

Mayo Clinic Q & A- Dr. David Etzioni - Colorectal cancer sur...

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SPEAKERS

Dr. Halena Gazelka, Narrator, Dr. David Etzioni

- N** Narrator 00:00

Coming up on Mayo Clinic Q&A, people recovering from colorectal cancer are encouraged to follow established guidelines for good health, such as not smoking, limiting alcohol, eating well, exercising regularly and maintaining a healthy weight. Another important part of recovery, a strong support system.
- D** Dr. David Etzioni 00:19

The patients who undergo treatment with a strong and consistent omnipresent supportive family, they simply do better. Not just emotionally, but also just in terms of their ability to tolerate treatment. I think they literally have better medical and surgical outcomes.
- D** Dr. Halena Gazelka 00:36

Welcome, everyone to Mayo Clinic Q&A. I'm your host, Dr. Halena Gazelka. Well, colorectal cancer is still the third leading cause of cancer deaths in the U.S. Continuing improvements in screening and treatment means that many people who are diagnosed with colorectal cancer can now expect to survive long after their diagnosis. The American Cancer Society estimates that there are currently more than 1.5 million survivors of colorectal cancer in the United States. But what happens after treatment for colorectal cancer is completed? Do colorectal cancer survivors return to life as they knew it before their diagnosis? Well, joining us to discuss that today, is Dr. David Etzioni, Chair of the Department of Surgery at Mayo Clinic in Arizona. Welcome, David.
- D** Dr. David Etzioni 01:24

Thank you, Halena. Very happy to be here.

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Dr. Halena Gazelka 01:26

Well, this seems like a great topic to discuss because it affects so many individuals. But I want to ask you a personal question first. What made you interested in colorectal cancer?

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Dr. David Etzioni 01:38

So, I started off my training and surgery within general surgery. General surgery is the platform upon which the colorectal surgeon is based. To become a specialist in colorectal cancer surgery, you generally have to complete one additional year of surgical training after completing that initial five years of training in general surgery. What attracted me to this field is the field that I'm in, we don't only take care of cancer patients, we take care of a pretty broad swath of patients, patients with cancer and without cancer. We really get to see and interact with patients at some very poignant moments in their health care. The treatment we provide can really be pretty emotionally dramatic. And I really enjoy the conversations with patients that I had, but also, the decision making regarding the different types of treatments that we can potentially offer patients is really very different for each patient. It is very patient driven. I really enjoyed being a part of those conversations, that decision making process with the patients. And I really found it to be a very rewarding field.

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Dr. Halena Gazelka 02:44

So, what do you find, David, that most patients are worried about after they complete their treatment for colorectal cancer?

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Dr. David Etzioni 02:52

Yeah, that's a great question, Halena. And I think, there are three main things that I see our patients really concerned with when they start thinking about finishing their treatment for colorectal cancer. And the first, the biggest concern they have is whether or not their disease will completely go away and stay gone. And this is, I think, a fundamental concern for any patient that is treated for cancer of any kind. And this is one of the areas whereas physicians we really want to be the most reassuring, but we also have to be the most tempered. Anytime a patient has a diagnosis of cancer, any physician who tells them their cancer is gone, 100% gone, is at some level not telling the entire truth. We always try to give patients the best information, but cancer is tricky. And cancer can come back a day, a week, a month, a year, even 10 or 20 years after initial treatment. It gets less and less likely, but patients are always really concerned about whether or not their disease is completely gone. So, that's, I think, probably the biggest issue on the mind of all of our patients who are treated for cancer. But specific to colorectal cancer, I think that there are some distinct impacts of the treatments that we provide on patient's day to day quality of life. How many bowel movements will they have? How quickly will they have to get to a restroom if they do find the urge to go to the bathroom? So, those are things that can really impact a patient's quality of life. And we have seen patients who are really, really harmed in terms of quality of life by cancer treatments. And so, it's

always important to have those conversations with patients before treatment and during treatment to make sure they're well supported, and well informed. And then a part of that also is a possibility of an ileostomy or a colostomy on them, and those types of surgery that leave patients with those clearly generate a big impact on their quality of life. And for the layperson, those ileostomy, colostomy, they're frequently effectively called just the bag. Patients are always really concerned about whether or not they will end up with a bag, either temporarily or permanently.

