



N2Y
NEVER
TOO YOUNG
FOR COLORECTAL CANCER

PATIENT & CAREGIVER TOOLKIT

COLORECTAL
CANCER
CANADA



CANCER
COLORECTAL
CANADA

TABLE OF CONTENTS

About This Toolkit.....	2
Never Too Young.....	3
Your Healthcare Team.....	4
Colorectal Cancer.....	5
Risk Factors.....	6
Diagnosis.....	11
Family & Relationships.....	13
Relationships & Fertility.....	14
Treatment Options.....	15
Post-Surgery.....	19
Post-Chemotherapy.....	21
Post-Radiation.....	22
Post-Treatment & Survivorship.....	23
Everyday Life.....	24
Psychosocial Well-Being.....	25
We Are Here For You!.....	27
Expert Advisory Panel.....	28

ABOUT THIS TOOLKIT

Each year, approximately 2000 Canadians are diagnosed with early age onset colorectal cancer.

Most colorectal cancer resources are designed with older patients and caregivers in mind. Through the Never Too Young program, Colorectal Cancer Canada aims to change that.

This resource was created to provide early age-onset colorectal cancer patient and their caregiver(s) the opportunity to learn more about the various topic areas relevant to colorectal cancer.

As we know that a life-changing diagnosis is overwhelming, this toolkit provides an overview of the information that is essential to comprehend as an early age onset colorectal cancer patient and/or caregiver.

HELPFUL TIP

If you have any questions about the information in this toolkit, please speak to your healthcare team.

Please note that this toolkit should not serve as medical advice. All medical decisions should be made after a discussion with your healthcare team.

NEVER TOO YOUNG


Early age (<50 years old) onset colorectal cancer is diagnosed in approximately 2000 Canadians per year [1]. While approximately 90% of colorectal cancer cases occur in people over the age of 50, since the mid-1990s, the incidence of colorectal cancer has been rising among adults under 50 years old [2]. It is unclear what is driving this rise in cases, but research suggests lifestyle factors are strong contributors [3]. Early age onset patients face unique challenges and barriers, and many feel that they do not receive the same quality of care due to their age. Colorectal Cancer Canada's (CCC) Never Too Young (N2Y) program aims to change that.


The mission of the N2Y program is to raise awareness and enhance patient support around early age onset colorectal cancer (EAO CRC) in Canada in an effort to decrease the number of young people diagnosed with advanced-stage disease. N2Y is committed to spreading the message that young adults need to be screened earlier than age 50 if they have a family history of the disease, hereditary syndrome, or a high-risk CRC-associated lifestyle.


CCC envisions a future where no young person in Canada dies of colorectal cancer due to misinformation, testing delays, stigma, and/or a lack of awareness. It is one of our duties to ensure that young Canadians and healthcare providers will have the appropriate information to continue the fight against colorectal cancer with confidence and resilience.


LEARN MORE


Find us online to stay tuned
to N2Y program updates:

 colorectalcancerCanada.com

 Colorectal Cancer Canada

 @colonCanada

 @colonCanada

 #Never2Young

YOUR HEALTHCARE TEAM

After a diagnosis, you will be looked after by a multidisciplinary healthcare team. It is important to keep all of their contact information easily accessible in case you need to contact them at any time.

If you require support or guidance, please contact Colorectal Cancer Canada via phone or email.
Phone: 1.877.502.6566 Email: info@colorectalcancercanada.com

FAMILY DOCTOR

A doctor who treats many health concerns, including colorectal cancer follow-up and surveillance.

NAME: _____
PHONE: _____
EMAIL: _____

COLORECTAL SURGEON

A doctor who treats colorectal cancer with surgery.

NAME: _____
PHONE: _____
EMAIL: _____

ONCOLOGIST

A doctor who specializes in medical treatments for colorectal cancer (chemotherapy, radiation, etc.)

NAME: _____
PHONE: _____
EMAIL: _____

RADIATION ONCOLOGIST

A specialist physician who uses ionizing radiation (megavoltage X-rays) in the treatment of cancer

NAME: _____
PHONE: _____
EMAIL: _____

NURSE OR NURSE PRACTITIONER

Nurses may specialize in stoma care or support you through diagnosis, treatment, and beyond.

NAME: _____
PHONE: _____
EMAIL: _____

OTHER HEALTHCARE PROFESSIONAL(S)

May include social workers, physiotherapists, dieticians, etc.

NAME: _____
PHONE: _____
EMAIL: _____



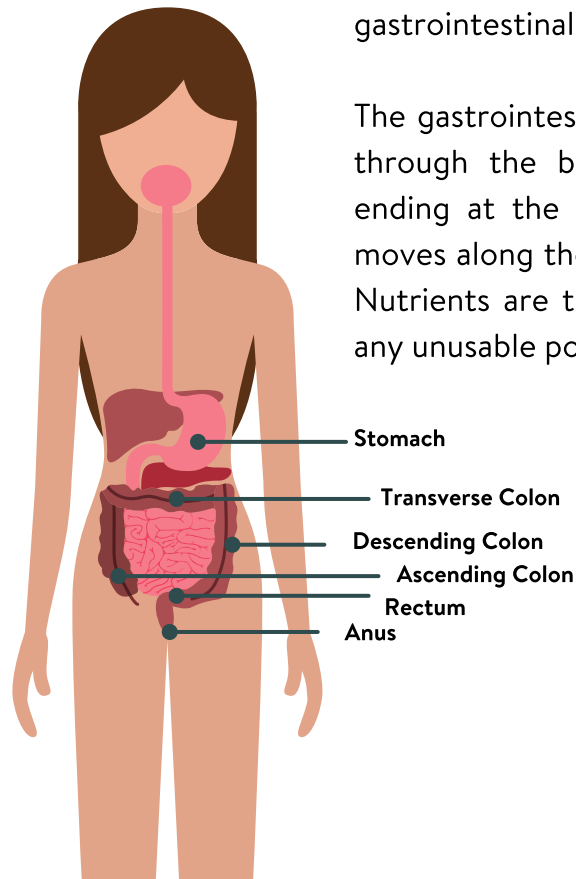
EMERGENCY CONTACT

Ask your healthcare team who you can contact on weekends and after-hours.

