ROCKY MOUNTAIN™
CANCER CENTERS

Your Courage. Our Expertise.

What Now?

A Practical Guide for People With a New Diagnosis of Colorectal Cancer

What's Next After a Colorectal Cancer Diagnosis?

If you've received the news that you have colon or rectal cancer, you're likely evaluating your options. Who do you see next? This can be a bit confusing and you'll likely have many questions. This guide is designed to help give some clarity to the process and provide helpful tips for you and your family.

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Who Treats Colon and Rectal Cancers?

If you have been told that colon or rectal cancer is present, it's best to schedule an appointment with a medical oncologist who can determine the extent of the cancer and the best way to treat it. The medical oncologist often serves in the role of treatment coordinator guiding you through surgery, chemotherapy, targeted therapy, and working with the radiation oncology team if radiation therapy is a part of your treatment plan.

The medical oncologist, however, isn't the only member of the cancer treatment team!

The Typical Colorectal Cancer Treatment Team

At Rocky Mountain Cancer Centers, every one of the team members is dedicated to helping you through treatment physically, mentally, and emotionally. You'll discover that each person serves as a resource to guide you through a very specific part of your treatment plan.

"When you receive treatment before colorectal cancer has spread to other parts of your body, you can increase your chances of survival." - **Dr. Nallapareddy**

Some of the other members of your cancer treatment team include:

Surgeon: If the cancer hasn't been removed yet when you see a medical oncologist, a surgeon who specializes in colon and rectal surgeries will be consulted. Together, the doctors will determine the right timing for surgery.

A surgeon may also be needed to place a port under your skin in the upper chest area so future chemotherapy treatments can be given more easily.

Radiation oncologist: This is a doctor who specializes in treating cancer with radiation therapy. Meeting with this specialist often takes place in the same location as your medical oncology appointments. The radiation oncologist will work with the medical oncologist and surgeon to discuss whether radiation therapy is needed and the best timing for it.

Advanced practice providers (APP): Advanced practice providers are nurse practitioners or physician associates who work side by side with the oncologists to provide care, education about treatments, and help with side effect management. On some visits, you might see the APP. Feel free to tell them everything you would tell the oncologist.

Triage nurses: These nurses work with the medical oncologist and the APPs. They help make sure your treatment plan is being executed as intended and will discuss any reactions you have that may make the doctor consider a different treatment path. They also provide support for questions about side effects, patient concerns, and prescriptions.

Infusion nurses: These help out in the infusion room, providing chemotherapy and other infusions as needed per the treatment plan. They're with the patients in the cancer center throughout their treatments and can help manage side effects that come up.

Radiation technicians: At each radiation therapy session, these team members help you get in the proper position and address any side effects you may experience.

> It's really important that you feel comfortable talking to the staff at your cancer treatment center. They're going to give you a lot of information, and you need to have a line of communication that's clear and easy.

Schedulers/Assistants: These staff members help set up appointments and provide other clerical support.

Social worker: Oncology social workers can help patients with the day-to-day challenges they may face with their mental and emotional health during cancer treatment. They're able to provide resources that can assist in the ways you need them most.

Patient financial counselor: Patient financial counselors offer assistance with navigating financial resources and setting up payment plans.

Should You Get a Second Opinion?

There are a few reasons why people want a second opinion. You may like the team you met with first but would like to hear another professional's opinion to see if they have a similar approach. That's a completely valid reason to seek a second opinion. It also exposes how each practice operates to see what might work better for you.

Other times, patients aren't comfortable with the team they met with initially. It's really important that you feel comfortable talking to the staff at your cancer treatment center. They're going to give you a lot of information, and you need to have a line of communication that is clear and easy. If you don't like your treatment team, you'll be less likely to ask questions, more likely to be frustrated, and all of these things greatly influence your mental and emotional health during treatment.

There is almost always time for you to seek a second opinion. And you shouldn't feel bad about getting a second opinion. Doctors understand that this is normal. The second opinion appointment is usually covered by insurance, and it will give you the peace of mind that you've got a treatment plan you feel is best for you.

How is a Colorectal Cancer Treatment Plan Created?

