

**Patient
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Colon cancer

Introduction

This leaflet has been produced for patients diagnosed with a cancer in the colon (large bowel), and aims to help you understand the process involved in your care, and make you aware of the various treatment options that might be available to you.

What is colon cancer?

The tissues and organs of the body are made up of cells. Cells age and become damaged and need to repair and reproduce themselves continuously. When this process gets out of control, the cells reproduce and multiply to form an abnormal mass (or tumour).

Tumours can be benign (not cancerous) or malignant (cancer). A malignant tumour consists of cancer cells that can spread to other organs in the body.

Colon cancers are very common. They often develop from a growth known as a polyp, which usually start as benign tissue and over a period of time can turn cancerous. If this is caught early enough, there is the potential for many colon cancers to be cured. The most common type of colon cancer is an adenocarcinoma. Although colon cancers are slightly more common in people who smoke and who do not eat a diet rich in fruit and vegetables, most colon cancers arise without any particular cause being known. Very occasionally, cancers can be hereditary (run in families). Ask your consultant or specialist nurse to indicate on the diagram (see **Figure 1**) where the cancer (proven or suspected) is located in your body:

Reference No.

GHPI0583_04_16

Department

Colorectal

Review due

April 2019

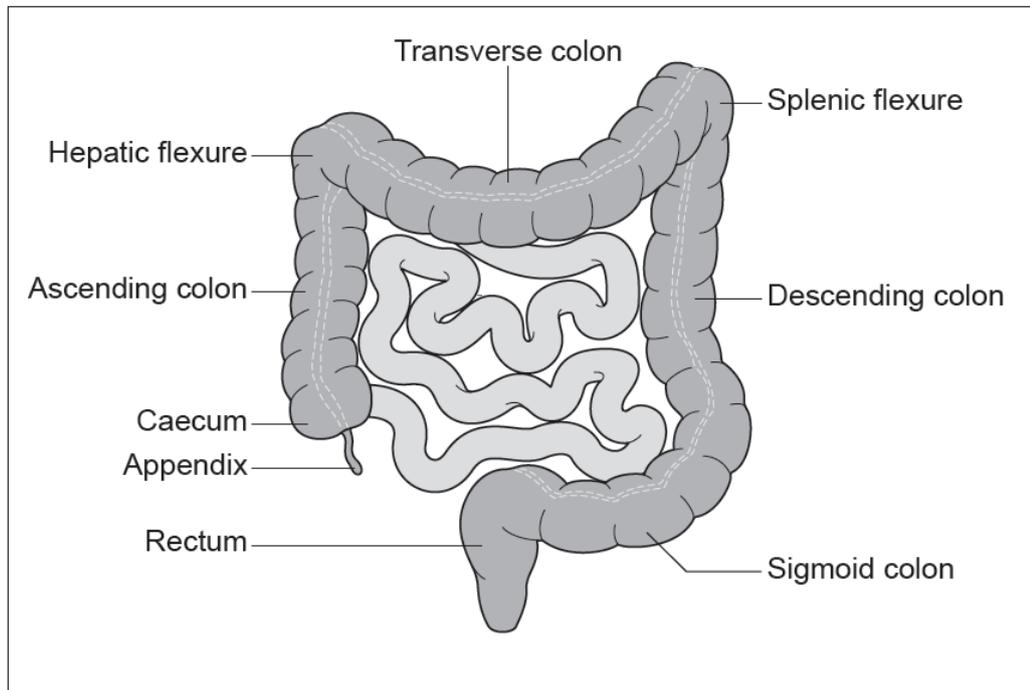
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Figure 1: The colon

Diagnosis

A diagnosis of colon cancer is proven by taking a biopsy (tissue sample) from the tumour to be examined under the microscope. A biopsy may be taken using a flexible sigmoidoscopy or colonoscopy (as described in this leaflet).