NAME: _____
PHONE: _____
EMAIL: _____

COLORECTAL CANCER

The term colorectal refers to both the colon and the rectum. The colon and the rectum form part of the digestive tract also called the gastrointestinal or GI tract.



The gastrointestinal tract is a long tube that runs through the body, starting at the mouth and ending at the anus. After food is swallowed, it moves along the tube where it gets broken down. Nutrients are then absorbed into the blood, and any unusable portion is discharged as waste.

Colorectal cancer includes two types of cancers: cancer of the colon (large intestine or bowel), referred to as colon cancer, and cancer of the rectum (the end portion of the large intestine) referred to as rectal cancer.

Generally, colorectal cancer spreads relatively slowly, slower than some other cancers [4]. It can stay in the colon or rectum for months or years and, if it is not treated, can spread beyond the large intestine or rectum, first to the lymph nodes and then to other distant organs (i.e., lungs, liver, among others) [4]. If caught in the early stages, colorectal cancer is often curable.

SIGNS AND SYMPTOMS

Knowing the signs and symptoms of colorectal cancer is important. They can include the following:

- Unexplained changes in bowel habits, such as constipation or diarrhea
- Change in size/shape of stools, such as being narrower than usual
- Blood in or on the stool, ranging from bright red to dark black
- Persistent abdominal pain/discomfort including bloating, fullness, cramps, gas pain
- Unexplained weight loss
- Unexplained fatigue

RISK FACTORS

More than 70% of CRC cases are considered random, sporadic, or non-hereditary [5,6]. For most people, age, diet, and lifestyle are the most common risk factors contributing to most CRC incidences, not the genes they were born with. While your age and family history of the disease are beyond your control, you can control some risk factors related to your lifestyle. Studies indicate that certain lifestyle decisions such as smoking, unhealthy diet, and alcohol intake increase the risk for colorectal cancer. We'll touch on some of these causal factors on the next page.

At CCC, we believe that prevention is the best medicine. Understanding the causal factors behind such a disease is a requisite step towards adopting a healthy lifestyle in the future. Remember, it is important for patients not to blame or rebuke themselves for the choices they made in their life. At the end of the day, we're all susceptible to cancer, and we all must strive to mitigate the pervasiveness of these cancer contributing risk factors.

»» ALCOHOL CONSUMPTION

Alcohol consumption is an established risk factor for several malignancies (i.e., esophageal, breast, liver, colorectal, among others) [7]. The association between alcohol consumption and CRC risk is considered to be a dose-dependent association [7]. Meaning, as the intensity of alcohol consumption increases, the risk of CRC proportionally increases. Based on peer-reviewed literature, it seems that moderate to heavy alcohol consumption can increase your risk of colorectal cancer by 20-55% compared to no alcohol consumption [7]. It is also important to understand that other factors can exacerbate alcohol's effects on CRC risk, such as family history, sex, body mass index (BMI), race, among others [8]. If you are struggling to quit or reduce frequent/regular alcohol consumption, primary care and mental health practitioners are able to provide effective alcoholism treatment by combining medications with counseling visits. For more information on this topic please contact your corresponding provincial/territorial [health center\(s\)](#).

»» WEIGHT

Being overweight, particularly having excess fat in the waist area rather than the hips or thighs, has been positively associated with an increased risk of CRC [9]. People who are obese are 30% more likely to develop colorectal cancer than normal-weight people. A recent study found that early age onset colorectal cancer risk had doubled in obese (BMI ≥ 30) women compared with women with average body weight (BMI 18.5-22.9). Although there hasn't been up-to-date literature on the association of weight in men and the risk of CRC; early studies showed a 47% increase in CRC risk in obese men compared to average body weight men. If you are at your appropriate/healthy weight, aim to maintain your weight. If you need to lose weight, contact a nutritionist, or ask your doctor about healthy ways to achieve your goal. In either scenario, it is important to adopt and maintain a regular exercise routine and healthy diet.

»» PHYSICAL ACTIVITY

Lack of physical activity has been associated with higher rates of colorectal cancer and can lead to weight gain. In a recent study published, physical activity was shown to reduce the risk of colorectal cancer by 34% [10]. In addition, people who are usually physically active before a diagnosis of colorectal cancer appear to do better throughout the treatment process. People who practice regular physical activity after a diagnosis of colorectal cancer present better clinical outcomes (i.e., overall survival, recurrence, among others) [11]. For further information and recommendations about the type/intensity of exercising you need based on your age, visit the Canadian Physical Activity Guidelines [12].

»» SMOKING

In a newly published study, current smoking was associated with a 59% increased risk of CRC, while former smoking was associated with a 19% increased risk of CRC [13]. These percentages display a firm causal relationship between smoking and increased risk of CRC. In fact, smoking is considered one of the most common attributing risk factors to many cancer types. It is associated with at least 16 cancer types [14]. For more information on how to quit smoking, visit the Canadian guidelines and make use of free counseling services offered by your provincial/territorial public health agency ([here](#)) and/or talk to your doctor about ways to quit smoking.

