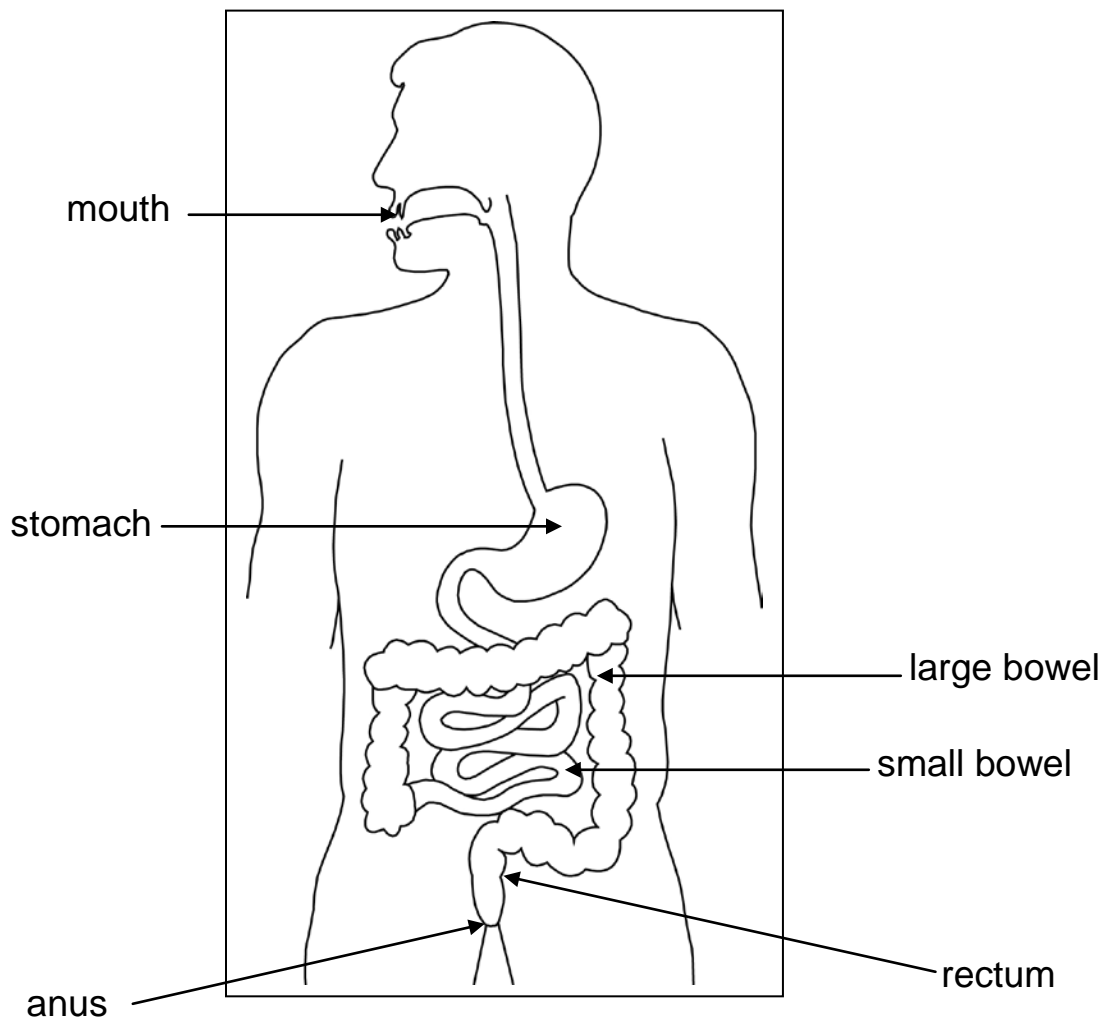


Rectal Cancer

You may have heard a lot of information from various sources about rectal cancer. This handout answers common questions that are often asked by our patients and families.

What is rectal cancer?

Rectal cancer is the growth of malignant (cancer) cells in the rectum. The rectum is the lower end of your bowel, the area about 6 inches from the anus.



What does the stage of cancer mean?

The stage of cancer tells us how much of the cancer is in your body. The stage is where the cancer or tumour is, how far it has spread in the area it started and whether it has spread to any other areas in the body.

When the cancer spreads you may hear the word metastasize. Metastasize means that the cancer has spread to different parts or organs of your body.

