



Caring for a Patient with Colorectal Cancer

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Objectives


- Describe common signs and symptoms of colorectal cancer
- Understand risk factors, screening and early detection
- Review colorectal cancer staging and principles of treatment
- Discuss survivorship guidelines and healthy, dietary and lifestyle interventions



Poll question


True or false


Nobody in my family has a history of colorectal cancer, so I am not at risk.



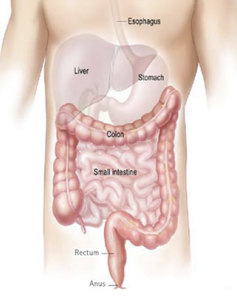
Agenda

- Overview of Colorectal Cancer
- Risk Factors
- Screening Guidelines
- Signs and Symptoms
- Diagnostic Testing
- Stages of Colorectal Cancer
- Treatment
- Survivorship






Colorectal Cancer




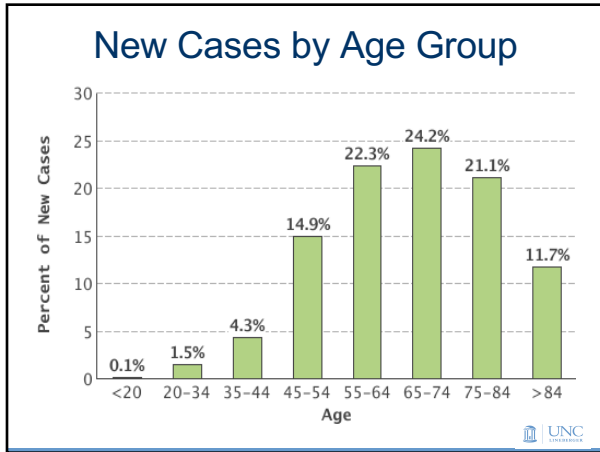
- Refers to a malignant condition of the **colon or rectum**. They are often grouped together because they have similar features, but termed differently based on origin site.



Statistics for Colorectal Cancer

- Third most common cancer diagnosed in men and women in the United States
- Second leading cause of cancer-related deaths
- Lifetime risk is 1 in 22 for men, 1 in 24 for women
- 71% of cases start in the colon, 29% start in the rectum
- Survival rates for colorectal cancer have been increasing due to increased awareness and screening





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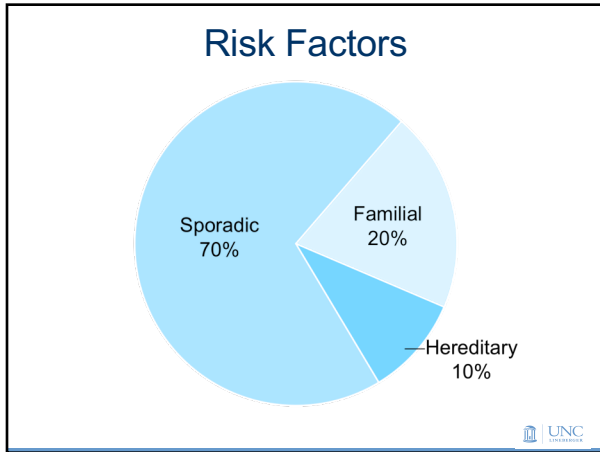
UNC

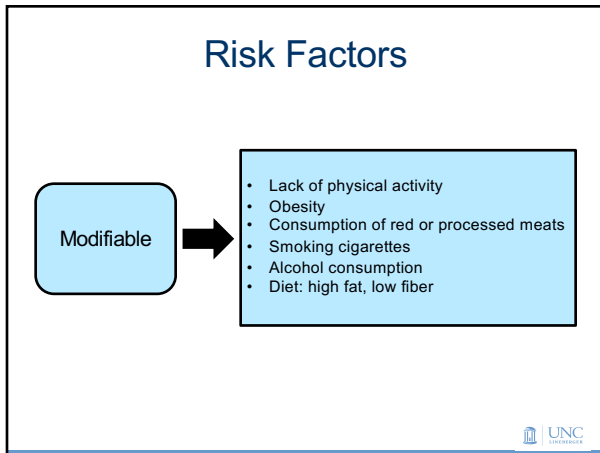
Risk Factors

Non-Modifiable

- 50 years or older
- First degree relative
- Personal history
- Genetic syndrome ie: Lynch syndrome, familial adenomatous polyposis (FAP)
- Personal history of high risk adenomas/polyps
- Inflammatory bowel disease (Ulcerative Colitis, Crohn's Disease)