»» RACE

Race and ethnicity are also contributing risk factors for developing colorectal cancer. It has been noted that colorectal cancer is also a leading cause of cancer-related death among Black communities, where the rates are the highest of any racial/ethnic group in the US and Canada [15]. African Americans are 20% more likely to get colorectal cancer [16].

»» DIET

Your eating habits may affect your risk of developing colorectal cancer. Much research has been conducted, but there are still many unanswered questions. Certain foods seem to be related to the risk of developing colorectal cancer, but not all studies are in agreement.

Fats: Studies show that foods high in trans fat may put you at a higher risk. Consuming foods that are low in fat will help you maintain a healthy weight and will lower your risk of developing colorectal cancer. Synthetic trans fat, known as partially hydrogenated oil, may be found in a variety of food products, including baked goods (i.e., cakes, cookies, and pies), microwave popcorn, frozen pizza, refrigerated dough (i.e., biscuits, rolls, sugary carbs), fried foods (i.e., fries, fried chicken & fish, and doughnuts). In addition, greater consumption of sugary drinks has been associated with an increased risk of EO-CRC [3].

Fiber: Studies suggest that a higher fiber intake may have a protective effect on the functioning of the colon. Many studies have looked at the benefits of fiber for reducing colorectal cancer risk. Fiber can be obtained by eating lots of vegetables & fruits (i.e., beans, broccoli, berries, avocado, among others) whole grains (i.e., 100% whole wheat bread, whole-wheat pasta, brown rice, and oats), and nuts (i.e., almond, sunflower seeds, among others)

Fruits & vegetables: Eating ten servings of fruits and vegetables per day may help protect you against this cancer and many other diseases. Your risk may be increased if you do not eat enough fruits and vegetables. Studies have established a probable inverse association between intake of fruits/vegetables and CRC incidence.

Meat consumption: Studies show that eating large quantities of red or processed meat plays a part in developing cancer. Cooking meats at high temperatures may turn harmless substances in the meat into carcinogens (cancer-causing agents) [17]. A recent study has shown that red and processed meat consumption could increase CRC risk by 12-19% [18].

»» GENETIC RISK

Genetic conditions such as Lynch syndrome, familial adenomatous polyposis (FAP), and MUTYH associated polyposis (MAP) can increase a person's risk of colorectal cancer. It is important for early-age onset colorectal cancer patients to have genetic tests to determine if you carry a gene that could increase your risk of colorectal cancer. This will help your family members make informed decisions about screening and could prevent future diagnoses in your family.

Lynch syndrome is a genetically inherited condition, also known as hereditary nonpolyposis colorectal cancer (HNPCC) [19]. Although many genetic syndromes cause an increased risk for colorectal cancer, Lynch syndrome is the most common. It is estimated that about 1 in every 300 people carry an altered gene associated with Lynch syndrome, and approximately 3 in 100 colorectal cancer cases can be associated with Lynch syndrome [20].

DID YOU KNOW?

It is vitally important to keep family health records updated and discuss family history with your close family members. Check out our [Family History Tool](#) and complete it with your family members. Also, remember that family members should begin getting screened 10 years before your age of diagnosis.

If one side of your family has high colon and endometrial cancer instances, especially at an early age onset, it is possible that some of your family members could have Lynch syndrome. The following guidelines outline the criteria which help guide who should be tested for Lynch syndrome:

- Developing colorectal or endometrial cancer younger than age 50
- Developing colorectal cancer, endometrial cancer, or other types of cancer with mismatch repair deficiency (MMR-D); MMR-D describes cells that have mutations in the genes responsible for repairing incorrect DNA matches. This phenomenon may lead to cancer. High-level microsatellite instability (MSI-H); these are short, repeated sequences of DNA. MSI-H cancer cells may have a defect in the ability to correct mistakes that occur when DNA is copied which may also lead to cancer.
- Developing colorectal cancer and other types of cancer* linked with Lynch syndrome separately or at the same time.
- Colorectal cancer in 1 or more first-degree relatives who also has or has had another Lynch syndrome-related cancer, with 1 of these cancers developing before age 50. The phrase “first-degree relatives” includes parents, siblings, and children.
- Colorectal cancer in 2 or more first- or second-degree relatives with another Lynch syndrome-related cancer*. “Second-degree relatives” include aunts, uncles, grandparents, grandchildren, nephews, and nieces.

*category includes colorectal cancer, endometrial cancer, ovarian cancer, stomach cancer, small bowel cancer, ureter or renal pelvis cancer, bladder cancer, bile duct cancer, pancreatic cancer, or sebaceous adenomas of the skin



DIAGNOSIS

You may have been diagnosed with colorectal cancer after seeing your family doctor, a specialist, or an emergency physician. The pathway to diagnosis for early age onset colorectal cancer patients is different for everyone. Some patients may have been getting screened regularly due to heightened risk factors such as personal or family history, while others may have sought medical attention due to the appearance of symptoms. Unfortunately, some patients may be misdiagnosed or dismissed due to their young age.

To get your diagnosis, you may have had a flexible sigmoidoscopy or colonoscopy, which uses a camera to look at part or all of your colon and rectum.

During these procedures, a sample is taken from the tissue and is then examined under a microscope. If the samples show cancer, you will receive further testing, such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomography (PET) scans to determine the stage and any potential spread of cancer. The results of these tests will help your healthcare team determine the best treatment plan for you.

At this point, you can also have your tumor's biomarkers tested. This means that the tumor will be profiled in order to help your healthcare team determine specific information about the genetic makeup of your tumor. This can lead to distinctive targeted therapies that are specific to the genetic makeup of your tumor.



