

Colorectal Cancer Care



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Specialized Doctors and Personalized Care

Learning you have cancer can feel overwhelming. Your life suddenly changes and a cascade of emotions often follows, affecting you and your loved ones. You will likely have many questions as well. Your Kaiser Permanente cancer care team will provide you with the guidance, treatment, and support you need.

This booklet contains information about colorectal cancer. It explains what to expect and how your care team will work with you to make your treatment as comfortable and successful as possible.

Your care team includes skilled specialists who perform thousands of cancer treatments

every year. Our advanced equipment and techniques ensure that you receive the most current and highest quality care available.

We welcome your questions and encourage you and your family to talk with your care team about any concerns. We're here to help.



Your Kaiser Permanente Cancer Care Team

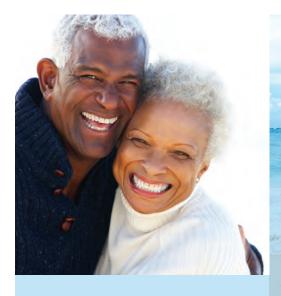
A team of physicians and other health professionals will provide you with the best care and treatment possible. Our physicians are specialists from different fields, such as radiology, oncology, and surgery. They work together to create a treatment plan specifically for you.

Your care team will meet with you to:

- Explain the details of your diagnosis.
- Discuss your treatment options.
- Help you make decisions and prepare for treatment.

Having a care team is like getting a second, third, and fourth opinion right from the start.

We hope you'll feel comfortable with all members of your care team. Let us know if you have questions or concerns.



Note to loved ones

Having a family member or friend go through this type of care may affect you too. At Kaiser Permanente, we'll provide you with resources to help.



Physicians may include:

- **Gastroenterologist:** A doctor who specializes in treating diseases of the digestive system, which includes the colon, rectum, and anus.
- **Medical Oncologist:** A doctor who specializes in treating cancer with drugs, such as chemotherapy, targeted therapy, and immunotherapy.
- Radiation Oncologist: A doctor who specializes in the use of radiation to treat cancer.
- Interventional Radiologist: A doctor who specializes in image-guided procedures to treat and diagnose diseases, such as CT-guided biopsies of the liver or other organs affected by the spread of colorectal cancer.

Other health care professionals may include:

- Oncology Nurse: A nurse who specializes in caring for people who have cancer.
- **Physician's Assistant:** A health professional who practices medicine under the supervision of a physician and is often a member of the colorectal cancer surgery team.
- **Social Worker:** A health professional trained to talk with people and their families about emotional or physical needs, and to find them support services.
- **Registered Dietician:** A health professional with special training in the use of diet and nutrition to keep the body healthy.
- Ostomy Nurse: A nurse who specializes in caring for and teaching people to care for a temporary or permanent ostomy.
- Patient Care Coordinator or Discharge Planner: A health professional who coordinates discharge from the hospital and makes sure you have the equipment and care you need at home.

You can use this table to keep track of the names and contact information for your care team so you have it all in one place.

PHYSICIAN	NAME	CONTACT INFORMATION
Primary Care Doctor		
Medical Oncologist		
Radiation Oncologist		
Surgeon		
Medical Center		Daytime:
		After Hours:
Other		



Your cancer care team may include physicians and other health professionals from different specialties. This team works together to provide the best care for you.

My Doctor Online app

Download our My Doctor Online app for free from the App Store or from Google Play to help you manage your care, including:



- Getting reminders and details of upcoming appointments.
- Emailing your doctor with nonurgent messages.
- Calling our 24/7 Appointment and Advice line.
- Finding maps and directions to Kaiser Permanente medical centers and medical office facilities.

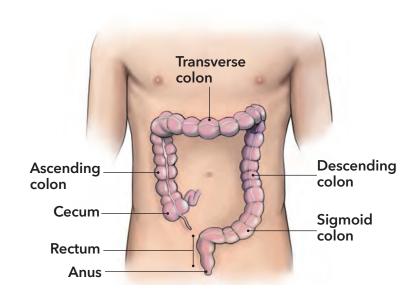
Learning about Colorectal Cancer

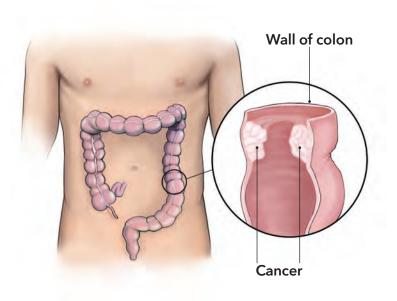
Colorectal cancer starts in the large intestine (colon) or lower end of the colon (rectum). It's one of the most common types of cancer in the United States. The colon absorbs nutrients and water from digested food and creates waste (stool), which is eliminated through the rectum.