Rocky Mountain Cancer Centers relies on a multidisciplinary tumor board that reviews and discusses information about each patient and makes a treatment plan based on their findings. The multidisciplinary tumor board includes the radiologist, medical oncologist, surgeon, pathologist, and radiation oncologist.

The Pathology Report Will Help Your Doctors Make Decisions

The cells removed during either a colonoscopy or a biopsy of a colon mass will be put under a microscope and evaluated by a pathologist. They will report on their findings in a pathology report.

The pathology report that comes back after surgery to remove colorectal cancer provides information such as:

- Size of the tumor(s)
- Whether the cancer has spread to lymph nodes
- An assessment to determine if the cancer cells have invaded the colon wall
- Grade of cancer, indicating how quickly the cancer is growing
- Biomarkers to see if there are specific genetic mutations that can be treated with a targeted therapy

The pathology report and images help the oncologist determine the stage of cancer.

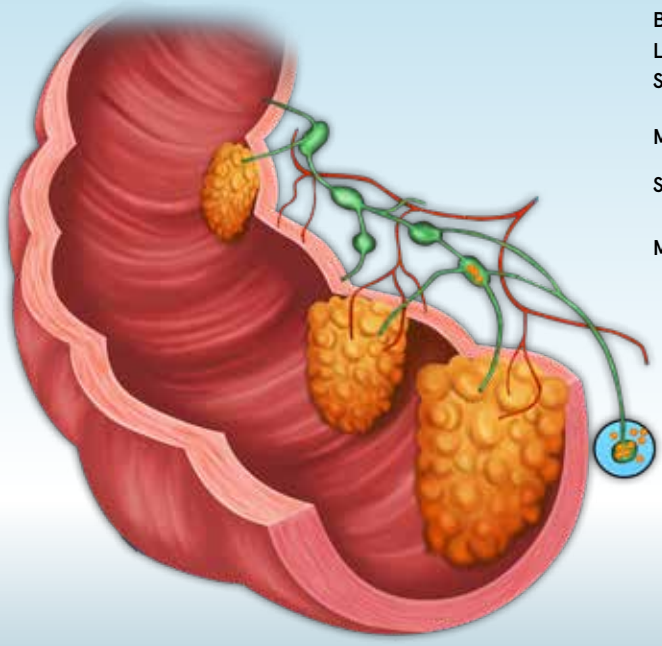
The stage plays an important role in determining what types of treatments are best. There are substages to each of these. However, this gives you a general idea of the extent of cancer at each stage.

Stage 0:	Stage 1:	Stage 2:	Stage 3:	Stage 4:
Stage 0 colorectal cancer has not grown beyond the colon's inner lining. This typically indicates that only surgery is required to remove the cancerous polyp.	Stage 1 colorectal cancer indicates that the cancer is deeper in the lining of the colon but is still confined to the area. The cancer has not spread beyond the colon wall or to the nearby lymph nodes.	Stage 2 colorectal cancer is when the cancer has grown through the colon wall and possibly into nearby tissue. However, it has not spread to the lymph nodes.	Stage 3 colorectal cancer occurs when the cancer has spread to the lymph nodes but has not impacted any other parts of the body.	Stage 4 colorectal cancer is when the cancer has spread to the lymph nodes and other organs. This is referred to as metastatic disease.

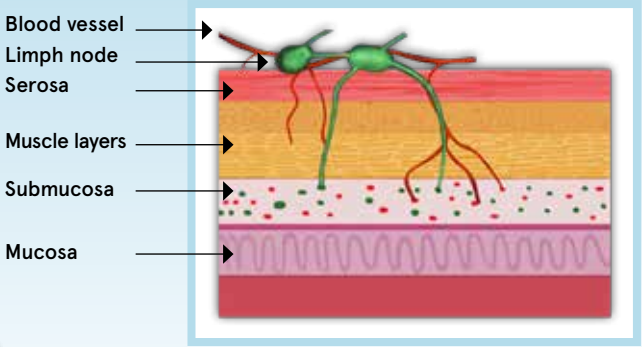
Most cases of colorectal cancers are stage 2 or stage 3 when diagnosed.

