Colorectal Cancer Overview

The information that follows is based on the more detailed information in our document, *Colorectal Cancer*.

What is cancer?

The body is made up of trillions of living cells. Normal body cells grow, divide into new cells, and die in an orderly way. During the early years of a person's life when they are growing, normal cells divide faster. Once the person becomes an adult, most cells divide only to replace worn-out, damaged, or dying cells.

Cancer begins when cells in a part of the body start to grow out of control. There are many kinds of cancer, but they all start because of this out-of-control growth of abnormal cells.

Cancer cell growth is different from normal cell growth. Instead of dying, cancer cells keep on growing and form new cancer cells. In most cases the cancer cells form a tumor. Cancer cells can also grow into (invade) other tissues, something that normal cells can't do. Being able to grow out of control and invade other tissues is what makes a cell a cancer cell.

Sometimes cancer cells spread to other parts of the body. There they begin to grow and form new tumors. This process is called *metastasis*.

No matter where a cancer spreads, it is named (and treated) based on the place where it started. For instance, breast cancer that has spread to the liver is still breast cancer, not liver cancer. Likewise, prostate cancer that has spread to the bones is still prostate cancer, not bone cancer.

Different types of cancer can behave very differently. They grow at different rates and respond to different treatments. This is why people with cancer need treatment that is aimed at their own kind of cancer.

Not all tumors are cancer. Tumors that aren't cancer are called *benign*. Benign tumors can cause problems – they can grow very large and press on healthy organs and tissues.

But they can’t grow into other tissues. Because of this, they also can’t spread to other parts of the body (metastasize). These tumors are almost never life threatening.

What is colorectal cancer?

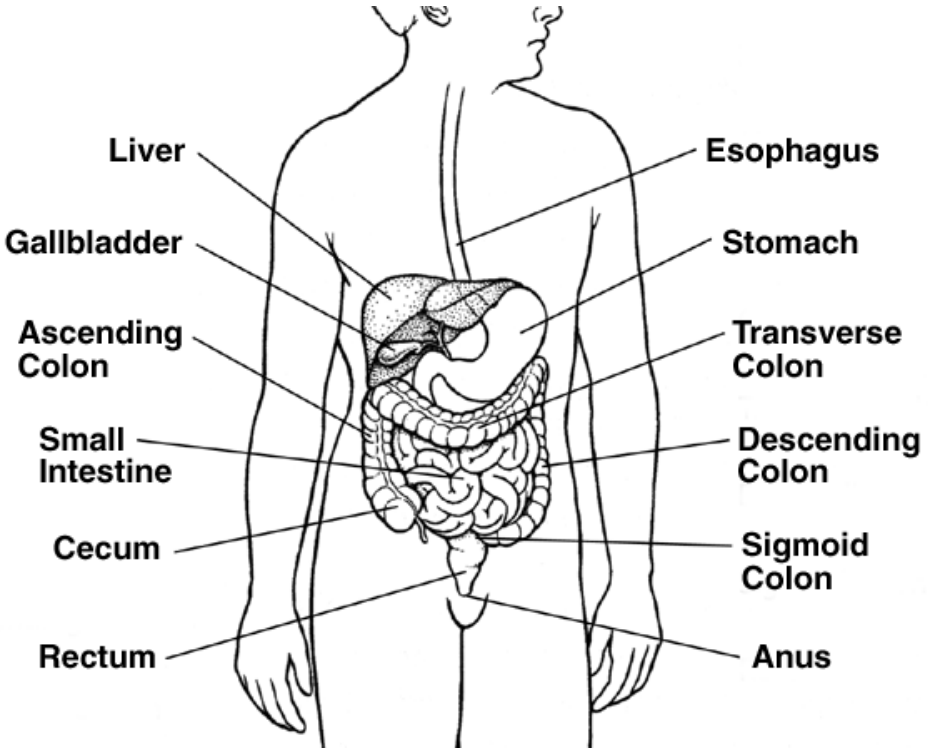
Colorectal cancer is a term for cancer that starts in either the colon or the rectum. Colon cancer and rectal cancer have many features in common. They are discussed together here except for the section about treatment, where they are discussed separately.

The normal digestive system

To understand colorectal cancer, it helps to know something about the structure of the digestive system and how it works.

After food is chewed and swallowed, it travels to the stomach. There it is partly broken down and sent to the small intestine. The small intestine is only called small because it isn’t very wide compared to the colon. In fact, the small intestine is the longest part of the digestive system -- about 20 feet. The small intestine also breaks down the food and absorbs most of the nutrients.

What remains goes into the colon (large intestine), a muscular tube about 5 feet long. The colon absorbs water and nutrients from the food and also serves as a storage place for waste matter (stool). Stool moves from the colon into the rectum, which is the last 6 inches of the digestive system. From there, stool passes out of the body through the opening called the anus.



The colon begins at the end of the small intestine – on the right side of the body at a place called the cecum. It goes up (the ascending colon in the picture) and bends to go across the top of the belly (the transverse colon in the picture), and turns down again on the left side (the descending colon in the picture). The rectum is in the lower part of the pelvis.

Abnormal growths in the colon or rectum

Most colorectal cancers start as a *polyp* – a growth that starts in the inner lining of the colon or rectum and grows toward the center. Most polyps are not cancer. Only certain types of polyps (called *adenomas*) can become cancer. Taking out a polyp early, when it is small, may keep it from becoming cancer.