LEARN MORE

To learn more about biomarker testing, check out our [Get Personal Program](#)

For a list of questions to ask your doctor following diagnosis, [click here.](#)

DID YOU KNOW?

42.9% of respondents

from our recent Early Age Onset CRC experiences survey felt dismissed by doctors due to their age when they sought medical attention.

The Never Too Young program is working to change that.

If you feel overwhelmed during your appointments, you are not alone. It is helpful to bring a family member or friend with you for support and to help you remember the questions you would like to ask and/or assist you by writing down the information provided by your healthcare team. Do not be afraid to ask questions or have your healthcare team repeat information until you feel comfortable.

Please do not hesitate to contact CCC for further support.

YOUR FEELINGS

Receiving a colorectal cancer diagnosis at a young age can be overwhelming and shocking and may leave you feeling sad, angry, scared, or numb. In the days and weeks following diagnosis, it is essential to talk to someone you trust, such as a family member or friend. Many patients feel that continuing with activities they enjoy, such as puzzles, reading, or meditation, can help them cope with distressing emotions that accompany a CRC diagnosis. Others prefer to continue working as much as possible to pass the time and stay focused on things outside of their diagnosis. Whichever coping method you adopt, take care of yourself, seek help when needed, and stay positive.

TELLING PEOPLE

Telling people about your diagnosis can be scary or uncomfortable. It is important to start by telling a few people in your close circle whom you trust. It is normal for people to be shocked or sad about the diagnosis. Some may even need a few days to process the news. Some patients find it helpful to ask their loved ones to help with a task, such as finding a support group. Others may find it beneficial to receive their treatment options before telling family and friends, in order to focus on something positive during the conversation.

Colorectal Cancer Canada has early-age onset patient support groups and upcoming modules to support young patients following their diagnosis. Contact info@colorectalcancercanada.com to learn more.

I WAS 34



TELLING YOUR KIDS

Another important distinction between young (early age onset) vs. 50+ age diagnoses is that those diagnosed earlier in life often have a young family at home, making it harder to break the news.

Telling your kids that you have cancer may be one of the most difficult conversations you will have as a parent. It is one thing to explain your health condition to your grownup children; it becomes much harder to explain it to a child. In fact, you may try to protect your children when diagnosed with cancer by not telling them, but it may do more harm than good. You know better than anyone that children are clever and intuitive beings. They can easily pick up on cues that something is not right within the family, particularly during treatment and when its side effects become apparent. In addition, children thrive on emotional stability, and living through all the changes without an explanation may lead to undue anxiety and fear.

Although it is best to inform your child of your diagnosis, their age is a vital consideration when deciding the extent of the information that should be shared., regardless of their age, it is best if you provided basic information pertaining to your diagnosis—for example, the type of cancer (i.e., colorectal cancer) how it will be treated, and how treatment may affect the family's daily activities. It might also be helpful to point to the part of the body where the cancer is located.

How to tell your child?

- 1) Don't assume they know what colorectal cancer is.
- 2) Let them know it is not contagious.
- 3) Be prepared to answer difficult questions.
- 4) Don't be surprised if it is a one-sided conversation.

Wait until you have all of the information regarding your diagnosis. Get all of the details you need from your doctors, such as the tumor stage, type of treatment, intensity, and frequency. It also may be beneficial to get information on your prognosis. The idea here is to try your best to have the complete picture. The better you can answer your children's questions, the more confident you appear to them, and the more confident you seem, the more assurance and security they feel.



FAMILY & RELATIONSHIPS

Positive relationships after diagnosis are extremely important for early age onset colorectal cancer patients. Once your family members, friends, and/or partner are aware of your diagnosis, they may serve as your primary support system taking on the role of a caregiver when needed.

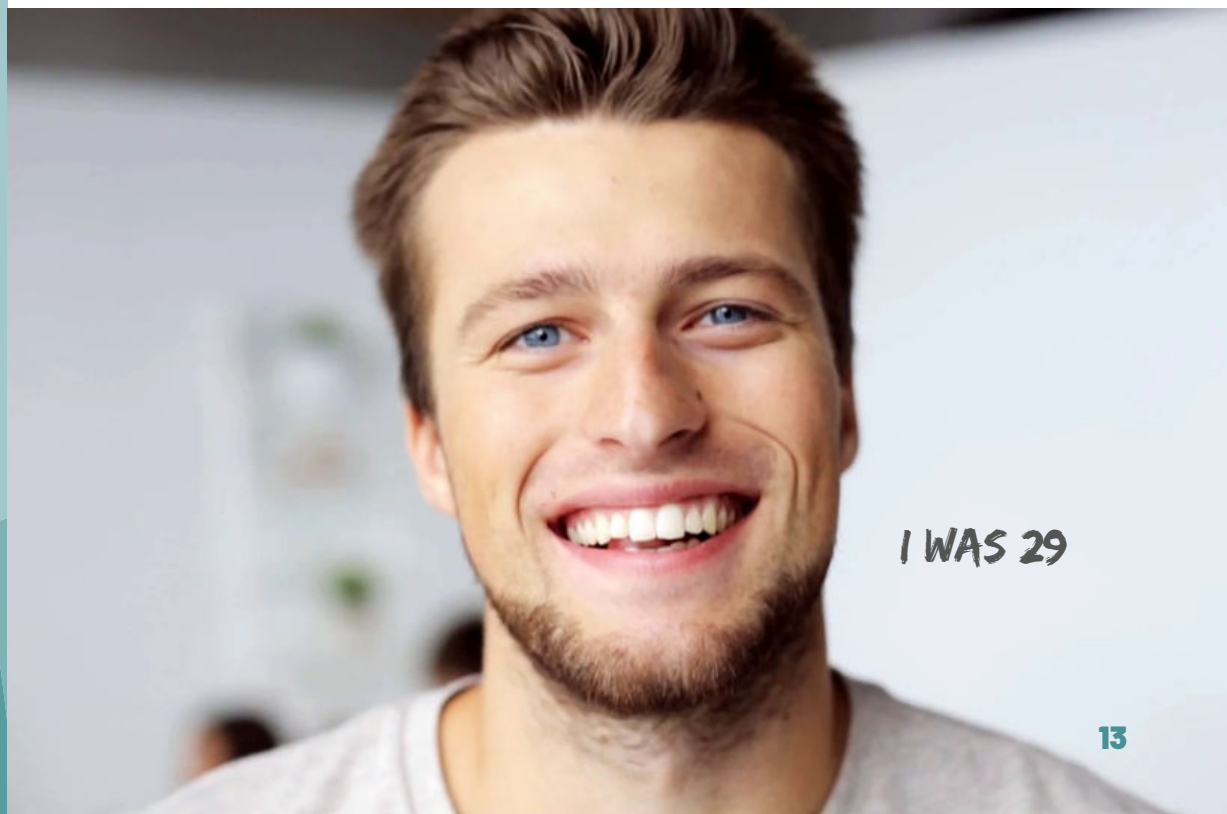
Although it is crucial to keep your support system nearby following a diagnosis, it is not always optimal. Some of your closest friends and family members may feel confused, angry, or devastated that their loved one is faced with EAO CRC. It is also important to note that shifting family and household duties can be challenging for some. Following diagnosis and treatment, it may be difficult for you, as the patient, to allow your partner to take on more household or parenting duties. This could be accompanied by feelings of helplessness and guilt. It is important, however, to remember that this period of rest and healing is essential for your health.



