UNDERSTANDING YOUR DIAGNOSIS

Helpful reading on colorectal cancer and colorectal adenomas

COLON CANCER COALITION
Dear Patient,

A “positive” colonoscopy result can be upsetting. This means your doctor has found growths that are – or may become – colorectal cancer. Your first thought may be, “Why is this happening to me?” While there is often no known cause of colorectal cancer, there are many options for treatment.

This resource is meant to help you understand your diagnosis and your options. Remember, you are not alone on this journey. Together, you and your care team will create a treatment plan and decide what comes next.

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WHAT IS A COLORECTAL ADENOMA?

Colorectal cancers usually develop slowly over many years. Most start as a growth called a polyp. Polyps occur on the inner lining of the large intestine. They can be either flat or knob-like. Most polyps are benign (not cancerous) but some are cause for greater concern. Adenomas (adenomatous polyps) are one such type.

Adenomas larger than 1 centimeter are called advanced adenomas. They pose an elevated risk for cancer and may require surgery to remove completely.

QUESTIONS FOR YOUR DOCTOR

How many polyps did you remove?  
Were there any advanced adenomas?  
What does having an advanced adenoma mean for my immediate family? Should they be screened?  
Do I need more tests or surgery?

If undetected or ignored, 1 in 10 adenomas will turn into cancer within 10 years. For this reason, your doctor will try to remove all polyps during your colonoscopy and send the tissue for further testing.
WHAT IS COLORECTAL CANCER?

Colorectal cancer is cancer that starts in the colon or rectum. Cells in these organs begin to mutate out of control. This growth crowds out healthy cells and makes it hard for your body to work properly.

Cancer cells can sometimes spread to other parts of the body, like the liver or lungs. This is called metastasis (meh-TAS-tuh-sis).

COLON

Also called the large intestine, the colon helps remove fluid and nutrients from the food you eat.

RECTUM

The rectum helps expel the body’s waste, often called stool or poop, through the anus.

WHAT KIND OF TREATMENT WILL I NEED?

Many types of colorectal cancer are highly treatable. The main types of treatment are surgery, radiation, chemotherapy, and targeted therapy.

Your options may vary depending on whether the cancer affects your colon or rectum. Two or more types of treatment may be used at the same time, or they may be given one after the other.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>Removes cancer cells and a small part of normal tissue around them. This often includes nearby lymph nodes.*</td>
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<tr>
<td>Chemotherapy</td>
<td>Drugs that fight cancer. These may be given through a needle into a vein or taken as pills. Each cycle of treatment is followed by a break. Treatment may last several months.</td>
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<tr>
<td>Targeted Therapy/Immunotherapy</td>
<td>A special type of drugs that affect mainly cancer cells and not normal cells in the body.</td>
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<tr>
<td>Radiation</td>
<td>High-energy rays (like x-rays) that are used to kill cancer cells.</td>
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To decide on the plan that’s best for you, your doctor will consider:

- What type of treatment has the best chance to control your cancer
- The stage and grade of the cancer
- Your tumor biomarkers based on genetic testing
- Your age and other health problems you may have
- Your views on treatment and possible side effects

QUESTIONS FOR YOUR DOCTOR

Why do you think I have cancer?
Where on this image is my cancer located?
What are the next steps?

*Lymph (pronounced “limf”) nodes help filter for harmful substances from your body. They are part of your immune system.
WHAT STAGE IS MY CANCER?

Cancer staging takes place after the initial diagnosis and sometimes after surgery. It may involve a number of tests. Each test will help tell your doctor if the cancer has spread to other parts of your body and how best to treat it.

**STAGE 0**
Cancer cells are limited to the wall, or mucosa, of the colon or rectum. They are removed during a colonoscopy.

**STAGE I**
Cancer cells have invaded the colon or rectal wall but not yet reached any areas beyond the colon. Surgery will be scheduled to remove the affected area.

**STAGE II**
Cancer has spread beyond the colon wall or rectal wall but has not affected the lymph nodes. Surgery, radiation, and chemotherapy are all options your doctor may consider.

**STAGE III**
Cancer has spread beyond the colon and affected the lymph nodes. A combination of surgery and chemotherapy are typically recommended. Radiation may be used for rectal cancer but not often for colon cancer. It is also an option for those not healthy enough for surgery, or if cancer cells still remain after surgery.

**STAGE IV**
Cancer has spread to other organs in the body through the blood and lymph nodes. Surgery can remove small areas of the affected organs. Chemotherapy may be used to help shrink the tumors, making surgery more effective, or to prolong life.