Over 95% of colon and rectal cancers are *adenocarcinomas.* These are cancers that start in gland cells, like the cells that line the inside of the colon and rectum. There are some other, more rare, types of tumors of the colon and rectum.

The information here is only for adenocarcinomas in the colon or rectum.

How many people get colorectal cancer?

The American Cancer Society's estimates for colorectal cancer in the United States for 2015 are:

- About 93,090 new cases of colon cancer
- About 39,610 new cases of rectal cancer
- About 49,700 deaths from colorectal cancer

Not counting skin cancers, colorectal cancer is the third most common cancer found in men and women in this country. Overall, the lifetime risk of developing colorectal cancer is about 1 in 20.

The death rate from colorectal cancer has been going down for more than 20 years.

What are the risk factors for colorectal cancer?

While we do not know the exact cause of most colorectal cancers, there are certain known risk factors. A risk factor is something that affects a person's chance of getting a disease. Some risk factors, like smoking, can be controlled. Others, such as a person's age, can't be changed.

But risk factors don't tell us everything. Having a risk factor, or even several, does not mean that you will get the disease. And some people who get colorectal cancer may not have any known risk factors. Even if a person with colorectal cancer has a risk factor, it is often very hard to know what part that risk factor may have played in the development of the disease.

Researchers have found some risk factors that may increase a person's chance of getting polyps or colorectal cancer.

Risk factors you cannot change

- Age: your risk gets higher as you get older
- Having had colorectal cancer or certain kinds of polyps before
- Having a history of ulcerative colitis or Crohn’s disease
- Family history of colorectal cancer
- Race or ethnic background, such as being African American or Ashkenazi

- Type 2 diabetes
- Certain family syndromes, like familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC, also called *Lynch syndrome*)

Risk factors linked to things you do

Some lifestyle-related factors have been linked to an higher risk of colorectal cancer.

- Certain types of diets: one that is high in red meats (beef, lamb, or liver) and processed meats (like hot dogs, bologna, and lunch meat) can increase your colorectal cancer risk.
- Cooking meats at very high heat (frying, broiling, or grilling) can create chemicals that might increase cancer risk.
- Lack of exercise
- Being very overweight (or obese)
- Smoking
- Heavy alcohol use

For more information about risk factors for colorectal cancer, see our more detailed document *Colorectal Cancer*.

Can colorectal cancer be prevented?

Even though we don't know the exact cause of most colorectal cancers, it is possible to prevent many of them. Screening is the main way to prevent colorectal cancer. Screening is the process of looking for cancer or pre-cancer in people who don't have any symptoms of the disease. Screening can prevent colorectal cancer by finding polyps. These can be removed before they have the chance to turn into cancer.

Other things that can help lower your risk are eating a healthy diet, getting exercise, and maintaining a healthy weight.

More information about preventing colorectal cancer can be found in our document *Colorectal Cancer Prevention and Early Detection*.

Can colorectal cancer be found early?

Screening is the best way to find colorectal cancer early, because it looks for cancer in people who do not have any symptoms. In many cases, these tests can find colorectal

cancers at an early stage and greatly improve treatment outcomes. Screening tests can also help prevent some colorectal cancers by allowing doctors to find and remove polyps that might go on to become cancer. Screening tests for colorectal cancer include:

- **Fecal occult blood test (FOBT)** and **fecal immunochemical test (FIT):** Samples of stool (feces) are checked for blood, which might be a sign of a polyp or cancer.
- **Sigmoidoscopy:** A flexible, lighted tube is put into the rectum and lower colon to check for polyps and cancer.
- **Colonoscopy:** A longer, flexible tube is used to look at the entire colon and rectum.
- **Double contrast barium enema:** This is an x-ray test of the colon and rectum.
- **CT colonography (virtual colonoscopy):** This is a type of CT scan of the colon and rectum.

FOBT and FIT mainly find cancer, but can find some polyps.

Sigmoidoscopy, colonoscopy, double-contrast barium enema, and CT colonography are good at finding cancer and polyps. Polyps found before they become cancer can be removed, so these tests may prevent colorectal cancer. This is why these tests are preferred if they are available and you are willing to have them.

For more details about using these tests to screen for colorectal polyps and cancer, please see *Colorectal Cancer Prevention and Early Detection.*

Signs and symptoms of colorectal cancer

Most people with early colon cancer don't have symptoms. As the cancer grows, you may develop some of these signs or symptoms:

- A change in bowel habits such as diarrhea, constipation, or narrow stool that lasts for more than a few days
- A feeling that you need to have a bowel movement that doesn't go away after doing so
- Rectal bleeding, dark stools, or blood in the stool (often, though, the stool will look normal)
- Cramping or stomach pain
- Weakness and tiredness
- Weight loss without trying
- Low red blood cell count (anemia) on a lab test

Most of these problems are more often caused by something other than colorectal cancer. Still, if you have any of these problems, it's important to see a doctor right away so the cause can be found and treated, if needed.

How is colorectal cancer diagnosed?

If something of concern turns up as a result of screening or if you have symptoms, you will need more tests to find out if you really have cancer and, if so, to see how far it has spread. Some of these tests are the same ones that are used for screening people who do not have symptoms. (See the “How is colorectal cancer found?” section.)

Medical history and physical exam

Your doctor will ask you questions about your health, talk to you about your family’s medical history, and do a complete physical exam.

Blood tests

Your doctor might do certain blood tests to look for signs of colorectal cancer. People with colorectal cancer often have low red blood cell counts (anemia) because of bleeding from the tumor. You might also have blood tests to check your liver function because colorectal cancer can spread to the liver.

