

Treating Colon, Rectum, and Anus Cancers

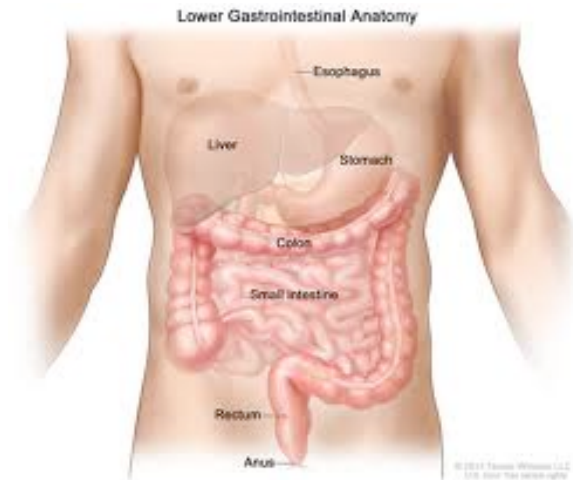
Radiation Therapy

Radiation therapy is often used in conjunction with surgery and chemotherapy to treat cancers of the colon, rectum and anus. Treatment involves focused radiation to the bowel and pelvis to treat cancer cells in the area. Surrounding healthy tissue can be affected, but normal cells are often better able to heal from radiation injury, compared to cancer cells, because they have maintained the ability to repair radiation induced damage.

- For colon cancer, depending on the location and stage of your cancer, radiation can lower the chance of recurrence.
- For some rectal cancers, radiation therapy is given with chemotherapy to make the tumor smaller so it can be removed more easily during surgery. In some cases, radiation can allow an organ-sparing surgery to be possible. It is also common for radiation and chemotherapy to be given before surgery for rectal cancer.
- Anal cancer can often be treated with radiation therapy and chemotherapy, as an organ-preserving approach that avoids the need for surgery.

Surgery

Surgery often plays a key role in treatment. For colorectal cancers, it is the main curative treatment. The surgeon will determine how much of the large bowel needs to be removed, but often it involves removal of a section of the colon. Because the tumor can spread to lymph



nodes nearby, often some lymph nodes are removed at the time of surgery. Depending upon the location of the tumor, surgery may or may not allow normal bowel function afterwards.

For anal cancers, surgery is less frequently used at the time of diagnosis because effective organ-preserving approaches are available. If bowel function is poor, sometimes surgery is used at first, but often it is reserved as a second chance for cure where organ-preserving treatment does not succeed. Because surgery for the anal canal involves removing the area responsible for how you go to the bathroom, a surgery called a colostomy to re-route bowel movements is usually necessary as well.

Medical Therapy

While surgery and radiation focus directly on treating the bowel or pelvic area, medication is often recommended to improve cure rates. A medical oncologist will evaluate you and determine what medications may be most helpful.

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Chemotherapy is a kind of medication that can destroy cancer cells by different methods. Often, two or more drugs may be combined for the best results. The dose and schedule for treatment varies, as some chemotherapy may be every few weeks and in some cases it's given daily. It also differs depending upon the whether it's colon or anal cancer. For more details about these drugs, ask your medical oncologist what may be best for you.

EXTERNAL BEAM RADIATION THERAPY

External beam radiation therapy involves a series of daily outpatient treatments that accurately deliver radiation to the area needing therapy. The radiation beam usually comes from a machine called a linear accelerator.

Before beginning treatment, you will be scheduled for a simulation to map out the area to be treated. This will involve having X-rays and/or a CT scan. Landmarks placed on your skin (often tiny tattoos) allow the radiation therapists delivering your treatments to precisely position you each day. To minimize side effects, the treatments are usually over about five or six weeks, five days a week (Monday through Friday). This allows your doctors to get enough radiation into your body to kill the tumor cells while giving healthy cells time to recover each day.

Technical terms that may be mentioned for colorectal and anal cancer treatments include three dimensional conformal radiation therapy (3-D CRT) and intensity modulated radiation therapy (IMRT). Your radiation oncologist can provide more information about these different techniques.

POSSIBLE SIDE EFFECTS

Radiation therapy to the abdomen and pelvis may cause more frequent bowel movements, occasionally with diarrhea, abdominal cramping or rectal discomfort. It may also cause more frequent urination, sometimes with a burning feeling or cause a small amount of blood to appear in the urine or stool. These should resolve after treatment ends.

Some patients may also feel tired or lose their appetite. This is temporary as well. Possible skin irritation problems depend on your tumor and the areas needing treatment. For anal cancer patients, a pronounced but temporary skin irritation is usually the major side effect from the treatment. It is possible that your treatment may need to be put on hold if the skin reaction is severe. Talk with your doctor and treatment team (including the nurse and radiation therapist operating the radiation machine) about any new symptoms you experience during treatment. Side effects that occur are not the same for all patients. Ask your doctor what you might expect from your specific treatment program. It is likely you will receive chemotherapy in addition to radiation therapy. The side effects from the chemotherapy will depend on the drugs being prescribed and how often you are to receive them.

Ask your medical oncologist about chemotherapy side effects you may experience. Side effects often can be controlled with medications or changes in your diet. Tell your doctor or nurse if you experience any of them, so they can work to help you feel better.