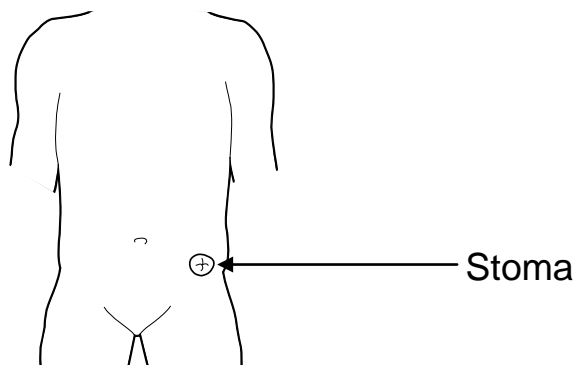
How is rectal cancer treated?

Treatment depends on the stage of the cancer.

Surgery to remove the cancer or tumour is the main treatment. Depending on the size and location of your tumour, you may need chemotherapy and radiation before your surgery. Having these treatments before surgery, shrinks the tumour so a more complete removal of the tumour is possible.

When the tumour is in the upper rectum, the tumour and part of the rectum may be removed and the bowel is reconnected.

When the tumour is near the anus, a colostomy is often needed. With a colostomy, the part of the large bowel is brought to the surface of the skin to allow stool to collect in a pouch.



If the cancer has spread to other organs such as the liver or lungs, another surgery may be needed to remove the tumour.

Chemotherapy

Chemotherapy (chemo) is using drugs to kill cancer cells. There are a few different chemo drugs used to treat rectal cancer. The drugs are given in different ways. You will receive your chemotherapy at the JCC in the Chemo Suite on Level 2. You do not need to stay overnight.

Before you start on chemo there is a chemo teaching class that we want you to attend. During the class you will learn more about chemo, how it is given and how to take care of yourself. You may be nervous about the side effects of chemo such as nausea (feeling sick to your stomach). There are very good drugs to help prevent nausea and other side effects.

Depending on the location and size of the tumour, chemo may be given before surgery. This chemo is called Fluorouracil often called 5FU. It is given in a vein in your upper arm through a long tube called a PICC.

PICC stands for **P**eripherally **I**nserted **C**entral **C**atheter. The PICC stays in your arm throughout your treatment. It is hooked up to a device that pumps the chemo into your vein over 5 weeks. Radiation is usually given at the same time as 5FU.

If you have already had surgery you may be offered 5FU with your radiation, followed by more and different chemo. This will be discussed with you by your doctor and nurse who arrange your chemo.

With chemo given for rectal cancer, you DO NOT lose your hair – it may thin but you don't lose it.

Common side effects include:

- mouth sores
- change in taste
- nausea
- diarrhea
- sore hands and feet

Your doctor and nurse will review these side effects with you and help you take care of yourself during treatment.

Radiation

In order to plan your radiation, you will have an appointment booked downstairs on Level 0. This will be for a “CT SIM”. This is a CAT scan that is used to plan your radiation. Small dots are tattooed on your skin to allow the machine to be set up in exactly the same way every day.

Radiation is similar to lying on an x-ray bed – you do not see it, smell it, feel it or taste it. You are not radioactive when you leave the machine – you can go ahead with your normal activities when you leave.

Radiation can be given in a few different ways for rectal cancer.

Depending on your cancer, you may need radiation before or after surgery.

How much and how often you need radiation depends on the stage of the cancer. You may need radiation daily for five days and then have surgery a week or two later. Or, an option may be to have radiation over 5 weeks combined with chemotherapy. The goal for both of these is to achieve a more complete removal of the tumour during surgery.

If having radiation after surgery, it will be given daily over five weeks, combined with chemotherapy. Your radiation oncology team (nurse and doctor) will see you every week to review any side effects and offer suggestions to deal with them. Common side effects from radiation are: skin changes, diarrhea and fatigue.

Safety when driving if you have an ostomy

Always wear your seatbelt. If you find this difficult, it may be helpful to use a small pillow or padding over the ostomy before applying your seatbelt. We also encourage you to speak with your Ostomy Nurse and review the information package you were provided from the Hamilton Ostomy Association (www.ostomyhamilton.com). There are a number of products posted on line that you may find helpful to cushion the ostomy.

Follow up

Once you have completed your therapy whether it is surgery, chemotherapy and/or radiation you will need regular follow up with both your surgeon and either your medical or radiation primary teams.