D Dr. Halena Gazelka 04:59

Because essentially what happens, David, is that their stool is collected in a bag through the abdominal wall, or their urine, correct?

D Dr. David Etzioni 05:07

Exactly. And that may, like I said, be temporary or permanent. If it's permanent, it's usually because the cancer is lower in the rectum, and we can adequately remove the cancer and still leave them with the ability to control their bowel movements.

D Dr. Halena Gazelka 05:22

What are effective coping strategies that you have seen patients use to manage some of those worries that they might have?

D Dr. David Etzioni 05:30

You know, I think that working with providers to be educated about what the options really entail is probably mission number one. A lot of resources are available to patients on the internet, and some of those resources are better, some of those are worse. But really working together with your providers and Dr. Google together to figure out what those options really mean is important. A lot of times my patients arrive having done extensive internet research, and unfortunately, that research may have pointed them in the wrong direction, or having concern about something they didn't necessarily be concerned about. Another really important, I think, understated treatment strategy is to engage loved ones for support. And this is something as a provider that I see time and time again, that the patients who undergo treatment with a strong, consistent, omnipresent support of their family, they simply do better, not just emotionally, but also just in terms of their ability to tolerate treatment. I think they literally have better medical and surgical outcomes.

D Dr. Halena Gazelka 06:32

What about support of others who have gone through similar? You mentioned Dr. Google, and it made me chuckle, because so often patients come, sometimes they find very good information, but sometimes they don't find good information, or it's actually false in some cases. So, what about support from other individuals who have gone through this such as on blogs?

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Dr. David Etzioni 06:53

So, one of the biggest areas where our patients really, really suffer is in tolerating the concept of ending up with a bag, either temporary permanent, and that's one of the places where I think that education, especially education that comes from people who have already gone through it is essential. One of the things that we do provide here at Mayo is when I do have a patient like that who's worried on the bag is, what it might mean for their life, it might be a temporary or permanent bag, we have a lot of educational resources available to them. We often will send them to our ostomy nurses, so they can actually try just wearing the appliance before they've undergone the surgery so they can see what it might be actually like to wear that underneath their clothes. We also have an ostomy support group that consists of patients who have an ostomy, who work through and discuss with each other what challenges they face, and they're very supportive with each other. And then I also have a small coalition of the willing, an army of patients who are now with an ostomy, or maybe without, who've gone through that kind of surgery and their different ages, different walks of life, and I often call one of them up and see if they'll reach out to a patient of mine and talk about what it might mean to live with an ostomy. And that's something that I have found to be very effective too. Having somebody you can actually talk to you on the phone that has been through that, or even meet in person, is something that can really help patients to get over that hump, to accept that possibility for their cancer treatment.

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Dr. Halena Gazelka 08:24

How very kind of your patients to take time to do that too. Very meaningful. David, tell me about some of the short and long-term side-effects that can occur after management or treatment for colorectal cancer.

