

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/conversations-colorectal-cancer/what-is-the-role-of-kras-testing-in-therapeutic-decision-making-for-mcrc/10274/>

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What Is the Role of KRAS Testing in Therapeutic Decision Making for mCRC?

Announcer:

This is ReachMD, and you are listening to *Conversations on Colorectal Cancer*, sponsored by Lilly. On this episode, titled “What is the Role of KRAS Testing in Therapeutic Decision Making for mCRC?” we will hear from Dr. Richard Kim from Moffitt Cancer Center.

Dr. Kim:

KRAS testing in colon cancer is important for many reasons. KRAS is a predictive marker in patients who will benefit from anti-EGFR drugs, such as cetuximab or panitumumab. In the past, if you look at the incidence of the KRAS mutations, we typically looked at KRAS exon 2 or codon 12 and 13, which accounts for about 40% of the patients and patients with KRAS mutations that did not benefit from anti-EGFR drugs. However, now there is data that we have to look at beyond the KRAS exon 2. Look at NRAS and HRAS. And that accounts for an additional 15 to 20% of the patients. It's very important to look at those mutations as well because we know that patients with a RAS mutation other than a KRAS codon 12 and 13 also do not benefit from the anti-EGFR drugs. Furthermore, it can actually be detrimental to patients. Therefore, any patients diagnosed with stage IV colorectal cancer, it is recommended by the NCCN and ASCO guidelines that we test for the KRAS up front to determine which patient will possibly benefit from anti-EGFR drugs.

Announcer:

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