There are other substances (called *tumor markers*) in the blood that can help tell how well treatment is working. But these tumor markers are not used to find cancer in people who have not had cancer and who seem to be healthy. They are most often used for follow-up of people who have already been treated for colorectal cancer.

Colonoscopy

In a colonoscopy a thin, flexible, lighted tube (a colonoscope) is put into the colon through the rectum. This allows the doctor to look at the inside of the rectum and part of the colon for cancer or polyps. If something abnormal is found, a piece of it can be removed to send for tests (this is called a *biopsy*). Polyps can also be removed completely during a colonoscopy. This test may be uncomfortable because air is put into the colon, but it should not be painful. During the test, drugs are given to make you sleepy so you will probably not be aware that the test is going on at all. Because of this you must have someone to help you get home afterward.

In order to have a colonoscopy, your colon must be empty and clean, so you must use special laxatives the day before (often called *a prep*). Many patients say that the prep is the worst part of the colonoscopy.

More information about having a colonoscopy is in our document *Frequently Asked Questions About Colonoscopy and Sigmoidoscopy*.

Biopsy and lab test of samples

The tissue removed in a biopsy is sent to the lab where it is looked at under a microscope to see if cancer is present. Even though other tests might suggest colorectal cancer, a biopsy is the only way to know for sure.

Other lab tests may also be done on biopsy samples to reveal more details about the cancer. Doctors may look for certain gene changes in the cancer cells that might affect how the cancer is best treated.

Imaging tests

The tests described below make pictures of the inside of your body. Imaging tests may be done for many reasons. They may be done to help find out whether an area might be cancer, to learn how far cancer may have spread, or to help learn whether treatment is working.

Computed tomography (CT or CAT) scan

A CT scan uses x-rays to take many pictures of the body that are then combined by a computer to give a detailed picture. A CT scan can often show whether the cancer has spread to the liver, lungs, or other organs. CT scans take longer than regular x-rays. The patient has to lie still on a table while the CT scan is being done. A contrast dye may be put into a vein or a special drink to help outline the area being looked at. The dye can cause some flushing (redness and warm feeling). Some people are allergic and get hives or, rarely, more serious reactions like trouble breathing and low blood pressure. Be sure to tell the doctor if you have any allergies or if you ever had a reaction to any contrast dye used for x-rays.

CT scans can also be used to guide a biopsy needle into a tumor. For this to be done, the patient stays on the CT table while a radiologist moves a biopsy needle through the skin and toward the mass. A tiny piece of tissue or a thin cylinder of tissue is then removed and looked at under a microscope.

Ultrasound

Ultrasound uses sound waves to make a picture of the inside of the body. Most people know about ultrasound because it is often used to look at a baby during pregnancy. This is an easy test to have. For most kinds of ultrasounds, the patient simply lies on a table while a kind of wand is moved over the skin of the belly.

Two special types of ultrasound might be used for people with colon or rectal cancer. In one, the wand that gives off sound waves is placed into the rectum to look for cancer there and to see if it has spread to nearby organs or tissues. In the other test, used during surgery, the wand is placed against the surface of the liver to see if the cancer has spread there.

Magnetic resonance imaging (MRI) scans

Like CT scans, MRIs show a cross-section of the body. But MRI uses radio waves and strong magnets instead of radiation to take pictures. As with CT scans, a contrast dye might be used, but it isn't needed for all MRIs. MRI scans are sometimes useful in looking at places in the liver where cancer might have spread. They can also help the doctor learn rectal cancers have spread into nearby tissues. MRIs take longer than CT scans and the patient has to lie inside a narrow tube for the test. This can feel confining and upset people with a fear of closed spaces. The machine also makes thumping and buzzing noises, but some places give you headphones with music to block this out.

Chest x-ray

This test may be done to see whether colorectal cancer has spread to the lungs.

Positron emission tomography (PET) scan

In this test, a type of radioactive sugar is put into your vein. The sugar moves through the body and is taken in by the cancer cells. Then you are put into the PET machine where a special camera can detect the radioactivity. Because the cancer cells absorb large amounts of the sugar they show up on the pictures as dark "hot spots." PET looks at your whole body, and is useful when the doctor thinks the cancer has spread, but doesn't know where. Special machines are able to do both a PET and CT scan at the same time (called *a PET/CT scan*). This allows the doctor to compare hot spots on the PET scan with the more detailed pictures from the CT scan.

Angiography

Angiography is an x-ray done to look at blood vessels. For this test, a thin tube (called a catheter) is put into a blood vessel and moved until it reaches the area to be studied. (The skin is numbed before the tube is put in.) Then a dye is pushed through the catheter and x-ray pictures are taken. When the pictures are done, the catheter is taken out. Surgeons sometimes use this test to show blood vessels next to cancer that has spread to the liver. This can help surgeons decide whether a cancer can be removed and if so, it can help in planning the operation.

Staging of colorectal cancer

Staging is the process of finding out how far the cancer has spread. This is very important because your treatment and the outlook for your recovery depend on the stage of your cancer. For early cancer, surgery may be all that is needed. For more advanced cancer, other treatments like chemotherapy or radiation therapy may be used.

There is more than one system for staging colorectal cancer. Some use numbers and others use letters. But all systems describe the spread of the cancer through the layers of the wall of the colon or rectum. Colorectal cancer starts in the inner layer and can grow through some or all of the other layers. Staging also takes into account whether the cancer has spread to nearby organs and lymph nodes or to organs farther away.

