

DIAGNOSIS BOWEL CANCER – WHAT CAN I EXPECT?



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DEAR PATIENT,

You have been diagnosed with early-stage bowel cancer (also known as colorectal cancer). “Early” means that the cancer has not spread to other organs. Often, early-stage bowel cancer can be successfully treated. Nonetheless, being diagnosed with cancer can cause anxiety and stress.

This short information leaflet briefly describes what bowel cancer is and how it can be treated.

At a glance: bowel cancer

- The term early-stage bowel cancer is used when the cancer hasn’t spread to other organs. At this stage it is often curable.
- A distinction is made between cancer of the large bowel or intestine (*colon*) and cancer of the rectum. Recommendations may differ for these two types of cancer.
- Experts recommend surgery in the early stages of bowel cancer.
- Sometimes radiotherapy or chemotherapy, in addition to surgery, can improve the chances of a cure.

▶ HOW IS BOWEL CANCER DIAGNOSED?

If cancer is suspected, the doctor should carry out an endoscopy. During this procedure, tissue samples are taken from the suspicious areas and forwarded to the laboratory for examination. If the diagnosis is confirmed, further tests are performed to determine how far the cancer has spread. Experts recommend an abdominal ultrasound, a lung x-ray and a digital (finger) rectal examination. The level of the *CEA tumour marker* in the blood should be measured, too. For cancer of the rectum there are additional tests: magnetic resonance imaging (MRI), an ultrasound examination of the rectum “from the inside” and a rigid endoscopy of the rectum. Other tests are only recommended in isolated cases.

▶ WHAT DOES “EARLY-STAGE BOWEL CANCER” MEAN?

In order to find the right treatment, it is important to find out how far the cancer has spread. The cancer is classified in stages:

- Stage I: the cancer is confined to the muscle layers of the bowel.
- Stage II: the cancer has reached the outer layer of the bowel or invaded nearby tissue.
- Stage III: the cancer has spread to nearby lymph nodes but not to any other organs.
- Stage IV: the cancer has invaded other organs.

Stages I to III are called the early stages.

▶ WHAT IS THE COURSE OF THE DISEASE IN THE “EARLY STAGES”?

The course of the disease is often favourable. The earlier the stage, the better the prospects. Roughly:

- 95 out of 100 people with stage I bowel cancer
- 85 out of 100 people with stage II bowel cancer
- 60 out of 100 people with stage III bowel cancer

are still alive 5 years after being diagnosed.

▶ HOW IS BOWEL CANCER TREATED IN THE EARLY STAGES?

In the early stages the goal is to cure the disease. That’s why the experts recommend surgery for stages I to III. The surgical team not only removes the section of the bowel affected by cancer but – to be on the safe side – it also removes sufficient healthy tissue – that is a larger section of the bowel.

▶ Early-stage Bowel Cancer

▶ CONTINUED: TREATMENT

After surgery, some people need an artificial opening (*stoma*) temporarily or permanently in the large intestine. When the cancer is located in the rectum, most patients are temporarily fitted with a stoma. About 1 to 2 out of 10 patients who have had this procedure keep the artificial opening. In contrast, this is rare in the case of patients with cancer of the colon. In certain situations experts recommend further treatment in addition to surgery.

▶ ADDITIONAL TREATMENT FOR COLON CANCER

In certain situations, chemotherapy after surgery can improve the chances of recovery. The most important precondition is that the cancer has been completely removed. Furthermore:

- **Patients with stage III** should receive complementary chemotherapy. In highly reputed studies, 10 to 14 out of 100 treated patients had improved prospects of survival as a consequence.
- For **patients with stage II**, the data are unclear. There are indications that additional chemotherapy may help some patients with aggressive cancer.
- **Patients with stage I** do not benefit from additional chemotherapy. Hence, it is not recommended.

▶ ADDITIONAL TREATMENT FOR RECTAL CANCER

To help treat cancer of the rectum, radiotherapy – also combined with chemotherapy – may be given. The following applies to the individual stages:

- **Patients with stages II and III** should receive additional radiotherapy prior to surgery, possibly in combination with chemotherapy (*radio-chemotherapy*). Reliable studies show that this can help to avoid some relapses. Radiotherapy combined with chemotherapy is slightly more effective but also has more side-effects. These treatments are more effective when administered before rather than after surgery. They are also slightly better tolerated. The studies were not able to show that the treatments lengthen survival time. Patients who have had radio-chemotherapy prior to surgery should also undergo chemotherapy after surgery.
- **Patients with stage I** do not benefit from additional treatment. Hence, it is not recommended.

▶ WHAT YOU CAN DO

- Even if the sphincter (the muscle which closes the anus) is still intact after surgery, there may be problems with bowel movements. It may take a few months, sometimes even years, until these problems disappear. Pelvic floor exercises or physiotherapy can help.
- People fitted with a stoma normally adjust well to living with it. After a certain period of time many patients can resume their daily lives. Travel, sport or other physical activities are frequently possible. It may be helpful to speak openly with friends or colleagues or to join a self-help group.
- If you experience severe emotional distress, you can go for psychological counselling. Mention this to the doctor who is responsible for your treatment.

▶ MORE INFORMATION

Sources, methodology and other useful links

This Patient Information is based on the latest scientific findings and the Patient Guideline “Early-stage Bowel Cancer”.

You can access all the sources, the methodology document and other useful links here:

www.patienten-information.de/kurzinformationen/quellen-und-methodik/darmkrebs-frueh

Further brief information on the subject of “Bowel cancer”: www.patinfo.org

Contact to self-help groups

You can find out from NAKOS (national contact and information office for the encouragement and support of self-help groups) where there is a self-help group in your area: www.nakos.de, Tel.: 030 3101 8960.

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