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Dr. David Etzioni 08:39

While the different types of treatment each in gender a different spectrum of side-effects. Surgical side-effects are probably the most predictable, pain, fatigue, inability to drive, inability to really take charge of all of your activities of daily living. Those are all things that everybody's going to experience in the immediate post-operative period. There can also be side-effects related to chemotherapy. Chemotherapy is a part of treatment that's not universally required for colorectal cancer care, but it is required in the majority of cases. I think a lot of our patients think of chemotherapy in a somewhat old school way. They may have had a parent or grandparent who they saw endure chemotherapy. But it's important to note that a lot of our patients who have chemotherapy have no significant side-effects. So, chemotherapy doesn't need to be something that's thought of as this monolithic, awful thing that's going to truly aggressively deteriorate their quality of life. But the types of side effects that patients have with chemotherapy may include fatigue, nausea, and especially numbness and tingling in fingers and toes. Now radiation therapy is a third modality of treatment that many of our patients undergo. Almost always radiation therapy when it's used is used for patients with rectal cancer. But radiation can add to the side-effects of surgery. It can cause problems with inflammation and compliance of the rectum which can lead to worsened, increases in the numbers of bowel movements each day and the amount of urgency the patient has, that sense that they have to go to the bathroom when they first sense that bowel movement. There can

also be some problems with bleeding from their GI tract that comes from radiation treatment. Now, each of these side-effects has a certain timeline to them. Some of them are very short-term. The pain of surgery obviously lasts a couple of weeks then goes away. Some of the problems with gastrointestinal quality of life also can get better over time. And then also importantly, there are a lot of things that surgeons and treatment teams can help patients with, to try to ameliorate, to try to make better some of these side-effects of treatment on patients quality of life. It's almost universal, that after treatment for colorectal cancer, that we can get a patient to a gastrointestinal quality of life that they are happy with.

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Dr. Halena Gazelka 11:05

David, tell me about how patients should go about selecting the physician team who will care for them. How do they, what questions should they ask? How will they know if this is the right place for them to receive treatment?

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Dr. David Etzioni 11:18

Yeah, that's a great question. I think it's worth noting, first of all, that colorectal cancer treatment is a team sport. So, when a patient is looking for a place to be treated, they shouldn't just look at the name of one particular physician, they should look for the name of a trusted team. In Mayo, I think it's a trusted team, and I think that in terms of bringing together all of the different types of care that are required to effectively treat colorectal cancer, I think that that's something that we do very well. But we are not the only team in town. And many patients for a reason can't travel to us. But I think that first and foremost, it makes sense to really look for that team based approach. The next thing I'd say is that when you do first walk in the door, when you have a conversation with your providers, make sure that they are offering you a menu of options for treatment. Now, there are situations where there's one treatment that is fairly standard. And when that happens, that that is the case, you shouldn't necessarily ask or pursue other options. But you really do want to make sure that your providers are putting in front of you all the appropriate options for care, and that they're really going through with you what each of the options is intended to offer you, what is the benefit of radiation, was a benefit of chemotherapy if they're being offered to you. The next thing is I think that it's incumbent upon all your physicians and all your providers to make sure that they talk with you openly about the side-effects and complications that are associated with the treatment that you'll be receiving. Ghose side effects might be the need for a bag, an ileostomy or a colostomy, and that could be temporary or permanent. But there also are a lot of different things that can happen to you as a result of your surgery. Rectal cancer treatment especially is more challenging, more technically complex, and more impactful for patients than colon cancer treatment. Operations in the pelvis of a man or woman can result in problems with urination, with sexual function, and you should make sure your providers talk with you about those things openly. And then last but not least, I think you really need to feel comfortable with your providers. You will be spending a lot of time with them. You will be seeing them in follow-up. You will be seeing them in the hospital, you will be seeing them, you will be calling them when you have a question or problem about your care, you should really make sure that you feel like those are the providers who you're going to want to have at the other end of the video or the phone call when you really have a problem. So, that's a long list of things to consider. But hopefully we have covered all of the bases there, Halena.

D Dr. Halena Gazelka 11:32

David, earlier on, you talked about how individuals would fear cancer recurrence, which seems absolutely logical to me that that would be the first concern that would come to mind. How do you help your patients to come to terms with that? And how do you surveil patients afterward?

