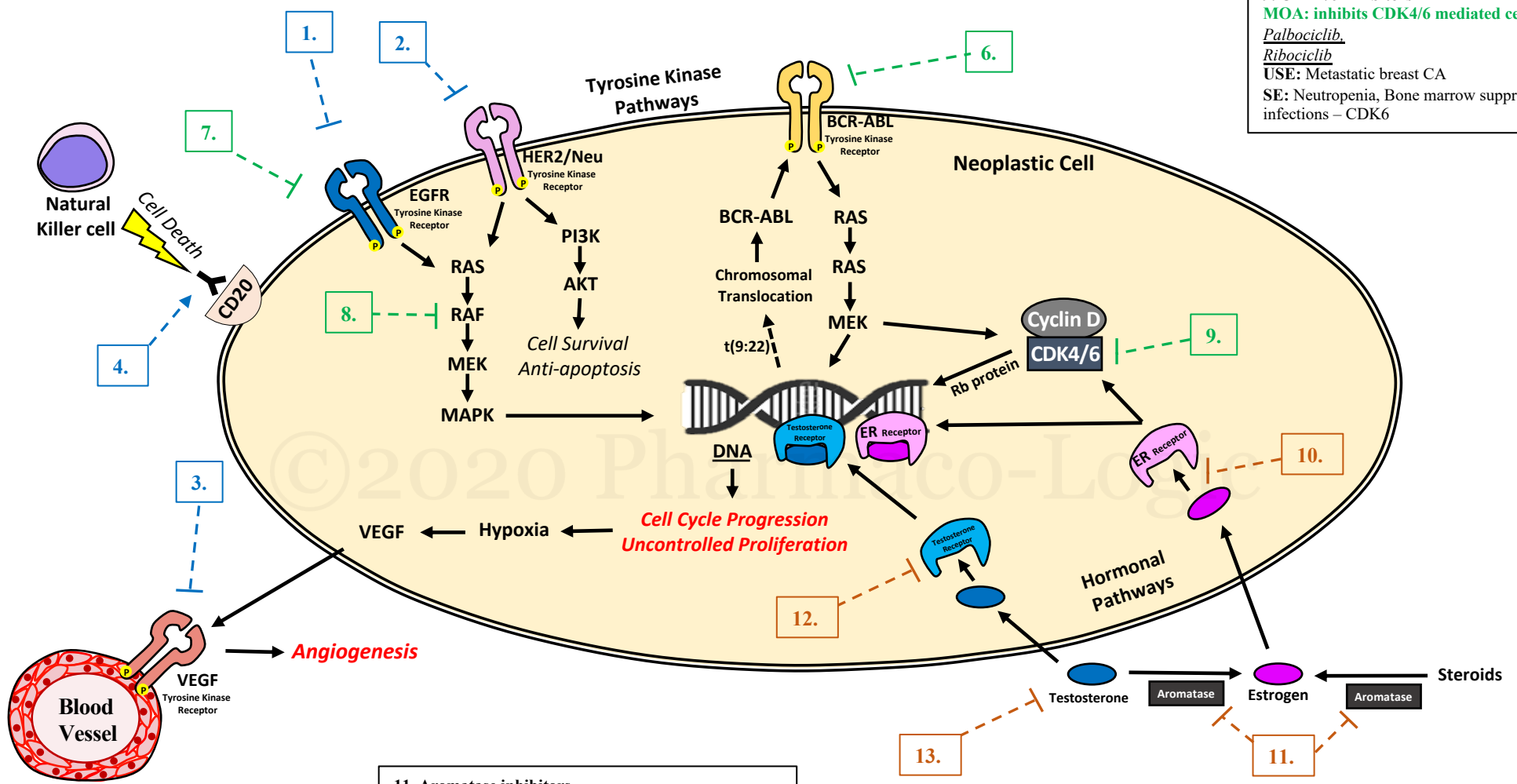


| | | | |
|---|--|---|--|
| <p>1. Cetuximab MOA: Monoclonal antibody directed against EGFR USE: Colon CA, Squamous Cell carcinoma Resistance: Constitutively active down stream kinases SE: Hypersensitivity, Acneiform rash, Diarrhea</p> | <p>3. Bevacizumab MOA: Monoclonal antibody directed against VEGF → prevents angiogenesis USE: Metastatic colon CA, Lung CA, Metastatic Breast CA Resistance: Alternative angiogenic pathways SE: Hypersensitivity, Fatigue, diarrhea, GI bleeding</p> | <p>5. Gemtuzumab ozogamicin MOA: Antibody conjugated to Calicheamicin → targets CD33 → binds to DNA and causes DNA Breaks USE: AML – CD33+ SE: Myelosuppression, Hepatotoxicity, Hypersensitivity</p> | <p>7. Tyrosine Kinase inhibitors - EGFR MOA: Inhibits EGFR receptor autophosphorylation <i>Erlotinib, Gefitinib</i> USE: NSC Lung CA, Pancreatic CA SE: Rash, Nausea, vomiting</p> |
| <p>2. Trastuzumab, Pertuzumab MOA: Monoclonal antibody directed against HER-2 USE: HER-2 positive Breast CA, Gastric CA SE: Hypersensitivity, Diarrhea, Cardiotoxicity (w/ anthracyclines) - HER2 decreases oxidative stress</p> | <p>4. Rituximab MOA: Monoclonal antibody directed against CD20 antigen on B-cells → activation of NK cells, apoptosis USE: Non-Hodgkin's lymphoma, CLL (CHOP-R), RA SE: Hypersensitivity, serum sickness</p> | <p>6. Tyrosine Kinase inhibitors – BCR-ABL MOA: Inhibits BCR-ABL tyrosine kinase <i>Imatinib, Ponatinib</i> USE: Philadelphia (+) CML, ALL, GI tumors Resistance: BCR-ABL amplification/mutation SE: Myelosuppression, GI distress, fluid retention</p> | <p>8. BRAF inhibitors MOA: inhibits BRAF mediated cell proliferation <i>Vemurafenib, Dabrafenib</i> USE: Melanoma, NSC Lung CA SE: Skin cancer</p> |
