

Treatment Options for Bowel Cancer

This factsheet aims to provide you with an introduction to the various treatment options for bowel cancer. If you have any questions regarding this or if you have any other concerns please call our **Bowel Cancer Advisory Service on freephone 0800 8 40 35 40**.

Treatment for bowel cancer depends on several factors including:

- general health
- past medical history
- the "stage" of the cancer
- whether the cancer is in the colon or rectum

People with cancer are treated by a team of healthcare professionals known as a Multi-Disciplinary Team (MDT).

Surgery

The most common form of treatment for bowel cancer is surgery, either general or keyhole (laproscopic) surgery. In most cases, the surgeon removes the portion of the bowel containing the cancer, together with a healthy margin of tissue either side of the tumour and the peripheral lymph nodes. Depending on the position of the cancer, the two ends of the bowel can be joined together and normal bowel function is restored.

In some cases, particularly if the cancer is close to the rectum, this procedure may not be possible. In these situations, the end of the bowel is brought to the surface of the abdomen forming an opening known as a stoma. A small bag worn over the stoma will collect the waste products. This is known as a colostomy or ileostomy.

With advances in surgical techniques, the formation of permanent stomas is much less common. However, the surgeon may feel that a temporary stoma is required to enable internal healing. The stoma can be put back/reversed by the surgeon within a few months. A stoma care nurse will provide support for patients requiring this type of surgery.

The portion of bowel and lymph nodes that have been removed will be sent to the laboratory for investigation under the microscope. This is called a histopathology report which identifies the 'stage' of the cancer. The histopathology report generally takes about two weeks to complete. The report of these findings will be sent to the MDT so that individual treatment options can be planned.

Chemotherapy

Chemotherapy is the treatment of cancer by drugs which stop cancer cells from dividing and spreading. Patients with Dukes A graded cancer means the cancer is restricted to the inner layer of the bowel. Dukes B, C or D cancers have grown from the inner layer into the muscle, the outer lining of the bowel wall, and other parts of the bowel or nearby organs, respectively (see factsheet Understanding Bowel Cancer for further details).



Patients will be referred to a cancer specialist (oncologist) to consider whether chemotherapy would be advisable. The most common chemotherapy drugs used for bowel cancer are 5 Fluorouracil (5FU) and folinic acid. Other drugs include Irinotecan (Camppto), Oxaliplatin (Eloxatin), Capecitabine (Xeloda), and Tegafur uracil (Uftoral).

Chemotherapy may be given via:

- a 'bolus' injection - the treatment is administered in a single dose injected into the patient
- an ordinary intravenous (I.V.) infusion - the introduction of a solution into the body via a vein
- a small ambulatory pump into a central venous line. This is ideal for small volumes of fluid that need to run continuously over a few days or weeks
- Tablets

Patients can experience side effects from chemotherapy. These side effects will be explained by the MDT who will offer advice and, where possible, medications to alleviate them. Patients are closely monitored whilst having the treatment.

Monoclonal Antibodies

Monoclonal antibodies are a form of biological therapy which is usually given in conjunction with chemotherapy. Bevacizumab (Avastin) and Cetuximab (Erbix) are examples of these monoclonal antibodies and can be given to suitable patients in the advanced stages of bowel cancer. At this time they are not routinely available on the NHS.

Radiotherapy

Radiotherapy is the treatment of cancer by deep X-rays. Radiotherapy is more commonly used to treat cancers of the rectum and may be given prior to surgery or as a course of treatment following the operation. Chemotherapy may also be given prior to surgery for rectal cancer.

Many health care teams will include a Colorectal Nurse Specialist who specialises in bowel cancer and who is available to provide information and support.

You may find the following additional factsheets helpful:

- Understanding Bowel Cancer
- Radiotherapy for Bowel Cancer
- Chemotherapy for Bowel Cancer
- Questions to Ask About Diagnosis and Treatment

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For further information contact the Bowel Cancer Advisory Service on: (Freephone) 0800 8 40 35 40

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