If you show a family history of colorectal cancer, the oncologist may also recommend some tests to determine if you have a hereditary genetic mutation, such as Lynch Syndrome, that would impact treatment. Typically, these tests are given for cancers at stages 3 or 4.

Colon Cancer



Normal



Surgeries for Colorectal Cancer

Surgery to Remove Cancer

If cancer was found during a routine colonoscopy, it was likely early stage and removed during the procedure. But it's not always found so early. Stage 2 and 3 patients are likely to have surgery to remove the cancerous areas. For some stage 4 patients, the cancer has spread to too many areas making it difficult to perform surgery. For these patients, other treatments are offered.

If a section of the colon has to be removed during surgery, there may need to be an additional procedure called an ostomy surgery.

Ostomy Surgery for Colorectal Cancer Patients

An ostomy is a surgical procedure that creates an opening in the body called a stoma, which allows stool to bypass the colon and rectum and exit through an alternative route. This procedure is often performed on patients with rectal tumors or those in advanced stages (stage 3 or 4) of colon cancer who experience bowel obstructions.

For many patients, an ostomy is a temporary condition, meaning the ostomy and the waste collection bag are not permanent. In the future, the surgeon may be able to reconnect the colon, allowing waste to be eliminated naturally. Only about 10% of colorectal cancer patients require a permanent ostomy.

Given the significant life changes involved—temporary or not—this procedure often includes additional psychological support to help patients adjust.

Other Than Surgery, Which Treatments Will You Need for Colorectal Cancer?

The colorectal cancer treatment plan is tailored based on detailed information from the pathology report, biopsy results of nearby lymph nodes, and imaging studies such as CT scans or PET scans.

Radiation Therapy

There are a few different ways radiation therapy can be used to treat colorectal cancer.

- **Before Surgery:** For patients with stage 3 cancer who have not yet undergone surgery, chemotherapy or radiation may be recommended to shrink the tumor. This makes it possible for the surgeon to remove a smaller portion of the colon, improving the surgical outcome.
- **After Surgery:** Radiation therapy may also be used post-surgery to ensure that any remaining cancer cells in the colon are destroyed, reducing the risk of recurrence.
- **To Shrink Tumors in Other Areas of the Body:** Stage 4 patients may have cancer lesions appear in other areas of the body such as the liver or lungs. Radiation can be used to shrink these tumors and relieve any pain they may be causing.

The radiation oncologist will consult with the medical oncologist and surgeon to determine when radiation is needed – before and/or after surgery.

Chemotherapy

If cancer is found in one or more lymph nodes (also called lymph-node positive) during surgery, or there is cancer in other areas of the body, chemotherapy will follow surgery. If chemotherapy is part of your treatment it will usually begin 2-4 weeks following surgery.

For most colorectal patients, a type of chemotherapy called FOLFOX is recommended. This type of chemotherapy treatment needs to be given continuously over 48 hours. You don't need to stay in the hospital during this time and can go home! Most patients are sent home with a cartridge or ball that contains the chemotherapy connected to their chemo port. In a few days, you'll go back to the office to have it disconnected. Be sure you talk to your team about any side effects you're feeling at this time.

Some patients are able to take their colorectal chemo treatment as an oral tablet or cupsule. Talk to your oncologist about whether this is right for you.

Some good news…

Most people don't lose their hair as part of the FOLFOX colorectal chemotherapy treatment!

Revolutionary Technologies Now Available for Colorectal Cancer Treatment

Colorectal cancer treatment has made remarkable advancements over the past decade. Today, we can assess how effectively your body is responding to treatment in real-time, without the need to wait weeks for additional imaging tests.

Circulating Tumor DNA Testing (ctDNA Testing)

Stage 3 and metastatic patients now have access to advanced tests that can detect circulating tumor DNA (ctDNA) in the bloodstream. This test is more sensitive and specific to the patient's unique tumor than traditional tumor marker blood tests.

For stage 3 patients, the ctDNA test is typically done after surgery, as you begin chemotherapy. The goal is for the cancer to reach stage 0, and then follow-up tests are performed every three months to monitor for any signs of recurrence. These tests can detect cancer up to six months earlier than traditional scans.

