Colorectal Cancer Survivors Need Better Follow-Up Care

By Gunjan Sinha

A fter treatment, colorectal cancer (CRC) patients often face lifelong challenges in returning to normal life. Two studies reported at January’s Gastrointestinal Cancers Symposium show that many CRC survivors, particularly rectal cancer survivors, suffer from bowel function issues every day, even 5–10 years after treatment.

In the first study, James Metz, M.D., professor of radiation oncology at the Hospital of the University of Pennsylvania in Philadelphia, presented patient-reported outcomes for 657 CRC patients who used a publicly available Internet tool to voluntarily create survivorship care plans (http://www.livestrongcareplans.com). While creating a care plan, users answered questions about side effects associated with treatments: 63% reported chronic changes in bowel movements, 38% reported chronic diarrhea, 9% suffered bowel obstruction, 18% developed a hernia, 8% suffered from radiation colitis, and 2% developed fistulas.

Of 249 users who answered questions regarding degree of gastrointestinal problems, 23% reported having four to six stools per day and 18% reported having more than six stools daily or incontinence. Thirty-five percent of men had decreased erectile function and 42% of women reported vaginal dryness.

Although the data did not parse colon cancer patients from rectal cancer patients, using radiation therapy as a surrogate for rectal cancer patients, “changes in bowel patterns were more common in patients who had had rectal cancer, although still reported by over a third of those with colon cancer,” Metz said. Incidence of sexual changes was similar in the two groups, regardless of whether patients had received pelvic irradiation. Radiation colitis and fistula formation, however, were unique to the rectal cancer population, he added.

The second study included patients from three Veterans Affairs centers and three Kaiser Permanente regions who had surgery for colon cancer at least 5 years earlier and who were living with ostomies or anastomoses. Once patients were identified through electronic health records, researchers led by Virginia Sun, R.N., Ph.D., assistant professor of nursing research and education at City of Hope in Duarte, Calif., mailed quality-of-life questionnaires. Of 919 respondents, 40%–46% reported dietary changes because of ostomy or surgery. Only about 11% had never needed to adjust their diets.

“People do improve on their own over time, but the process is difficult. We want to learn from these studies to develop evidence-based interventions to help survivors adjust and manage bowel function better.”

The National Cancer Institute’s Office of Cancer Survivorship has funded studies on quality-of-life issues, said Patricia Ganz, M.D., director of cancer prevention and control research at the Jonsson Comprehensive Cancer Center at the University of California, Los Angeles. Academic cancer care centers have also studied cancer survivors and issues that affect them after treatment. But life after treatment is receiving growing attention as the number of cancer survivors climbs.

According to the American Cancer Society, 14.5 million cancer survivors are living in the U.S., up from 10 million in 2005.

Meanwhile, cancer patients often feel lost in the transition between patient and survivor. A 2005 Institute of Medicine (IOM) report found that primary-care physicians and other health care providers often lack knowledge of cancer treatment’s long-term consequences and seldom receive guidance from oncologists. Follow-up care is thus fragmented and of poor quality.

The report recommended that all cancer patients receive a cancer survivorship care plan that summarizes information crucial to long-term care. IOM recommended that the plan include information about the diagnosis, treatment received, potential consequences, information on follow-up visits, and availability of psychological and other support services. The American College of Surgeons Commission on Cancer has taken up the recommendation: “To be certified, community cancer care centers must, beginning in 2015, give all patients treatment summaries and survivorship care plans.

Several free Web-based tools enable patients and caregivers to create survivorship care plans. But few studies have looked at patients’ experience using them, Metz said. Creating a plan that is satisfactory to patients complies with IOM recommendations, and has the right amount of information is a lot of work, Metz said: “It is an evolving process.” Several organizations, including the American Society of Clinical Oncology, are devising guidelines on what information such plans should include. Sometimes, however, not enough information is available to create a satisfactory survivorship care plan in the first place.

For example, although evidence-based information on issues survivors may face and how to best cope is available for many

Virginia Sun, R.N., Ph.D.
FDA Considers Restricting or Banning Laparoscopic Morcellation

By Vicki Brower

The U.S. Food and Drug Administration is considering restricting or banning morcellation in minimally invasive hysterectomies and myomectomies (removal of fibroids) because of new reports of higher incidence of undiagnosed sarcoma in women undergoing these procedures. Research now links morcellation to the spread, or upstaging, of undetectable gynecological cancers. In July, FDA convened a 2-day Obstetrics and Gynecology Devices Advisory Committee meeting to discuss risks and benefits of morcellation and to determine ways to reduce risk of upstaging cancers.

In December 2013, after receiving the first report of an upstaged cancer due to morcellation, FDA sent out a safety communication to discourage morcellation in laparoscopic gynecologic surgeries. Women whose cancers upstaged after morcellation live a median of 11.5 months after the procedure. About 50,000 U.S. women per year undergo morcellation. Other risks include visceral and vascular injuries, Craig J. Sobolewski, M.D., assistant professor at Duke University in Durham, N.C., said at the meeting. Owing to the report and the FDA warning, several U.S. medical centers have stopped using laparoscopic power morcellation (LPM), and Johnson & Johnson’s Ethicon device subsidiary has stopped marketing its morcellator.

Previously thought to be much rarer, uterine sarcomas, and especially leiomyosarcomas, are lethal and virtually impossible to detect. In April, FDA increased the estimate of sarcoma risk for women undergoing hysterectomy or myomectomy for presumed fibroids from between 1 in 500 and 1 in 10,000 to about 1 in 352 for unsuspected uterine sarcomas, and 1 in 498 for leiomyosarcomas. The most recent study, by Jason Wright, M.D., chief of gynecologic oncology at Columbia University in New York, found that cancer risk in women undergoing hysterectomy for symptomatic fibroids is 1 in 370 (JAMA online, July 22, 2014). The study also detected other malignancies and precancerous abnormalities.

“The risk of sarcoma in women may be very small, but if one has cancer, the risk of harm with morcellation is huge.”

Although morcellators [surgical instruments that assist in laparoscopic surgery] have been in use since 1993, few studies have described the prevalence of unexpected pathology at the time of hysterectomy,” the authors wrote. “Prevalence information is the first step in determining the risk of spreading cancer with morcellation,” they noted.

Patients considering morcellation should be adequately counseled about the prevalence of cancerous and precancerous lesions, Wright said. After a period of public comment on the July meeting and the participation of surgeons and other experts, patients, and their families, FDA will issue its decision about whether to restrict or ban morcellation.

20 Years of Morcellation

LPM uses a morcellator to slice tissue into small pieces, enabling surgeons to remove the uterus and fragments of large fibroids without making large incisions. But LPM can lead to complications. The procedure can spread cells and tissue fragments throughout the peritoneal cavity. If benign, these cells can grow and cause adhesions, causing pain and dysfunction. If cancerous, they can lead to inaccurate