BLUE Notes

A resource guide for primary care

Evidence based guidelines for colon or rectal cancer patient follow-up and side effects.

Erie St. Clair
Regional Cancer Program
in partnership with Cancer Care Ontario

Definition of Stages

This program applies to all patients with colon or rectal cancer, who have no evidence of metastatic spread at this time, treated with curative intent, with **STAGE II or III disease**. They are intended to be applied to cases where patients are believed to be candidates for further treatments in the event of locoregional or distant recurrence. While surveillance may permit reassurance to patients and identify recurrent disease amenable to curative interventions, it also creates stress and anxiety for patients, morbidity secondary to investigations required to confirm a diagnosis and earlier identification of disease that is NOT amenable to cure. Patients should fully understand the benefits and risks of surveillance before submitting themselves to rigorous follow up.

The program is **NOT** intended for patients who have Stage I disease or Stage IV.

The stages by definition:

STAGE I
All patients in whom their cancer has not invaded through the submucosa (T1) or the muscularis propria (T2) with negative lymph nodes.

STAGE II
All patients in whom their malignancy has invaded through the muscularis propria into pericolic fat or through the serosa with or without invasion into surrounding organs (T3/T4) without involvement of metastasis to their lymph glands or distant organs.

STAGE III
All individuals regardless of their tumour stage with evidence of metastasis in their lymph glands without involvement of distant organs.

STAGE IV
All patients in whom their cancer has demonstrated metastasis to distant organs. Patients with Stage IV disease will not be discharged from the cancer program.

Should any clinical oncology concerns arise regarding your patient, an Oncologist can be reached at 519-255-6757

Surveillance Guidelines

Note:
These are general surveillance guidelines. Please refer to the discharge notes for specific surveillance guidelines for your patient following their discharge from the Cancer Centre.

Evaluation	Recommendation	Recommended Frequency
Physical examination, history, and CEA	A medical history and physical examination along with the laboratory test of CEA should be performed.	• Every 6 months for 5 years • If CEA is greater than 5, repeat once. If still increasing, refer back to the Cancer Centre
Abdominal imaging	Abdominal CT scanning is recommended.	Annually for 3 years.
Pelvic imaging	Pelvic CT scan is recommended if the primary tumour was located in the rectum.	Annually for 3 years.
Chest imaging	Chest CT scanning is recommended.	Annually for 3 years.
Colonoscopy	Surveillance colonoscopy is recommended.	At 1 year following surgery; the frequency of subsequent surveillance colonoscopies should be dictated by the finding of the previous one, but generally should be performed every 5 years, if the finding of the previous one is normal.
Sigmoidoscopy	Surveillance for rectal cancer treated with trans-anal incision.	Every 6 months for 5 years or as indicated differently by the surgeon.

History and Physical

History and physical exam should focus on symptoms of local or distant disease. Frequent sites of metastasis include liver, lung, and bone.

The history should include:

- Bowel, bladder and sexual function with rectal cancer patients.
- Unexplained weight loss/GI complaints, abdominal ascites
- Fatigue
- New onset bone pain
- New headaches, or other neurological symptoms
- Consider asking about bladder and sexual function in patients with rectal cancer

The physical exam should include:

- **Abdominal examination paying particular attention to scar and for new onset of mass lesions or organomegaly**
- Abdominal exam including palpation and scar examination
- Examine inguinal nodes for size and morphology
- Respiratory and cardiac assessment
- Rectal exam annually and more frequently as needed
- **Assessment for pallor**

General Guidelines

Any new or persistent or worsening signs and symptoms warrants the consideration of a recurrence, especially:

- Vague constitutional symptoms such as:
  - Fatigue
  - Nausea
  - Bloating
  - Unexplained weight loss
- Headaches or other neurological symptoms
- Abdominal pain
- Dry persistent cough
- New nodules or masses

Signs and symptoms specific to rectal cancer:

- Pelvic pain
- Sciatica
- Difficulty with urination, defecation, sexual function may exist immediately post-operatively, deterioration after 6-12 months may be the result of recurrence

** All signs and symptoms for colon cancer also apply to rectal cancer patients for follow up.

General Symptom Management

Cancer Care Ontario has created guides for patients and caregivers which provide tips and resources to help them manage symptoms frequently experienced by cancer patients. These symptoms include fatigue, nausea, anxiety, and more.

