

Let's talk about

COLORECTAL

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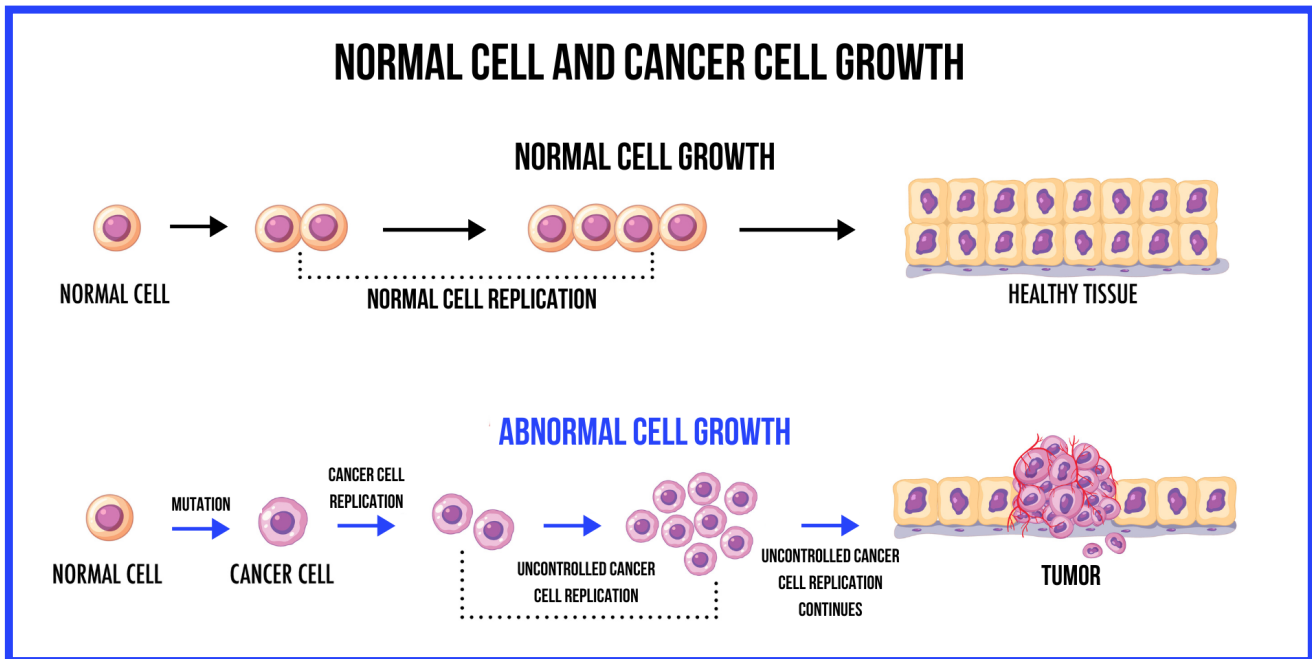
LEARN. FIGHT. HOPE.

A Guide for Patients and Families

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WHAT IS CANCER?



Cells are the building blocks of the human body. Each cell contains instructions that determine what the cell will become (for example, bone cells, skin cells, or muscle cells) and how fast the cell can grow.

Cancer is caused by errors (also called mutations) in the cell's instructions that cause the cell to grow and reproduce uncontrollably. This out-of-control cell growth can form tumors (abnormal growths). Cancer may spread to other parts of the body – called "**metastasis**" – yet does not spread from person to person and is not contagious.

Cancer is the second most common cause of death worldwide, behind heart disease. Despite that, more people than ever are surviving cancer, thanks to new treatments, better prevention and awareness efforts, and early diagnosis.

WHAT IS COLORECTAL CANCER?

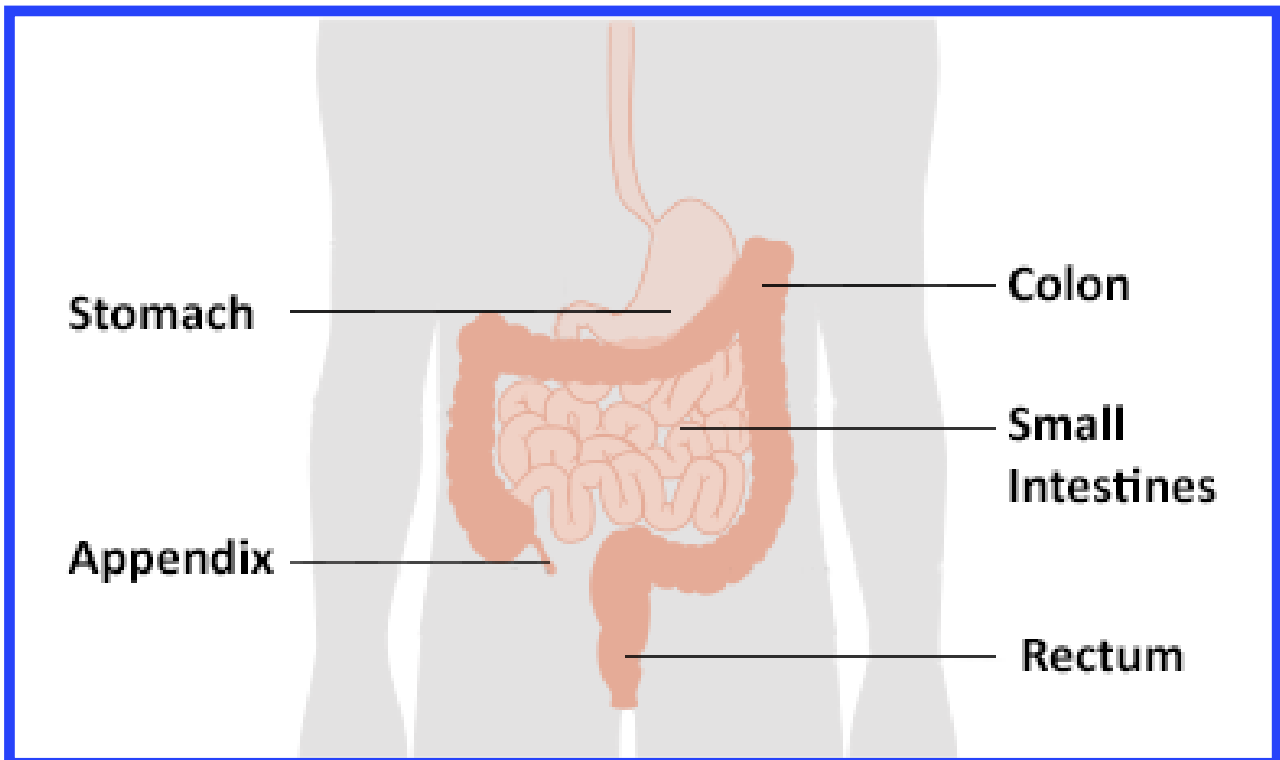


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The colon and the rectum are both part of your digestive tract. The colon is the name for the longest part of your large intestine, and the rectum is the end of your intestine.

