

Oncology Nursing Care Considerations for Metastatic Colorectal Cancer (mCRC): Diagnosis and Treatment: Video

FACILITATOR INSTRUCTION SHEET

Overview

This facilitator instruction sheet is meant to provide an example of how you may work through the content when presenting this video to an audience. It involves discussion of the materials after the group has watched the video.

Below, please find a proposed agenda, materials, and more specific guidelines for each piece of the agenda. There are also alternatives listed for materials and activities, as appropriate. These are not finite, but rather are suggestions for how you might be able to adapt the presentation and activities for your group and environment.

Schedule

Proposed Agenda

Length of session: 1 hour, 15 minutes

- **Pre-session:** Ensure that all participants can see a shared screen.
- **Instructions and setup: 5 minutes**
- **Watch video: 45 minutes**
- **Group discussion: 20 minutes**
- **Next steps: 5 minutes**

Materials

- Audio/video equipment for participants to see and hear the video
- Access to the interactive video

Presentation and Activities

Instructions: 5 minutes; video: 45 minutes

Depending on the size of the group and the setup of the room, you may decide to conduct the video review in a number of different ways. You'll need to adapt your plan and take a few minutes at the beginning to

level-set with your learners. A couple of different ways you might consider including the questions as a group are as follows:

Option 1: As participants watch the video, pause at the points indicated and ask the group the discussion questions below. Encourage the group to shout out their answers (or raise their hands to vote) when you get to a question. Don't discuss, go with the majority, and see what happens as the video progresses. Don't try to influence what the participants are choosing.

Option 2: Divide participants into teams before starting the video. Have the teams decide on their vote for answers to the questions. You might give all teams 2 minutes at each question to discuss and come up with their answer. Then, a representative from each team states their answer. At this point, you could navigate the video based on a majority vote, or you might allow the teams to engage in debate if they have different answers. This method will take longer, but you could limit it by allowing only one representative from each team to debate and giving each representative just 2 minutes to state their case.

Group discussion: 20 minutes

After the video has ended, have the group discuss each question and confirm the correct answer. If the group is large, you might have subgroups and appoint a leader of each to guide the discussion. Be sure to provide leaders with the answer key if this is the model you are going to use.

Summary: 5 minutes

Summarize any outstanding questions from the group, and take a few minutes to think about your next steps.

- Make a list of unanswered questions, such as those related to variances in the scenario and regarding how something is handled in your institution.
- Determine who will find the answer to each of the questions.
- Determine how you will inform the group of the answers you find (e.g., follow-up meeting, email).
- Make an agreement to hold each other accountable (this may be a group decision, or you may want to have people pair up).
- Have the group/pair determine what it means to hold each other accountable. This may include the following:
 - Reaching out when you encounter a situation like the one presented in the case study so you can discuss.
 - Agreeing to coach (and be open to coaching) if someone is seen not implementing what was learned.
- Reinforce how learners can earn nursing continuing professional development credit.

Optional Discussion Questions

Questions to think about prior to watching the video include the following:

1. Can you name common risk factors for the development of colorectal cancer?
2. Your patient asks you about why it is important to get complete biomarker testing before starting treatment. Can you explain why this important?
3. Can you describe the differences between common treatment options for metastatic colorectal cancer?

Pause the recording after Jean Boucher finishes her presentation, just before the presentation by Kris Mathey, and discuss the following questions. The correct answer is highlighted for each.

1. Which of the following individuals is at a lower risk of colorectal cancer?
 - a. 70-year-old White male, obese, smoker of 35 pack years
 - b. 65-year-old African American male, obese, high blood pressure, with Crohn disease
 - c. 65-year-old White female, no comorbidities but eats fast food hamburgers at least twice per week
 - d. 70-year-old White female, physically fit, family history of breast cancer
2. True or false: It is important to recognize the difference between right side versus left side colon cancer because this may affect treatment and prognosis. **True**
3. Most colorectal cancers are related to the following etiology:
 - a. Germline variant
 - b. Familial inheritance
 - c. **Sporadic variant**
4. Which patient would be recommended to obtain biomarker testing/ genomic profiling of the tumor prior to initiating treatment?
 - a. 55-year-old woman with right side colon cancer
 - b. 39-year-old man with left side cancer and a family history of colon cancer
 - c. 85-year-old man with metastatic colorectal cancer to the liver and lung
 - d. **All of the above**

After the completion of the presentation by Kris Mathey, discuss the following questions:

1. What would be the best treatment option for colorectal cancer with a limited area of metastatic disease?
 - a. Radiation therapy alone
 - b. Surgery alone
 - c. IV chemotherapy alone
 - d. **Surgery of the primary disease with chemotherapy**
2. Name the chemotherapy agent that is commonly used as a first-line therapy for colorectal cancer.
 - a. **5-fluorouracil**
 - b. Cisplatin
 - c. Etoposide
 - d. Paclitaxel
3. Which of the following drugs used in the treatment of metastatic colorectal cancer has a risk for immune-related adverse events?
 - a. 5-fluorouracil

- b. Encorafenib
 - c. Pembrolizumab
 - d. Bevacizumab
4. An individual being treated with encorafenib plus cetuximab would have which of the following characteristics?
- a. *BRCA* variant
 - b. *BRAF* V600E variant
 - c. *KRAS* variant
 - d. None of the above

Questions to think about after watching the video include the following. Did you improve your knowledge?

- 1. Can you name common risk factors for the development of colorectal cancer?
- 2. Your patient asks you about why it is important to get complete biomarker testing before starting treatment. Can you explain why this important?
- 3. Can you describe the differences between common treatment options for metastatic colorectal cancer?