In 2008, more than 148,800 people were diagnosed with colorectal cancer, the fourth most common cancer in the U.S., and nearly 50,000 died from the disease.

Kopetz says advances in chemotherapy and biological agents combined with surgical advances, have resulted in five-year survival rates of more than 30 percent in patients diagnosed with metastatic colorectal cancer after 2004. The study showing the improvement in five-year survival rates, which was reported in the *Journal of Clinical Oncology* in May 2009, was also the first study in the past 20 years to look at survival rates in metastatic colorectal cancer.

“Specifically, we have gone from one available chemotherapy agent to seven, with more expected in the next several years,” says Kopetz. “And we have seen surgery for resection of metastatic disease being offered to up to 25 percent of patients.”

The liver, the most common site for colorectal metastases, is one of the few organs in which tumors can be surgically removed and the remaining healthy tissue will grow back to normal size, Kopetz says. The longer-term side effects of surgery are fatigue, but patients can return to full functioning, he adds.

Kopetz says that of the 25 percent who are eligible for resection of their metastatic disease, more than half are alive at five years. “Some still have cancer for which they are being treated. Some are alive with cancer and some are alive without cancer.”

There have also been improvements in therapies that target rapidly dividing cells, as well as combination therapies—all of which began being used extensively around 2004.

The next advance he anticipates will be an identification of colorectal subtypes

much like those identified in breast cancer. This research, he says, will hopefully provide impetus for research into drugs for those who do not respond to current treatments.