Investigations

To help us decide how to treat the cancer it is very important that we get the necessary information about the cancer and the rest of your body. This is called 'staging investigations' and can involve several tests which may include:

Computerised tomography (CT) scan

CT is a detailed X-ray examination of the body. It is used to look for abnormalities and in particular to see if there is any evidence that the cancer may have spread.

Colonoscopy or flexible sigmoidoscopy

Colonoscopy or flexible-sigmoidoscopy tests both use a flexible tube with a light and a camera, and will give a clear idea of what the tumour looks like. A colonoscopy visualises the whole of the colon, whereas a flexible

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sigmoidoscopy is limited to views of the left side of the colon. These procedures can be used to take a biopsy of the tumour, and to mark the area with a tattoo if you are going to be offered keyhole (laparoscopic) surgery. A colonoscopy also gives an opportunity to view the rest of the colon to check that there are no other tumours or polyps.

Carcino Embryonic Antigen (CEA) blood test

CEA is a tumour marker blood test which is used to measure the amount of chemical substance produced by a cancer. It can help to give some information about the type and extent of the cancer.

The Multidisciplinary Team (MDT)

All of your results will be discussed at a colorectal cancer specialist multidisciplinary team meeting. This meeting occurs once a week and is attended by consultant colorectal surgeons, a consultant radiologist, a consultant histopathologist, a consultant clinical oncologist, colorectal clinical nurse specialists and other members of the colorectal team.

At this meeting the specialist team will use their expertise to determine what will be the most effective and appropriate form of treatment for you. The colorectal nurse specialists may be able to update you with outcomes of the MDT meetings by telephone, if this has been previously agreed with you.

The treatment offered to you will be dependent upon the results of your staging investigations, your general health and other medical conditions. You will be offered an appointment with your consultant to discuss the treatment options open to you. You will be actively involved in any decision making and your views and wishes will be respected at all times.

Bowel resection

The primary treatment for colon cancer is an operation to remove the part of the colon containing the cancer. The operation you require depends on exactly where the cancer is and the information provided by your staging scans.

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In most cases, colon cancers can be removed and the bowel joined back up. However, it is sometimes necessary to make a temporary stoma (usually an ileostomy) to allow the join in the bowel to heal. An ileostomy is made by bringing a loop of the small bowel up to the surface of the abdomen where it is stitched in place and faeces (stools) will be passed into a bag which covers it. A temporary ileostomy is usually reversed after a minimum of 3 months.

If surgery is planned for you, you will normally be given a leaflet explaining the operation.

Staging of colon cancer

The exact stage of a colon cancer can often only be determined after surgery, when the pathologist can examine the cancer and the piece of healthy colon that has been removed.

There are 2 different systems used to stage colon cancer. The first system is called the Dukes staging system which is gradually being replaced by the TNM staging system. The TNM gives more detailed information.

Dukes staging system

Dukes A

The cancer is contained within the bowel wall.

Dukes B

The cancer has spread through the muscle of the bowel wall, but the lymph nodes are not affected.

Dukes C

The cancer has spread to 1 or more of the lymph nodes close to the bowel. Lymph nodes are usually the first place the cancer spreads to.

TNM staging system

Tumour

Describes the tumour and how far it has invaded through the bowel wall.

Nodes

Describes whether the cancer has spread to the lymph nodes.

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Describes whether the cancer has spread to another part of the body such as the liver or lungs.

Post-operative radiotherapy and chemotherapy

Depending on the stage of your tumour you may be offered a course of chemotherapy after your operation which is also called an adjuvant treatment. The chemotherapy is the use of 'anti-cancer' (cytotoxic) drugs used to destroy cancer cells in the body that remain after the tumour had been removed by surgery. It will also reduce the possibility of the cancer returning.

Radiotherapy treats cancer by using high energy rays to destroy the cancer cells. It is very unusual to give radiotherapy for colon cancer.

Clinical trials

There are a number of ongoing clinical trials relating to treatments for rectal cancer. If you are eligible to take part in any of these trials, this may be discussed with you by an oncologist or a clinical trials nurse.

