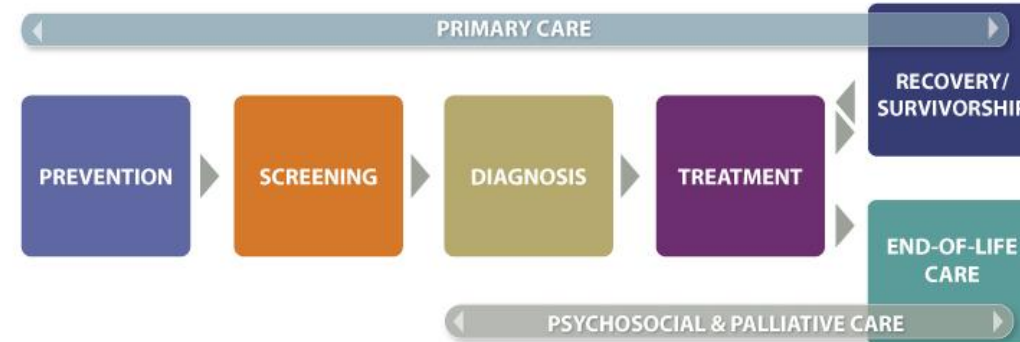


Rectal Cancer Treatment Pathway

Disease Pathway Management Secretariat
Version 2013.5

The cancer journey

Better cancer services every step of the way



Disclaimer

The Rectal Cancer Treatment Pathway (Pathway) is intended to be used for informational purposes only. While the Pathway represents an overview of the treatment of a typical rectal cancer, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all treatments are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway.

Pathway Disclaimer

The Rectal Cancer Treatment Pathway (Pathway) is a resource that provides an overview of the treatment of a typical rectal cancer. The pathway is only intended for primary adenocarcinoma and familial cancers (Lynch/non-Lynch) and cancers complicating inflammatory bowel disease are handled differently.

The information contained in this Pathway is intended for healthcare providers and other stakeholders in the cancer system, including administrators and organizers. **The Pathway is intended to be used for informational purposes only. While the Pathway represents an overview of the treatment of a typical rectal cancer, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all treatments are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway.**















The Pathway is **not** intended for patients. In the situation where the reader is a patient, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the Pathway. The information in the Pathway does not create a physician-patient relationship between CCO and the reader.

While care has been taken in the preparation of the information contained in the Pathway, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether expressed, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability. CCO and the Pathway’s content providers (including the physicians who contributed to the information in the Pathway) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Pathway or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Pathway does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the Pathway.

Pathway Considerations

- The family physician should be informed of all tests and consultations. Usual ongoing care with the family physician is assumed to be part of the Pathway.
- Clinical trials should be considered for all phases of the Rectal Cancer Treatment Pathway, where available.
- All patients under consideration for an ostomy should be referred to an **Enterostomal Therapy Nurse** preoperatively. Patients should have access to an **Enterostomal Therapy Nurse** before and after ostomy surgery. [Ostomy Care and Management, Clinical Best Practice Guideline, Registered Nurses Association of Ontario.](#)

Pathway Legend

-  Primary Care Provider (Family Physician, Nurse Practitioner, Emergency Department Physician)
-  Endoscopist
-  Pathologist
-  Diagnostic Assessment Program (DAP)
-  Surgeon
-  Radiation Oncologist
-  Medical Oncologist
-  Imaging
-  Multi-disciplinary Cancer Conferences (MCC)
-  Palliative Care and Psychosocial Oncology Team
-  No Specific Specialist Designated
-  Possible Action or Result
-  Referral to
-  Managing Physician at Pathway Entry Point