For stage 4 patients, the ctDNA test helps assess how well the treatment is working. If the ctDNA levels decrease, it's a sign that the treatment is effective. This test can also help predict long-term outcomes, as lower ctDNA levels after a few treatments are associated with better long-term results.

Targeted Therapies: A New Way to Treat Recurrent Colorectal Cancer

Depending on the biomarker testing results, a particular targeted therapy drug may provide better results than another. Targeted therapies focus on specific proteins in cancer cells that control how the cells grow.

Avastin is an FDA-approved targeted therapy used to treat colorectal cancer that has returned. This may be the best therapy to use next unless the biomarker testing results show signs of a genetic mutation that can be treated by a different targeted therapy.

If the test results show the following, treatments may be adjusted:

- **RAS Mutation:** If tests indicate wild type, then this means that you may respond to anti-EGFR therapy. If you respond to this type of treatment, you may not get Avastin. Instead, you may receive anti-EGFR therapy.
- **HER2 Status:** It's important to know your anti-HER2 status. If you are HER2 positive, then it is likely you will receive anti-HER2 therapy for colorectal cancer.
- **Microsatellite Instability (MSI) Testing or High Tumor Mutation Burden (TMB):** This is associated with genetic instability. This tells the oncologist whether the patient will potentially respond to immunotherapy, rather than a targeted therapy. Immunotherapy works by blocking cancer's ability to hide from the immune system. Additionally, it stimulates the immune system to attack cancer.

The process of testing for biomarkers to determine the best treatment plan is called personalized cancer care. It's a great advancement, improving the outcomes for patients fighting colorectal cancer that has returned. Rocky Mountain Cancer Centers is at the forefront of using these new technologies and participating in clinical trials that help unlock new treatment opportunities for cancer patients.

Ways You Can Prepare for Colorectal Cancer Treatment

It's helpful to prepare as much as possible before you start your treatments. Doing so could help relieve some of the stress and worry you may have about how your home is functioning while you are focused on getting well.

Prior to Treatment

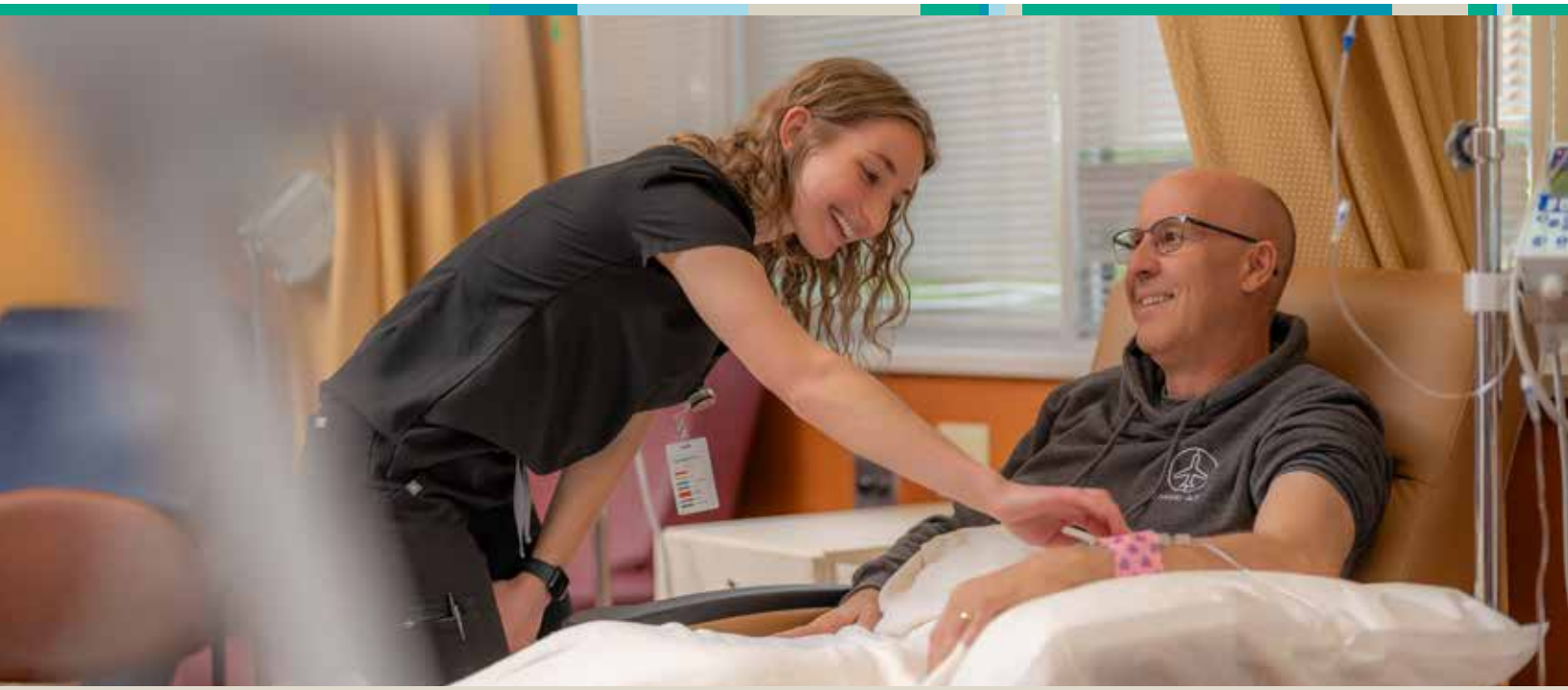
- Talk with the financial counselor at the practice to be sure you understand how your medical insurance will cover your treatments. At RMCC, you will typically talk to the financial counselor after your initial consultation but before treatments begin. This will give you a chance to develop a plan for payments if needed.
- DRINK WATER. Staying hydrated is always important, especially as you prepare for and go through cancer treatment.
- Plan for cold sensitivity caused by the FOLFOX chemotherapy that's used to treat colorectal cancer. You can get cold really easily while taking this chemotherapy and in the 3-5 days following a chemo treatment.