Colorectal cancer is the term for two different cancers – colon cancer and rectal cancer. They are often grouped together due to their similarities and how closely located the colon and rectum are, but there are differences in the way they are treated.

Most colorectal cancer starts inside a small growth called a polyp, which forms in the lining of the colon or rectum. Most polyps are benign (harmless), but some can become cancerous if abnormal cells inside them begin growing uncontrollably. This is why doctors recommend regular screening for polyps in the colon and rectum.

WHAT CAUSES COLORECTAL CANCER?

Doctors do not completely know why some people get cancer and others do not. There are many known factors that impact your risk of developing colorectal cancer, including lifestyle factors and family history.

RISK FACTORS FOR COLORECTAL CANCER

A risk factor is any condition or behavior that increases the chance of developing colorectal cancer at some point in your lifetime. Some people with multiple risk factors never develop colorectal cancer, while others with no risk factors do get cancer.

Many factors can impact your risk of developing colorectal cancer, including:

GENDER: Men are more likely than women to develop colorectal cancer, though women still commonly develop it.

AGE: Older age is associated with increased risk of getting colorectal cancer.

HISTORY OF POLYPS: If you have been diagnosed with multiple polyps, or growths, inside your colon or rectum, you have an increased risk of developing colorectal cancer.

FAMILY HISTORY: People with family members who have had colorectal cancer or large polyps are more likely to develop the cancer themselves. Your risk is higher if multiple close relatives are affected, or if they were diagnosed at a younger age.

OBESITY: Having a high body fat percentage is a risk factor for colorectal cancer.

LACK OF EXERCISE: Physical activity reduces your risk of several cancers. If you are not regularly active, you have a higher chance of developing colorectal cancer.

ALCOHOL USE: Heavy alcohol use is linked to an increased risk of colorectal cancer. It is recommended to have no more than 2 standard size drinks a day for men and 1 a day for women, though any amount of alcohol can increase your risk of cancer.

DIET: If you eat a diet low in vegetables and high in red meat (such as beef, lamb, or goat), you are more likely to develop colorectal cancer.

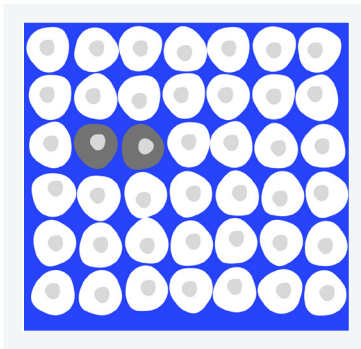
SMOKING: Tobacco products, including cigarettes, chewing tobacco, and e-cigarettes, increase your risk of colorectal cancer.

INHERITED COLORECTAL CANCER: A low percentage (about 5%) of colorectal cancer cases are caused by syndromes that increase colorectal cancer risk. These syndromes are inherited, meaning they are passed down from parent to child.

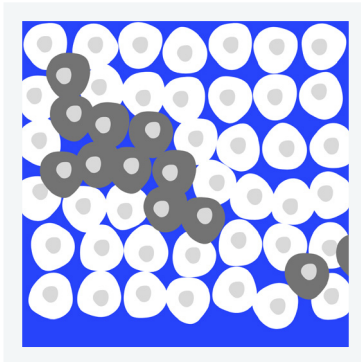
BOWEL DISEASE: Having inflammatory bowel disease affects your colon and can increase your risk for colorectal cancer. Inflammatory bowel diseases include Crohn's disease and ulcerative colitis.

STAGES OF COLORECTAL CANCER

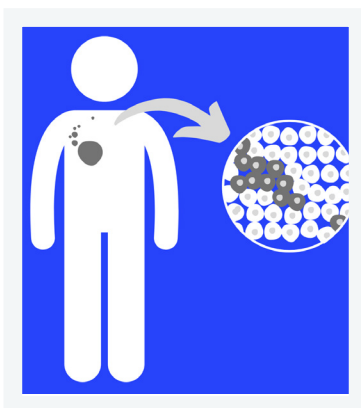
When colorectal cancer is diagnosed, the doctor will assign the cancer a “**stage**.” This is a way to describe the cancer based on the size of the primary tumor and the extent to which the cancer has spread to the rest of the body. The stage of the cancer at diagnosis will play a role in determining which treatments are recommended.



STAGE 0: Abnormal cells have been detected, but they are not yet considered cancerous and have not spread from the lining of the colon or rectum.



STAGE 1 - 2: Stages 1 and 2 indicate that cancer is present. The higher stage numbers indicate that the cancer has spread to more muscle or tissue layers nearby.



STAGE 3: Stage 3 indicates that the cancer has spread beyond its origin site and has now reached the lymph nodes (part of your circulatory system).

STAGE 4: Stage 4 is characterized by cancer that has spread to parts of the body that are distant from the original cancer site, for example to the liver or the lungs. Stage 4 cancers are also called **metastatic cancer**.

PROGNOSIS

Once you are diagnosed with cancer, one of the first questions you might ask your doctor is “What should I expect next?” That largely depends on what your **prognosis** is. The prognosis describes how serious your cancer is, and your chances of recovery. It can be used to help you and your care team decide which treatment plan is right for you.