Stages are often labeled using Roman numerals I through IV (1-4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV (4), means a more advanced cancer.

Grade of colorectal cancer

Another factor that can affect the outlook for survival is the *grade* of the cancer. Grade is a description of how closely the cancer looks like normal colorectal tissue under a microscope.

Low-grade means the tissue looks more normal; high-grade means the tissue looks less normal. Most of the time, the outlook is not as good for high-grade cancers as it is for low-grade cancers. Doctors sometimes use the grade to help decide whether a patient should get more treatment with chemotherapy after surgery.

How is colorectal cancer treated?

This information represents the views of the doctors and nurses serving on the American Cancer Society's Cancer Information Database Editorial Board. These views are based on their interpretation of studies published in medical journals, as well as their own professional experience.

The treatment information in this document is not official policy of the Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor.

Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

About treatment

The 4 main types of treatment for colorectal cancer are:

- Surgery
- Radiation therapy
- Chemotherapy ("chemo")
- Targeted therapies (like monoclonal antibodies)

Depending on the stage of your cancer, 2 or more types of treatment may be used at the same time, or used one after the other.

Take your time and think about all of your treatment choices. You may want to get a second opinion. This can give you more information and help you feel better about the treatment plan you choose. Your chances of having a good outcome are highest in the hands of a medical team that has experience in treating colorectal cancer.

Surgery for colorectal cancer

Surgery is the main treatment for early colorectal cancer. Often, the piece of the colon or rectum with the tumor is removed and the ends are sewn back together. Surgeries using this method go by different names, such as colectomy, segmental resection, low anterior resection, and proctectomy with colo-anal anastomosis.

Sometimes, especially with rectal cancer, there isn’t enough tissue left on one side to sew the ends back together. In that case, one end is attached to the wall of the belly so that stool can empty into a bag outside the body. This is called a *colostomy*. An

abdominoperineal (AP) resection is a surgery for rectal cancer where one end comes out to form a colostomy.

Sometimes, if there is a problem like the cancer growing through the wall of the colon or rectum, a colostomy is needed at first. Sometimes instead of the end of the colon forming a colostomy, the end of the small intestine must be used. This is called an *ileostomy*. Then later, after the belly has a chance to heal, the ends of the colon can be reconnected again.

If the rectal cancer is growing into nearby organs, a surgery called a *pelvic exenteration* is needed. In this operation the rectum as well as affected nearby organs such as the bladder, prostate, or uterus are removed. A colostomy is needed after this operation. If the bladder is removed, a urostomy (an opening to collect urine) is also needed.

Some colorectal cancers are just in the end of a polyp. These cancers are treated by just removing the polyp completely (often during colonoscopy). If there may be cancer left behind (like in the stalk of the polyp), you may need surgery to remove part of the colon or rectum. The doctor bases this on looking at the polyp under the microscope.

If you have a colostomy or ileostomy, you'll need help in learning how to manage it. Nurses with special training will show you how to do this. To learn more, please see *Colostomy: A Guide* or *Ileostomy: A Guide*.

Side effects of colorectal surgery

Side effects of surgery depend on several factors like the extent of the operation and a person's general health before surgery. Common side effects are pain and nausea. You won't be able to eat for a few days.

Other less common problems may include serious bleeding, damage to nearby organs, and infection.

Surgery for colorectal cancer that has spread

For cancer that has spread to other organs, sometimes surgery can help you live longer or, depending on the extent of the disease, may even cure you. If the colorectal cancer has spread to a few areas in the liver or lungs but not anywhere else, the cancer can sometimes be removed by surgery.

For cancer spread to the liver, methods other than surgery can be used to destroy the cancer. These include things like blocking the blood supply to the tumor or destroying the cancer by freezing it or killing it with high-energy radio waves. These methods are less likely to cure the cancer.

Since these cancers can often be hard to treat, you may also want to talk with your doctor about clinical trials of newer treatments that might be right for you.

For more information about surgery for colorectal cancer, please see our document *Colorectal Cancer*.

Radiation treatment for colorectal cancer

Radiation treatment is the use of high-energy rays (such as x-rays) to kill cancer cells or shrink tumors.

When is radiation used?

Before surgery: If the size of a tumor or where it is makes it hard to take it out, radiation may be used before surgery to shrink the tumor. Radiation is also used sometimes before surgery for rectal cancers, because it lowers the risk of the cancer coming back later. When it is used for rectal cancers before surgery, radiation is often combined with chemotherapy. This is called *chemoradiation.* The chemo helps the radiation work better, but adds to the side effects.

After surgery: Radiation can also be used after surgery, to kill any cancer cells that may have been left behind (but couldn't be seen). This lowers the chance that the cancer will come back later.

For people who can't have surgery: Radiation can be given to help control rectal cancers in people who are not healthy enough for surgery.

For advanced cancers: Radiation can also be used to ease symptoms of advanced cancer, such as intestinal blockage, bleeding, or pain. It is also be used to treat colon cancer that has spread, most often if the spread is to the bones or the brain.

Types of radiation treatment

In the most common type of radiation used to treat colorectal cancer, radiation is focused on the cancer from a machine outside the body. This is called *external beam radiation therapy*.

Radiation can also be given to the rectum with a small device that is placed through the anus and into the rectum. This is called *endocavitary radiation therapy*.

Another way to treat rectal cancers is to place small pellets or seeds of radioactive material into a tube or container so that they are next to or right into the cancer. This is called *brachytherapy*.