Nearly all colorectal cancers begin as small growths (polyps) inside the lining of the colon or rectum. While most are harmless (benign), some may develop into cancer over time.

Polyps should be monitored and removed. A cancerous growth may also damage the surrounding normal tissues. Cancerous cells can:

- Enter the bloodstream and lymph nodes.
- Spread to other parts of the body (metastasize).





Staging Colorectal Cancer

Your care team will use staging to determine how far the cancer has spread. Your treatment is based on the stage of the cancer.

To stage colorectal cancer, we use:

- CT scans
- Blood tests
- Results from other diagnostic procedures

When the colorectal cancer is detected, we may need to first perform surgery to stage it. Once the cancer is removed, it's carefully examined by a specialized doctor (Pathologist) to identify the stage.



The stages of colorectal cancer include:

- **Stage 0** The cancer is only in the innermost lining of the colon or rectum.
- The cancer has spread to the outer lining but remains within the walls of the colon Stage I or rectum.
- Stage II The cancer has grown through the walls and possibly entered nearby tissue but not the lymph nodes.
- Stage III The cancer has spread to lymph nodes.
- Stage IV The cancer has spread to other organs (such as the liver or lungs) or to lymph nodes far away from the colon or rectum.

Choosing Treatment That's Right for You

Treatment of colorectal cancer depends on the location and spread of the cancer. Each treatment plan is unique to your stage of cancer. Your treatment may be different from someone you know with colorectal cancer.

Treatment for **colon cancer** can also be different than treatment for **rectal cancer**.

Your care team first analyzes all your diagnostic procedures and tests. Then, we'll work with you to create the treatment plan that's right for you.

For colorectal cancer that starts in the colon, the most common treatment is surgery, followed by possible chemotherapy.

For colorectal cancer that starts in the rectum, the most common treatment is a combination of surgery, chemotherapy, and radiation therapy.

Questions to ask your care team		
What are my treatment options?		
What are the risks and possible side effects of each treatment?		
What can I do to prepare for treatment?		
Will I need to stay in the hospital? If so, how long?		

Surgery

Surgery is the most common treatment for colorectal cancer.

During surgery, your surgeon removes the:

- Section of colon that contains the tumor.
- Blood vessels that support the tumor.
- Nearby lymph nodes.

The ends of the colon are then joined back together.

The cancer is often removed by laparoscopic surgery. During this procedure, we:

- Make several small cuts (incisions) in your abdomen.
- Insert small instruments through the incisions, including a tool with a light. The light lets us see the area of the cancer and remove the affected section of the colon.

Because no large incision is needed, you may have less pain after surgery and recover more quickly.

You may need a larger incision (open surgery) if the cancer is more advanced, involves other organs, or is in a difficult location.

Risks of surgery

Before surgery, your care team will talk with you about the common risks associated with this procedure.

After surgery, you may need to stay in the hospital for several days. We'll watch for signs of:

- Fever
- Excessive bleeding
- Abdominal pain
- Infection

At first, you may be on a liquid diet. Within a few days, you can eat more solid foods. Soon after surgery, we encourage you to regularly get out of bed and walk. This helps the healing process.

Colostomy

A colostomy is a procedure to create an opening called a stoma in the abdomen. The stoma allows waste (stool) to pass out of the body. During this procedure, a small part of the intestine is pulled through a minor cut (incision) in your abdomen. Your surgeon then attaches (sutures) the intestine to the skin. After a colostomy, stool passes through the stoma into a bag (pouch).

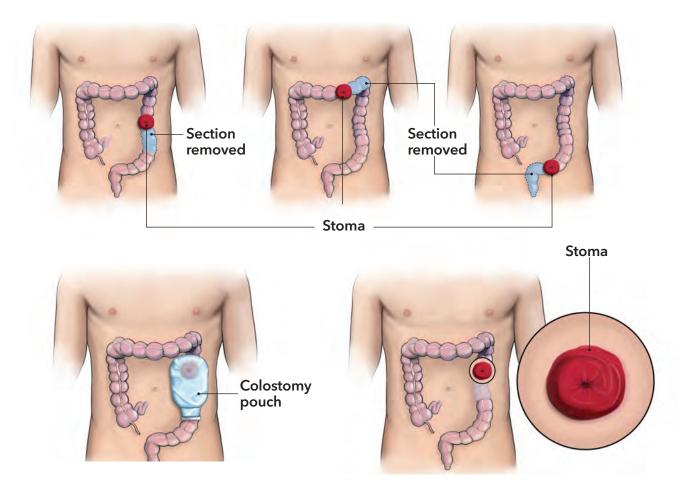
A colostomy may be performed if the:

- Colon can't be reconnected after surgery.
- Entire lower colon or rectum needs to be removed.
- Surgery is done on an emergency basis.