What if my cancer has spread?

Sometimes colon cancers can spread to other organs in the body, most commonly the liver, lungs and peritoneum (lining of the abdominal cavity).

This is known as secondary cancer or metastases. If this is shown to be the case on your staging scans then the treatment, which can be offered, will be dependent on the extent of the metastases.

In some circumstances it may be possible to offer surgery or other specialist therapies to treat metastases. These operations and therapies are not performed by the Gloucestershire Hospitals NHS Foundation Trust so patients would be referred to other specialist units.

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Palliative treatment

If the spread of the cancer to other organs is extensive, you have decided to decline surgery or you are medically unfit for major surgery, then you may be offered palliative radiotherapy and/or chemotherapy. This may help to control your symptoms and slow down progression of the disease, but this will not be a cure.

Stenting

This is the insertion of a stent which is a flexible hollow tube that can be rolled up tightly and passed through the tumour. Once in place, stents are able to expand to keep the bowel open and prevent blockages. Stenting is subject to the position of the tumour.

Formation of a stoma

If it is not possible to offer you an operation to cure your cancer, but you are getting a lot of adverse symptoms from your bowel being narrowed, you may be offered an operation to form a stoma. This may either be an ileostomy (formed from the small bowel) or a colostomy (formed from the large bowel). The aim would be to bypass the blockage and relieve your symptoms.

Best supportive care

If you are not medically fit to undergo any of the described treatments or you decide to decline treatment then you will be offered palliative or best supportive care. This is a treatment plan to relieve symptoms and aims to enhance quality of life for as long as possible.

Patient support

Being diagnosed with colon cancer will come as a shock to most people. As you progress through your treatment pathway you are likely to experience a rollercoaster of emotions, and you will have lots of questions and concerns, and often some difficult decisions to make.

You will meet one of the colorectal nurse specialists who will be your keyworker. Your keyworker is there to support you through your treatment pathway. They will be happy to speak to you if you want to clarify any of the information you have been given,

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if you need advice or if you are simply having a bad day and need someone to lend a sympathetic ear. Further appointments to meet with your consultant will also be made as necessary.

Contact information**Colorectal Nurse Specialist**

Cheltenham General Hospital

Tel: 0300 422 3586

Monday to Friday, 9:00am to 4:00pm

Gloucestershire Royal Hospital

Tel: 0300 422 5617

Monday to Friday, 9:00am to 4:00pm

Outside of these hours, please leave a message and someone will return your call the next working day.

Stoma Nurse Specialist

Cheltenham General Hospital

Tel: 0300 422 4363

Monday to Friday, 9:00am to 4:00pm

Gloucestershire Royal Hospital

Tel: 0300 422 6702

Monday to Friday, 9:00am to 4:00pm

Outside of these hours, please leave a message and someone will return your call the next working day.

If you have an urgent problem, the stoma nurses can be contacted via the hospital switchboard.

Hospital Switchboard

Tel: 0300 422 2222

Further information**Macmillan Cancer Support**

Tel: 0808 808 00 00

Monday to Friday, 9:00am to 8:00pm

Website: www.macmillan.org.uk

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Beating Bowel Cancer

Tel: 020 8973 0011

Monday to Thursday, 9:00am to 5:30pm

Friday 9:00am to 4:00pm

Website: www.beatingbowelcancer.org.uk

Information Prescription System (IPS)

The Information Prescriptions System (IPS) is accessible by anyone with internet access and is designed to help provide tailored information.

Website: www.nhs.uk/ips

Other sources of support and information

FOCUS Cancer Information Centre

Cheltenham General Hospital

Tel: 0300 422 4414

Monday to Friday, 8:30am to 4:30pm

Maggie's Centre

College Baths Road, Cheltenham

Tel: 01242 250 611

Monday to Friday, 9:00am to 5:00pm

Content reviewed: April 2016