Diagnosis and management of colorectal cancer

A new NICE guideline on colorectal cancer is particularly relevant to nurses because of their role in maximising patients’ quality of life.

A round 40,000 new cases of colorectal cancer are diagnosed in the UK each year, making it the third most common cancer in the UK after breast and lung cancer. It is strongly related to age, with almost three-quarters of colorectal cancers occurring in people aged 65 or over.

While it is a treatable disease, colorectal cancer needs to be identified early. However, there are wide variations in practice across the country in its diagnosis and management, and these variations are reflected in survival outcomes achieved.

The National Institute for Health and Clinical Excellence has therefore published a new clinical guideline on best practice for the diagnosis and treatment of people with colorectal cancer. The guideline, Diagnosis and Management of Colorectal Cancer, produced for NICE by the National Collaborating Centre for Cancer, aims to help clinicians to provide coherent and consistent colorectal cancer care, supporting patients with the disease and ensuring equal access to services across England and Wales.

The term colorectal cancer covers cancers in both the colon (colorectal cancer) and the rectum (rectal cancer) and the recommendations cover adults (18 years and older). The guideline does not specifically look at children (younger than 18) with colorectal or anal cancer, nor other types of cancer that can grow in the colon or rectum but are not known as colorectal cancer.

Key recommendations

Diagnostic investigations

Patients who do not have any major comorbidities or conditions alongside suspected colorectal cancer should be offered colonoscopy to confirm a diagnosis.

If a lesion suspicious of cancer is detected, a biopsy should be performed to obtain histological proof of diagnosis, unless it is contraindicated (for example, in patients with a blood clotting disorder).

Staging of colorectal cancer

Patients diagnosed with colorectal cancer should be offered contrast-enhanced computed tomography (CT) of the chest, abdomen and pelvis, to estimate the stage of disease, unless this is contraindicated.

They should also be offered magnetic resonance imaging to assess the risk of local recurrence, as determined by anticipated resection margin, tumour and lymph node staging, unless it is contraindicated.

Follow-up after surgery to remove cancer tumour

Patients should be offered regular surveillance, with: a minimum of two CT scans of the chest, abdomen, and pelvis in the first three years; and regular serum carcinoembryonic antigen tests (which measure blood levels of a protein that determines the presence of cancer) at least every six months in the first three years.

Information about bowel function

Before starting treatment, all patients should be offered information on all treatment options available to them (including the option to decline treatment if they wish to do so) and the potential benefits and risks of these treatments, including the effect on bowel function.

The nurse’s role

This guideline is particularly important to nurses working in the field of colorectal cancer. These nurses offer evidence-based guidance on aspects of care, which they also coordinate and often undertake independently.

By highlighting the effect treatment can have on a patient’s bowel function, and the importance of providing information and support around this issue, the guideline underlines the important role nurses have in enabling patients to maximise their quality of life and return to normal functioning.

At every stage, the guideline’s recommendations emphasise the importance of ensuring patients have all the information they need to enable them to make better informed decisions about their care, which will improve their quality of life during and after treatment.

Nurses are often the healthcare professionals who support patients and help them understand this information and enable them to come to a decision that is right for their personal circumstances.

Conclusion

This is the first NICE guideline to look at how best to diagnose and manage colorectal cancer. It aims to set a standard of care across the country and help ensure patients are diagnosed quickly and accurately and receive the best possible care.

It will be followed next year by measurable quality standards for the management of colorectal cancer, which will enable healthcare commissioners to directly measure the impact of the recommendations on individual hospital performance and the long-term outcomes for patients with colorectal cancer.

The guideline is available for download at www.nice.org.uk/guidance/CG131

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