| <p>9. CDK4/6 inhibitors MOA: inhibits CDK4/6 mediated cell cycle progression <i>Palbociclib, Ribociclib</i> USE: Metastatic breast CA SE: Neutropenia, Bone marrow suppression, Leukopenia, infections – CDK6</p> | | | |



| | | | |
|---|---|--|---|
| <p>10. Selective Estrogen Receptor Modulators MOA: Binds to and inhibits Estrogen Receptor → decreases ER mediated proliferation <i>Tamoxifen</i> Antagonist-breast, Agonist-bone/endometrium <i>Raloxifene</i> USE: ER(+) breast cancer SE: Hot flashes, ↑ risk of DVT and endometrial CA</p> | <p>11. Aromatase inhibitors MOA: Prevents the conversion of testosterone to estrogen → decreased ER receptor activation <i>Anastrozole</i> <i>Letrozole</i> USE: Postmenopausal ER(+) breast cancer (SERM resistant) SE: Osteoporosis, ↑ risk of DVT</p> | <p>12. Anti-androgens MOA: Androgen receptor antagonist <i>Flutamide</i> <i>Bicalutamide</i> USE: Prostate CA – prevent androgen surge from Goserelin TX SE: Hot flashes, Gynecomastia, ↑ risk of Breast CA</p> | <p>13. Hormonal Feedback Regulators MOA: Synthetic analog of GnRH → activates negative feedback loop → decreased estrogen/testosterone production <i>Leuprolide</i> <i>Goserelin</i> USE: Breast CA, Prostate CA, Uterine fibroids, endometriosis SE: Hot flashes, Impotence, osteoporosis</p> |
|---|---|--|---|