HELPFUL TIP

Before beginning treatment, it is helpful to discuss household and family roles, and how they could change. Try asking the following questions:

- What household roles did each of us play prior to the diagnosis (making lists can be helpful!)?
- What household or parenting tasks are each of us comfortable taking on?
- If it becomes too much, do we have family or friends who may be able to support us?
- When should we re-evaluate our roles and abilities?



SEXUAL HEALTH & FERTILITY

Sexual health and intimacy is an essential topic for discussion. It also happens to be one of the least talked about. Having a conversation about sexuality and fertility with your healthcare provider may sometimes require initiating the conversation yourself. Based on our N2Y survey results, the majority of respondents (59.7%) did not receive any guidance from their medical team on issues pertaining to sexuality. However, 23.9% reported that their doctor mentioned these potential issues, of which 3% were referred to a specialist. If you feel comfortable, including your intimate partner in these conversations would be beneficial and might help start the conversation, which is often the most challenging part. Here are some points to keep in mind regarding your relationships and fertility following a diagnosis of early age onset colorectal cancer:

It is essential to know that your body could undergo multiple changes, morphologically. These changes could be due to the nature of cancer itself or simply due to nature of the cancer treatment. These changes might alter your body image, making you feel less attractive, and might sometimes lower your desire or interest to engage in sexual intercourse. Like any different treatment option, some can carry more risks than others. It is best that you discuss potential side effects of treatment on reproductive health, with a specialist, in the early stages of diagnosis and during your discussion of treatment options.

Cancer treatment such as radiation therapy to the pelvis can cause ovarian damage. This depends on multiple factors such as duration, dose, radiation field size. Similarly, women can experience infertility due to sudden or premature menopause that stems from chemotherapy. This type of permanent infertility is also experienced by women who have their ovaries removed during colorectal cancer surgery. Temporary infertility may also occur in women, who may experience irregular periods during treatment depending on the duration of treatment, drugs used, and doses prescribed if the latter applies. Periods might become regular again six months to a year post treatment.

Cancer treatment affects fertility in men as well. As a result of radiation men can experience a reduced sperm count. In addition, chemotherapy could have some effects on fertility in men by temporarily or permanently slowing or stopping sperm production. Surgical procedures may lead to sexual function issues such as erectile dysfunction as well as ejaculation dysfunction.

REPRODUCTIVE ORGANS- PRESERVING FERTILITY

Male

Sperm banking is an effective method of fertility preservation for males. It's usually offered before cancer treatment. By storing sperm, male patients can leave their options open. Your doctor might not discuss this with you, so make sure you ask for a reproductive urologist.

Female

Freezing embryos or eggs, a procedure referred to as cryopreservation, may be used to help preserve fertility in female patients. Ask your doctor to refer you to a fertility specialist or center that has experience in these procedures.

TREATMENT OPTIONS

Understanding your treatment options is important to participate in making informed decisions together with your doctors. Planning cancer treatment can take time. It is always recommended to get a second or even third opinion before embarking on any treatment plan. The type (colon and/or rectal), location, stage of your cancer, the biomarkers expressed in your tumour, and your general health will determine which treatment is best for you.

SURGERY

A patient undergoing surgery for colorectal cancer, in Canada, has two options—conventional open surgery or laparoscopic surgery.

There are different approaches to colorectal cancer surgery depending on whether you have colon or rectal cancer. If you have been diagnosed with colon cancer, the first-line therapy is more likely to be surgery to remove the primary tumour.

In advanced colon cancer, you may begin your treatment with chemotherapy and/or targeted therapy before surgery, known as neoadjuvant chemotherapy. If you have been diagnosed with rectal cancer, you may be treated with chemotherapy, targeted therapy, and/or radiation before surgery. You may also decide with your medical team not to proceed with any surgical interventions, choosing to observe and wait instead.