The prognosis is impacted by the characteristics of your cancer, as listed below. Prognosis is sometimes expressed as a survival rate. A cancer’s overall survival rate reflects the percentage of people diagnosed with the same type and stage of cancer who have completed treatment and are still alive after a set amount of time, usually five years. For example, an overall 5-year survival rate of 68% means that 68 out of 100 people diagnosed with that type and stage of cancer are still alive five years after diagnosis.

Many factors can impact prognosis and survival rate, including:

- The type of cancer present
- Stage of the cancer at diagnosis (see Page 7 for more info on staging)
- A patient’s age at diagnosis
- A patient’s overall health before diagnosis
- A patient’s response to cancer treatment

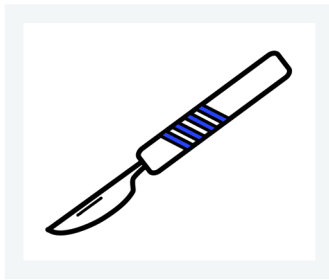
Different treatment options can impact survival rates for your type and stage of cancer. Reviewing these statistics can help your doctor determine which treatment is right for you. It is okay to ask your doctor not to share your cancer’s typical survival rate if you do not want to know. Some patients find that information helpful, while others do not.

Once you and your doctor decide on a treatment plan, it is important to **continue treatment** unless you discuss switching or stopping with your care team first. Cancer treatments are carefully calculated, and delaying or stopping before a treatment is completed can give the cancer a chance to progress, which can negatively impact your prognosis.

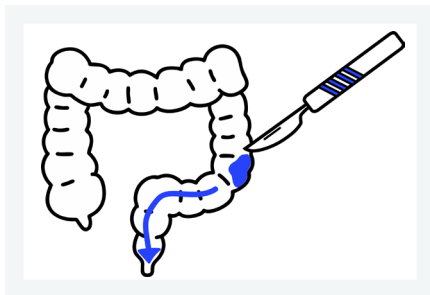
COLORECTAL CANCER TREATMENT OPTIONS

Colorectal cancer can be treated in many ways depending on the stage of cancer, the prognosis, and other factors. It is important to talk to your doctor to determine the treatment path that is best for you.

SURGERY



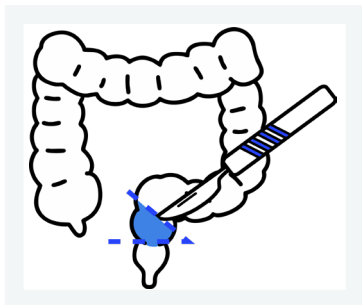
Surgery is a common form of treatment for people who have colorectal cancer. The type of surgery and whether surgery is a helpful option depends on the stage and location of the cancer.



TRANSANAL RESECTION / ENDOSCOPIC SURGERY:

In these minimally invasive surgeries, the tumor and a small amount of surrounding tissue is removed through the anus. This surgery is typical for those with smaller or early-stage tumors. Sometimes these surgeries use a special camera called an “**endoscope**”, which allows the surgeon

to better see what they are removing during the procedure if the location of the tumor is hard to access.

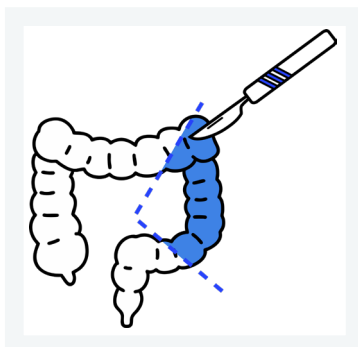


ANTERIOR RESECTION: Anterior resections remove parts of the rectum containing the tumor. The incisions for this surgery are made through the abdomen (front).



ABDOMINOPERINEAL RESECTION: Abdominoperineal resections (APR) involve the removal of the rectum, anus, and sphincter muscles (that control the opening and closing of the anus). If your sphincter needs to be removed, you will also need a **colostomy**, which creates an opening for the colon in the abdomen. This

results in a permanent exterior bag on your stomach for waste drainage. People who have colostomies are still able to lead normal lives and some colostomies are temporary. Talk to your doctor about the best approaches to managing a colostomy for your lifestyle.



COLECTOMY: Colectomies are performed for colon cancer. It is a type of surgery that removes part or all of the colon and nearby lymph nodes. Removing the full colon is called a **total colectomy**, but this is usually not required. Partial removal of the colon involves removing less than half of the colon, reattaching the remaining parts, and removing some lymph nodes to test for the spread of cancer. Partial colectomies have

different names depending on what is removed – your doctor can explain what type of partial colectomy is best for you, and any potential side effects.



Metastasectomy: Metastatectomies are used to remove cancer that has metastasized. This surgery is uncommon but may be beneficial when there are just a few metastatic tumors. These surgeries can be performed in areas like the liver, lung, and peritoneum (tissue in the abdomen that protects the organs).

RADIATION THERAPY



Radiation therapy is a treatment that uses rays of energy to destroy cancer cells. It is used more often for rectal cancer than colon cancer, usually in addition to surgery and/or chemotherapy. If used before surgery, it is called neoadjuvant therapy, and the goal is to shrink the tumor's size. If used after surgery, it is called adjuvant therapy, and the goal is to kill remaining cancer cells that may not have

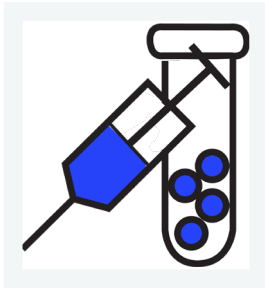
been removed with the surgery. Radiation therapy can also be used as a palliative treatment for patients with advanced cancer. The goal of palliative treatment is to address symptoms of the cancer, rather than eradicate the cancer itself.

LOCALIZED THERAPY

Localized therapies treat a specific area of the body, and can target colorectal cancer that has metastasized to the liver and lungs.



ABLATION THERAPY: Ablation therapy is a treatment that is applied directly to the tumor or the area around it to destroy cancer cells. Ablation therapy can use heat, cold, or even ethanol (alcohol) to destroy cells. In these cases, your doctor will use imaging to help locate the tumor before damaging it.