D Dr. David Etzioni 14:22

So, recurrence is one of the biggest fears that I think is faced by our patients with colorectal cancer. I have patients who come to see me for a follow up exam who are nervous, almost to the point of shaking and tears. I'm just waiting for the outcome of my exam to tell them whether or not their cancer has come back or not. So, it's something that we are very sensitive to. For patients who are treated with colorectal cancer, once their treatment is done, we generally start a five year period of what we call surveillance. And surveillance is just a generic term it can be used for any cancer, not just colorectal cancer, but the things that we do in that surveillance period to monitor for occurrence is really tailored to each patient, to the type of cancer they had, the location they had it in, the aggressiveness of the cancer based on what we learned about the cancer both before and at the time of surgery. But the elements of surveillance include a physical exam, includes CAT scans and MRIs depending on the type of cancer, lab tests, and also periodic colonoscopies. And I think as far as the things that I do to try to put my patients at ease about it, is I do try to have a little bit of a sense of humor. We ended up seeing our colorectal cancer and anal cancer patients so frequently during that five year period that we almost develop something of a relationship. And so, it is a nice thing for me to see patients, although I don't think they like being seen by me quite as much as I like seeing them.

D Dr. Halena Gazelka 15:53

Who can blame them.

D Dr. David Etzioni 15:55

Not me.

D Dr. Halena Gazelka 15:56

David, tell me what, you talked earlier about how individuals who have a strong support system often do better through treatment. So, tell me what do caregivers such as family and friends need to know about colorectal cancer survivorship?

D Dr. David Etzioni 16:12

Well, this is a place where maybe I can make it easier for anybody who is worried about doing the wrong thing. I think that the technical aspects of a care for colorectal cancer, and during that survivorship period, those needs are not great. There's no handbook that they'll need to

memorize. There's no particular set of web pages they should go to know what all the warning signs are. I think the most important thing is simply to be emotionally supportive, and to help patients who might not otherwise be able to do for themselves. They may not be able to get to the supermarket or shop for groceries, they may need a ride to get to their follow-up appointment. But most importantly, I think that they need to know that no matter what happens to them, no matter what their body looks like, no matter whether or not they have a bag, that they're going to be okay. They need to have that unmitigated, unquestioning support from their loved ones. And I think that those things, I have seen, make a huge difference in patient's ability to tolerate care. Company, companionship, support, a positive environment, and there actually is evidence that shows that patients who are strongly supported by spouses have better long-term cancer outcomes than those who are not. So, I'm not saying that if you have a diagnosis of cancer, that you should go out and get married, if you're not already, but I do think that for the people who are around that person who need support, they should really go above and beyond to try to help out in whatever way they can.

D Dr. Halena Gazelka 17:42

And what do you tell your patients who have had colorectal cancer about what they can do to improve their overall health?

D Dr. David Etzioni 17:50

Before treatment, I have something that I tell patients that some will think it is kind of funny. I tell them before treatment that they really need to imagine that they're getting training for a fight, because cancer treatment, be it the surgery itself, the chemo, the radiation, it really is going to be a fight. And so, sometimes I even hum the Rocky theme song as I talked about this, and I tell them to start running up and down the art museum steps, but they get the picture. And so, at that point, and then also throughout treatment, they should try to be active, physically active, exercise, eat healthy. Everybody should avoid habits that we all know are negatively associated with health, including alcohol and tobacco. And then I think that that continues after treatment also. There may not be as much energy, there may be a lot of fatigue associated. But I think each of our patients knows what kind of positive health behaviors they can take part in. And I think that throughout their cancer treatment they should do as well as they can to adhere to those things also.

D Dr. Halena Gazelka 18:54

What a great conversation today, David. Thank you for being here.

D Dr. David Etzioni 18:58

Halena, thank you, it was my pleasure.

D Dr. Halena Gazelka 19:00

Our thanks to Mayo Clinic surgeon, Dr. David Etzioni, for being here today to talk with us about

Our thanks to Mayo Clinic surgeon, Dr. David Etzioni, for being here today to talk with us about colorectal cancer survivorship. I hope that you learned something. I know that I did. And we wish each of you a wonderful day.

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Narrator 19:14

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