1. OPEN SURGERY

Conventional open surgery requires a large incision in your abdomen to remove cancerous tumors and any nearby lymph nodes.

2. LAPAROSCOPIC SURGERY

Laparoscopic colectomy is a minimally invasive surgery. Laparoscopic colectomy, also called minimally invasive colectomy, involves several small incisions in your abdomen. When compared to traditional open surgery, laparoscopic colectomy can result in much less pain and swifter recovery

IMPORTANT TERMS

First-line therapy: the first treatment given for a disease.

Second-line therapy: treatment after first-line therapy has failed, stopped working, or has side effects that are not tolerated.

Third-line therapy: treatment that is given when both first-line and second-line therapy don't work or stop working.

ILEOSTOMY & COLOSTOMY

After a colectomy, the surgeon may attach the colon to an opening on the surface of the abdomen, called a stoma, to allow the colon time to heal after the surgery.

An ileostomy is an opening (stoma) of the small intestine (ileum) to the surface of the belly (abdomen).

A colostomy is an opening (stoma) of the large intestine (colon) to the surface of the belly (abdomen). In both cases, feces and gas exit the intestine through the opening into a bag or pouch attached externally to the skin.

In most cases, an ileostomy or colostomy is only needed for a short time until the colon has healed enough for a second surgery to join its ends back together (stoma reversal).



CHEMOTHERAPY

Chemotherapy is a type of cancer treatment that uses powerful drugs to kill cancer cells. It is a systemic treatment, meaning that the drugs enter the bloodstream and affect cells throughout the body. There are many kinds of chemotherapy drugs that can be prescribed at different stages of treatment and can be given intravenously, orally, or delivered to a specific location of the body, such as the abdominal cavity. Chemotherapy drugs work by interfering with specific processes in the cell, such as DNA replication and cell division, which eventually causes the cell to die. Since cancer cells divide much more frequently than normal cells, chemotherapy is more likely to affect them. There are different types of chemotherapy, including neoadjuvant chemotherapy (before surgery), adjuvant chemotherapy (after surgery), and palliative chemotherapy (prolongs survival and improves the quality of life)

RADIATION THERAPY

Radiation therapy is a treatment option that uses high-energy x-rays to kill tumor cells. The rays enter the body and disrupt the cells' DNA, limiting their ability to divide and replicate. Though radiation affects both normal and tumor cells, it is more damaging to cancer cells that divide more rapidly. To shield as much of the surrounding healthy tissue as possible, the radiation oncologist will develop a plan to deliver radiation explicitly targeting the tumor area as much as possible. Radiation therapy is used primarily to treat stage II, III, and IV rectal cancer before and after surgery. Often radiation on its own or combined with chemotherapy is used to shrink large tumors before surgery, allowing for an easier removal of the tumor. Chemoradiation may also reduce the risk of cancer returning in the same place, in comparison to radiotherapy alone.



LEARN MORE

To learn more about colorectal cancer treatment, check out our [Treatment Section](#) available on our website.

Remember, your healthcare team will be able to provide you with the most relevant and detailed information about your own treatment plan.

While chemotherapy affects your whole body, radiation therapy only affects the specific area of the body where it is applied. Newer technology has allowed radiation therapy to be more precise affecting only the targeted tissues as much as possible.

IMMUNOTHERAPY

Immunotherapy is a biological therapy that uses a person's immune system to fight diseases such as cancer. These therapies are designed to stimulate the immune reaction against cancer cells, enabling the body to fight the disease more effectively



LEARN MORE

To learn more about Immunotherapy, check out our [Immunotherapy Program](#) or contact CCC at info@colorectalcancercanada.com to learn more.

Immunotherapy is used in the treatment of colorectal cancer when the tumour can't be successfully removed by surgery or destroyed by chemotherapy. It may also be a treatment option when cancer recurs or spreads to other areas.

I WAS 33



POST-SURGERY

DIET

Foods to Eat After a Colectomy

As your intestines recover and regain function, you can slowly start to consume foods that are soft and easy to digest which include: fruits (bananas, pears, peaches, and melons), boiled rice, cooked beets, pasta, peanut butter, potatoes, white bread or toast, yogurt, among others. Other soft, low-residue foods include eggs, cooked fish or tender meat.

Foods to Avoid Following a Colectomy

Since you are still healing, it's best to stay away from foods that might carry the risk of food poisoning. For example, undercooked meat or uncooked fish.

Foods to Limit After a Colectomy

It can take time for your body to readjust to high-fiber foods. It might help to limit raw vegetables, dried fruits, coffee, spicy food, high-fat and fried foods, beer, red wine, and hard liquor.

LEARN MORE

For nutritional guides for post-ostomy surgery, managing nutrition-related side-effects, and eating well after treatment, check out [NourishOnline.ca](https://www.nourishonline.ca)

OSTOMY

Some patients experience pain or leaking of the stool. Your healthcare team will advise you on strategies to reduce these issues. If you had an open surgery, your incision will likely leave a scar. This is not the case for laparoscopic surgeries where the surgeon makes a few small cuts (0.5-1 centimeters) in the abdominal cavity. A slightly bigger incision, about 3.5 centimeters wide, is made to remove the tumor.

ANESTHETIC OUTCOMES

There are four main types of anesthesia used during medical procedures and surgery, and the potential side-effects vary with each. Side effects of general anesthesia may include: nausea, vomiting, postoperative delirium, muscle aches, itching, chills and shivering (hypothermia), and sore throat. Speak to your doctor if these side-effects persist for long periods of time.