WHAT HAPPENS AFTER TREATMENT?

The success of cancer treatment is hard to predict. It depends on many factors, like the stage of the disease and whether your tumor, or tumors, can be removed surgically or treated with radiation.

The goals of cancer treatment can vary. They range from stabilizing your disease to make sure it does not progress, to achieving no evidence of disease (NED), sometimes called remission. This means that the signs and symptoms of your cancer are no longer detectable; however, there is still a chance your cancer could return later. This is called recurrence.

For this reason, you will continue to see your cancer doctor(s) for many years. The longer you remain without evidence of disease, the less often the visits are needed.
CLINICAL TRIALS

Clinical trials are research studies that compare standard approaches to treatment, screening, or diagnosis with new options that may be better. You can ask your doctor if there is a clinical trial that is studying the type of cancer you have, or you can search online. If you do sign up for a clinical trial, you can stop at any time.

QUESTIONS FOR MY DOCTOR
Do you think a clinical trial could help me?
Where can I go to learn more?

RESOURCES AND SUPPORT

A diagnosis of colorectal cancer can be overwhelming. There are many questions to consider and decisions to make. Always remember, you are not alone. The groups below are familiar with the challenges of colorectal cancer and can help.

<table>
<thead>
<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>Colon Cancer Coalition</td>
<td>Promotes prevention and early detection of colon cancer and provides support to those affected.</td>
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<tr>
<td>(952) 378-1237</td>
<td>coloncancercoalition.org</td>
</tr>
<tr>
<td>COLONTOWN</td>
<td>Online community for colorectal patients, survivors, and caregivers, with separate neighborhoods focused on specific topics and special interests.</td>
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<tr>
<td>colontown.org</td>
<td></td>
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<tr>
<td>American Cancer Society</td>
<td>Information about treatment options, live online chat, and other patient support.</td>
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<tr>
<td>cancer.org</td>
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<tr>
<td>Fight Colorectal Cancer</td>
<td>Information about researching and finding clinical trials and treatment options.</td>
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<tr>
<td>fightcrc.org</td>
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<tr>
<td>Cancer and Careers</td>
<td>Helpful legal resource for questions related to employment both during and after diagnosis and treatment.</td>
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<tr>
<td>cancerandcareers.org</td>
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<tr>
<td>Cancer Care</td>
<td>Free professional counseling over the phone, online and in support groups.</td>
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<tr>
<td>(800) 813-4673</td>
<td>cancercare.org</td>
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<tr>
<td>Colorectal Care Line</td>
<td>Navigation through the reimbursement system, including initial interpretation of patients’ health insurance benefits and assistance with appeals.</td>
</tr>
<tr>
<td>(866) 813-4673</td>
<td>colorectalcareline.org</td>
</tr>
<tr>
<td>Lazarex Cancer Foundation</td>
<td>Help navigating clinical trials, or financial assistance to take part in a clinical trial.</td>
</tr>
<tr>
<td>(877) 866-9523</td>
<td>lazarex.org</td>
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<tr>
<td>Patient Access Network</td>
<td>Helping uninsured and underinsured patients get the help they need. Copay assistance up to $7,500 per year for Medicare patients.</td>
</tr>
<tr>
<td>(866) 316-7263</td>
<td>panfoundation.org</td>
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<tr>
<td>Savor Health</td>
<td>Personalized nutrition solutions and counseling to meet the needs of cancer patients at every step along their journey.</td>
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<tr>
<td>savorhealth.com</td>
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MY CARE TEAM

Your cancer care team will help you through every step of the treatment process. Developing relationships with everyone on your team will make you more comfortable as treatment begins.

My gastroenterologist is
Contact

My oncologist is
Contact

My oncology nurse is
Contact

My colorectal surgeon is
Contact

My social worker/counselor is
Contact

My pharmacy is
Contact

NOTES

Sponsored research study

A brighter future starts with you.

Help advance important research into a new blood test to detect colorectal cancer at its earliest, most treatable stages.

• For patients 18 and older with colorectal cancer or advanced adenoma, with plans for surgical removal
• You will be compensated for your time and required blood sample

Ask your doctor or email clinicalstudy@freenome.com for more details.
Colon Cancer Coalition is volunteer driven and dedicated to encouraging screening and raising awareness of colorectal cancer throughout the United States.

In 2017, Colon Cancer Coalition granted over $1 million for local community programs that will increase screening rates and educate the public about the signs, symptoms, and treatment of this disease.

Learn more at coloncancercoalition.org