

NCCN Colon/Rectal Cancer Guidelines V.2.2012 – Follow-up – October 26, 2011

Guideline Page and Request	Panel Discussion	References	Vote		
			Yes	No	Abstain
COL-C 1 of 7, REC-E 1 of 7 Internal request: Should panitumumab + irinotecan be listed as an alternate treatment option to cetuximab + irinotecan for advanced or metastatic disease?	The panel consensus was that the data are sufficient to list panitumumab + irinotecan as an alternate treatment option to cetuximab + irinotecan for advanced or metastatic disease. Therefore, the recommendation changed to the following: “(cetuximab or panitumumab) (KRAS WT gene only) + irinotecan, patients not able to tolerate combination, consider single agent cetuximab or panitumumab (KRAS WT gene only)”	<p>Amado RG, Wolf M, Peeters M, et al. Wild-type KRAS is required for panitumumab efficacy in patients with metastatic colorectal cancer. <i>J Clin Oncol</i> 2008;26:1626-1634. Available at: http://www.ncbi.nlm.nih.gov/pubmed/18316791</p> <p>Karapetis CS, Khambata-Ford S, Jonker DJ, et al. K-ras mutations and benefit from cetuximab in advanced colorectal cancer. <i>N Engl J Med</i> 2008;359:1757-1765. Available at: http://www.ncbi.nlm.nih.gov/pubmed/18946061</p> <p>Mitchell EP, Piperdi B, Lacouture ME, et al. The efficacy and safety of panitumumab administered concomitantly with FOLFIRI or irinotecan in second-line therapy for metastatic colorectal cancer: the secondary analysis from STEPP (Skin Toxicity Evaluation Protocol with Panitumumab) by KRAS status. <i>Clinical Colorectal Cancer</i> 2011. Article in press. http://www.ncbi.nlm.nih.gov/pubmed/22000810</p>	16	0	3