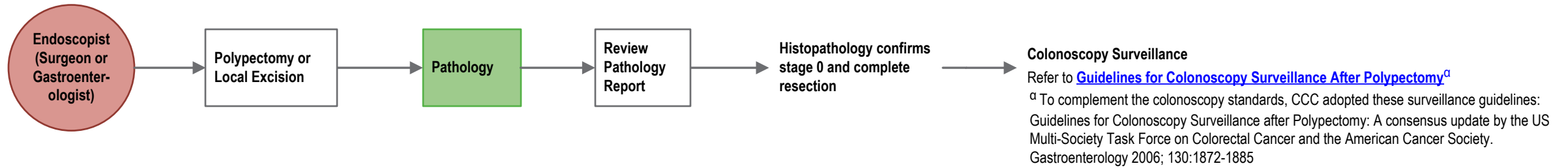
Pathway Target Population

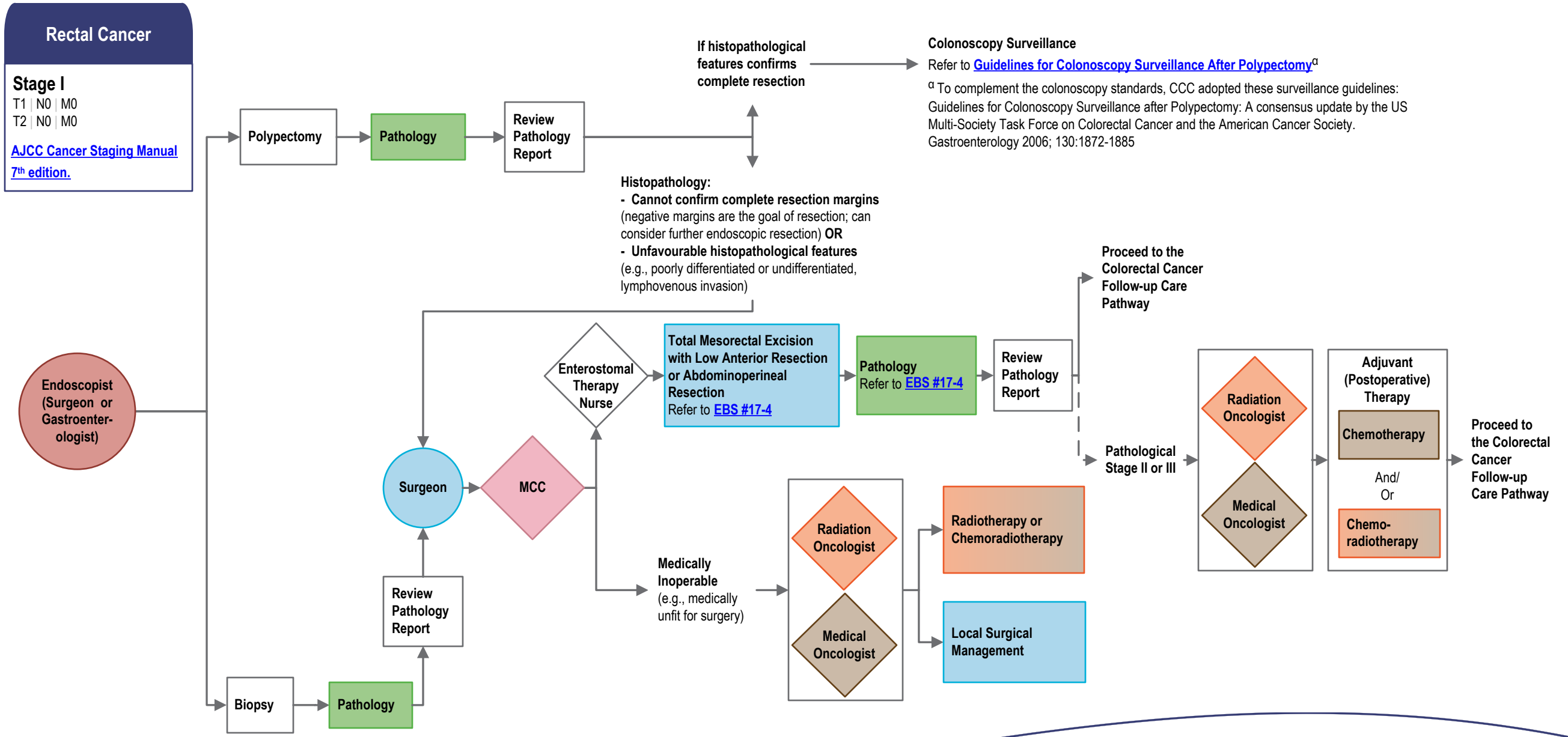
Patients with a confirmed rectal cancer diagnosis who have undergone the recommended diagnostic and staging procedures as outlined in the **Colorectal Cancer Diagnosis Pathway**.