EMBOLIZATION THERAPY: Your doctor may recommend embolization therapy, a procedure for tumors that cannot be surgically removed. It involves reducing or blocking blood flow to the tumor, effectively starving the cancer cells. There are different types of embolization therapy, depending on what is used to block the tumor's blood supply.

CHEMOTHERAPY



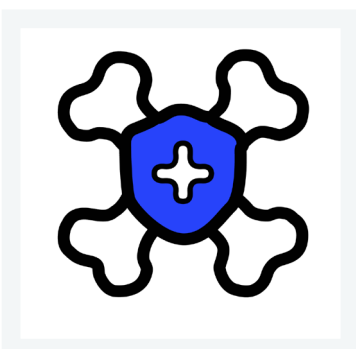
Chemotherapy is a treatment that uses special drugs to destroy the cells in the body that are reproducing the fastest. Because cancer cells grow and divide much more rapidly than most other normal cells in the body, chemotherapy is often an effective way to kill cancer cells. Chemo is usually given through a tube into your vein, known as an IV, but some forms of chemotherapy are given in pill form. As with radiotherapy, colorectal cancer patients can receive chemotherapy before (neoadjuvant) or after (adjuvant) surgery.

TARGETED DRUG THERAPY



Targeted therapy works by targeting specific parts of cancer cells that help the cancerous cells grow and spread. Targeted therapies damage the cells, with the goal of slowing or stopping the growth of the tumor.

IMMUNOTHERAPY



Immunotherapy is a treatment that uses your immune system to fight cancer. Immunotherapy cancer treatments include: monoclonal antibody drugs (biological therapy), immune checkpoint inhibitor drugs, and more complex therapies such as T-cell transfer therapy. Your doctor may perform special tests to determine whether immunotherapy is right for you.

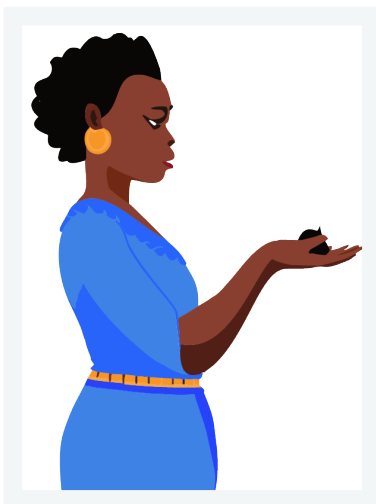
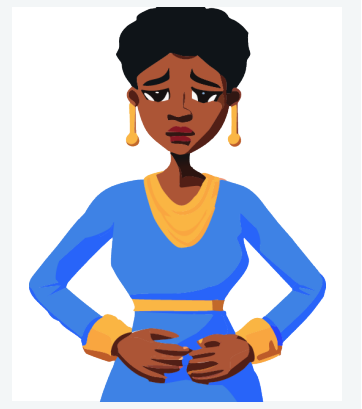
COLORECTAL CANCER TREATMENT SIDE EFFECTS

Colorectal cancer patients can experience side effects that develop because of the treatments received. If you are undergoing treatment and start experiencing a new side effect, it is important to let your doctor know right away. Your care team will be able to give you recommendations on how to manage your side effects. This may even include pausing or switching treatments to give your body a break.

Potential side effects of colorectal cancer treatment fall into two categories: short- and long-term side effects.

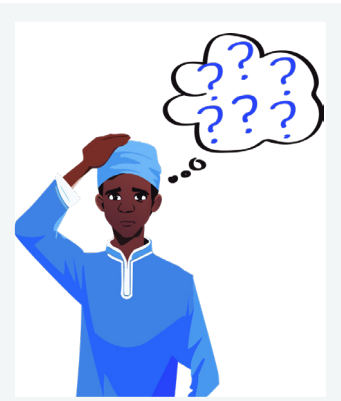
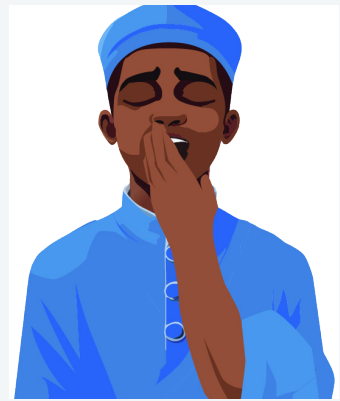
SHORT-TERM SIDE EFFECTS

GASTROINTESTINAL DISTRESS: Vomiting, nausea, and diarrhea are common side effects of chemotherapy. Nausea is when your stomach feels like you might throw up. Certain factors such as being younger than age 50, having high levels of anxiety, having a history of motion sickness, being prone to vomiting, and having a history of not drinking alcohol can all increase your risk of experiencing nausea and vomiting as a side effect of chemotherapy.



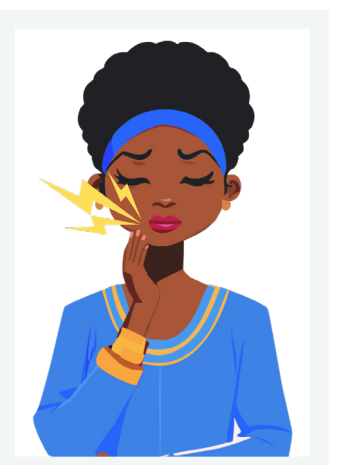
HAIR LOSS: This is a side effect of chemotherapy. Chemotherapy targets the cells in the body that are growing the fastest. Hair cells are some of the fastest-growing noncancerous cells in the body, so chemotherapy will often affect these cells, causing hair loss. Your hair will typically grow back after chemotherapy treatments are complete.

TIREDNESS: You may experience tiredness from the treatment you receive for colorectal cancer, or you may feel tired from the cancer itself.



CHEMO BRAIN: Chemotherapy and other treatments can negatively impact your memory, concentration, and your ability to learn new skills or problem solve. This is commonly referred to as “chemo brain.” These changes typically resolve once treatment ends, but in rare cases they can become long-term issues.

LOSS OF APPETITE: Cancer treatment or the cancer itself can impact your appetite. This is a short-term side effect, and your appetite will return to normal eventually. Not consuming sufficient calories will contribute to increased feelings of tiredness.