Side effects of radiation therapy

Some of the common side effects of radiation therapy for colon or rectal cancer include:

- Skin changes in the area where the radiation passes
- Nausea and vomiting
- Diarrhea
- Rectal irritation, which can lead to trouble controlling your bowels
- Bladder irritation which can make you feel like you have to pass urine often
- Tiredness.

Sexual problems may also occur.

Side effects often go away or lessen over time after treatment is finished, but problems such as rectal and bladder irritation may remain. If you have these or other side effects, talk to your doctor. There are often ways to reduce or relieve many of these problems.

More detailed information about radiation for colorectal cancer can be found in our document *Colorectal Cancer*.

You can also learn more about radiation in *Radiation Therapy – What It Is, How It Helps*.

Chemotherapy for colorectal cancer

Chemotherapy (chemo) is the use of drugs to fight cancer. The drugs may be put into a vein or given by mouth. These drugs enter the bloodstream and travel throughout the body, making this treatment useful for cancers that have spread to distant organs.

Chemo is sometimes used before surgery to try to shrink the cancer and make the surgery easier. It may also be given after surgery to lower the chance of the cancer coming back. Chemo can also help relieve symptoms of advanced cancer and help some people live longer.

Chemo is sometimes given along with radiation. This is called *chemoradiation*. The chemo helps the radiation work better, but adds to the side effects. This can be given before or after surgery for rectal cancer.

In some patients, chemo drugs can be put into an artery leading to the part of the body with the tumor. This approach is called *regional chemotherapy*. Since the drugs go straight to the area with the cancer, there may be fewer side effects. Regional chemotherapy is sometimes used for colon cancer that has spread to the liver

Side effects of chemo

While chemo kills cancer cells, it also damages some normal cells and this can cause side effects. These side effects will depend on the type of drugs given, the amount given, and how long treatment lasts. Common side effects could include:

- Diarrhea
- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Increased chance of infection (from low white blood cell counts)
- Easy bleeding or bruising after minor cuts or injuries (from low levels of platelets, which help the blood clot)
- Severe tiredness (fatigue) (from low levels of red blood cells)

There are also some side effects that only happen with certain drugs. For example, some drugs can cause something called *hand-foot syndrome,* where the palms of the hands and the soles of the feet get red and irritated and may even blister or develop open, painful sores. Some drugs can cause nerve damage which can be painful. Ask your doctor what you can expect with the drugs you will receive.

Most side effects go away when treatment is over. Anyone who has problems with side effects should talk with their doctor or nurse, as there are often ways to help.

More detailed information about chemotherapy for colorectal cancer can be found in our document *Colorectal Cancer*.

To learn more about chemo, please see our document *A Guide to Chemotherapy*.

Targeted therapies for colorectal cancer

Targeted therapies are drugs that attack the parts of cancer cells that make them different from normal cells. These targeted drugs work differently from standard chemotherapy (chemo) drugs. They often have different (and less severe) side effects. For colorectal cancer, these drugs are often used to treat advanced cancers.

Some side effects seen with the targeted drugs used to treat colorectal cancer include:

- Tiredness

- Diarrhea
- Headaches
- Blood pressure problems

Some side effects are more common with certain drugs. For example, some drugs often cause a bothersome skin rash. Other drugs can cause problems with wound healing or even holes in the colon. Ask your doctor what you can expect with the drugs you will receive.

More detailed information about the targeted drugs used for colorectal cancer can be found in our document *Colorectal Cancer*.

More information about these kinds of drugs can be found in our document *Targeted Therapy*.

Clinical trials for colorectal cancer

You may have had to make a lot of decisions since you've been told you have cancer. One of the most important decisions you will make is deciding which treatment is best for you. You may have heard about clinical trials being done for your type of cancer. Or maybe someone on your health care team has mentioned a clinical trial to you.

Clinical trials are carefully controlled research studies that are done with patients who volunteer for them. They are done to get a closer look at promising new treatments or procedures.

If you would like to take part in a clinical trial, you should start by asking your doctor if your clinic or hospital conducts clinical trials. You can also call our clinical trials matching service for a list of clinical trials that meet your medical needs. You can reach this service at 1-800-303-5691 or on our website at http://www.cancer.org/clinicaltrials. You can also get a list of current clinical trials by calling the National Cancer Institute's Cancer Information Service toll-free at 1-800-4-CANCER (1-800-422-6237) or by visiting the NCI clinical trials website at www.cancer.gov/clinicaltrials.

You must meet the requirements to take part in any clinical trial. But if you do meet them, you get to decide whether or not to enter (enroll in) it.

Clinical trials are one way to get state-of-the art cancer treatment. They are the only way for doctors to learn better methods to treat cancer. Still, they are not right for everyone.

You can get a lot more information on clinical trials, in our document called *Clinical Trials: What You Need to Know*. You can read it on our website or call our toll-free number and have it sent to you.

Complementary and alternative therapies for colorectal cancer

When you have cancer you are likely to hear about ways to treat your cancer or relieve symptoms that your doctor hasn't mentioned. Everyone from friends and family to social media groups and websites may offer ideas for what might help you. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

What are complementary and alternative therapies?

It can be confusing because not everyone uses these terms the same way, and they are used to refer to many different methods. We use *complementary* to refer to treatments that are used *along with* your regular medical care. *Alternative* treatments are used *instead of* a doctor's medical treatment.