PAIN

You may experience temporary pain and tenderness around the surgical sites after surgery. Consequently, you will be offered excellent pain management options. If your medication has been taken as prescribed and the pain remains severe, contact your healthcare team to explore other options.

NAUSEA, CONSTIPATION & DIARRHEA

Many patients experience nausea following colorectal cancer surgery as a side effect of the surgery or pain medication. You may also experience constipation or diarrhea. Be sure to tell your nurse everything that you are experiencing following surgery so that the causes of these conditions can be identified and any tests or adjustments to any medication can be made.

EXERCISE

Studies have shown that patients who exercise regularly and adequately (usually looked over by a physiotherapist) recover faster than those who don't. It is crucial not to engage in strenuous activities as you might damage tender abdominal tissues. For example, heavy lifting of any kind is unwise following colon surgery. Although exercise is essential, jumping back to strenuous activity can adversely impact your health post-surgery. Before engaging in any type of post-surgery activity, consult your surgeon, who might refer you to a physiotherapist to help you stay active in a safe manner.



POST-CHEMOTHERAPY

DIARRHEA

Diarrhea can be caused by damage to the cells that line the gastrointestinal tract. It is a common side effect of certain drugs but is often not severe or long-lasting. It can usually be managed with non-prescription anti-diarrheal medication. If you experience diarrhea, drink plenty of fluids to avoid dehydration. Notify your medical team if you experience diarrhea that lasts for more than a few days.

NAUSEA AND VOMITING

On the day of and possibly for a few days after receiving chemotherapy, you may experience nausea and vomiting. Your doctor may suggest trying anti-nausea drugs or drugs to help soothe an upset stomach. If you experience vomiting, remember to drink plenty of fluids to avoid dehydration and advise your medical team immediately.

MOUTH SORES

Damage to fast-growing cells lining the mouth may cause mouth sores. This is a common side effect that may occur several days after chemotherapy begins.

HAND-FOOT SYNDROME

Sometimes chemotherapy can cause dry skin that thickens or cracks around the palms and soles of the feet. Some patients develop blisters or a rash. There are lotions or pain medicine to manage your symptoms, which should be discussed closely with your medical team.

NUMBNESS/TINGLING IN HANDS & FEET

Certain chemotherapeutics can irritate nerve endings resulting in numbness or tingling in the hands and feet. This is a common side effect and can occur a few days or a few weeks after treatment.

ANEMIA

Feeling more tired than usual may be a result of anemia, a common side effect of chemotherapy. Anemia happens where there is a significant decrease in your red blood cell level.

POST-RADIATION

SHORT-TERM

After radiation treatment, you may experience side effects for days or weeks after treatment ends. These would include fatigue, loss of appetite, nausea, skin irritations at the radiated area, sexual problems, and bladder problems. You may also experience problems with wound healing if radiation was given before surgery.

LONG-TERM

Following radiation treatment, you may experience longer-term side effects for months or, in some cases, even years. If side effects persist long-term, talk to your healthcare provider about strategies or treatments that may improve your quality of life. Long-term side effects include: changes to your intestine works, such as more frequent diarrhea and less control over your bowel movements. Depending on the intensity and the duration of the radiotherapy treatment, it is possible to damage the bones in your pelvis, leading to a higher risk for fractures. In addition, as previously discussed it might affect sperms and eggs, possibly causing infertility. Contraception should still be used during treatment and about a year afterward if there is any chance of pregnancy. However, it may be possible to preserve sperm or eggs in advance of your treatment to preserve fertility.

I WAS 26



POST-TREATMENT & SURVIVORSHIP

LIVING IN REMISSION

Remission is when the signs and symptoms of cancer have decreased or disappeared, although cancer may still be in the body. Living in remission can be a source of relief and anxiety - relief that the tumor is gone and anxiety that it may recur. It is important for you to deal with the changes in your attitude towards life, your relationships, and yourself. Take the time to maintain your health and follow your physician's recommendations for follow-up visits.

IF CANCER RETURNS

If you experience a relapse, you may feel even worse psychologically than when you were first diagnosed, as because you had hoped and believed that the cancer was cured. On the other hand, it may be easier for you to cope with it the second time around; you already know what to expect, how to find support, and how to manage your disease. Use whatever help you need to get through a relapse. Remember, if your cancer was successfully treated once, it might be successfully treated again.



EVERYDAY LIFE

FAMILY ROLES & RELATIONSHIPS

A cancer diagnosis as well as its treatment can take a significant toll on how you feel about your body. Scarring, an ostomy, numbness, fatigue, sexual dysfunction, changes in fertility, and increased anxiety are all common following a colorectal cancer diagnosis. If you are experiencing any issues with your body confidence, relationships and sexual health, it is essential to discuss these with your care team.

Caregivers and partners play a vital role in maintaining a high quality of life for the patient. When the patient trusts their caregiver or partner and is comfortable sharing intimate details, they often feel more attractive and confident. Open communication is vital. Having your caregiver or partner attend follow-ups and checkups can also be beneficial, as they can help you articulate your side effects or concerns.

Family roles in your household are also likely to change during or after colorectal cancer treatment. Although many patients report feeling incompetent (or not “enough”) if they cannot do the tasks they used to. Taking a step back and resting is a crucial part of the treatment and recovery process. Open and honest communication with your partner is important to navigate these changing family roles.

RETURN TO WORK

Returning to work after a life-changing diagnosis can be highly challenging for some patients, while others may find it refreshing to focus on something other than cancer. It is important to note that changing your life's priorities after a cancer diagnosis is normal, and many patients realize that their career no longer fulfills them. Some may change their job or retire earlier than expected. Should you choose to return to your previous place of work, it is essential to discuss your needs (workload capacity, accessible bathroom facilities, and expected time off needed for appointments). If possible, transition slowly back into your full workload. Stay tuned for new resources coming to CCC's website regarding return to work!