The guides can be found at:
www.cancercareontario.ca/en/symptom-management

Fatigue is a very common side effect of cancer treatment.

Recommendations:

The only proven intervention for benign fatigue is exercise. Fatigue improves with time; if it persists longer than 6 months post treatment, other causes such as those listed below should be ruled out.

More serious cancer or cancer treatment related causes of fatigue can include:

- Thromboembolic events
- Recurrence of cancer
- Changes in heart function related to chemotherapy
- Anemia

Refer the patient back to the cancer program for management of these issues

For more information about cancer fatigue:
http://www.cancerview.ca/idc/groups/public/documents/webcontent/manage_cancer_fatigue.pdf

Psychosocial Concerns

Psychosocial Concerns can include anxiety/depression, fear of recurrence, relationship concerns, body image, genetic risk, spirituality, and other specific issues. Some family practitioners may wish to use a quick screening tool in their own evaluation to identify any concerns that emerge post treatment. In some cases, multiple vague physical symptom complaints may be an indicator of poor post treatment psychological adjustment.

Recommendations:

- Rule out underlying physical diagnosis
- Treat anxiety/depression
  - NOTE: the antidepressants citalopram and escitalopram both have the potential to interact with 5HT3's like granisetron and ondansetron and cause a prolongation of the QT interval. This is relevant for patients actually on chemotherapy
- Non pharmacological resources can include referral to counselling or psychotherapy, relaxation training, cognitive behavioural therapy, supportive-expressive therapy, or psycho-educational interventions

Community counselling agencies and other resources:

Canadian Cancer Society Peer Support:
1-800-263-6750 • www.cancer.ca

The Hospice of Windsor & Essex County - Wellness Centre:
519-251-2590 • www.thehospice.ca/article-18/patient-family-programs-wellness-centre

Colorectal Cancer Association of Canada: Living with Colorectal Cancer:
www.colorectal-cancer.ca/en/find-support/living-with-cancer

Ostomy Concerns

In patients who received ostomy – lifestyle adjustment will be required.

Peristomal Skin Complications

Complication	Cause/Description	Treatment
Radiotherapy-related skin problems	Acute dermatitis with subsequent desquamation (like sunburn). With higher levels of exposure, skin may blister leaving eroded areas. Increase in stoma output (diarrhea) as a result of radiotherapy can indirectly result in peristomal skin breakdown.	Beclomethasone spray to peristomal skin with each appliance change
Malignancy	Patients who have had ostomy surgery for a bowel malignancy may develop secondary deposits within or around the stoma (probably more common with adenocarcinoma of the bowel). This may represent seeding of tumor to the skin.	Surgical: refer to treating surgeon In the interim, guidance around an appropriately-fitted appliance to avoid leakage and contain effluent and odour is imperative. An Enterostomal Therapy nurse specialist should be consulted to provide care recommendations.
* Irritant Dermatitis	Peristomal skin becomes reddened/discoloured with loss of epidermal layer. The skin is moist/macerated and may bleed.	Refer to an Enterostomal Therapy nurse specialist
* Contact (Allergic) Dermatitis	Red, irritated skin corresponding to the shape of the adhesive contact surface * Peristomal skin is highly susceptible to developing either irritant or contact dermatitis, as a result of skin stripping with repeated appliance changes, intermittent contact with irritating stoma effluent, and the occluded/humid environment that the appliance creates which increases the risk of sensitization.	Follow-up with an Enterostomal Therapy nurse specialist to ensure that appropriate pouching equipment is being used, technique of application is appropriate and adequate care of stoma and peristomal skin is taking place. Consider dermatology consult for patch testing to determine allergen Consider topical antihistamine applied to peristomal skin with each appliance change (Flonase spray can be used in this manner and does not inhibit appliance adhesion)
Candidiasis	Caused by a leaking/poorly fitting ostomy appliance, heat/body perspiration, denuded skin.	Medline Arglaes Powder contains silver which has topical antifungal affect. Lightly sprinkle on area brushing away loose powder. Apply with each appliance change, until resolved. Can be purchased over-the-counter at ostomy supply retailers. Also consider *Tinactin Antifungal Powder* which can be purchased in the foot care section at a pharmacy.