MOUTH SORES: During treatment, you may notice little sores or scratches, swelling, white or yellow patches, or bleeding in your mouth, gums, or throat. They may cause discomfort when you eat and swallow, like a sore throat would. If you are experiencing this, it is important to talk to your doctor so your symptoms can be addressed.

REDUCED IMMUNE FUNCTION: People receiving treatment for cancer often are at a higher risk of getting sick from infections. The cancer itself, as well as many treatment options, can weaken your immune system and make you more susceptible to infections. Your immune system should return to normal within a year of treatment ending.



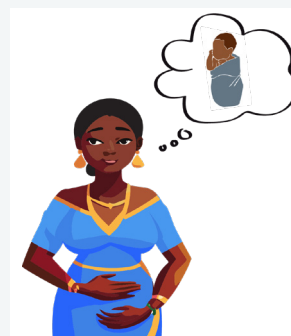
HAND AND FOOT SYNDROME: Hand and foot syndrome causes redness, peeling skin, and pain in the hands and feet, particularly on the palms and soles.

SKIN AND NAIL CHANGES: Your skin may become drier or itchier than normal, develop dark spots, and be more susceptible to sunburns or prone to rashes. Your nails may become more brittle, darken, or develop ridges due to the type of treatment you receive. These changes should all subside after treatment is finished.



LONG-TERM SIDE EFFECTS

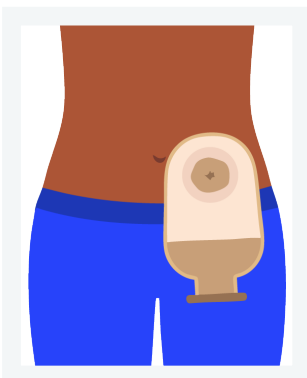
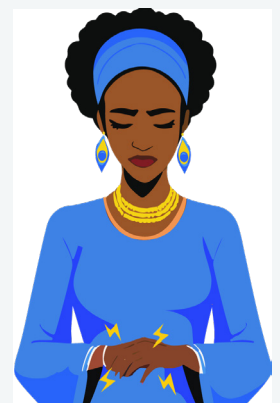
LOSS OF FERTILITY: Cancer treatment can impact your ability to have children. If you wish to have children in the future, you should talk to your doctor as early as possible before beginning treatment to determine what is right for you. Some cancer treatments only cause temporary infertility while other treatments may result in permanent infertility.





LOSS OF BONE DENSITY: Radiation treatment for colorectal cancer can sometimes reduce blood supply to nearby bone cells. This can make your bones more susceptible to breaks and fractures in the long-term.

NERVE DAMAGE: Nerve damage, also referred to as neuropathy, is a side effect of certain chemotherapy drugs. Nerve damage most commonly occurs in your hands and feet and can cause weakness, loss of feeling (numbness), tingling sensations, sensitivity to cold, or pain. It may be temporary or permanent.



COLOSTOMY BAG: Certain types of colorectal cancer surgery can result in needing a temporary or permanent colostomy bag attached to your stomach. These bags require some lifestyle changes but allow you to still live a very normal life, even if a large part of your colon was removed. Colostomy bags vary – your doctor can speak with you about specifics of your treatment and how to best care for your bag.

SIDE EFFECTS MANAGEMENT

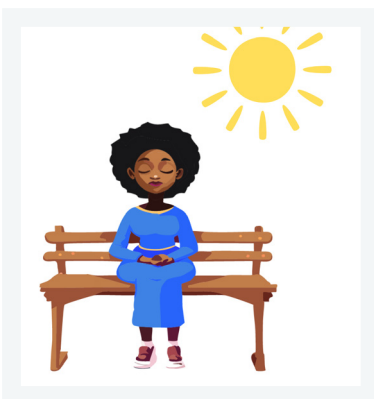
Before beginning treatment, it is important to talk to your doctor about what side effects you may experience. This will allow you to plan ahead and know what is considered normal, what to watch out for, and how to manage any side effects you experience. Additionally, you may be able to take action to prevent or reduce the severity of some side effects. It is good to consider who you will ask for help (like family, friends, or co-workers) if the side effects start to interfere with your day-to-day life.

MANAGING TIREDNESS

Extreme tiredness, which your doctor may refer to as fatigue, is the most common symptom for cancer patients. Fatigue can affect you both physically and mentally, including your ability to be social and complete normal activities.

Behavioral strategies can help you cope and make the most of the energy that you have. Strategies that you can implement include:

PRIORITIZING PHYSICAL ACTIVITY: Engaging in physical activity is an effective way to prevent muscle loss and give yourself more physical energy. Exercise can be as simple as going for a walk every day or performing strengthening exercises. Talk to your doctor about how to safely exercise while undergoing treatment.



EMBRACING NATURAL LIGHT: Open window coverings to let natural light into your home and try to spend time outside every day. Spending time outside does not mean that you need to be active. You can just sit outside on a bench or relax under a tree to expose your body to natural light.

PLANNING YOUR DAYS: It might be helpful to record your symptoms and note what helps your tiredness, what makes it worse, and if there are certain times of day when you feel the best. With this knowledge, you can plan your days and try to line up activities requiring stamina with your windows of energy. Focus on activities that are essential or that make you happy, and ensure that you also plan regular breaks to rest.



RECOGNIZING NEGATIVE THOUGHTS: When you are tired, your brain is more likely to engage in negative self-talk that can affect your mood and increase how tired you feel. Recognizing this is the first step to training your brain to avoid turning to this habit. Practicing meditation or other relaxation techniques may also help.

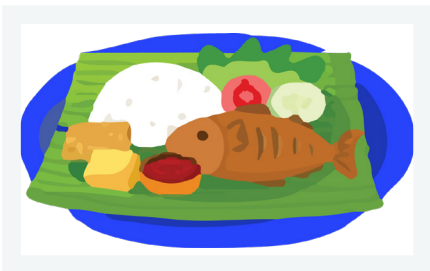
EATING WELL

Diet is important because the food you eat is responsible for providing your body with energy to fight your cancer. Eating well can also help fight tiredness. Focus on eating lots of protein, carbohydrates, vegetables, and getting extra calories. Cancer treatments such as chemotherapy may alter your sense of taste and smell, which can impact your appetite. It is important to be aware of this so that you can continue eating well, as you may need to modify the types of foods you eat.

