



Student Workbook

**Survivorship Care for
Colorectal Cancer Survivors**

Moving Forward After Cancer

**a Learning Suite for Family Medicine and
Oncology Postgraduate Trainees**

An initiative of / Une initiative du



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

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Access to the complete *Moving Forward After Cancer* curriculum is available on the University of Manitoba Continuing Professional Development website, at:

<https://www.cpd-umanitoba.com/elearning/moving-forward-after-cancer/>

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Colorectal Cancer Case: Gestur

Part 1

Narrative

Gestur is a 63-year-old fisherman who comes to see you today in follow-up of his stage III (Clinical Stage T2N1) rectal cancer. His treatment ended three months ago. He had initial (neoadjuvant) chemo-radiotherapy on account of an MRI suspicious for involved regional lymph nodes. He subsequently underwent total mesorectal excision and abdomino-perineal resection, with establishment of a permanent colostomy. Pathologic examination of the surgical specimen did not find any involved lymph nodes. For his (clinical) stage III disease, Gestur was offered and received chemotherapy after his surgery: six cycles of FOLFOX (5-FU, oxaliplatin).

Gestur tolerated his treatments well. However, he developed a mild peripheral neuropathy which started after his third cycle of chemotherapy. He also developed erectile dysfunction which started after his radiation and became noticeably worse in the postoperative period. When he saw you last, Gestur reported some worsening of his erectile dysfunction, for which you prescribed sildenafil.

Aside from his work as a commercial fisherman, Gestur takes no regular exercise. He quit smoking at the time of his cancer diagnosis. He has no known coronary artery disease. He averages two alcoholic beverages per day.

Gestur takes metformin 500 mg ii tablets BID plus gliclazide MR 30 daily for his diabetes. His A1c is 8.8%. His total cholesterol is 3.8 mmol/L, HDL 1.3, LDL 2.2, and triglycerides 3.14 mmol/L. His other medications include irbesartan 75mg daily, atorvastatin 10 mg daily, and ECASA 81 mg.

On examination Gestur is overweight, with a BMI of 29. His blood pressure is 118/76, right arm sitting. He has patchy impairment of sensibility to monofilament testing of both feet, with normal sensation proximal to the ankles. Gestur has no foot ulcers or calluses.

When you ask Gestur if the sildenafil has worked, he initially falls silent, flushing with evident embarrassment, and then he chokes up a bit. He reports that when he and his wife have tried to make love, the ostomy and appliance have proven too off-putting for his wife, although she seems to be trying in earnest to accept the changes to his body. He admits to a depressed mood, but denies suicidal ideation or intent.

Questions

Working on your own, jot down your answers to these three questions (three minutes). Next, discuss your answers in your small group (10 minutes). Finally, be prepared to share your answers and discussion with the larger group (10 minutes).

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1. *What are the possible/probable contributors to Gestur's reported sexual dysfunction?*

2. *How can you help Gestur and his wife to address this problem?*

3. *Make a list of the kinds of patient concerns that, in your opinion, should be addressed to his FP, and those that should be addressed to the cancer specialist at this point, three months out from chemotherapy. How can we make it clearer for Gestur “which doctor to call,” or does it matter?*

Part 2

Narrative

Six months have passed since Gestur’s post-op chemotherapy ended. Last month, you received a letter from the medical oncologist transferring medical responsibility for follow-up care to you, his family doctor, for ongoing follow-up care.

The documents sent to you indicate that he is due for a CEA level, the second such blood test since his treatment ended, and you give him a requisition today. The document also recommends obtaining an infused CT chest, abdomen and pelvis, to be done prior to the time of the follow-up visit that takes place at the one-year mark after surgery (which will be three months from now). You order these today as well. Gestur tells you his surgeon has also called him in for a surveillance colonoscopy, to be performed in a few months.

Gestur tells you that the sildenafil has made a significant difference to the quality of his erections. He and his wife have been seeing the sexuality counselor at the local cancer clinic. Weighing more heavily on Gestur’s mind today are all the upcoming tests. He admits that he has been wondering if his cancer is going to come back at some point.

Questions

4. What are the current CancerCare Ontario/American Society of Clinical Oncology recommendations for follow-up of colorectal cancer once a patient has received treatment with curative intent?

5. How can you respond to Gestur's concern that his cancer might come back? What can Gestur do to reduce his risk of cancer recurrence?

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6. *Generate a list of the kinds of information that you think needs to be provided by the oncologist to the family physician at the time of transfer of care of a cancer patient. Should the patient get the same information?*

Part 3

Narrative

Gestur's CEA level comes back a few days later, elevated at 10.6 ng/L. You check the transition documents from the medical oncologist, and note that his last CEA three months ago was normal at 4.8 ng/L.

On further questioning, Gestur admits that he started smoking about three weeks ago, and is now smoking more than a pack a day, which is more than he used to smoke prior to diagnosis.

The medical oncologist suggests that the surveillance CT scan, which you have booked for the one-year post-surgery visit, be bumped up to later this month, and that you try to help Gestur quit smoking again. A repeat CEA is also suggested in one month.

Questions

7. *What are the possible explanations for Gestur's elevated CEA?*

8. *What will you recommend to Gestur regarding this elevated CEA? How might the family physician collaborate with the surgical and medical oncologist in developing a plan?*

9. *How would you address smoking cessation? Gestur feels overwhelmed and doesn't seem optimistic about quitting.*