UNC





Poll question



True or false

1 in 3 cancer deaths from colon cancer could be prevented with early detection.

UNC


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Screening

- Many times colorectal cancer does not cause symptoms until it is advanced
- Early detection and diagnosis greatly affect survival
- Only half of the US population participate in screening
- With regular screening, colorectal cancer can be found early, when treatment is most effective



Screening

- Physical exam and health history
- Adults, beginning age **45**
 - Fecal occult blood or fecal immunochemical test every year
 - Flexible sigmoidoscopy every 5-10 years
 - Colonoscopy every 5-10 years
 - Stool DNA tests, as recommended by your provider
- Screening may begin earlier based on personal or family history



Screening cont.

Stool based tests:

- FOBT (fecal occult blood test)
 - Detects hidden blood in stool
 - Foods or drugs may affect test results
 - Recommended every year
 - If positive, colonoscopy is warranted
- FIT (immunochemical fecal occult blood)
 - Tests for hidden blood in stool
 - No drug or dietary restrictions
 - Recommended every year
 - If positive, colonoscopy is warranted



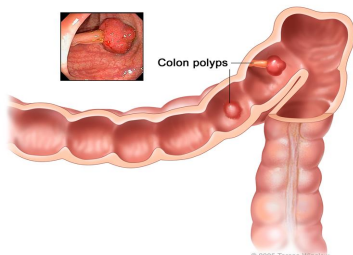
Screening cont.

- Cologuard
 - Stool DNA test for cancer and precancer detection (11 biomarkers)
 - FDA approved and covered by Medicare
 - Only test currently available that tests for both DNA changes and blood in the stool
 - Recommended every 3 years
 - If positive, colonoscopy is warranted



Importance of Screening

Finding and removing polyps can prevent colon cancer or detect a cancer in an earlier stage





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Poll question

True or false

Colon cancer often starts with no symptoms.




Signs and Symptoms




A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days

A feeling that you need to have a bowel movement that is **not relieved by doing so**




Cramping or abdominal (belly) pain


Rectal bleeding




Dark stools, or blood in the stool (often, though, the stool will look normal)



Weakness and fatigue





Unintended weight loss




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Diagnostic Testing

- Colonoscopy
- Biopsy
 - Of any suspicious lesions
- Bloodwork
 - Complete blood count
 - Comprehensive metabolic panel
 - CEA
- Computed Tomography (CT) scan
 - Evaluate extent of disease



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Cancer Staging

Primary Tumor (T)

- Size and/or extent of the primary cancer/mass

Regional Lymph Nodes (N)

- Spread to nearby lymph nodes

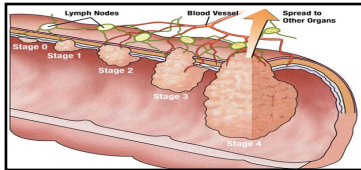
Distant Metastasis (M)