LEARN MORE

To learn more, follow CCC's social media accounts to learn about our new Cope Thrive Survive program. Also, check out [CancerAndWork.ca](https://www.cancerandwork.ca) to learn more about returning to work after a cancer diagnosis in Canada.

PSYCHOSOCIAL WELL-BEING

For most, a cancer diagnosis will turn your life upside down. It will call into question everything you have known about yourself: your body and mind. It will create an internal sense of unrest and lead to a loss of confidence in the body you have always relied on.

When you are diagnosed with early-onset, the complex emotions and questions can be amplified, particularly with a colorectal cancer diagnosis, which is still to this day regarded as an “older” person’s cancer.

The first thing to consider is that any and all of these emotions are entirely normal, and one should never deny their presence. Anger, frustration, disbelief, and sadness are all very common. One must give an external voice to them to move beyond and prevent them from affecting your overall mental and physical condition.

Here are a few suggestions to help you effectively manage these heavy emotions. Find one or several that speak to you and try to incorporate them to the extent that you need:

1. **Journaling:** Keep a diary or log of your evolving emotions. This will not only help get them out of you but will also help you understand their complexity. Even if you do not consider yourself a writer, you will be amazed at how the thoughts/emotions will flow.
2. **Speak with a counselor** (either through your oncology team or someone knowledgeable on the subject). They may have additional tools to help you cope as well as significant experience with patients who have dealt with this illness, which will give you a space to be heard and well understood.
3. **Practice meditation, visualization, yoga, or engage in whatever physical activity you enjoy.** These activities will release endorphins that will improve your mood. In addition, they will provide a healthy distraction, allow you to become better connected with your mind and body, and improve your overall fitness to help you endure your treatment.
4. **Avoid over-researching your diagnosis and the available treatments.** An informed patient is a successful patient, but at a certain point, over researching can be detrimental and can impact the confidence you have in your treating team.

5. Create a personal “toolkit” that can be used to self-soothe. This can be used during or after treatments, on a particularly difficult day when you need to be reminded you are doing all you can to come out of this healthy and happy. This toolkit can include pictures of beautiful landscapes, family members/friends that bring you a sense of peace; crystals, or other physical objects such as “worry rocks” that you can hold and transfer your intense emotions; mantras that you find encouraging or inspiring. Please take this as the opportunity to be creative and fill it with whatever helps you feel calm.

6. Join a peer support group or connect with someone who is experiencing the same or a similar situation; this discourse can be helpful both on an emotional and practical level.

7. Create an email group to keep close family and friends in the loop regarding updates and progress. Someone else can manage this task for you, but at least everyone is in the know and will reach out, as a result, to help with practical tasks like meal prep, house cleaning, childcare.

Whatever you do, do NOT isolate yourself. Many of us tend to run off and hide when we are hurt, but that can be incredibly detrimental to our well-being. This is a time to reach out to others (even if this goes against everything you have done in the past). You are still independent and self-sufficient, however, under these circumstances, it takes a village.



WE ARE HERE FOR YOU!

Colorectal Cancer Canada is here for you every step of the way. If you can't find what you are looking for, please do not hesitate to contact us at info@colorectalcancer canada.com.

SUPPORT GROUPS

Colorectal Cancer Canada offers a variety of different support groups with trained patient and caregiver support specialists. These support groups are offered monthly and allow you to meet with colorectal cancer patients and caregivers, and ask any questions that you may have.

BLOG & SOCIAL MEDIA


Colorectal Cancer Canada's social media pages and blog will keep you informed on all things colorectal cancer, from mental health resources to the newest advancements in treatment. Find our social media by searching for Colorectal Cancer Canada on Facebook, or following @ColonCanada on Twitter and Instagram. Our blog can be found at colorectalcancer canada.com/blog.


PROGRAMS

Colorectal Cancer Canada has a variety of programs that may be able to support or inform you on an issue that you are interested in. Stay tuned to our website as continue to expand our program's information. Our new Cope Thrive Survive program will provide resources for survivors, caregivers or patients aiming to get back on their feet following a colorectal cancer diagnosis.

LEARN MORE


Find us online to stay tuned to N2Y program updates:

 colorectalcancer canada.com

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EXPERT ADVISORY PANEL



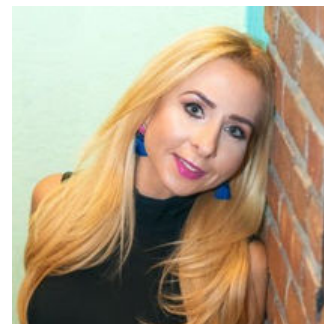
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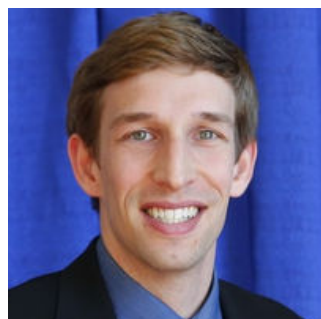
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Colorectal Cancer Canada (CCC) is the national Canadian not-for-profit corporation dedicated to colorectal cancer (CRC) awareness and education, support for patients and their caregivers, and advocacy on their behalf. CCC is comprised of dedicated volunteers, members, management and is governed by a national Board of Directors. A Medical Advisory Board, made up of top healthcare professionals in the field of colorectal cancer, provides counsel to CCC to ensure members are kept abreast of the latest medical advances in the diagnosis and treatment of the disease.

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