If you touch something cold like a cold soda can or items in the refrigerator, it can cause a burning sensation where your skin touched the cold items. There is no actual damage to the cells, but the burning pain can be quite uncomfortable. Eating or drinking cold or hot foods can feel like swallowing shards of glass.

TIP: Place a reminder sign on the fridge door and set gloves by the fridge. Put them on before coming in contact with cold objects.

Prep for Your Time in the Cancer Center and Side Effects of Treatments

- Start to moisturize more often with a lotion or cream such as Aveeno or CeraVe to help keep your skin softer. Cancer treatments can cause your skin to dry out, which could be incredibly uncomfortable.
- Purchase clothing that is soft and comfortable to help make chemotherapy days more manageable. Clothing with front buttons or styles that slip over your legs can also be helpful, as they make movement easier and accessing the port in your chest more convenient.
- Buy some fuzzy or fun socks so you can kick your feet up at home or at the cancer center during infusions.
- Do what you can to keep up with exercise and eat a healthy diet, especially before you go into surgery. Sometimes you might not feel like it, but try to get up and move at least once a day.



On the day of your infusion

We also have a list of things you may want to consider before your first chemo treatment.

Click to Download Pre-Infusion Checklist

Preparing Your Family for Your Treatments and Surgery

If you find yourself worried about how your family will function when you're recovering, know that you're not alone. The good news is that most families adjust, and life will keep going. As the caregiver for many families, you're likely to consider how you can make things easier on them before your treatment begins. Here are a few tips and considerations that may bring you some peace of mind:

- Help your family understand what is likely to happen after treatments and surgery to know what to expect. If you're going to have an ostomy, talk to them about how that may change your ability to move around or go in public for a period of time. While most patients are able to manage it and go out in public successfully, you'll need some time to get used to it and how to keep everything clean.
- Show them how to help you track your medication doses, and give them a list of your doctors' phone numbers in case you start to feel ill and need them to contact the office for help.
- Consider creating a schedule for who will help with certain activities (cleaning the home, walking the dog, etc.).
- Prepare meals ahead of time and freeze them, so they are easily popped in the oven or microwave. (Just have someone else grab them from the freezer so your fingers don't hurt from the cold sensitivity!)
- Stock the fridge or freezer with favorite snacks – as healthy as possible. You might be able to have all of these things delivered to you by a grocery delivery service. Consider that as an option if you don't have someone who can easily pick out all of your favorite grocery store items.