- Spread of cancer to other parts of the body

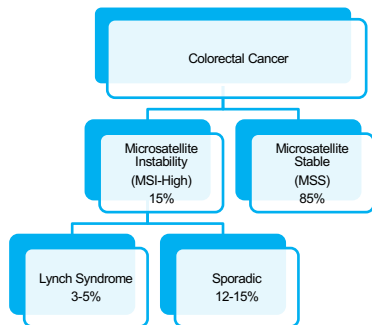


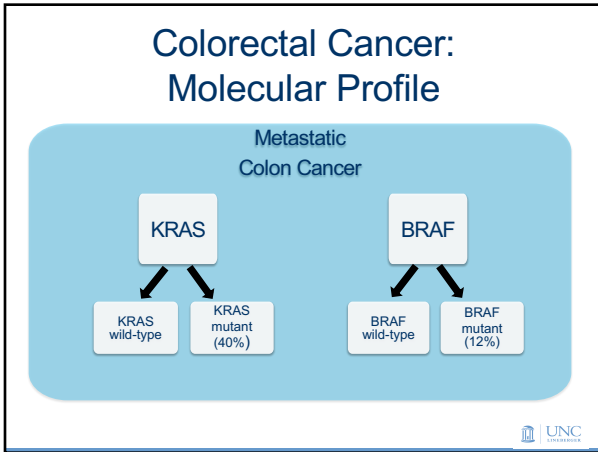
Colorectal Cancer Staging

Stage	Tumor	Node	Metastasis
I	1-2	0	0
II	3-4	0	0
III	1-4	1	0
IV	1-4	1	1

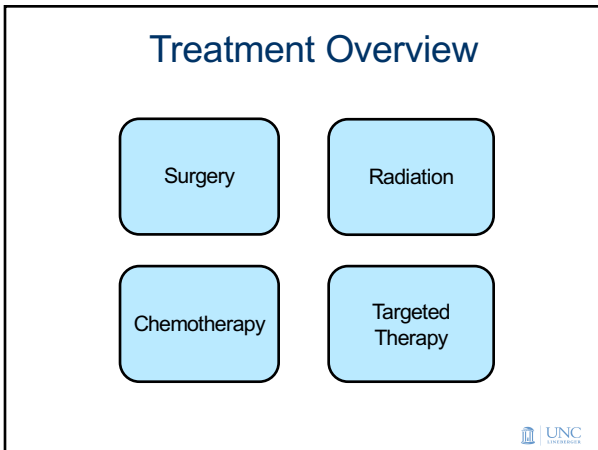


Colorectal Cancer: Molecular Profile





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 - **Treatment**
 - Survivorship
-
- UNC



Treatment by Stage

Cancer Stage	Treatment	5 year survival rate
Stage I	Surgery	92%
Stage II	Surgery	63-87%
Stage III	Surgery + Chemotherapy	53-89%
Stage IV	Chemotherapy + Targeted Therapy +/- Surgery	11%



Case Scenario: 1

- 61 year old male
- Had screening colonoscopy every 5 years
 - **Had regular follow up** with primary care provider
 - Most recent screening colonoscopy and was found to have a colon mass



Case Scenario: 1 cont.

Diagnostic work up:
Biopsy of colon mass confirmed adenocarcinoma. CT scan showed no evidence of metastatic disease.

Treatment:
He had a surgery to remove his cancer and was diagnosed with a T3, N0, M0 or Stage II colon cancer. No chemotherapy was recommended.



Case Scenario: 2

64 year old female

- Smoker
- **Did not have regular visits** with a primary care provider
- Last colonoscopy was ~15 years ago in which she had polyps removed

She went to the ER with abdominal pain, nausea/vomiting and constipation x 1.5 weeks.



Case Scenario: 2 cont.

Diagnostic work up:

CT scan showed a large bowel obstruction without spread of distant metastases. Flexible sigmoidoscopy showed a malignant mass in the sigmoid colon. Biopsy confirmed adenocarcinoma.

Treatment:

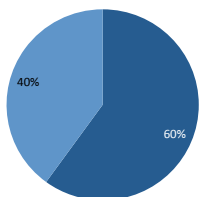
She had surgery to remove her cancer and was diagnosed with a T3, N2, M0 or Stage III colon cancer. She then received adjuvant chemotherapy.



Effective Adjuvant Chemotherapy

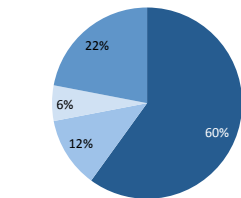
Benefit of Chemotherapy on DFS

WITHOUT CHEMO



■ Alive without recurrence ■ Recur/Death

WITH CHEMO



■ Alive without recurrence ■ SFU Effect
■ Oxaliplatin Effect ■ Recur/Death



Case Scenario: 3

57 year old male

- Never had a colonoscopy
- **Did not have regular visits** with a primary care provider
- Grandmother had colon cancer
- History of intermittent black stools and rectal bleeding over the past 6 months

He went to the ER with weakness and shortness of breath.