Complementary methods: Most complementary treatment methods are not offered as cures for cancer. Mainly, they are used to help you feel better. Some examples of methods that are used along with regular treatment are meditation to reduce stress, acupuncture to help relieve pain, or peppermint tea to relieve nausea. Some complementary methods are known to help, while others have not been tested. Some have been proven not to be helpful, and a few are even harmful.

Alternative treatments: Alternative treatments may be offered as cancer cures. These treatments have not been proven safe and effective in clinical trials. Some of these methods may be harmful, or have life-threatening side effects. But the biggest danger in most cases is that you may lose the chance to be helped by standard medical treatment. Delays or interruptions in your medical treatments may give the cancer more time to grow and make it less likely that treatment will help.

Finding out more

It is easy to see why people with cancer think about alternative methods. You want to do all you can to fight the cancer, and the idea of a treatment with few or no side effects sounds great. Sometimes medical treatments like chemotherapy can be hard to take, or they may no longer be working. But the truth is that most of these alternative methods have not been tested and proven to work in treating cancer.

As you think about your options, here are 3 important steps you can take:

- Look for "red flags" that suggest fraud. Does the method promise to cure all or most cancers? Are you told not to have regular medical treatments? Is the treatment a "secret" that requires you to visit certain providers or travel to another country?
- Talk to your doctor or nurse about any method you are thinking of using.

- Contact us at 1-800-227-2345 to learn more about complementary and alternative methods in general and to find out about the specific methods you are looking at. You can also learn more in the “Complementary and Alternative Medicine” section of our website.

The choice is yours

Decisions about how to treat or manage your cancer are always yours to make. If you want to use a non-standard treatment, learn all you can about the method and talk to your doctor about it. With good information and the support of your health care team, you may be able to safely use the methods that can help you while avoiding those that could be harmful.

What are some questions I can ask my doctor about colorectal cancer?

As you cope with cancer and cancer treatment, you need to have honest, open talks with your doctor. You should feel free to ask any question that's on your mind, no matter how small it might seem. Here are some questions you might want to ask. Be sure to add your own questions as you think of them. Nurses, social workers, and other members of the treatment team may also be able to answer many of your questions.

- Would you please write down the exact kind of cancer I have.
- Where is my cancer?
- Has it spread beyond the place where it began?
- What is the stage of my cancer, and what does that mean in my case?
- Are there other tests that need to be done before we can decide on treatment?
- What treatment choices do I have?
- What treatment do you suggest and why?
- How long will treatment last? What will it involve? Where will it be done?
- How will I pay for treatment? Will my insurance cover it?
- What is the goal of this treatment?
- What risks or side effects are there to the treatments you suggest?
- What can I do to reduce the side effects of treatment?

- Will I need a colostomy? Will it be permanent?
- What are the chances my cancer will come back with these treatment plans? What would we do if that happens?
- What should I do to be ready for treatment?
- Should I follow a special diet?
- What type of follow-up will I need after treatment?

Be sure to write down any other questions you have

Moving on after treatment for colorectal cancer

For some people with colorectal cancer, treatment may remove or destroy the cancer. It can feel good to be done with treatment, but it can also be stressful. You may find that you now worry about the cancer coming back. This is a very common concern among those who have had cancer. (When cancer comes back, it is called a *recurrence*.)

It may take a while before your recovery begins to feel real and your fears are somewhat relieved. You can learn more about what to look for and how to learn to live with the chance of cancer coming back in *Living With Uncertainty: The Fear of Cancer Recurrence*.

For other people, the cancer may never go away completely. These people may get regular treatments to try to help keep the cancer in check. Learning to live with cancer that does not go away can be hard and stressful. It has its own type of uncertainty. Our document *When Cancer Doesn't Go Away*, talks more about this.

Follow-up care

Even if your treatment ends, your doctors will still want to watch you closely. During these visits, your doctor will ask about symptoms ,do physical exams, and may order blood tests or imaging studies (like CT scans or MRIs). Follow-up is needed to watch for treatment side effects and to check for cancer that has come back or spread.

Almost any cancer treatment can have side effects. Some may last for a few weeks or months, but others can be permanent. To some extent, how often you have follow up visits and tests will depend on the stage of your cancer and the chance of it coming back. Please tell your cancer care team about any symptoms or side effects that bother you so they can help you manage them. Use this time to ask your health care team questions and discuss any concerns you might have.

It is also important to keep health insurance. While you hope your cancer won't come back, it could happen. If it does, you don't want to have to worry about paying for treatment. Should your cancer come back, our document *When Your Cancer Comes Back: Cancer Recurrence* helps you manage and cope with this phase of your treatment.

For patients with a colostomy or ileostomy

If you have a colostomy or ileostomy, you may feel worried or isolated from normal activities. Whether your colostomy or ileostomy is temporary or permanent, an enterostomal therapist (a health care professional trained to help people with ostomies) can teach you about the care of your colostomy or ileostomy. You can also ask the American Cancer Society about programs offering information and support in your area. For more information, see our documents *Colostomy: A Guide* and *Ileostomy: A Guide*.

Seeing a new doctor

At some point after your cancer is found and treated, you may find yourself in the office of a new doctor. It is important that you be able to give your new doctor the exact details of your diagnosis and treatment. Make sure you have this information handy and always keep copies for yourself:

- A copy of your pathology report from any biopsy or surgery
- If you had surgery, a copy of your operative report
- If you were in the hospital, a copy of the discharge summary that the doctor wrote when you were sent home from the hospital
- If you had radiation treatment, a copy of your treatment summary.
- If you had chemo or targeted therapies, a list of your drugs, drug doses, and when you took them
- Copies of imaging studies such as CT scans, MRI scans, or PET scans. Often these can be placed on a DVD

The doctor may want copies of this information for his records, but always keep copies for yourself.