A colostomy may be temporary until your colon heals, or it may be permanent. If it's temporary, you'll have another surgery about 2 to 3 months later to reconnect the colon.

If you require a colostomy, your care team will teach you how to take care of it to prevent skin irritation and infection.

Some people feel mixed emotions about having a permanent colostomy. However, you can continue living an active life with a colostomy. Your care team is there to help you cope when adjusting to this change.



Chemotherapy

Chemotherapy uses drugs to kill cancer cells. It's usually given through intravenous (IV) infusion or orally (pills), depending on the stage of your cancer.

Typically, chemotherapy circulates throughout your entire body (systemic). It can destroy cancer cells that travel outside of the colon and rectum.

Your care team may recommend chemotherapy to treat colorectal cancer when it's at:

- Stage II, depending on the risks.
- Stage III, when the hope is to cure the cancer (unless you're in poor overall health).
- Stage IV, to improve life expectancy. The outcome is much better now than it was several years ago.

When rectal cancer is in stage II or stage III, you may be treated with a combination of chemotherapy and radiation.

Your care team may also prescribe a type of drug (monoclonal antibodies) along with chemotherapy. These drugs may cause side effects that are different from typical chemotherapy drugs.

Chemotherapy side effects

Chemotherapy targets cells that grow and multiply rapidly, such as cancer cells. It can also affect normal cells that happen to grow quickly and divide. This can cause side effects, such as:

- Low red blood cells (anemia)
- Low white blood cells (weakened immune system)
- Infection
- Nerve damage that leads to pain (neuropathy)
- Diarrhea and constipation
- Nausea and vomiting

If you're taking a monoclonal antibody drug, you might also experience a skin rash and sometimes breathing problems.

We'll regularly monitor you for possible side effects. Let your care team know if you have any symptoms so we can manage them early on.

Call us right away or seek emergency care if you develop signs of infection, such as fever and chills.

Radiation Therapy

Radiation therapy uses high-energy beams to kill tumor cells. It's used for advanced stages of rectal cancer. It's not often used to treat colon cancer. Your care team might also recommend it to control symptoms such as cancer pain.

The most common type is external-beam radiation therapy. A machine outside the body delivers radiation directly to the tumor and nearby tissue. A CT scan is used to identify the precise location first. If you need radiation therapy, you may have it 5 days a week for up to 6 weeks.

Radiation therapy side effects

Common side effects from colorectal cancer radiation therapy are:

- Fatigue
- Bowel discomfort, including diarrhea
- Frequent urination
- Pain or discomfort when urinating
- Red, inflamed, tender skin, with possible blistering



Self-Care for Managing Side Effects

Your health care team is with you every step of the way and will suggest ways to control any treatment side effects. Remember, these usually go away after treatment ends, although it may take a little time.

To reduce fatigue:

- Get plenty of rest.
- Try light exercise every day.
- Use relaxation techniques like deep breathing or a simple meditation before bed to help you sleep better.

To control stomach problems:

- Drink plenty of water.
- Have someone else cook for you if preparing food makes you feel ill.
- Eat bland foods (bananas, rice, or toast) to control diarrhea.
- Eat high-fiber foods (bran or fruit) to limit constipation.
- Eat small meals or snacks throughout the day, instead of 3 meals a day.
- Take medications for nausea.

To care for hair, skin, or mouth problems:

- Brush your teeth with a soft toothbrush after each meal.
- Rinse your mouth with half a teaspoon of salt or baking soda mixed in a glass of water.
- Use mild soaps when bathing.
- Apply thick lotions or creams daily over your entire skin to keep the skin moist.
- Avoid using products on the skin, including aloe gel or lotion, that contain alcohol.
- Take short (5 to 10 minutes) lowtemperature showers.
- Pat your skin dry, instead of rubbing.
 Avoid using washcloths.
- Protect your scalp by wearing sunscreen or a hat if you're losing hair. Hair usually grows back.

To reduce the risk of infection:

- Wash your hands often.
- Avoid contact with people who are currently sick, such as with a cold or flu.

Your Life, Your Way

We encourage you to live your life as normally as you can during treatment. It can help to stick to regular routines and continue doing things you enjoy as much as possible. After treatment ends and you've had time to recover and get stronger, it will be time to move forward with your life.

Some ways to help maintain control over your life are to:

- Communicate what you feel and ask for what you need.
- Keep a diary of treatments, medications, and side effects.
- Bring family or friends with you to appointments to help keep track of details. This can help them as well.
- Write down questions for your doctor and care team so you won't forget to ask them.
- Let your care team know about symptoms or problems—whether you're feeling better or worse, good or bad. They can respond when they know what's happening in your life.