Many treatments for colorectal cancer, especially surgery, will temporarily alter your ability to digest food. Be sure to discuss this with your doctor to see if they recommend food guidelines for your specific treatment type. If you are struggling with eating, try to incorporate the following:

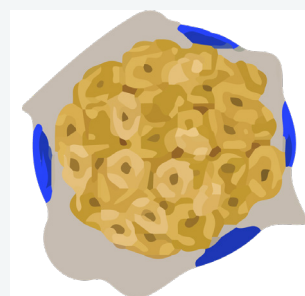
TRYING NEW FOODS: Foods that you have never liked in the past may appeal to you while you are undergoing treatment.





PRIORITIZING PROTEIN: Getting enough protein in your body is important to stay strong. Good sources of protein include beans, eggs, meat, fish, and lentils.

EATING SNACKS: Eating throughout the day can help you take in more calories than eating only at mealtimes and can be helpful in controlling nausea. It is good to eat every few hours.



TIMING YOUR FLUIDS: Drinking while you eat a meal can make you feel too full to continue eating, so try and drink your fluids between meals instead.

Talk to your doctor if you are having trouble with your appetite. They can provide you with additional resources and advice that are specific to your situation.

PAIN MANAGEMENT

Pain is a common side effect of cancer that can be caused by the cancer itself or the treatment you are undergoing. The pain you experience may be dull, tingly, achy, or sharp. It can be a constant presence, or it may come and go. It may change in intensity as well. Some tools to help manage your pain are listed here:

KEEPING A JOURNAL: Journaling may help you see patterns in pain levels that can help you manage the symptoms. Keep track of how often you are in pain, how long the pain lasts, how intense the pain feels, and activities that are associated with feeling better or worse. Noting your pain on a scale of 0 to 10, with 0 being no pain and 10 being the most intense pain you have ever felt, can be a useful reference when you are talking to your doctor. Any patterns you observe can help you both create a plan to manage your pain.





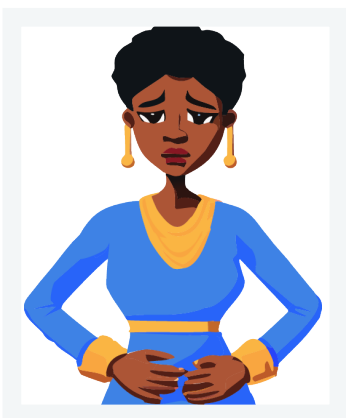
TALKING TO YOUR DOCTOR: It is important to talk to your doctor if your pain level changes, or if you want to alter the amount of pain medicine you are taking. There are options available to treat pain that your healthcare provider can prescribe. Sometimes multiple medications are necessary to get the pain under control.

MOVEMENT: Various non-pharmaceutical therapies, like massage, can also be used to help manage pain. Physical therapy exercises can also be used for pain that goes away with increased muscle strength.



COPING TOOLS: Having a plan for when a pain episode occurs can help you manage the mental aspects of cancer pain. Practicing mindful breathing, avoiding negative self-talk, and finding distractions can make the pain more bearable.

CONTROLLING NAUSEA & VOMITING



Many cancer treatments can cause nausea and/or vomiting. It is important to talk to your healthcare provider if you are experiencing nausea or vomiting because they can help find a medicine to control your symptoms. Many patients are prescribed an anti-nausea medication to take daily. There are also some home remedies that your provider can recommend for nausea, such as ginger-based products.

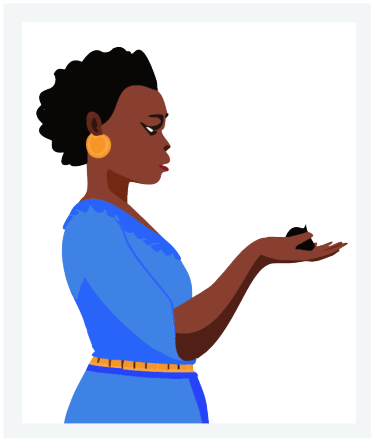
Similar to other side effects, tracking when your nausea and/or vomiting are worse can help you and your care team determine the best course of treatment. Pay attention to what foods or types of food impact your nausea (for example: sugary, greasy, fried, or spicy).

STAYING HYDRATED



If you experience severe nausea or vomiting, it will impact your ability to stay hydrated. Dehydration is a state in which your body does not have enough fluids, which may lead to headaches and tiredness. To avoid dehydration, make sure to drink water or other clear liquids throughout the day. Talk to your healthcare team if nausea or vomiting are making it hard to consume enough water. If ice is available, you may find that eating ice chips or sucking on an ice cube is a good way to get water into your system without aggravating nausea.

PREPARING FOR HAIR LOSS



Losing your hair is a common side effect of cancer treatment, but most people being treated for colorectal cancer do not lose much of their hair. Before you start treatment, it is recommended that you talk to your doctor or nurse so you can prepare for the possibility of losing your hair.

Some people prefer to shave their head before hair loss begins, so they feel more in control of the process. Once hair loss begins, some people decide to get a wig, others choose to wear head scarves or hats, and some do neither. Remember that if you had hair before treatment, your scalp will not be used to sunlight, so it is important to protect your scalp from the sun using hats, scarves, or sunscreen.

REDUCED IMMUNE FUNCTION



In addition to killing cancer cells, many cancer treatments also kill healthy cells, including those that fight off infections. This makes you more vulnerable to other illnesses, like colds, the flu, COVID-19, or other infections. Try to boost your immune system in other ways while you are receiving cancer treatment by eating well, exercising, and lowering your stress levels. Other ways to protect yourself from getting sick include washing your hands frequently, wearing a mask when you are in a crowded area, and avoiding people who are coughing or sneezing.

