

The treatment report was created based on your specific case described below. This file cannot be shared with other patients who may have different situations as yours.

Patient diagnosis: Colon Cancer Stage IIIA

Patient current conditions:

- 69 years of old female
- New diagnosis
- Physical performance 1 (light diarrhea, be able to walk around)
- No treatment started

Treatment Option(s)

Option 1: Surgery to remove the section of the colon containing the cancer along with nearby lymph nodes

Description:

The piece of the colon with the tumor is removed and the ends are sewn back together.

Because the cancer has grown through the wall of the colon, a colostomy is needed at first. Sometimes instead of the end of the colon forming a colostomy, the end of the small intestine must be used. This is called an ileostomy. Then later, after the belly has a chance to heal, the ends of the colon can be reconnected again.

Benefits:

- The only chance for cure
- Overall survivor rate may reach 65% over 5 years

Side-effects:

- Mortality rate is 0.78% for colon resection surgery
- Common side effects are pain, nausea, won't be able to eat for a few days
- Less common problems may include serious bleeding, damage to nearby organs, and infection
- May need second surgery if the resection margin is positive

Option 2: Local radiation plus systemic chemotherapy

Description:

For patient cannot tolerate surgery, this is a valid option. Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. X-rays, gamma rays, and charged particles are types of radiation used for cancer treatment. Systemic chemotherapy (chemo) uses anti-cancer drugs that are injected into a vein or given by mouth. These drugs travel through the bloodstream to all parts of the body.

The most commonly used regimens for colon cancer include:

- FOLFOX: leucovorin, 5-FU, and oxaliplatin (Eloxatin)
- FOLFIRI: leucovorin, 5-FU, and irinotecan (Camptosar)
- CapeOX: capecitabine (Xeloda) and oxaliplatin
- Any of the above combinations plus either bevacizumab (Avastin) or cetuximab (Erbix) (but not both)
- 5-FU and leucovorin, with or without bevacizumab
- Capecitabine, with or without bevacizumab

Benefits:

- Avoid major surgery and hospital admission
- Overall survivor rate may reach 62% over 5 years

Side-effects:

You may experience the following side-effects during 1 to 3 months after treatment:

Side Effect	Chance	Treatable
III degree hair loss	54%	Yes
III degree diarrhea	37%	Yes
III degree loss of white blood cell	21%	Yes
III degree skin rash	9.8%	Yes

You may experience the following side-effects 3 months later after treatment

Side Effect	Chance	Treatable
II degree joint pain	1.4%	Yes

Medical Terms Used in This Report

- Overall survivor rate: The percentage of people in a study or treatment group who are still alive for a certain period of time after they were diagnosed with or started treatment for a disease, such as cancer. The overall survival rate is often stated as a five-year survival rate, which is the percentage of people in a study or treatment group who are alive five years after their diagnosis or the start of treatment. Also called survival rate.
- III degree Hair loss: total hair loss
- III degree Diarrhea: 7-9 stools per day, may have or severe cramping or incontinence

- III degree Loss of white blood cell: 1000 – 1900 per cubit micrometer
- III degree skin rash: generalized symptomatic macular, papular, or vesicular rash

Main References

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