Stage 0

Tis | N0 | M0

[AJCC Cancer Staging Manual](#)
7th edition.





NOTE: Early referral to psychosocial oncology and palliative care team is recommended

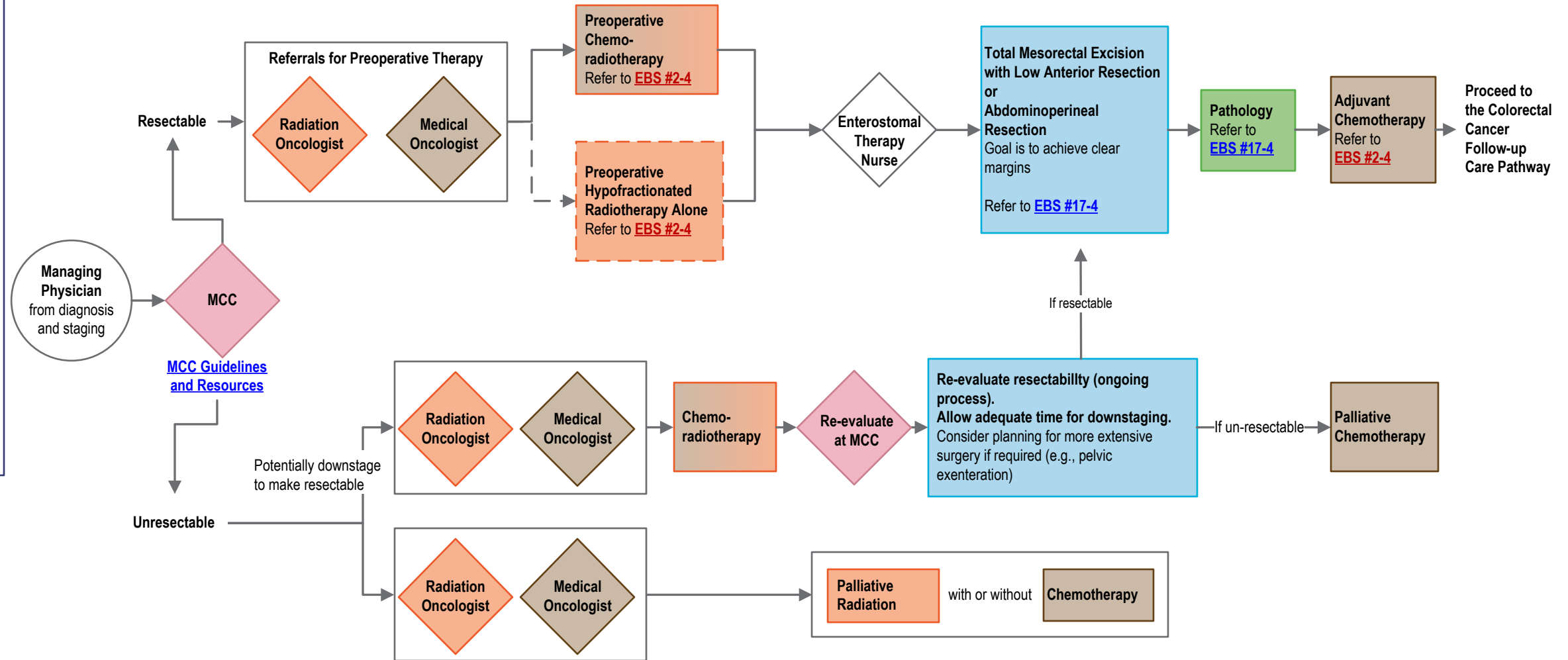
NOTE: [EBS #2-4](#) is older than 3 years old and is UNDER REVIEW for currency and relevance.