Lifestyle changes after treatment of colorectal cancer

Having cancer and dealing with treatment can take a lot of time and energy, but it can also be a time to look at your life in new ways. Maybe you are thinking about how to improve your health over the long term.

Make healthier choices

Think about your life before you learned you had cancer. Were there things you did that might have made you less healthy? Maybe you drank too much alcohol, ate more than you needed, used tobacco, or didn't exercise very often.

For many people, finding out they have cancer helps them focus on their health in ways they may not have thought much about in the past. Are there things you could do that might make you healthier? Maybe you could try to eat better or get more exercise. Maybe you could cut down on the alcohol, or give up tobacco. Even things like keeping your stress level under control may help. Now is a good time to think about making changes that can have good effects for the rest of your life. You will feel better and you will also be healthier.

You can start by working on those things that worry you most. Get help with those that are harder for you. For instance, if you are thinking about quitting smoking and need help, call the American Cancer Society for information and support.

Eating better

Eating right can be hard for anyone, but it can get even tougher during and after cancer treatment. Treatment may change your sense of taste. Nausea can be a problem. You may not feel like eating and lose weight when you don't want to. Or you may have gained weight that you can't seem to lose. All of these things can be very frustrating.

If treatment caused weight changes or eating or taste problems, do the best you can and keep in mind that these problems usually get better over time. You may find it helps to eat small portions every 2 to 3 hours until you feel better. You may also want to ask your cancer team about seeing a dietitian, an expert in nutrition who can give you ideas on how to deal with these treatment side effects.

One of the best things you can do after cancer treatment is start healthy eating habits. You may be surprised at the long-term benefits of these simple changes:

- Increase the variety of healthy foods you eat.
- Try to eat 5 or more servings of vegetables and fruits each day.
- Choose whole grain foods instead of those made with white flour and sugars.
- Try to limit meats that are high in fat.
- Cut back on processed meats like hot dogs, bologna, and bacon. Better yet, don't eat any of these, if you can.
- If you drink alcohol, limit yourself to 1 or 2 drinks a day at the most.

Rest, fatigue, and exercise

Feeling tired (fatigue) is a very common problem during and after cancer treatment. This is not a normal type of tiredness but a "bone-weary" exhaustion that doesn't get better with rest. For some people, fatigue lasts a long time after treatment and can keep them from staying active. But physical activity can actually help reduce fatigue and the sense of depression that sometimes comes with feeling so tired.

If you are very tired, though, you will need to balance activity with rest. It is OK to rest when you need to. To learn more about fatigue, please see our documents *Fatigue in People With Cancer* and *Anemia in People With Cancer*.

If you were very ill or weren't able to do much during treatment, it is normal that your fitness, staying power, and muscle strength declined. You need to find an activity plan that fits your own needs. Talk with your health care team before starting. Get their input on your exercise plans. Then try to get an exercise buddy so that you're not doing it alone.

Exercise can improve your physical and emotional health.

- It improves your cardiovascular (heart and circulation) fitness.
- It makes your muscles stronger.
- It reduces fatigue.
- It lowers anxiety and depression.
- It can make you feel generally happier.
- It helps you feel better about yourself.

And long term, we know that getting regular physical activity plays a role in helping to lower the risk of some cancers, as well as having other health benefits.

How does having colorectal cancer affect your emotional health?

Once your treatment ends, you may be surprised by the flood of emotions you go through. This happens to a lot of people. You may find that you think about the effect of your cancer on things like your family, friends, and career. Money may be a concern as the medical bills pile up. Or you may begin to think about the changes that cancer has brought to your relationship with your spouse or partner. Unexpected issues may also cause concern -- for instance, as you get better and need fewer doctor visits, you will see your health care team less often. This can be hard for some people.

This is a good time to look for emotional and social support. You need people you can turn to. Support can come in many forms: family, friends, cancer support groups, church or spiritual groups, online support communities, or private counselors.

The cancer journey can feel very lonely. You don't need to go it alone. Your friends and family may feel shut out if you decide not to include them. Let them in -- and let in anyone else who you feel may help. If you aren't sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a group or resource that may work for you.

You can't change the fact that you have had cancer. What you can change is how you live the rest of your life -- making healthy choices and helping your body and mind feel well.

If treatment for colorectal cancer stops working

When a person has had many different treatments and the cancer has not been cured, over time the cancer tends to resist all treatment. At this time you may have to weigh the possible benefits of a new treatment against the downsides, like treatment side effects and clinic visits.

This is likely to be the hardest time in your battle with cancer -- when you have tried everything within reason and it's just not working anymore. Your doctor may offer you new treatment, but you will need to talk about whether the treatment is likely to improve your health or change your outlook for survival.

No matter what you decide to do, it is important for you to feel as good as possible. Make sure you are asking for and getting treatment for pain, nausea, or any other problems you may have. This type of treatment is called *palliative treatment*. It helps relieve symptoms but is not meant to cure the cancer.

At some point you may want to think about hospice care. Most of the time it is given at home. Your cancer may be causing symptoms or problems that need to be treated. Hospice focuses on your comfort. You should know that having hospice care doesn't mean you can't have treatment for the problems caused by your cancer or other health issues. It just means that the purpose of your care is to help you live life as fully as possible and to feel as well as you can.

