

STAGE II COLON CANCER



OVERVIEW

In colon cancer, the size of a tumor is not the most important factor in determining how much treatment will be needed. Instead, “staging” describes how far the cancer has spread. The walls of the colon and rectum are made up of several layers of tissue. Colon cancers start in the innermost layer. Determining how far the cancer has grown into the different layers of the colon determines the stage of the disease.

- **Stage I** colon cancer is confined to the innermost layer of the colon. Current guidelines do not suggest adding chemotherapy following surgery. In contrast to **stage I**, for colon cancers that are diagnosed in **stage III or IV**, the tumor has advanced through most layers of the colon. In most cases chemotherapy is recommended.
- **Stage II** colon cancer remains the subject of much discussion and study. Current research suggests that adding chemotherapy in **stage II** disease results in only a 5% improvement in survival.
- **Stage IIa** colon cancer occurs when the tumor has invaded the muscle layer of the colon or tissue underlying the muscle layer (also called a T3 tumor).
- **Stage IIb** may involve a tumor that has directly invaded other organs or structures and/or spread through the peritoneum (a membrane that lines the abdomen and internal organs), but the tumor has not spread to surrounding lymph nodes (T4). For proper evaluation of disease stage, it is recommended that at least 12 lymph nodes be examined at the time of surgery.

Additional findings at the time of surgery would warrant a discussion with your health care provider (HCP). You and your HCP may decide to add chemotherapy to your treatment plan if some of these findings are present:

- T4 tumor (as noted above)
- Perforation occurred (the tumor caused a hole to form in the colon)
- Microscopic examination shows that the tumor invaded the lymphatic or vascular spaces or the tumor exhibits “poor differentiation” (does not look like a normal cell)
- Fewer than 12 lymph nodes are in the specimen for laboratory examination



COMMUNICATING WITH YOUR TEAM

Only you and your HCP can decide whether chemotherapy is right for you. An honest discussion with your oncologist or HCP must include:

- Pre-existing health problems such as diabetes, heart disease, and neuropathy
- Age and life expectancy
- Number of lymph nodes involved
- Stage of disease
- Potential side effects associated with treatment

These materials are provided by the Advisory Panel from the Web site manageCRC.com, a discussion forum for healthcare professionals managing the care of patients with colorectal cancer. Patient resources and useful print out are available at <http://manageCRC.com/Resources/>. The opinions and information presented do not necessarily reflect those of the site manager or its sponsor. We do not endorse any products or services described here and are not responsible for the accuracy of information offered on Internet links provided for the user's convenience. We assume no legal liability or responsibility for the information provided here or on the manageCRC.com Web site, which is presented for educational purposes only. A qualified health care provider should be consulted for medical advice, diagnosis, or treatment.

Updated 10/13/11