

Colorectal Cancer

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Colon Cancer

Colon cancer is a malignant tumor that develops in the large intestine. The development of this type of cancer arises from mucosal cell hyperplasia in the colon, which is an abnormal increase in the number of cells that forms into a benign tumor and eventually into a malignant tumor. Although typically affecting older adults, colon cancer could happen at any age. Due to being preventable, frequent screening can lead to finding the polyps and excising them before forming cancer. Colon cancer accounts for 10% of all cancer cases worldwide and is the third most commonly diagnosed malignancy in men and women. “Of all cancers, colorectal cancer will take most lives of people under 50 by 2030,” (Fight Colorectal Cancer, 2022). Although not seeming like a big percentage of all cancers worldwide, it is still common in both men and women and is crucial for average-risk persons to get screened and tested when reaching that specific 45-50 age gap. Early prevention and treatment are key components that lessen the risk of developing colorectal cancer in the U.S.

Statement of the Problem

Also known as colorectal cancer, colon cancer affects mainly the lower gastrointestinal tract, specifically the right and left sides of the large intestine. Developing a polyp or adenoma on the mucosal layer of the GI tract is one of the most common ways for cancer to arise, however, not every polyp can become cancerous. It can slowly progress over many years before symptoms even arise but come increasingly common with age. It can sometimes lead to abdominal pain or a change in bowel habits. The later stages can exhibit weight loss, nausea, and loss of appetite (National Library of Medicine, 2018). Typically, there is a better prognosis in the early stages and more people can recover fully after surgery. On the other side, cases that have a poor prognosis or are caught in the later stages tend to have treatment aimed toward slowing

down tumor growth and palliative care, due to colon cancer having a high metastasis rate to surrounding organs.

In 2023, the American Cancer Society estimates new cases of colon cancer to be 106,970, and out of that number 52,550 deaths are estimated to occur (2023). 65.1% of patients diagnosed with colon cancer are expected to survive the effects of their cancer after five years or more (National Cancer Institute, 2022). The significance of colorectal cancer has risen over the years because it has become so much easier to treat and prevent. The rates of new cases and death rates have decreased gradually from 1975-2020 due to improving screening equipment and adding various treatment options over the years (National Cancer Institute, 2022).

If a patient should refuse treatment, there is a clear difference in the survival rates vs. patients who choose to receive chemotherapy or any cancer treatment. It can depend on several reasons but age, disease stage, income level, comorbidity, and treating healthcare facility level are the most common as to why the patient should refuse (Moodley et al., 2023). To refuse treatment poses a potential challenge to colon cancer control. If uncontrolled, colon cancer can metastasize to the lymph nodes around the bowel, liver, and lungs. It would be a very poor prognosis at that point when it could have easily been prevented by screening and then the necessary treatment depending on the present stage. The level of prevention and treatment that is available when diagnosed, creates a preventable strain on healthcare providers and the nursing community, which is already understaffed. Getting screened early is an easier alternative for bypassing all of the complications that can lead to mortality since many of the patients are responsible for their care and well-being.

Risk Reduction/Treatment of the Problem

Prevention is an important factor in lowering the risk of developing colon cancer. Since the main way in reducing the risk is by getting screened routinely, lifestyle modifications are essential in further reducing the probability of abnormal growth in the gap years between each colonoscopy, as well as before getting the first one.

It is recommended by the ACS (American Cancer Society) for average-risk individuals to get screened for colorectal cancer by stool-based tests or visual examinations, like a colonoscopy. It is also recommended for individuals 76-85 who should undergo screening only based on patient preferences, life expectancy, overall health, and prior colorectal screening history (Clinical Colorectal Cancer, 2022). For persons who are at an increased risk due to family history, of IBS (inflammatory bowel disease), or known hereditary colorectal symptoms like familial adenomatous polyposis, the time at which they should decide to get screened varies. It is standard for someone with IBS to get screened 8 years after their initial diagnosis and then a repeat colonoscopy every 1-3 years. While some colorectal problems will cause someone to get screened later in life, others are encouraged to start early to prevent further extension of possible polyps that can turn into cancer (Mennella et al, 2018).

When first starting treatment for colon cancer, a priority goal would be to promote physiologic functioning and reduce the risk of developing complications. Although surgery is the keystone treatment in patients who fit the criteria, if surgery is contraindicated due to the extent of the cancer growth, palliative chemotherapy is given to prolong the survival rate. Radiation therapy in conjunction with chemotherapy is usually done preoperatively to decrease the local occurrence for those who are at higher risk (Fabregas et al, 2022). In cases where surgery is indicated, treatment can include a bowel resection, ending with one segment anastomosed to another portion of the bowel. This type of treatment option depends on if the cancer is right or

left-sided. A way to differentiate would be the side effects; right-sided colon cancer will present as diarrhea and blood in the stools whereas left-sided colon cancer will present as an obstruction. A right or left hemicolectomy and excision of regional lymph nodes is done to reserve the remaining healthy portion of the bowel to maintain quality of life.

Some positive lifestyle choices or changes that should be altered to prevent the risk of colon cancer in certain individuals, that would also prevent having to go through chemotherapy and radiation, would be smoking cessation, decreasing alcohol consumption, increasing physical activity, and increasing intake of fiber. For the right diet, one should be consuming fruit, vegetables, and whole grains and then low in red and processed meats. Maintaining a healthy weight also lowers the risk of developing colon cancer (Colorectal Cancer and Diet, 2021).

Planning of Teaching Content

As the educator, the plan for the teaching content to make the learners more knowledgeable about this sickness is that screening can easily prevent it. When the teaching efforts have finished, the learners will understand that the best time to get screened is depending on various risk factors, how consistently to get screened, and most importantly why they should be getting screened regularly. The learners will also understand the various treatment factors relating to the specific stages. Aiding the treatment, prevention measures are also important to mention as to what should be eaten more and what should be limited in the regular diet.

To get the information across, providing many different aspects of visualization will be vital. By handing out a pamphlet or brochure before teaching the community, they will have direct visualization in their hands and use it as hand-held material to follow along with. Another way to get the information across is to use smaller, more understandable words the public will easily understand. Since many in the community don't have a medical background, making the

presentation and handouts easier to understand will help them grasp and further use the information. Keeping the group engaged in a discussion by asking questions throughout the presentation will also be beneficial to their learning. If someone should provide me with an appropriate answer to a certain question, I would reply with more facts or statistics about colon cancer. A quick example of this would be asking a question like 'have you gotten screened for colon cancer yet?' and for those who reply 'yes', saying, 'it is great to start getting screened around age 50 if you are low-risk and it is the easiest way to prevent colon cancer.'

The plan is to create a trifold poster board that includes the many risk factors, signs and symptoms, screening times, and treatment options to go over while teaching the community. Also, having the handheld pamphlet printed out with the same information as the board will be beneficial and a great resource to take back home.

Conclusion

In all, it is highly encouraged to start getting screened for colorectal cancer around the 45-50 age range, and even sooner for persons more at risk due to underlying problems. Although dietary modifications and lifestyle changes are vital for self-controlled prevention, getting a colonoscopy every five years is crucial to take extra precautions. Colon cancer is highly preventable and treatable once it is caught and staged early. To teach a majority of this information to the public, pamphlets will be provided to follow along with while the material is being covered. As mentioned prior, the handout and presentation will be put in simple terms for the community to clearly understand, and questions for further information will certainly be accepted.

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