

# COLORECTAL CANCER TREATMENT



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Tailored Information in Cancer Care (TICC)  
Sir Anthony Mamo Oncology Centre*

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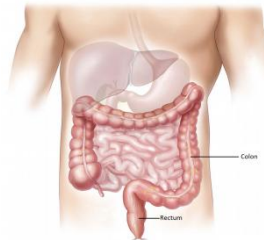
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## About this booklet

This booklet may be useful for both women and men who are starting or having treatment for Colorectal Cancer.

Colorectal cancer refers to cancer that starts in the colon or in the rectum. These form part of the large bowel within your body's digestive system.



After diagnosis, it helps to know what to expect and where you can get further support.

This booklet includes information about the various treatment options for Colorectal Cancer and other relevant information you may find useful in your cancer journey.

There are different types of Colorectal Cancer, so every patient may require different treatment options and not all information in this booklet may be applicable to your needs. The information in this booklet focuses on Colorectal Cancer treatments.

This booklet does not replace the information provided by healthcare professionals who will be guiding you throughout your care.



## Your first oncology consultation

Following your referral to the Oncology Centre, health care professionals will contact you for an appointment with your Oncologist (the specialised doctor who will be managing your cancer treatment). Your Oncologist will discuss with you your treatment options and together, you shall formulate a treatment plan. Based on the treatment decisions, you will encounter relevant healthcare professionals who will support you during your treatment plan and address your informational needs.

You might find it helpful if you write down any questions you may have prior to your oncology consultation.

## Your feelings

Most people feel overwhelmed when they are told they have cancer and experience many different emotions. Partners, family members and friends often have similar feelings and may also need support and guidance to cope.

Often shock, disbelief, denial, fear and uncertainty, anger, blame and guilt are some of the immediate reactions when cancer is diagnosed. You may feel unable to express any emotion. You may also find that you can take in only a small amount of information or you need to be told the same information repeatedly.

If you are experiencing difficulties in coping with your feelings, you may be referred to the Psychology Department at the Oncology Centre.

## Treatment options for Colorectal Cancer

Treatments used for colorectal cancer include surgery, radiotherapy, chemotherapy and biological (monoclonal) therapy. Often, a combination of treatments is used.

Treatment depends on the stage of the cancer and where it is in the colon or rectum. It also depends on your general health and personal choice.

The stage of the cancer describes its size, position and whether it has spread beyond where it started in the body. Knowing the extent of the cancer helps the doctors decide on the most appropriate treatment.

Generally, cancer is divided into four stages:

- Stage 1 - The cancer is small and localised.
- Stages 2 or 3 - The cancer has spread into surrounding areas.
- Stage 4 - The cancer has spread to other parts of the body.



## **Surgery**

Surgery to remove the cancer is one of the main treatments for colorectal cancer. The operation usually involves removing the affected part of the colon or rectum as well as nearby lymph nodes and other affected areas. Sometimes, surgery is used to relieve symptoms rather than cure.

At times, the bowel cannot be rejoined and the upper end of the intestines is brought out onto the skin and the stools will be collected in a bag (colostomy bag or stoma). Most people diagnosed with bowel cancer do not need this colostomy bag. Some have a temporary stoma and this can often be reversed after a few months while others need to remain with the stoma.

## **Chemotherapy**

Chemotherapy is the use of anti-cancer medications to destroy cancer cells, to stop the cancer cells from spreading or to slow the growth of cancer cells.

Chemotherapy can be given after surgery to reduce the risk of colorectal cancer coming back (adjuvant treatment). Chemotherapy can also be given to

shrink a large cancer before surgery (neo-adjuvant treatment). Chemotherapy may also be given when the cancer has spread to other parts of the body (metastasis). Your healthcare professional will explain what the benefits are and what side effects you are likely to get.

Chemotherapy is generally given into a vein (intravenously) as a drip. Intravenous chemotherapy is often given through a small tube (cannula) in your arm. Your healthcare professionals will guide you should you require a special device inserted under the skin (Port-a-Cath<sup>®</sup>) to facilitate access to your veins.

Chemotherapy into the vein is given as a series of cycles – each session usually lasts a few hours or days. This may be followed by a gap of a number of days/weeks (depending on your personal treatment plan) in order to allow your body to recover from any side effects of treatment. Your doctor or nurse will explain how many cycles of treatment are planned for you and how you will be given your chemotherapy.

Aurora Support Service organises pre-chemotherapy classes for you and your carers. The aim of these classes is to educate patients who

need chemotherapy as part of their treatment. These sessions provide patients with the necessary information to understand and manage chemotherapy side effects. To attend one of these classes you can contact Aurora Support Service on 79000495 or [aurora.meh-health@gov.mt](mailto:aurora.meh-health@gov.mt).

### ***Side effects of chemotherapy***

Chemotherapy drugs can cause side effects, but many of these can be well controlled with medicines and will usually go away when your treatment is finished. Side effects of chemotherapy vary from one person to another and are dependent on your treatment regime. Your doctor or nurse will tell you more about what to expect. Always mention to the healthcare professionals any side effects you're having as there are usually ways in which they can be controlled.

### **Biological therapy**

Some people may be advised to have biological therapy (monoclonal antibody) in combination with chemotherapy. The benefit of such treatment should be discussed on a case-to-case basis.