Our commitment to you continues after treatment.

This includes follow-up, rehabilitation, and survivorship support services.

Support at Every Step

Many aspects of your life may change after your diagnosis. People around you will also be concerned about your well-being. This can trigger many different emotions.



We offer complete care for you and your family before, during, and after treatment. This includes:

- Individual counseling
- Symptom management
- Cancer support groups
- Nutrition counseling
- Health education classes
- Follow-up services
- Rehabilitation

For many people, reaching out to cancer survivors with similar experiences can be helpful. They can offer encouragement and understanding. It may help to know that others get through this even though it can be tough.

Recovering from major surgery and cancer treatment can be both physically and emotionally difficult. It's common to feel anxious or even depressed after your treatment. You may have trouble sleeping and eating. This is normal.

We encourage you to share and discuss your emotions with those around you and with your care team. Kaiser Permanente also offers support services, including counseling, support groups, and psychiatric care.

Let us know how you're feeling. Your care team can respond to any symptoms or problems you may have.

Remember, we are here to support you in every way we can for as long as you need us.

Clinical Trials

Clinical trials are research studies that involve cancer patients. They test new ways to prevent, detect, diagnose, or treat cancer. Those who take part in clinical trials have an opportunity to contribute to our greater knowledge about cancer, and to help in the development of improved cancer prevention and treatments.

Kaiser Permanente is nationally recognized as a leading research organization. We are part of the National Cancer Institute (NCI) Community Oncology Research Program.

We participate in more than 70 clinical trials available to patients at any given time. Because of this, our patients have access to cutting edge treatment options and research.

We believe it's important for you to understand all of your treatment options, including being part of a clinical trial. If you're interested, talk with your cancer care team.



Kaiser Permanente Resources

Member Services Department

Member Services will help answer your questions and obtain the services or assistance you may need related to:

- Health plan benefits, premiums, and copay explanations
- Your enrollment status
- Registration on kp.org (so you can email your doctor or view visit summaries)
- Getting or replacing a member ID card
- Advance Health Care Directives and Durable Powers of Attorney
- Health plan coverage while traveling
- Information about health plan documents

You can offer suggestions or convey concerns to Member Services in person at your medical center, online, or by phone:

- Member Services Call Center: (800) 464-4000
- Senior Advantage and Medicare: (800) 443-0815

Insurance and Employment

You may be concerned about how your treatments may affect your job and insurance status. Your care team will work with you to manage any side effects and minimize their impact on your normal schedule.

You may still need to change your regular work hours or take time off work to recover from treatments. If this happens, your care team social worker can connect you to insurance and employment resources to help manage changes. Ask your social worker for further information about California and federal regulations and programs, such as:

- State Disability Insurance (SDI)
- California Paid Family Leave Program
- Federal Family and Medical Leave Act (FMLA)

Release of Medical Information (ROMI) Department

You may need to send part of your Kaiser Permanente (KP) medical record to another organization. For example, Kaiser Permanente members applying for disability insurance through the California Employment Development Department (EDD) may request copies of medical records to support their application. We only release medical information by request of the patient. Only members or their legal agent may authorize release of medical information.

To obtain information from your Kaiser Permanente medical record, your care team can direct you to the Release of Medical Information Department (ROMI), which will help you complete the necessary documentation.

If you need to forward medical information from a non-Kaiser Permanente physician to KP, you can ask your non-Kaiser Permanente provider to send the information directly to your Kaiser Permanente primary doctor (not to ROMI). Your Kaiser Permanente primary doctor will review outside medical records before including the information to your file.

If you are seeking medically related time off from work or applying for Family Medical Leave (FMLA), you do not need to request a form from ROMI. Instead, ask for "Work Status Activity Forms" from your doctor.



Financial Services Department

If you have concerns or questions about medical bills, payments, refunds, or need financial assistance during or after a hospital stay, you can contact a Patient Financial Advisor in the Financial Services Department.

Financial Services is also responsible for billing all non-Kaiser Permanente plans on a patient's behalf, including Medicare, Medi-Cal, Third Party Liability (TPL), Coordination of Benefits (COB), Health Maintenance Organization (HMO), and secondary insurance companies.

Patient Financial Advisors are available to answer questions about alternative payment needs or to help locate resources and assist during and after a hospital stay. You can ask your care team or social worker about the best way to contact an Advisor at your facility.

Additional Resources

- Kaiser Permanente Cancer Care kp.org/mydoctor/cancer
- National Cancer Institute cancer.gov

- American Cancer Society cancer.org
- Cancer Care cancercare.org



This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist.

Some photos may include models and not actual patients.

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Notes