Ostomy Care

Please note:
These are just some of the more common peristomal skin complications which may present in this patient population. **AVOID** creams and ointments as the ostomy appliance barrier will not adhere. If these types of topical therapies need to be used, the appropriate dressing must be applied to provide a drier surface for appliance adhesion.

Ostomy wear time should be three days or more once a routine is attained post op. Short wear times should mandate a review with the surgeon or hospital enterostomal therapist. Irritation of the skin or ulceration that causes severe pain or difficulty with appliance changes should also mandate a review

General Ostomy Related Resources for Primary Care

Erie St. Clair Home and Community Care (formerly CCAC)

Windsor Branch
Ph: 519-258-8211
Fax: 519-258-6288

Chatham Head Office
Ph: 519-436-2222
Fax: 519-351-5842

Sarnia Branch
Ph: 519-337-1000
Fax: 519-337-4331

UOAC Chapters

www.ostomycanada.ca/support/canadian-chapters
UOAC chapters have been organized in all ten provinces, and are meant to provide an opportunity for persons who have had or may have ostomy surgery and their families, partners, caregivers and friends to meet, provide support and understanding, and share information. Many chapters also have a "Visitor Program", where formally trained individuals with ostomies will meet with those who have recently undergone surgery to share their experiences.

Crohn's and Colitis Foundation of Canada

Suite 600, 60 St. Claire Avenue East, Toronto, ON M4T 1N5
Toll Free: 1-800-387-1479 • www.ccfc.ca

Financial Resources

Assistive Devices Program (ADP)

Any resident of Ontario who has a valid health card issued in their name and has a permanent ostomy can apply for funding. ADP provides $975 annually in two installments and $1300 annually if receiving Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD). ADP will fund a maximum of two ostomies.

The ADP application form can be found at:
http://www.health.gov.on.ca/en/public/programs/adp/adp_fm.aspx

Symptoms Related to Surgery

Symtoms Related to Surgery	Recommendations for Management
Frequent and/or urgent bowel movements or loose bowels	If conservative manouevers such as diet, fibre and Imodium not working refer back to surgeon. For patients with terminal ileum resection, may try Cholestyramine (Questran) 4-8gr bid up to a max of 24gr/day. Take one hour before meals.
Gas and/or bloating	Diets high in soluble fibre can cause excessive gas and bloating. These symptoms usually improve with time and diet changes. Consider adding Simethicone 40-360 mg QID after meals and at bedtime prn.
Incisional hernia	Refer back to surgeon Can use hernia belt/binder
Increased risk of bowel obstruction	Seek medical attention if patient presents with: • Crampy abdominal pain, nausea and vomiting • Inability to pass gas or have a bowel movement

Symptoms Related to Medication

Symtoms Related to Medications	Recommendations for Management
Peripheral neuropathy (associated with treatment using oxaliplatin)	• Common • Sometimes improves with time away from chemo • If persistently affecting quality of life, try Lyrica - 75mg PO bid and titrate up to a maximum of 600mg/day or Gabapentin - 300mg PO tid and titrate up to a max dose of 3600mg/day for neuropathic symptoms • Both Lyrica and Gabapentin must be renally adjusted as many older cancer patients have renal insufficiency as well.
"Chemo-brain," including difficulty with short-term memory and the ability to concentrate	• Also commonly reported • Usually improves with time • Reassure patient