## **Radiotherapy**

Radiotherapy uses high-energy x-rays to destroy cancer cells, while causing as little harm as possible to normal cells. In colorectal cancer, radiotherapy is usually given only to treat rectal cancer. This can be given before or after surgery.

The treatment is given in the radiotherapy department as a series of short daily sessions. Each treatment takes 10–15 minutes and they are usually given Monday–Friday with a rest at the weekend. The healthcare professionals will discuss the treatment with you and shall provide further information.

### ***Side effects of Radiotherapy***

You may develop side effects over the course of your treatment. These usually disappear gradually over a few weeks or months after treatment finishes. The relevant healthcare professional will discuss this with you so you may know what to expect. Let them know about any side effects you have during or after treatment, as there are often things that can be done to help.

## After your treatment

### **Follow-up**

After your treatment has finished, you'll have regular check-ups, which will include physical examinations and blood tests. Additionally, you may also need to have regular colonoscopies which in certain cases may continue for several years.

Follow-up appointments are a good opportunity to talk about any concerns you have. However, if you notice any new symptoms or are anxious about anything else between your appointments, consult with your family doctor (GP). Your GP will guide you accordingly and will refer you to the Oncology department if necessary.

### **Sex and fertility**

This section talks about the effects cancer and its treatments can have on your sexuality. We've also included information about planning a family, contraception and your ability to have children (fertility).



## Sexuality

Colorectal cancer, its treatments and their side effects may affect your sex life and how you see yourself (self image). Try not to think that sex is never going to be important in your life again. There will often be a period of adjustment for you and your partner, and with time most difficulties can be overcome. You may feel insecure and worry whether or not your partner will still find you sexually attractive. Partners are often concerned about how to express their love physically and emotionally after treatment. It is ok to be sexually active, but it is best to discuss this with your doctor.

## Planning a family

Doctors sometimes advise waiting three years before getting pregnant / father a child, because it is during this time that the cancer is most likely to come back. It also gives you time to recover from treatment.

***It's a good idea to talk to your consultant first if you are thinking about having a family.***

## **Effects on fertility**

Some colorectal cancer treatments can affect your ability to have children (fertility). In women, chemotherapy can bring on an early menopause, especially if you are close to menopause. It is important to talk to your doctor about your fertility.

## **Effects after treatment**

After treatment you may want to get back to doing the things you did before your cancer diagnosis. However, you may still be coping with the side effects of treatment, such as tiredness or hair loss, and even emotional distress.

Recovery takes time, so try not to be hard on yourself. It is not unusual to feel anxious and even a bit isolated at this time. People often worry about the cancer coming back and that any ache or pain is a sign that it has returned.

It is important to talk over any concerns or questions that you have with your GP.



## **Lifestyle changes - Making positive decisions**

### **Eat well and keep to a healthy weight**

Here are some tips:

- Only eat as much food as you need
- Eat a balanced diet with lots of fruit and vegetables
- Eat less fat and sugar
- Become more physically active.

### **Look after your bones**

Here are some tips:

- Regular exercise
- Eat a healthy and balanced diet which contains enough calcium and vitamin D
- Stop smoking.

The Health Promotion and Disease Prevention Directorate helps people to stop smoking with one-to-one support through the helpline and organises smoking cessation programs at your Primary Health Centre for your benefit. We advise you to contact the directorate on 23266000/80073333 for further information.



## Work

You may need to take time off work during your treatment and for a while afterwards. Your decision is likely to depend mainly on the type of work you do. Getting back into your normal routine can be very helpful and you may want to go back to work as soon as possible. Many people find that going back to work as soon as they feel strong enough gives them a chance to put their worries to one side by becoming involved with their job and colleagues again. It can help to talk to your employer about the situation.

For work related issues or other psychosocial queries you may contact the Social Work Service at the Oncology Centre.

## Important Telephone Numbers

Mater Dei Hospital	2545000
Stoma Care Unit at Mater Dei Hospital	25454431
Sir Paul Boffa Hospital	21224491
Sir Anthony Mamo Oncology Centre	25452200
Oncology Outpatients at the Oncology Centre	25452410/1
Chemotherapy Focal nurses	79000495 / 79000433
Radiotherapy Focal nurses	79000443 / 79004378



## Useful Resources

Sir Paul Boffa Hospital - A patient information booklet

### **Sir Paul Boffa Hospital Website**

[https://ehealth.gov.mt/healthportal/health\\_institutions/hospital\\_services/boffa\\_hospital/boffa\\_hospital.aspx](https://ehealth.gov.mt/healthportal/health_institutions/hospital_services/boffa_hospital/boffa_hospital.aspx)

### **Mater Dei Hospital Website**

[www.materdeihospital.org.mt/](http://www.materdeihospital.org.mt/)

### **Macmillan Website**

<http://www.macmillan.org.uk/>

#### Thanks

This booklet has been written, revised and edited by the Tailored Information in Cancer Care working group at Sir Anthony Mamo Oncology Centre. Thanks goes to the Macmillan Cancer Support and Ms. Ilona Pirota for allowing us to adapt this information to our local needs.

#### Disclaimer

We make every effort to ensure that the information we provide is accurate, but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. This booklet does not in any way replace the medical advice or discussion between yourself and the medical team.



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