Diagnosis of intestinal cancers, i.e. cancer of the small intestine, colon cancer and rectal cancer, is often delayed when patients come to see a doctor relatively late due to the gradually developed symptoms. However, the prognosis of intestinal cancers is better the earlier the disease is detected and appropriate treatment can be started.

The primary examinations of intestinal cancers include palpation of the rectum, endoscopic examinations and tissue samples. In digital palpation of the rectum, the doctor examines the end part of the rectum with his or her finger through the anus. When colon cancer is suspected, colonoscopy, or endoscopy of the colon, is the most important examination method. In the examination, a flexible endoscope, or a colonoscope, is used to examine the colon throughout from the rectum to the beginning of the colon. If any suspect lesions are found, a tissue biopsy is taken. Small polyps can be completely removed at the same time. Staging of intestinal cancers includes blood tests, such as tumor biomarker determinations, and imaging, such as magnetic resonance imaging (MRI) of the pelvis and computed tomography (CT) of the body.

From the very first appointment, the patient has a designated personal doctor. The counselling nurse at Docrates together with the doctor is responsible for ensuring that the treatment process runs as quickly and smoothly as possible. The nurse helps the patient with practical matters and provides information and psychological support. The patient may wish to have a consultation with a physiotherapist specializing in cancer patients. During the consultation, his or her situation will be assessed and he or she will receive preoperative instructions. Especially if the cancer has caused weight loss, consultation with a dietitian may also be useful already before surgery.

Stage 2 Treatment

The patient’s treatment plan is always prepared individually, listening to the patient, and it is affected by the location, size and staging of the tumor and the patient’s general condition. An intestinal cancer may be a surface cancer, locally or regionally spread cancer or metastatic cancer. Preoperative examinations and treatments are used on a case-by-case basis. For example, in rectal cancer it may be necessary to utilize external radiotherapy or a combination treatment of radiotherapy and cytostatic therapy before surgery so that the tumor can be decreased in size and the risk of local recurrence can also be diminished.

a) Surgery

Surgery is the primary and only curative treatment for colon cancer and rectal cancer. Docrates seeks to arrange surgery as soon as possible. The necessary additional examinations, such as imaging, can be performed at Docrates before the operation. The operation is performed by Docrates’ partner hospitals.
The surgical team at the operating hospital and the patient’s personal doctor and counselling nurse at Docrates work together as a team to ensure that surgery is carried out promptly and with optimal results.

Surgical techniques have developed in the past few years, enabling better treatment results and even large removals almost without blood loss. A permanent enterostomy is only rarely needed, which has a great impact on the patient’s quality of life. In colon cancer, partial removal of the colon, or hemicolec-tomy, is usually performed. In rectal cancer, the upper part of the rectum or the entire rectum with the mesenteries can be removed, depending on the location of the tumor. If the tumor is located near the anus, it may also be necessary to remove the anus and the sphincter, in which case a permanent stoma is needed. After surgery, a pathologist examines the removed tumor carefully, which provides important additional information on the staging of the cancer.

b) Chemotherapy

After the operation, the doctors at Docrates will recommend any necessary chemotherapy. The recommendation is made individually on the basis of the latest research data and national and international treatment guidelines.

The purpose of adjuvant therapy is to prevent the recurrence of the cancer after surgery. Adjuvant chemotherapy is used as a postoperative therapy if cancer is found in close-by lymph nodes or if there are other circumstances related to the tumor or the operation that increase the risk of recurrence. The goal of chemotherapy is to destroy any individual runaway cancer cells and thus prevent the development of metastases. The cornerstones of the adjuvant therapy of intestinal cancer are 5-fluorouracil and tablet-form capecitabine. If necessary, oxaliplatin is combined with them to increase effectiveness. Chemotherapy is associated with varying adverse effects. We pay particular attention to their prevention and treatment.

c) Radiotherapy

In rectal cancers, radiotherapy is often used as preoperative treatment to diminish the risk of local recurrence of the cancer.

In some cases, radiotherapy is also needed in the treatment of bone metastases. At Docrates, radiotherapy is always optimized individually for each patient, utilizing the best technique.

Stage 3 Follow-up

Regular follow-up after the treatments is essential. At Docrates Cancer Center, the patient always meets his or her personal doctor at individually scheduled follow-up appointments. At Docrates, further examinations are available without delay, should you experience any symptoms or concerns that require further assessment after your treatments.

The follow-up of intestinal cancers includes endoscopic examinations, the follow-up of the tumor biomarker CEA and, in diseases with a large risk of recurrence, imaging examinations. Colon cancer and rectal cancer are often cured through surgery and adjuvant therapy, but some of them recur despite treatment. They typically recur close to the parent tumor or as metastases in the liver, lungs, the abdominal cavity or ovaries. Metastases in bones and the brain are less frequent.

From the point of view of the quality of life of the cancer patient, it is extremely essential to pay attention to the patient’s comprehensive health and well-being. The Health and Recovery Center at Docrates Cancer Center provides top experts who are thoroughly familiar with the treatment of cancer patients. An expert in cancer recovery can help the patient to draw up a recovery plan that meets his or her individual needs. After intestinal cancer, typical treatments supporting recovery include nutritional therapy, sexual and urotherapy and physiotherapy. Psychological support may be needed in the form of peer groups or therapeutic discussion contacts, for example.

If intestinal cancer has spread, a case-by-case treatment plan must be prepared. In such cases, the latest chemotherapies and surgical treatments by our partners are available.