Symptoms Related to Radiation

Symtoms Related to Radiation	Recommendations for Management
Localized skin changes (i.e., colour, texture, loss of hair)	• Skin atrophy is rare • More Common: Mild hyperpigmentation — no specific treatment • Skin moisturizers for chronic dry desquamation for symptomatic relief
Rectal ulceration and/or bleeding (radiation colitis)	• Diet modifications to minimize constipation • Moderate use fibre containing foods • Appropriate analgesics for pain from rectal ulcers • Lower G.I. endoscope to assess severity or rule out other causes of rectal bleeding • Rectal route — steroid preparations to minimize acute episodes of pain / bleeding • Surgical opinion for severe intractable symptoms • Note: Narcotics can contribute to constipation and thus further complicate Rectal Ulceration.
Anal dysfunction (incontinence)	Diet modifications to avoid diarrhea and loose stools • Anti-diarrhea: Imodium (Loperamide 2mg PO after each loose BM up to a max of 16mg/day) or Lomotil (2.5mg - 5mg PO up to a max 20mg/day) • Sanitary pads for undergarments
Bowel obstruction (from unintended small bowel scarring)	• Medical evaluation with clinical exam / imaging (abdominal x-rays and CT scan) to asses for evidence and level and degree of obstruction • Urgent assessment by surgeon in scenario of bowel obstruction
Infertility	The likelihood of fertility issues may have been discussed and acted on in the pre-treatment phase. If a patient is seeking more information, contact a Fertility Clinic; Dr. Anthony Pattinson at 519-974-9991 or Dr. Rahi Victory at 519-944-6400.
Sexual dysfunction (e.g., vaginal dryness, erectile dysfunction, retrograde ejaculation)	**Female:** the use of vaginal moisturizer three times per week and a thick lubricant prior to sexual activity is recommended **Male:** where there are ongoing erectile dysfunction and retrograde ejaculation issues, patients may be referred to a local Urologist.
Second primary cancers in the radiation field (typically about seven years after radiotherapy)	Refer back to treating surgeon/Cancer Centre

Secondary Prevention Counselling

Despite the lack of high-quality evidence on secondary prevention in CRC survivors following counselling goals would be reasonable based on lower levels of evidence and the expert opinion of the authors:

- Maintain an ideal body weight
- Engage in a physically active lifestyle
- Eat a healthy diet
- Regular cardiovascular exercise, preferably weight bearing.
- Refer the patient for dietary counselling
- Refer to local exercise and fitness programs aimed at colorectal cancer survivors

**There are insufficient data to make a firm recommendation regarding the role of acetylsalicylic acid (ASA) in the secondary prevention of CRC.

Resources for Patients and Primary Care

Community counselling agencies and other resources:

The Hospice of Windsor & Essex County - Wellness Centre:
519-251-2590 • www.thehospice.ca/article-18/patient-family-programs-wellness-centre

Canadian Cancer Society Peer Support:
1-800-263-6750 • www.cancer.ca

RENEW: A Life After Cancer Educational Series
519-253-5253 • renew@wrh.on.ca

RENEW Back to Fitness Program
519-253-5253 • renew@wrh.on.ca

Check with patient to see if they have private counselling coverage through Employer Benefits.

Erie St. Clair Regional Cancer Program

SURVEILLANCE/SURVIVORSHIP PRIMARY CARE GUIDES:

1. Pink Notes (Breast)
2. Blue Notes (Colorectal)
3. Prostate Notes

To access any of the above online
or to request a hard copy, call:
519-254-5577 x 58620

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2220 Kildare Road, Windsor, ON N8W 2X3
519-254-5577

www.wrh.on.ca/escrcp

Physician to Physician Phone Line: 519-255-6757

Adapted with permission from South West Regional Cancer Program.

Revised October 2018