Case Scenario: 3 cont.

Diagnostic work up:

Blood work showed he was severely anemic.

CT scan showed a colon mass with multiple liver metastases.

Biopsy confirmed adenocarcinoma.

Treatment:

Systemic chemotherapy plus a targeted therapy.



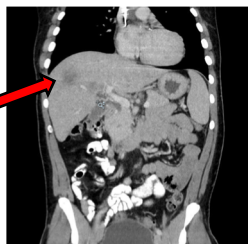
Case Scenario: 3 cont.

Chemotherapy can be effective in prolonging life.

Before




After



Other Treatment Options for Advanced Colorectal Cancer



Immunotherapy

Clinical Trials



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- **Survivorship**

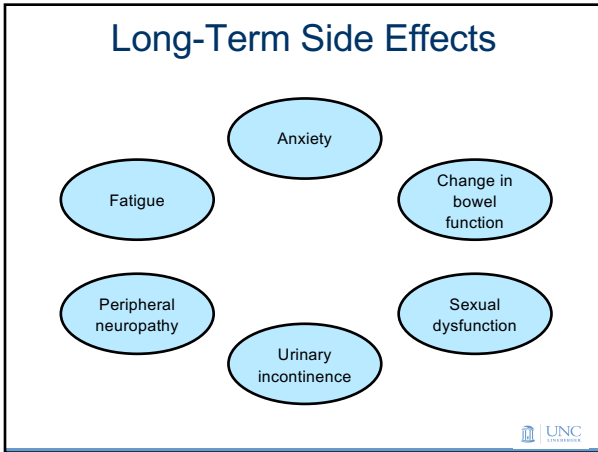


Survivorship

...life after a cancer diagnosis

- Is different for everyone
- Begins at diagnosis and includes people who are on long term treatment or those that have completed treatment
- Includes:
 - surveillance and prevention of recurrence
 - surveillance of medical or psychological effects of cancer
 - intervention for late or long-term effects of cancer and/or treatment
 - health promotion and quality of life





Follow-Up Care Guidelines

1-5 years post treatment:

- History and physical every 3-6 months
- CEA every 3-6 months
- CT scan chest/abdomen/pelvis every 12 months
- Colonoscopy in 1 year, then repeat every 1-3 years

>5 years post treatment

- Routine follow up and health care maintenance with PCP

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Health Promotion for Survivors

- Achieve and maintain a healthy weight
- Engage in regular physical activity
- Maintain a healthy diet, i.e. vegetables, fruit and whole grains
- Avoid tobacco
- Avoid or limit alcohol consumption
- Low dose daily aspirin
- Tree nut consumption

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Survivorship Resources

- Colorectal Cancer Coalition
<http://fightcolorectalcancer.org/>
- Colon Cancer Alliance
<http://www.ccalliance.org/>
- American Cancer Society
<http://www.cancer.org>
- American Society of Clinical Oncology's Cancer.Net
<http://www.cancer.net/cancer-types/colorectal-cancer/after-treatment>
- Cancer and Careers
www.cancerandcareers.org
- Get Real and Heel
<http://getrealandheel.unc.edu>
- Livestrong at the YMCA
www.ymca.net/livestrong-at-the-ymca/



Survivorship Resources (UNC)

- UNC Lunch and Learn Lectures
<https://unclineberger.org/unccn/events/lunch-and-learn-lectures>
- UNC Cancer Transitions
<http://unclineberger.org/patientcare/support/ccsp/cancer-transitions>
- Mindfulness Programs at UNC
pim.med.unc.edu





- Know the risks
- Get screened when appropriate
- Consult a professional
- Live a healthy lifestyle
- Educate your friends and family