You can learn more about this in our document *Hospice Care*.

What's new in colorectal cancer research?

Research is always going on in the area of colorectal cancer. Scientists are looking for ways to prevent this cancer as well as ways to improve treatments.

Genetics

New tests (including Oncotype Dx® Colon Cancer Assay, ColoPrint®, and ColDx™) have been developed that look at the activity of many different genes in colon cancer tumors. These tests can be used to help predict which patients have a higher risk that that the cancer will spread. So far, though, they haven't been tested to see if they help predict who could benefit from chemo or other treatments.

Doctors have also found that some gene changes affect whether or not certain treatments will work. Doctors can now test for these gene changes, which may help spare some people from getting treatments that are not likely to help.

Treatment

Surgery

Surgeons are finding better ways to operate on colorectal cancers. They now know more about what makes colorectal surgery successful, such as making sure enough lymph nodes are removed during the operation.

Laparoscopic surgery, which is done through several small cuts (incisions) instead of one large one, is becoming more widely used for some colon cancers. This allows patients to recover faster, with less pain after the operation. This surgery is also being studied for treating some rectal cancers. More research is needed.

Robotic surgery, in which the surgeon sits at a control panel and operates very precise robotic arms to do the surgery, is also being studied.

Chemotherapy

Many new chemotherapy (chemo) drugs or drugs that are now used against other cancers are being tested to treat colorectal cancer. Ways to combine and improve drugs already in use against colorectal cancer are also being studied. Still other studies are testing the best ways to combine chemo with other treatments.

Targeted therapy

Some targeted therapies are already used to treat colorectal cancer. Doctors are looking at the best way to give these drugs. They are also looking at dozens of new ones to increase the treatment choices for people with colorectal cancer. And newer studies are looking at using them with chemo in earlier stage cancers to reduce the risk of recurrence.

Immunotherapy

Vaccines that could treat colorectal cancer or keep it from coming back after treatment are being studied. Unlike vaccines that prevent other diseases, these vaccines are meant to boost the patient's immune reaction to better fight colorectal cancer. At this time, such vaccines are only available in clinical trials.

To learn more about colorectal cancer

From your American Cancer Society

The following related information may also be helpful to you. These materials may be ordered from our toll-free number, 1-800-227-2345.

Colorectal Cancer Detailed Guide (also in Spanish)

After Diagnosis: A Guide for Patients and Families (also in Spanish)

American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention

Clinical Trials: What You Need to Know

Colostomy: A Guide (also in Spanish)

Ileostomy: A Guide (also in Spanish)

Nutrition for the Person With Cancer During Treatment (also in Spanish)

Sexuality for the Man With Cancer (also in Spanish)

Sexuality for The Woman With Cancer (also in Spanish)

Understanding Cancer Surgery: A Guide for Patients and Families (also in Spanish)

Understanding Chemotherapy: A Guide for Patients and Families (also in Spanish)

Understanding Radiation Therapy: A Guide for Patients and Families (also in Spanish)

Living With Uncertainty: The Fear of Cancer Recurrence

When Your Cancer Comes Back: Cancer Recurrence

When Your Cancer Doesn’t Go Away

Your American Cancer Society also has books that you might find helpful. Call us at 1-800-227-2345 or visit our bookstore online at cancer.org/bookstore to find out about costs or to place an order.

National organizations and websites*

Along with the American Cancer Society, other sources of information and support include:

American College of Gastroenterology
Website: www.acg.gi.org

> Has a special "patient" section with information, including podcasts, on colorectal cancer risks and screening tests; and can help find a gastroenterologist near you

Fight Colorectal Cancer
Toll-free number: 1-877-4CRC-111 (1-877-427-2111)
Website: www.fightcolorectalcancer.org

> Offers information on diagnosis and treatment, a phone or email Answer Line to help those with colorectal cancer questions, access to an online support community, and a monthly electronic newsletter

Colon Cancer Alliance
Toll-free number: 1-877-422-2030
Website: www.ccalliance.org

> Offers support and information for survivors, caregivers, and others touched by colorectal cancer (CRC); a Buddy Program that matches people for one-on-one support, an online support program called My CCA Support where those affected by CRC can connect with others, and more

National Cancer Institute
Toll-free number 1-800-4-CANCER (1-800-422-6237)
Website: www.cancer.gov

> Provides free information on all types of cancer, living with cancer, support information for families of people with cancer, research, and more

Job Accommodation Network
Toll-free number: 1-800-526-7234
TTY: 1-877-781-9403
Website: www.askjan.org

> A free consulting service of the US Department of Labor that gives information on the Americans with Disabilities Act, your rights, how to talk to an employer, and how to help keep your job (and insurance) during treatment

Cancer Legal Resource Center (CLRC)
Toll-free number: 1-866-843-2572 (1-866-THE-CLRC)
TTY: 213-736-8310
Website: www.cancerlegalresourcecenter.org

A non-profit program that gives free and confidential information and resources on cancer-related legal issues to cancer survivors, their families, friends, employers, health care professionals, and others coping with cancer

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

No matter who you are, we can help. Contact us anytime, day or night, for information and support. Call us at 1-800-227-2345 or visit www.cancer.org.

Last Medical Review: 10/15/2014
Last Revised: 12/31/2014

For additional assistance please contact your American Cancer Society
1-800-227-2345 or www.cancer.org