Late effects of treatment for colorectal cancer

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The number of people living with cancer is set to double from 2m to 4m by 2030.

‘Too few health care professionals are aware of the devastating impact late effects of cancer treatment can have on the quality of life of a person living with or beyond cancer.

Dr David Linden, Macmillan GP Adviser for Scotland and Northern Ireland
Late effects

Toxicity

Chronic Problems

Adverse Events

Long Term Effects

Side Effects

Pelvic radiation disease

Consequences of Treatment
THROWING LIGHT ON THE CONSEQUENCES OF CANCER AND ITS TREATMENT
At least 500,000 people in the UK are facing poor health or disability after treatment for cancer – approx 25% of those who have been diagnosed with cancer at some point in their lives.

Many problems can persist for at least 10 years after treatment.
Surviving cancer does not necessarily mean living well

3 in 4 people living with cancer are in the survivorship stage

1 in 4 of them deal with consequences of their treatment

1 in 5 of cancer survivors may have unmet needs

Consequences...what do we mean?
Rectal patients (time after surgery 4.5yr)

- 16% Faecal leakage
- 18% Requiring to alter daily activities
- 17% Always needing to wear a protective pad
- 31% Rarely or never emptying their bowels fully
- 32% Difficulty controlling the passage of gas
- 30% Requiring to modify diet
PROMs in survivorship

- 65% of Colorectal patients reported ‘low’ or ‘medium’ QoL

- Colorectal:
  23.5% urinary leakage
  19% bowel difficulties
  19.2% had a stoma

Glaser et al 2013
The physiological model

Any insult

- Inflammatory changes
- Oedema
- Cell death
- Atrophy / loss of stem cells

Potential to alter specific Gl physiological function(s)

Unrelated factors
- Medication side effects
- Stress
- Sepsis
- Premorbid conditions

Symptoms

Ischaemia

Fibrosis
Inflow
Mouth, esophagus
Saliva
1.5 L/day
Gastric secretion
2.0 L/day
Pancreatic secretion
1.5 L/day
Bile secretion
0.5 L/day
Secreted by small intestine
1 L/day
Jejunum
Duodenum
Bile
Pancreas
Reabsorbed by small intestine
6.5 L/day
Reabsorbed by colon
1.9 L/day
Distal colon
Proximal colon
Secreted by colon
K^+ HCO_3^-
H_2O
Na^+ K^+
Cl^-
HCO_3^-
Reabsorbed in feces
~0.1 L/day
Excreted in feces
Food
2.0 L/day
Outflow
Stomach
Bile
Duodenum
Jejunum
Ileum
Anus

Presented to lumen of small intestine: 8.5 L/day.
Presented to colon: 2.0 L/day.
The Royal Marsden

Slide courtesy of Ann Muls, Nurse Consultant in GI Late effects

Upper GI tract

- 2000 mls
- 8.5 litres

Nutrient metabolism

- Permeability
- Infection
- Contraction

Upper GI tract

- Carbohydrate malabsorption
- Dysmotility promoting bacterial overgrowth
- Fat malabsorption

Colon

- Nutrient and fluid reabsorption

Microbiota

- Neocaecal valve
- Altered motility
- Altered sphincter function

ANY INJURY

RMH data - symptom profile at 1\textsuperscript{st} consultation (n = 36)
One symptom, many possible contributing factors

- Weak pelvic floor muscles
- Diarrhoea
- Anxiety
- Incontinence
- Cancer
- Inflammation bowel disease
- Polyp
- Medications
- Bloating
- Too much fibre
- Wind
- Pain
- Infection
- Constipation
- Coeliac disease
- Diverticulitis
- Telangiectasia
- Rectal bleeding
- Pancreatic insufficiency
- Bile acid malabsorption
- SIBO
Patients usually have more than one symptom and they all need to be actively managed.
RMH Diagnoses made (n=36)

**SIBO** Small intestine bacterial overgrowth 47%

**BAM** Bile acid malabsorption 47%

**Vit D deficiency** 44%

- Gastritis 28%
- Pelvic floor muscle weakness 22%
- Vit B12 deficiency 17%
- Telangiectasia formation 11%
- Advanced polyp 5%
- Pancreatic insufficiency 5%
- Excessive fibre intake 3%

**Median:** 3  
**range:** 1-7

47% have > 3
Bile acid malabsorption (BAM)
Results: Lower GI Cancers

(Phillips et al., 2015)
Investigating for bile acid malabsorption: a SeHCAT scan

A nuclear medicine scan

Tauroselcholic $[^{75}\text{Se}]$ acid

a synthetic bile acid
Pathway for suspected Bile Acid Malabsorption (BAM)

Patient referred for SeHCAT scan by consultant Gastroenterologist or Consultant Nurse or referring Dietitian AND

7 day dietary food diary given to patient for completion, without advice about dietary changes.