- Have a plan in place to help with pets. Some people have their pets temporarily placed with family members or friends. If you keep your pet at home, make sure their nails are trimmed (no accidental scratching). It might be easy to get a self-feeder that you only have to tend to every few days.
- Have an uncomfortable conversation about what you'd like medical professionals to do if you need to be revived. If you have specific orders, it's best to put them in writing and tell your family. You may never need this, but it's a good idea just in case, especially before surgery.
- If you have younger children, it's important to reassure them and plan how they're going to get to and from school and complete their homework. This is especially important if you're normally the person who helps with these things.

Ways Your Friends and Family Can Help

It's common for your friends and family to extend the offer to help with phrases such as, "Let me know if there's anything I can do." While they certainly mean that, they usually don't know exactly how they can help. That's why it's important to consider what you may actually find helpful from friends and family who offer their time and company.

Some ideas may include:

- **Rides:** Treatments are mentally and physically taxing, so having rides to and from appointments is a good idea.
- **Meals:** It may be a good idea to use a sign-up system so friends and family know which days you need meals. You can also include any dietary restrictions or preferences.
- **Pets:** If you have pets in the home, ask a family member or friend help with them, even if it's just coming over and playing with the pets so they get some attention.
- **Cleaning or running errands:** Consider having loved ones help clean up around your home or run necessary errands for you while you're unable to.
- **Help with young children:** Children will still need to attend school and get to their activities. Allow your support network to help with your young children while you recover.
- **Company at home:** Visiting with friends and family can be a good mental distraction. Just ask that anyone who visits self-checks for symptoms of COVID, the flu, or even a cold before arriving. Your immune system will be low during treatment, so it's best to stay away from anyone who might be sick.
- **Company during infusion room treatments:** Treatments can take some time, so having a friend or family member with you during that time can be helpful. Make sure to check with the cancer center to see if they allow guests in the infusion room with you.

Taking Care of Your Mental and Emotional Health During Colorectal Cancer Treatment

It's important to prioritize your mental and emotional health as you go through your initial diagnosis and throughout your treatment. Here are a few considerations to keep in mind.

Find Mental Relief

Think of things that help your mind relax. Some people find peace of mind by focusing on a hobby, watching a funny movie, or visiting with family and friends. (Let them come to you.) Try to keep your mind off obsessing over your health all the time.

There are also support groups that can help you express your feelings and concerns with others who are experiencing, or have experienced, the same challenges. The social worker, APP, or triage nurse will be able to help you find a support group that could work for you.

