



# FOCUS ON RESEARCH

## **SYMPTOMS OF RECURRENT DISEASE IN PATIENTS FOLLOWING POTENTIALLY CURATIVE TREATMENT FOR COLORECTAL CANCER**

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### **Aim**

To determine risk factors for, and symptoms indicative of, recurrent disease in patients who have had potentially curative treatment for colorectal cancer.

### **Project Outline/Methodology**

A systematic literature review identified symptoms of recurrent colorectal cancer. An expert group, comprising three surgeons, an oncologist, two community based colorectal specialist nurses and a general practitioner advised on the symptoms reported by patients with, and without, recurrent disease. Qualitative interviews with patients (with and without recurrent disease) identified symptoms experienced and management. Data on disease and treatment factors, tests and investigations, comorbidities, medications and symptoms were collected from hospital medical notes.

### **Key Results**

- Few studies report symptoms experienced by patients with recurrent disease.
- Current national guidelines promote early detection of recurrent disease but fail to provide guidance on what symptoms might be indicative of recurrence.
- Certain tumour characteristics increase the risk of recurrence. These include the stage of disease and amount of local invasion. Tumours that have invaded blood vessels outwith the bowel wall or ulcerated into the abdominal cavity have higher risk of recurrence than those that have not. Rectal cancers that extend close to the resection margin (edge of the operation site) are also high risk for recurrence.
- For rectal cancers, neo-adjuvant (additional treatment before surgery) chemotherapy and radiotherapy reduces risk of recurrence.
- For some more advanced colorectal cancers (Dukes C), adjuvant (additional treatment after surgery) chemotherapy improves survival and reduces risk of recurrence.
- Patients both with and without recurrence report many symptoms. These include: bowel

symptoms (e.g. constipation and diarrhoea); abdominal pain, discomfort or bloating; shortness of breath; fatigue; pain in backs, joints, pelvis and elsewhere; and a variety of other symptoms.

- Most patients attribute their symptoms to treatment, ageing or other causes, but not to recurrent disease.
- Most patients choose to self-manage their symptoms. Few patients had the symptoms reported at interview recorded in their medical notes.

### **Conclusions**

There is insufficient reporting of the nature of symptoms in the literature to enable any comprehensive analysis of the symptoms of recurrent disease prior to diagnosis, nor attempt to identify specific symptoms most likely to be associated with recurrence. Few patients attribute their symptoms to a potential recurrence. Ensuring that patients and clinicians are knowledgeable about symptoms of recurrent disease, and what to do when they detect them, has the potential to reduce over or under-investigation, uncertainty and patient anxiety, which could improve survival and outcomes.

### **What does this study add to the field?**

This study has established that there is a lack of scientific evidence on which to base recommendations for symptom recognition for either clinicians or patients. In order to establish this evidence base further research is urgently required.

### **Implications for Practice or Policy**

Systematic recording of symptoms experienced by patients who had had treatment for colorectal cancer could help inform the clinical care pathway for patients with recurrent disease.

### **Where to next?**

A cohort study, recruiting patients with potentially curable colorectal cancer at the point of diagnosis, would allow the collection of prospective symptom data. Around a third of these patients will develop recurrent disease.

### **Further details from:**

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