Patient to return completed dietary diary to Gastroenterologist/ Nurse Consultant/ Dietitian

- SeHCAT result of < 5% Severe BAM
  - Commence on Colesevelam and provide supportive literature on BAM.
  - Commence on Forceval and Calcichew D3 Forte†
  - Refer to Dietitian for dietary assessment & low fat dietary advice.
- SeHCAT result of 5-10% Moderate BAM
  - Commence on Forceval and Calcichew D3 Forte†
  - Patient to make informed decision on treatment plan:
    - Life long medication/ Colesevelam OR Life long dietary management
    - If dietary management chosen refer to the Dietitian.‡
- SeHCAT result of 10-15% Mild BAM
  - Refer to Dietitian for dietary assessment and low fat dietary advice.‡
  - Consider the prescription of Forceval & Calcichew D3 Forte.
- SeHCAT result of 15-20%
  - Refer to Dietitian for trial of low fat diet for six weeks.
- SeHCAT result of > 20% No BAM
  - Use 7 day dietary food diary to assess fibre intake and consider modification in fibre intake, in the absence of another definitive diagnosis.

† If patient’s vitamin or mineral levels are below the normal range consider additional supplementation e.g. Vitamin D
‡ If symptoms are not satisfactorily controlled trial prescription of Colesevelam.
Case study

**Single woman** aged 37 when diagnosed with colon cancer in 2014

**Treatment:** High AR and loop ileostomy

CAPOX Chemotherapy 7 cycles

**PMH:** Cholecystectomy 2007

Hypothyroidism

Depression

**Socially:** Lives with friend, family abroad, works in social care, few friends
Referral to GI consequences clinic in 2016

1. Abdominal pain
   OGD – pangastritis. Tries Mucogel + Esomeprazole + Ranitidine nocte.
   Surveillance CT cap- NAD

2. Fatigue

3. Nausea and vomiting
   May 16 SeHCAT result: BAM. Tries coleselam
Living with bowel problems following radiotherapy

A scoping study commissioned by NACC - The National Association for Colitis and Crohn's

“How was I? On a good day uncomfortable, using pads, and planning carefully every time I went out of the house. On a bad day, I’d rather not eat than embarrass myself in front of family and friends and I sleep in a separate room now.”
Empowering people

**WHAT TO DO AFTER CANCER TREATMENT ENDS: 10 TOP TIPS**

**MANAGING THE LATE EFFECTS OF PELVIC RADIOThERAPY IN MEN**

**Just Can't Wait!**

The holder of this card has a medical condition and needs to use a toilet quickly.

Please help
What can you do?

• Information

• Proactive management key to avoiding crisis management, admission and repeated access to services: Key questions, checklists /PROMs

• Develop patient pathways

• Treatment summary and Cancer care review

• Use algorithms
Empower professionals.

MANAGING THE LATE EFFECTS OF BOWEL CANCER TREATMENT

Guidance:
The Practical Management of the Gastrointestinal Symptoms of Pelvic Radiation Disease

QUICK GUIDE TO
Managing lower gastrointestinal problems after cancer treatment
Empowering professionals

MANAGING THE LONG-TERM CONSEQUENCES OF COLORECTAL AND ANAL CANCER

Guidance for healthcare professionals

Together with Macmillan Cancer Support.
Ask the key questions

Following pelvic radiotherapy, does your patient

→ need to poo at night?

→ need to rush to the loo, or not make it in time?

→ have bleeding or

→ have other GI symptoms that interfere with an active full life?
Usually more than one late effect

- Commission late effects referral pathways

*NHS England London Cancer Commissioning Strategy 2014*

“It is imperative that specific support for conditions relating to side effects of treatment are commissioned.”

*e.g. pelvic radiation disease, lymphoedema, sexual difficulties*
Checklists and diaries

• Food Diary
• Bowel Diary
• Bladder Diary

Things to look out for

Talk to your cancer specialist, nurse or GP if any of the following side effects don’t go away, or if you develop any of them after treatment is over:

- Bleeding from the vagina, back passage, or blood in your urine
- Loose stools, diarrhoea or constipation
- Feeling like you need to go to the toilet although your bowel is empty
- Straining or difficulty emptying your bowel
- Waking from sleep to open your bowels
- Needing to rush to open your bowels (urgency)
- Having bowel accidents (faecal incontinence)
- Needing to pass urine often or urgently, leaking urine (incontinence) or having pain or difficulty passing urine
- Swelling in your legs
- Pain or difficulty having sex (women), problems getting or maintaining an erection (men)
- Pain in your hips or pelvis when you are walking
- Recurrent wind or flatulence

You can also contact Macmillan cancer support specialists on 0808 808 00 00 for more information on the help that is available.
Promoting Recovery: The Recovery Package
Sharing good practice

TREATMENT SUMMARY: A TOOL TO IMPROVE COMMUNICATION BETWEEN CANCER SERVICES AND PRIMARY CARE

Dr Alastair Smith
Consultant Haematologist

Dr Lucy Thompson
Macmillan GP Partner

The Treatment Summary

Copy to GP
Copy to patient
The Cancer Care Review
Recommendations

- Adoption of the treatment summary as part of the recovery package
- Work with primary care in recognising, assessing and addressing consequences
- Provide patient information
- Develop referral pathways and management strategies in primary, secondary and tertiary care
- More research needed
Take home messages: the future of long term care lies in...

- Communicating risks effectively
- Proactively asking about concerns and empowering individuals to take control
- Providing effective and timely care for those who have or may develop late treatment consequences
- Developing and designing effective treatments with minimal side effects
Thank you

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References