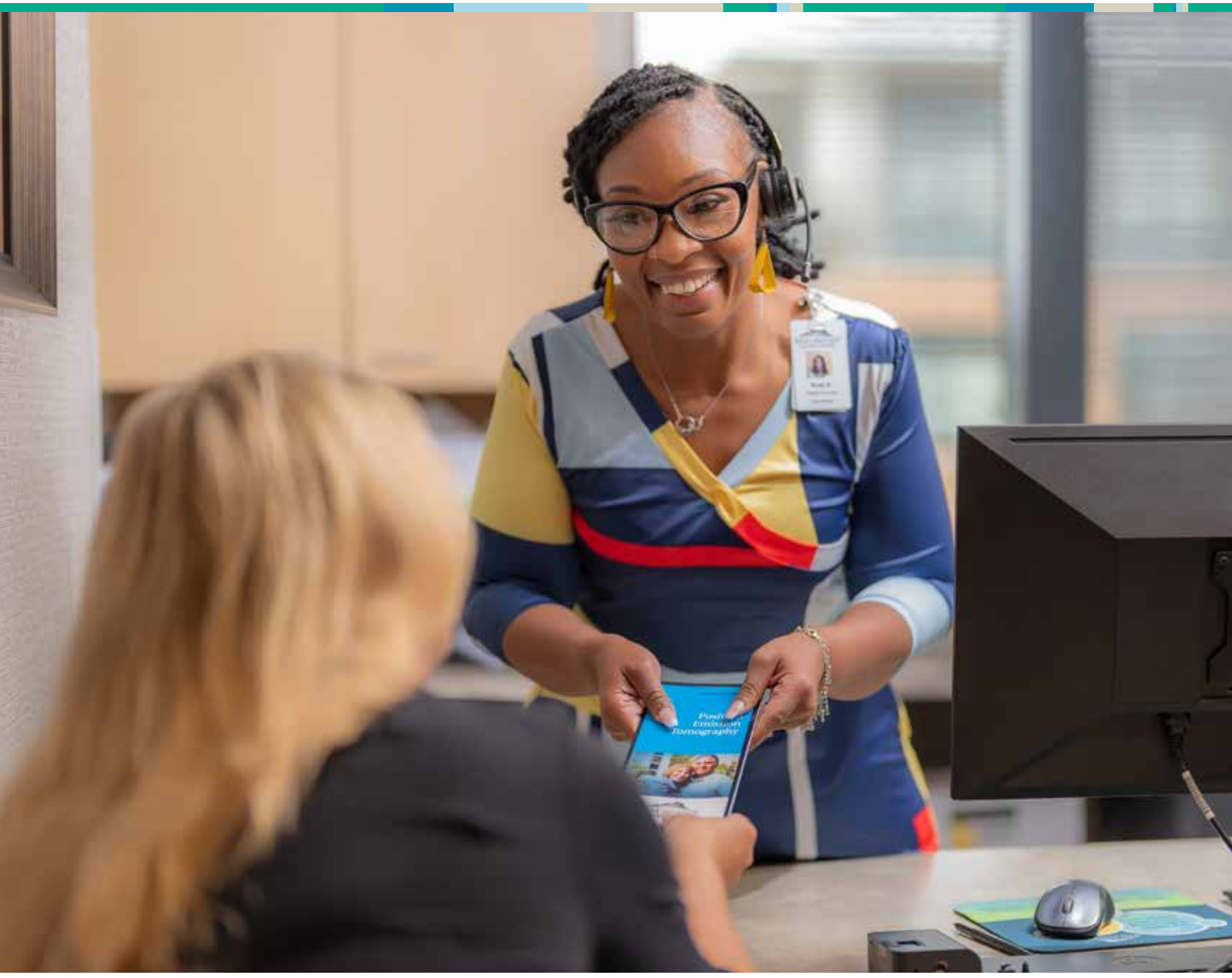
Be Aware of Signs of Depression

It's important to know the signs of depression as some people experience it throughout their treatment process. Depression can have many symptoms, including:

- Ongoing sadness
- Anxiety
- Indifference
- Loss of interest in activities
- Sleep disturbances
- Fatigue – feeling like you just can't get up and do anything or even get out of bed.
- Loss of appetite
- Excessive hunger
- Lack of concentration
- Weight fluctuations
- Thoughts of suicide

Some of these signs may also be associated with illness, so it's important to discuss any changes with your oncologist or advanced practice provider.

Take advantage of any offers from the APP, nurse, or social worker to talk about your mental health. It's normal to have a lot going on during treatment, and they can help connect you with a therapist, provide medication, or put you in touch with community resources that can help.



The Rocky Mountain Cancer Centers Team is Here for You

The Rocky Mountain Cancer Centers team, located throughout Colorado, understands the challenges you're facing. We are here to not only provide the expert medical treatments you need to overcome colorectal cancer, but we're also here to help you with the mental, emotional, and social challenges that come with this diagnosis.

Request an appointment at one of our locations near you.

Aurora | 303-418-7600
Boulder | 303-385-2000
Centennial | 303-805-7744
Colorado Springs – Penrose Pavilion | 719-577-2555
Colorado Springs – St. Peregrine Pavilion | 719-577-2555
Denver – Midtown | 303-388-4876
Denver – Rose Medical Center | 303-321-0302
Englewood – Swedish Medical Center | 303-740-8200
Lakewood | 303-430-2700
Littleton | 303-730-4700
Lone Tree – Sky Ridge Medical Center | 303-925-0700
Longmont | 303-684-1900
Pueblo | 719-296-6000
Thornton | 303-386-7622

Visit us at RockyMountainCancerCenters.com to learn more about our specialists and to request an appointment.