

Colorectal Cancer

■ What is colorectal cancer?

Colorectal cancer begins when healthy cells in the lining of the colon or rectum change and grow out of control. This cell growth can form a noncancerous polyp that could become a cancerous tumor. Most colon and rectal cancers are a type of tumor called adenocarcinoma. Colorectal cancer is the fourth most common type of cancer diagnosed in the United States.

■ What is the function of the colon and rectum?

The colon and rectum make up the large intestine, which plays an important role in the body's ability to process waste. The large intestine turns food digested by the stomach and small intestine into fecal waste, or stool, that leaves the body through the anus.

■ What does stage mean?

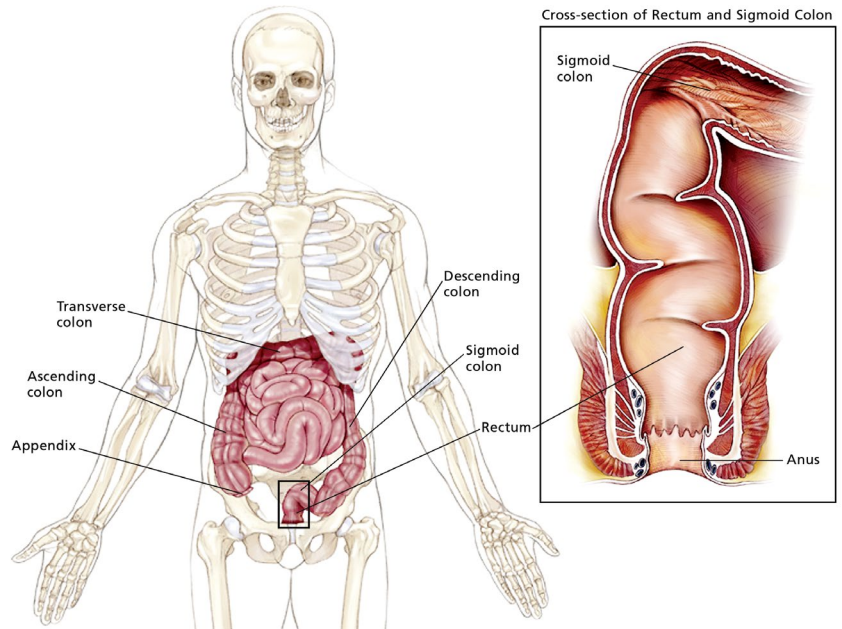
The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 5 stages for colorectal cancer: stage 0 (zero) and stages I through IV (1 through 4). Find more descriptions and illustrations of these stages at www.cancer.net/colorectal.

■ How is colorectal cancer treated?

The treatment of colorectal cancer depends on the location and extent of the tumor, whether the cancer has spread, and the person's overall health. For cancers that start in the colon, surgery is typically the first treatment. For cancers that start in the rectum (the last 4 to 5 inches of the large intestine), surgery may be the first treatment or chemotherapy and/or radiation may be given before surgery. Additional treatment may be given to lower the risk of the cancer returning or to treat cancer that has spread. This may include radiation therapy and chemotherapy. If the cancer has spread outside the colon and rectum, then chemotherapy, targeted therapy, or immunotherapy will be used. Occasionally, surgery may also be used to remove cancer that has spread past the colon and rectum. When making treatment decisions, people may also consider a clinical trial. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your doctor about all treatment options. The side effects of colorectal cancer treatment can often be prevented or managed with the help of your health care team. This is called palliative care or supportive care and is an important part of the overall treatment plan.

■ How can I cope with colorectal cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of colon or rectal cancer do I have?
- ▶ Where exactly is the cancer located?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ What stage is the colon or rectal cancer? What does this mean?
- ▶ Has my tumor been tested for microsatellite instability and other molecular features?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ What treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do? Do they have experience treating colorectal cancer?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my ability to become pregnant or have children?
- ▶ What long-term side effects may be associated with my cancer treatment?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at www.cancer.net/colorectal. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Words to know

Adenoma: A specific type of polyp that is likely to become cancerous.

Benign: A tumor that is not cancerous.

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Colonoscopy: A test that allows doctors to look inside the colon and rectum for polyps or cancer using a colonoscope (lighted tube).

Immunotherapy: A treatment designed to boost the body's natural defenses to fight cancer.

Lymph node: A tiny, bean-shaped organ that fights infection.

Malignant: A tumor that is cancerous.

Metastasis: The spread of cancer from where it began to another part of the body.

Oncologist: A doctor who specializes in treating cancer.

Polyp: A growth in the colon or rectum that is a risk factor for colorectal cancer.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Targeted therapy: Treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival.

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Doctor-Approved Patient Information from ASCO®

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