Rectal Cancer

Stage II
Stage IIA
 T3 | N0 | M0
Stage IIB
 T4a | N0 | M0
Stage IIC
 T4b | N0 | M0

Stage III
Stage IIIA
 T1,T2 | N1/N1c | M0
 T1 | N2a | M0
Stage IIIB
 T3-T4a | N1/N1c | M0
 T2-T3 | N2a | M0
 T1-T2 | N2b | M0
Stage IIIC
 T4a | N2a | M0
 T3-T4a | N2b | M0
 T4b | N1-N2 | M0

[AJCC Cancer Staging Manual 7th edition.](#)



NOTE: Early referral to psychosocial oncology and palliative care team is recommended

Rectal Cancer

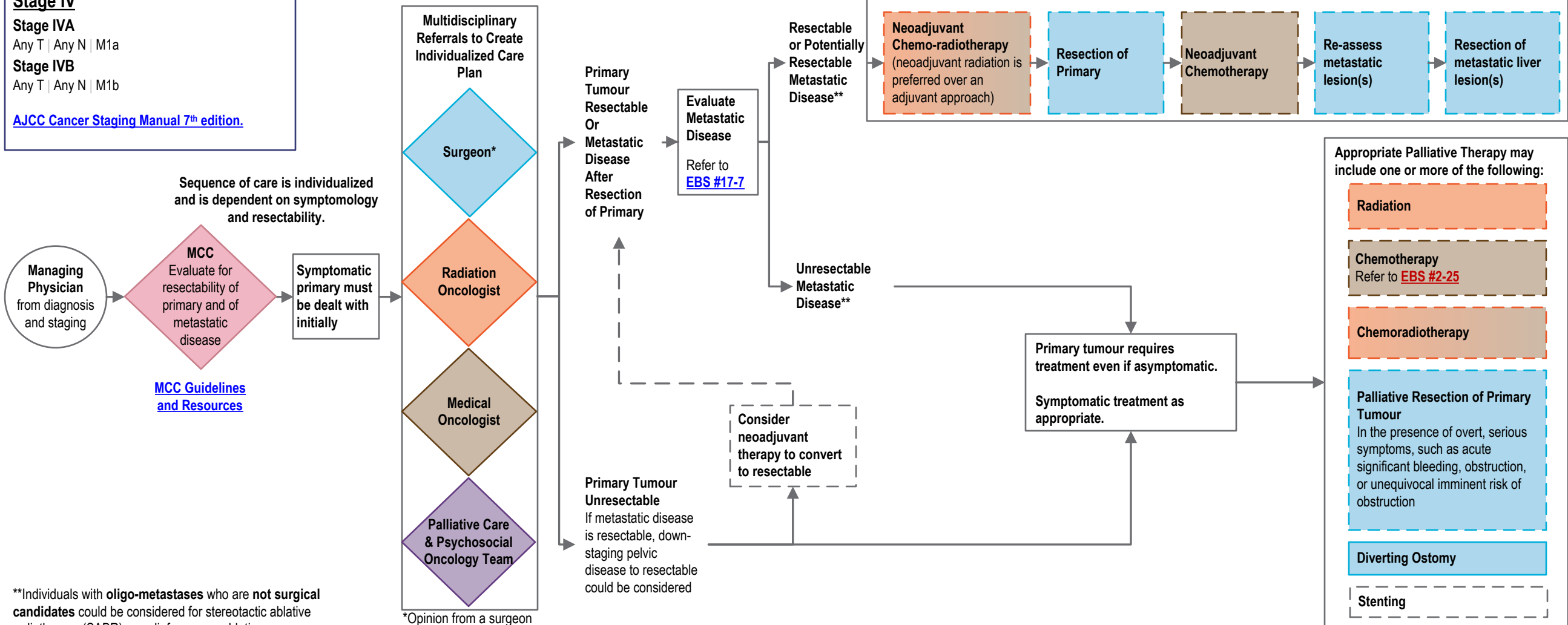
Stage IV

Stage IVA
Any T | Any N | M1a

Stage IVB
Any T | Any N | M1b

[AJCC Cancer Staging Manual 7th edition.](#)

EBS #2-25 is older than 3 years old and is UNDER REVIEW for currency and relevance.

