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of Harvard Medical School

Nursing Care of the Patient with Gastrointestinal Cancer

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Gastrointestinal Cancers

- Esophageal Cancer, Stomach or Gastric Cancer
- Pancreatic Cancer
- Hepatocellular & Intrahepatic Bile Duct Cancers
- Colorectal Cancer
- Anal Cancer

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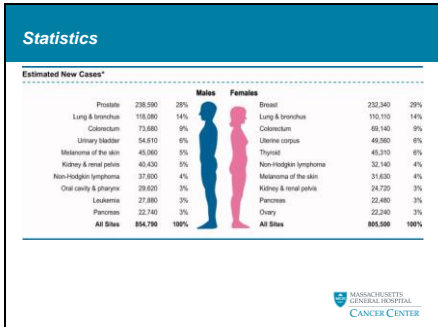
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Gastrointestinal Anatomy

The diagram shows the human torso from the front, highlighting the digestive system. Labels include: Esophagus, Salivary glands, Liver, Gallbladder, Stomach, Transverse colon (part), Descending colon, Pancreas, Duodenum, Ascending colon, Ileum, Small intestine, Cecum, Sigmoid colon, Appendix, and Rectum.

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Gastrointestinal Cancer Symptoms

- Abdominal Pain
- Loss of Appetite
- Unexplained Weight Loss
- Nausea/Vomiting
- Blood in stool, frank or guiac+
- Fatigue and/or weakness

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Symptoms indicative of a specific cancer type


- **Colorectal:** constipation/diarrhea, bloating, cramping, a feeling that the bowel isn't completely empty or sudden change in bowel habits or stool
- **Pancreatic:** jaundice, lower back pain, pale colored stools greasy
- **Esophageal/ Stomach:** Bloating, heartburn, indigestion
- **Biliary:** fever, itchy skin, jaundice
- **Liver:** RUQ pain, palpable hard lump on right side below rib cage, pain at right shoulder blade, jaundice

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Esophagogastric Cancer – Diagnosis


- EGD/EUS
- CT
- PET CT
- CBC / Serum Markers (CA19-9)
- Tissue biopsy



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Esophagogastric Cancer – Management

- Surgical resection/removal
- Chemotherapy
- Radiation therapy
- Palliative stenting



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Pancreatic Cancer



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Pancreatic Cancer – Etiology


- 4th leading cause of cancer morbidity and mortality in both men and women
- Incidence increases slightly with age
- Over 90% of patients are incurable/palliative at diagnosis with a 5% 5 year PFS (progression free survival)
- Smoking
- DM
- Genetic mutations: 5-10% of patients with pancreatic cancer will have a 1st degree relative who develops pancreatic cancer
 - P16 mismatch repair genes (hMSH2 and hMLH1)
 - BRCA1/BRCA2
 - CF/APC



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Pancreatic Cancer – Signs and Symptoms


- Acute
 - Cholangitis
 - Pain
 - Endocrine changes
 - Ascites/LE edema
 - DVT/PE
- Systemic
 - Fatigue
 - Weight loss
 - Anemia
 - Nausea
 - Loss of appetite



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Pancreatic Cancer – Diagnosis


- ERCP/EUS-FNA
- CT/MRI/PET
- CBC / Serum Markers (CA19-9)/LFTs
- Laparoscopy
- Tissue biopsy



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Pancreatic Cancer – Management

- Surgical resection/removal
- Chemotherapy
- Radiation therapy



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Hepatocellular and Intrahepatic Bile Duct Cancers



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Hepatocellular & Intrahepatic Bile Duct – Etiology


- 6th leading cause of cancer morbidity and mortality in men
- 9th leading cause of cancer morbidity and mortality in women
- Previous infection
 - Hepatitis
 - HIV
 - Hemochromatosis
- Overexposure to hepatotoxic medications
- Nonalcoholic steatohepatitis (NASH)
- Alcoholic Cirrhosis
- OCPs



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**Hepatocellular & Intrahepatic Bile Duct
Signs and Symptoms**


- Acute
 - Jaundice
 - RUQ pain
 - Right Shoulder pain
 - Portal HTN
 - GI bleeding
- Systemic
 - Fatigue
 - Weight loss
 - Anemia
 - Nausea
 - Loss of appetite
 - Diarrhea



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**Hepatocellular & Intrahepatic Bile Duct
Diagnosis**


- LFTs
- Markers: AFP, Albumin, PT, CBC
- Imaging:
 - CT
 - MRI
 - U/S
 - PET
- Biopsy



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**Hepatocellular & Intrahepatic Bile Duct
Management**

- Surgical resection/removal
- Chemotherapy
- Liver Transplantation
- Liver Directed Localized Treatments
 - TACE (trans arterial chemo-embolization)
 - RFA (radiofrequency ablation)



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Risk Factors for CRC: Family History	
Risk Factor	Relative Risk Increase
1 first-degree relative	1.72
2 or more relatives	2.75
1 or more first-degree relatives and age < 45	5.37
1 or more first-degree relatives and age > 60	Not statistically significant

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Colorectal Cancer – Diagnosis
<ul style="list-style-type: none">• FOBT• DRE• Flexible sigmoidoscopy• Colonoscopy• CT/MRI/PET• CBC / Serum Markers (CEA)• Tissue biopsy

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Colorectal Cancer – Signs and Symptoms	
<ul style="list-style-type: none">■ Acute<ul style="list-style-type: none">- Change in bowel pattern- GI bleeding- Acute abdominal pain- Obstructive symptoms	<ul style="list-style-type: none">■ Systemic<ul style="list-style-type: none">- Fatigue- Weight loss- Anemia- Nausea- Loss of appetite

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Colorectal Cancer – Management

- Surgical resection/removal
- Chemotherapy
- Radiation therapy

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**National Guidelines for CRC Screening:
Average Risk \geq 50 Years**

Test/Procedure	Frequency
FOBT and flexible sigmoidoscopy	FOBT annually and flexible sigmoidoscopy every 5 y
Flexible sigmoidoscopy	Every 5 y
FOBT	Annually in combination
Colonoscopy	Every 5–10 y depending on findings
DCBE <small>American Cancer Society, American Gastroenterological Association, National Cancer Institute, National Colorectal Cancer Research Alliance, National Comprehensive Cancer Network, Colon Cancer Alliance</small>	Every 5–10 y

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Anal Cancer

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Anal Cancer – Etiology

- Incidence has risen in men and women from 1.06 and 1.39 per 100,000 persons to 2.04 and 2.06 per 100,000
- HPV infection
- History of genital warts
- Lifetime number of sexual partners
- Receptive anal intercourse
- History of cervical dysplasia or cancer
- History of previous sexually transmitted disease
- HIV infection
- Smoking
- Chronic immunodeficiency

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Anal Cancer – Signs and Symptoms

- **Acute**
 - Change in bowel pattern
 - Bloody rectal discharge
 - Tenesmus
 - Straining during bowel movements
 - Obstructive symptoms
- **Systemic**
 - Fatigue
 - Weight loss
 - Anemia
 - Nausea
 - Loss of appetite

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Anal Cancer – Diagnosis


- FOBT
- DRE
- Anoscopy with transanal ultrasonography
- Colonoscopy
- CT/PET/Rectal MRI
- CBC / Serum Markers (CEA)
- Tissue biopsy

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Anal Cancer – Management

- Chemoradiation



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Questions

- Thank you for your attention today!!
- Happy Fall!!!