**Treatment:** The course of action for all categories of stage III colon cancer involves surgery to remove the affected areas, and chemotherapy. Radiation treatment may also be recommended for patients who are not healthy enough for surgery or for patients who may still have cancer cells in their bodies after surgery has taken place.

## STAGE IV COLON CANCER

In stage IV colon cancer, the cancer has spread to other organs in the body through the blood and lymph nodes.

**Treatment:** Patients with stage IV colon cancer may undergo surgery to remove small areas, or metastases, in the organs which have been affected. In many cases, however, the areas are too large to be removed. Chemotherapy may help to shrink the tumors so that surgery is more effective or to prolong life.

Researchers acknowledge that even though advances in treating metastatic colon cancer are moving along at a rapid pace, there is no standard recommended treatment for the disease at this level. As one study points out, "Different strategies may be better for different individuals." Patients who are faced with a stage IV diagnosis may find it helpful to seek out more than one opinion about treatment and also to be aware of clinical trials which might be taking place at reputable hospitals in their area.

For more information about colon cancer, and its symptoms, screening and treatment, please visit:

GetYourRearInGear.com/education

This information is provided for educational purposes only. Consult your own physician before making any medical decisions.



Get Your Rear in Gear® is a series of Run/Walk events presented in over 40 cities across the United States. Supported by the Colon Cancer Coalition, these events raise money to fund screening, education, and awareness activities in the



communities where the races are held.

These programs include:

- Yay Monahan Center for Gastrointestinal Health, New York-Presbyterian Hospital; Amy K. Covey Get Your Rear in Gear colorectal cancer lecture series, *New York, NY*
- Massachusetts League of Community Health Centers, colon cancer screening, education and support program, Boston, MA
- MN Department of Health SAGE Scopes, colorectal cancer screening program, *Twin Cities, MN*
- Hill Country Mission for Health, colorectal cancer screening programs, San Antonio, TX
- Jefferson University Medical Center, Dept. of Colorectal Surgery, *Philadelphia, PA*
- Georgetown Lombardi Comprehensive Cancer Center (Otto Ruesch Center for the Cure of Gastrointestinal Cancers), 2012 Ruesch Center Symposium, Alexandria, VA

For a list of Get Your Rear in Gear events or to start an event in your area, visit:

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# COLON CANCER:

Screening, Diagnosis and Treatment



GetYourRearInGear.com

## Screening & Diagnosis

## Stages of Colon Cancer

Early diagnosis of colon cancer is key to surviving the disease. Being aware of symptoms and tracking your family health history improves your chances of early detection. But even those with no symptoms or without a family history can get colon cancer. Screening for the disease should be a top priority, as 90% of colon cancer cases are curable when diagnosed in early stages.

There are different ways to find and diagnose colon

cancer. Your health care provider can provide information about the best test for you based on your health history, symptoms and risk level. In general, guidelines suggest that patients over the age of 50 with an average risk of colon cancer should begin screening for the disease with either stool testing or one of several imaging procedures.

Keep in mind that those with a higher risk should speak to their physician about getting screened sooner.

### **Imaging procedures**

- Colonoscopy
- Sigmoidoscopy
- CT Colonograpy
- Double Contrast Barium Enema

#### Stool tests

- Fecal Occult Blood test
- Fecal Immunochemical test
- Stool DNA test



A colon cancer diagnosis can be terrifying. One of the first questions that patients usually ask is, "What's next?" The plan for treatment depends on many factors, including:

- Your general health
- Whether or not it is a recurrence of a cancer that was treated in the past
- Stage of the cancer

Cancer staging takes place after the initial diagnosis and may involve a number of tests. Each test will help your physician to determine how much of your body the cancer has affected. After determining the stage, your physician will recommend a course of treatment.

## STAGE I COLON CANCER

Cancer found in the colon wall (mucosa and submucosa) is considered stage I colon cancer. In stage I colon cancer, malignant cells may have also affected the deeper muscle layer of the colon wall, but have not invaded any areas outside of the colon.

**Treatment:** Surgery is performed to remove the affected area. This is called a partial colectomy and may involve rejoining the parts of the colon that are still healthy.

### STAGE II COLON CANCER

When cancer has spread past the colon wall, but has not affected the lymph nodes, it is considered stage II colon cancer. This condition is subdivided into three stages:

- Stage IIA has spread to the outer colon wall (serosa), but not beyond the outer barrier
- Stage IIB has spread past the serosa but has not affected nearby organs
- Stage IIC has affected the serosa and the nearby organs

**Treatment:** Stage II cancers are treated with surgery to remove the affected areas. Chemotheraphy may also be recommended in some cases. High grade or abnormal cancer cells, or tumors that have caused a blockage or perforation of the colon may warrant further treatment. If the surgeon was not able to remove all of the cancer cells, radiation may also be recommended to kill any remaining cancer cells and reduce the risk of a recurrence.

## STAGE III COLON CANCER

Cancer that has spread past the lining of the colon and has affected the lymph nodes is considered stage III colon cancer. In this stage, even though the lymph nodes are affected, the cancer has not yet affected other organs in the body. This stage is further divided into three categories: IIIA, IIIB and **IIIC.** Where your cancer is staged in these categories depends on a complex combination of which layers of the colon wall are affected and how many lymph nodes have been affected.

continued

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