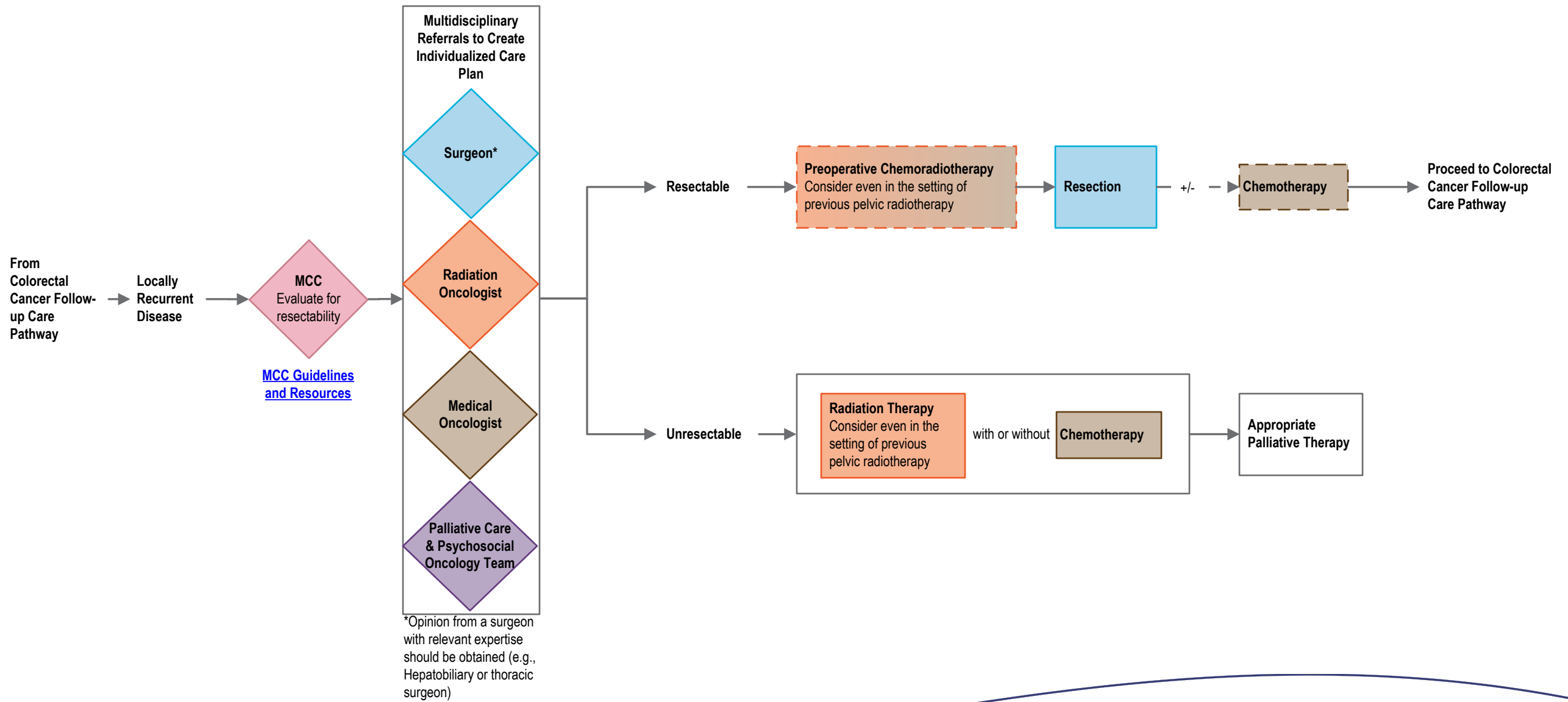


Individuals with **oligo-metastases who are **not surgical candidates** could be considered for stereotactic ablative radiotherapy (SABR) or radiofrequency ablation.

NOTE: All patients under consideration for an ostomy should be referred to an Enterostomal Therapy Nurse preoperatively. Patients should have access to an Enterostomal Therapy Nurse before and after ostomy surgery.

NOTE: Early referral to psychosocial oncology and palliative care team is recommended

*Opinion from a surgeon with relevant expertise should be obtained (e.g., Hepatobiliary or thoracic surgeon)



NOTE: All patients under consideration for a temporary or permanent ostomy should be referred to an Enterostomal Therapy Nurse preoperatively. Patients should have access to an Enterostomal Therapy Nurse before and after ostomy surgery.

NOTE: Once diagnosis is made, refer to early psychosocial oncology and palliative care team where appropriate