HAND AND FOOT SYNDROME

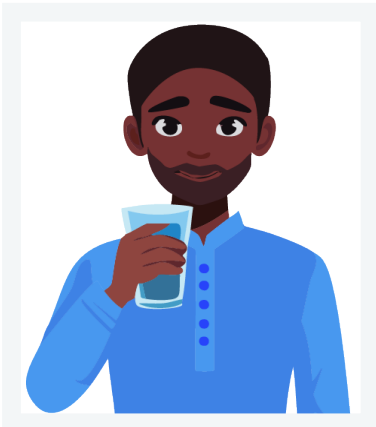


Some types of chemotherapy can cause the skin on your hands and feet to redden, swell, peel, and undergo other changes. Depending on the severity, your doctor may address this by changing your chemotherapy drugs. Less severe versions of this syndrome can be managed by using natural moisturizers on the affected areas, taking pain relievers if needed, and protecting your skin from heat (for example, from sun exposure or hot water). Your doctor may also give you special skin care

instructions.

You can also apply cold compresses to your wrists and ankles to slow the swelling, elevate your hands and feet, and avoid rubbing the skin by wearing looser clothing and avoiding itching.

MUCOSITIS



Mucositis is when the mucus membranes in your mouth, throat, stomach, and digestive system are inflamed because of cancer treatment. This can cause mouth sores, pain, and stomach discomfort. To manage mouth sores, take special care with your mouth – brush your teeth more often but be gentle to avoid worsening the sores. You can also rinse your mouth several times a day with salt/baking soda water. Ensure your diet is gentle by avoiding alcohol, excessive sugar, spicy or acidic foods, and anything crunchy that could damage

your sores or swollen tissue. Also make sure you are getting plenty of water to help your body heal.

REMISSION & SURVEILLANCE

“**Remission**” is a term that means the cancerous cells in the body have greatly decreased in number or disappeared entirely. For colorectal cancer, oncologists typically refer to the patient’s “**response**” to the treatment rather than using the term “remission.”

COMPLETE RESPONSE: No evidence of disease remains; all detectable cancer is gone.

PARTIAL RESPONSE: The size of the primary tumor has shrunk.

A complete response may continue for months, years, or the rest of your life. There is a chance that some cancer cells may survive the original treatment and will grow back, though this chance decreases over time. Because of this, it is important to ask your oncologist how often you should visit for follow-up appointments once your treatment ends.

As with an initial colorectal cancer diagnosis, doctors cannot say why some patients see their cancer return, while others do not. Some risk factors for cancer recurrence include the size of the original tumor, your genetics, whether the cancer spread to your lymph nodes, whether you completed your original treatment, and obesity.

At your follow-up visits, the doctor may check you for colorectal cancer recurrence. When your doctor checks for cancer after treatment is complete, it is called “surveillance”, which is done to ensure the cancer is not coming back without detection.

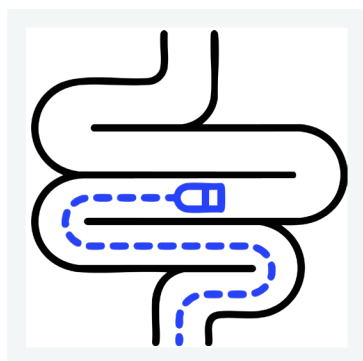
Recurrences are classified as “local” (in the colon or rectum), “regional” (in nearby lymph nodes), or “distant” (elsewhere in the body, also known as metastatic cancer). Symptoms of colorectal cancer recurrence are often the same as the original signs of cancer, including:

- Abdominal pain or discomfort
- Diarrhea
- Constipation
- Bloody stool or rectal bleeding
- Fatigue
- Unexplained weight loss

If you are experiencing any of these symptoms, it is a good idea to check in with your doctor. They will recommend treatment depending on the location of the new tumor and how large it is.

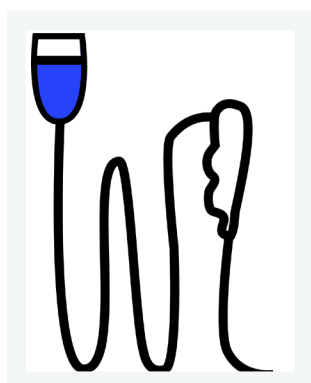
Surveillance cannot prevent cancer recurrence. The goal of surveillance is to detect cancer recurrence before you experience symptoms, while the cancer is still easier to treat. Surveillance options for colorectal cancer include:

COLONOSCOPY



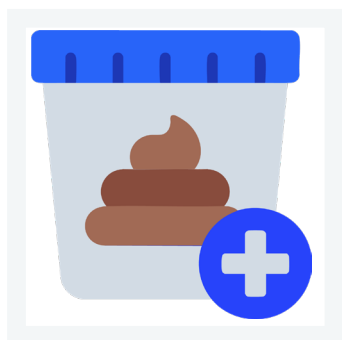
A colonoscopy is a test where doctors use a flexible scope with a camera to look for polyps, which are small growths in the intestine. If any are found, they can be removed and tested for cancer. During a colonoscopy, you may be sedated. People who have regular colonoscopies in accordance with their doctor's advice have a much higher chance of catching cancer if it returns.

FLEXIBLE SIGMOIDOSCOPY



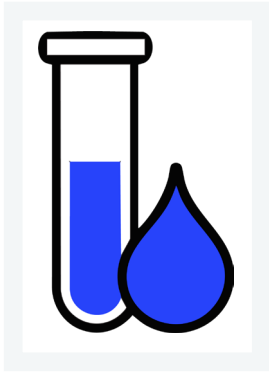
A flexible sigmoidoscopy is similar to a colonoscopy but examines less of your intestine. In this procedure, doctors use a flexible scope to look at the last third of your colon. If evidence of cancer is found, your doctor may recommend doing a full colonoscopy. Flexible sigmoidoscopies are a common diagnostic test because they require less preparation than a full colonoscopy and are less expensive.

STOOL SAMPLE TESTS



Stool sample tests are non-invasive, meaning they happen outside of your body. You will use a kit to collect a sample of your stool for your doctor to test. They will check for blood, which can be a sign of polyps. You will need to repeat stool sample tests more often than other screening methods, such as the colonoscopy. Your doctor may also recommend additional tests if the stool sample has blood in it.

