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# Recognizing Patient Subtypes in Late-line Colorectal Cancer for Selection of Targeted Therapy

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WHEN TREATING METASTATIC COLORECTAL CANCER (mCRC), it is important to consider the uniqueness of each patient and of selecting targeted therapies that are most appropriate for specific patient populations. Although a class of medications, such as anti-epidermal growth factor receptor (anti-EGFR) antibodies and anti-vascular endothelial growth factor (anti-VEGF) antibodies, may be considered a group of agents by some clinicians and managed care professionals, the differences among the included agents must not be overlooked, as responses can vary among patient populations. Recognizing these differences can help clinicians understand the nuances of treatments within these classes and help managed care professionals carefully consider these agents when making formulary decisions that may affect the available choices for therapy in many patients with metastatic cancer.

## Left Versus Right Tumors and Clinical Outcomes

Clinical outcomes depending on the origin of the primary tumor have been analyzed in retrospective studies. For instance, in a study of cetuximab in combination with chemotherapy, rates of overall survival (OS) and progression-free survival (PFS) in patients whose mCRC originated from the right side of the colon were 55% lower than in those whose tumors originated from the left side. Those whose cancer originated in the left side of the colon also had longer survival. Both patient populations had wild-type *KRAS* mCRC with an origin of either left- or right-sided colon. Median survival lengths were 33.3 months and 19.4 months in patients with mCRC that originated from the left side and right side, respectively.<sup>1</sup> Therefore, combination of cetuximab and chemotherapy had more benefit in patients with left-sided colon cancer.<sup>2</sup>

It is important to note the limitations of these findings, however. For example, the mechanism by which right- and left-sided colon cancers responded to the therapy are not fully understood and some studies showed a greater prevalence of a *KRAS* mutation in cancers originating in the right side of the colon.<sup>2</sup> Also, the poorer prognosis in patients with right-sided tumors may be explained by the reduced diagnostic delay compared with left-sided tumors, as left-sided tumors may produce symptoms, such as bleeding, earlier than the right-sided tumors.<sup>1</sup> Although more research is required, these results show important differences among populations of patients with colorectal cancer, which may have relevance for treatment selection.