BLOOD TESTS



Blood-based screening tests are not yet widely available or used, but show promise in detecting cancer. Your doctor may draw blood and run tests to identify certain colorectal cancer markers.

CT COLONOGRAPHY



A computed tomography, or CT scan, can be used to take images of your colon or rectum. Your doctor will review the images to identify polyps or abnormal growths.

PREVENTING COLORECTAL CANCER RECURRENCE

There is no way to completely prevent colorectal cancer from returning, but some risk factors for recurrence can be influenced by treatment options and lifestyle changes.

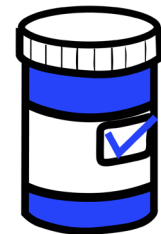
Below are some options to consider with your doctor:

TARGETED THERAPY: Receiving targeted therapy may reduce the risk of certain colorectal cancer types recurring.



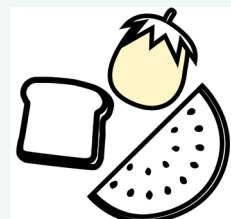
RADIATION THERAPY: If you receive radiation therapy after your surgery, you are less likely to see the cancer come back.

FINISH YOUR TREATMENT: Even though you may believe that the treatment has already been effective or are tired of the side effects that you are experiencing, it is important to complete the full treatment planned by your doctor. Stopping treatment early greatly increases your risk that the cancer will return.



EXERCISE REGULARLY: Exercising for at least 30 minutes a day, five days a week can lower your risk for all cancers, not just colorectal cancer.

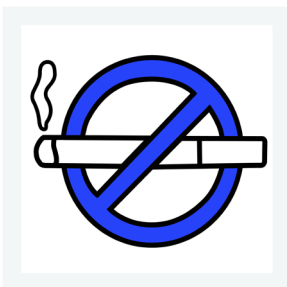
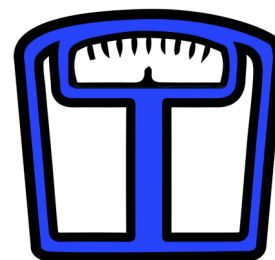
DIET: Eating a mostly plant-based diet, limiting the amount of red meat you eat, and focusing on incorporating whole grains can help reduce your risk of colorectal cancer recurrence.





REDUCE ALCOHOL CONSUMPTION: Some studies show that eliminating alcohol consumption can lower your risk of colorectal cancer recurrence.

MAINTAIN A HEALTHY WEIGHT: Using tools such as diet and exercise to keep your weight in a range that is right for your body may lessen your risk of colorectal cancer recurrence.



QUIT SMOKING: Smoking has been shown to increase your risk of colorectal cancer recurrence. Talk with your doctor if you need support with quitting.

QUESTIONS TO ASK YOUR DOCTOR

- What kind of colorectal cancer do I have?
- What stage is the cancer and can you explain what that means?
- What does this staging mean for my treatment options?
- What are the side effects of this treatment option?
- How can I manage the side effects?
- Will I still be able to have children in the future?
- What do I need to do next?
- How quickly do I need to decide about my course of treatment?
- If your sibling had the same diagnosis as me, what would you recommend to them?
- What resources (websites, books) do you recommend for me to learn more about my diagnosis?
- What are good resources for me to use if I start to feel depressed or anxious during the course of my treatment?
- Should my siblings or children get screened for colorectal cancer?
- How often should I have follow-up appointments when my treatment is finished?

If you ask a question but do not understand the answer, ask for clarification. Doctors and nurses are used to speaking to other health professionals, which means they may not always use plain language.

It might be helpful to bring something to take notes on during your appointment or have someone take notes for you. You will have a lot of information presented to you, and taking notes can help you review what the doctor told you later. You can use this same notebook to write down questions you have for the doctor between appointments.

MY DIAGNOSIS

Official diagnosis: _____

Where did my cancer originate?

Colon	Rectum
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What is the stage of my cancer?

Stage 1	Stage 2	Stage 3	Stage 4
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What is my initial treatment plan?

<p>Surgery</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, my surgery will take place on _____ at _____.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transanal Resection / Endoscopic Surgery <input type="checkbox"/> Anterior Resection <input type="checkbox"/> Abdominoperineal Resection <input type="checkbox"/> Colectomy <input type="checkbox"/> Metastasectomy <input type="checkbox"/> Other: _____
<p>Chemotherapy</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, my chemotherapy will start on _____ at _____. I will have _____ cycles of chemotherapy. Each cycle will last _____ days.</p> <p>Drugs that will be required for each chemotherapy cycle:</p> <p>_____ by _____ (route) every _____ (frequency)</p> <p>_____ by _____ (route) every _____ (frequency)</p> <p>_____ by _____ (route) every _____ (frequency)</p> <p>_____ by _____ (route) every _____ (frequency)</p> <p>_____ by _____ (route) every _____ (frequency)</p>

Radiation Therapy

- No
- Yes, my radiation therapy will start on _____ at _____. I will receive radiation _____ days per week for _____ weeks.

Targeted Therapy

- No
- Yes, my course of targeted therapy will start on _____ at _____. I will have _____ cycles of targeted therapy. Each cycle will last _____ days.

Drugs that will be required for each dose of targeted therapy:

_____ by _____ (route) every _____ (frequency)
_____ by _____ (route) every _____ (frequency)

Immunotherapy

- No
- Yes, my course of hormone therapy will start on _____. Hormone therapy will last _____.

Drugs that will be required for hormone therapy:

_____ by _____ (route) every _____ (frequency)
_____ by _____ (route) every _____ (frequency)

Localized Therapy

- No
- Yes, my localized therapy will take place on _____ at _____.

Type of localized therapy: _____

Drugs that will be required for recovery:

_____ mg of _____
_____ mg of _____

DON'T FEAR GOING TO THE HOSPITAL, WE ARE HERE TO HELP YOU!

If you have any questions, please contact:

Developed by:



BVGH gratefully acknowledges Dr. Fiyinfolu Balogun of Memorial Sloan Kettering Cancer Center for his medical review of this colorectal cancer patient booklet. His expert recommendations have strengthened the accuracy, clarity, and practical value of this resource for patients and caregivers.