Guidance on managing gastro-intestinal consequences of cancer and its treatments

The number of people living with and beyond cancer (LWBE) continues to increase on a yearly basis in the UK and as a result, many more people experience consequences of their cancer and its treatment. Gastro-intestinal (GI) consequences may be experienced by any of those who received treatment cancer. While some people will never experience changes in their bowel function, some will develop long-term problems that may include chronic diarrhoea, faecal incontinence, urgency, pain, bleeding and excessive flatulence, particularly following pelvic radiotherapy, chemotherapy and surgery.

These symptoms may be experienced during treatment, immediately post-treatment, or many years later and may severely impact on people's quality of life. The LCA Survivorship Pathway Group identified that the management options and referral pathways for those experiencing GI consequences within the LCA needed to be specified and made easily accessible to support timely referral for necessary investigations and interventions.

National Picture

Concurrent to the need for GI consequences guidance being identified within the LCA, work was developed nationally to support implementation of *The Practical Management of the Gastrointestinal Symptoms of Pelvic Radiation Disease,* developed by Andreyev *et al*. and commonly referred to as 'the bowel algorithm' *Managing lower gastrointestinal problems after cancer treatment. A quick guide for health professionals* was published by Macmillan Cancer Support in 2015. It lays out a clear pathway for investigation, management and when to consider, or make, onward referral to relevant specialists. Guidance on managing upper gastrointestinal symptoms after cancer treatment is due to be published later in 2016.

LCA GI Consequences Workstream

A small sub-group of the LCA Survivorship Pathway Group met to investigate current provision of specialist services within the LCA, and to make recommendations about optimising clinical pathways for GI consequences.

GI consequences services within the LCA

At present, there are two specialist services within the LCA; one at The Royal Marsden NHS Foundation Trust, and one at St Mark's Hospital, part of London North West Healthcare NHS Trust.

Evidence based management of GI consequences

The evidence base for a stepped approach to the management of GI consequences is well documented, most recently in Gut (2012), and has been used to develop the national guidance on management of GI consequences. The LCA GI consequences workstream recommends that the national guidance be adopted as standard practice within the LCA, across all settings, i.e. acute, community, secondary and tertiary.

LCA Recommendations for Lower GI consequences

- Refer to the treating centre to exclude recurrent or new disease.
- Acute GI symptoms due to infection, perforation, haemorrhage or bowel obstruction, are oncological emergencies and require immediate action.

Ask the following four trigger questions:

1. Are you woken up at night to have a bowel movement?
2. Do you need to rush to the toilet to have a bowel movement?
3. Do you ever have bowel leakage, soiling or a loss of control over your bowels?
4. Do you have any bowel symptoms preventing you from living a full life?

Then proceed through the following three-tier level of intervention.

Step one

- Provide basic assessment, advice and treatment, including general advice on diet and physical activity, provision of information leaflets to encourage self-management, bowel training and pelvic floor training advice. Signpost to relevant support charity websites.
- Consider use of Loperamide to firm stools and slow transit time, using liquid Loperamide for more careful titration if necessary. A stool bulking agent can be added if there is difficulty evacuating.
- Refer to a dietitian for a detailed assessment and adjustment of dietary fibre intake.

Step two

- If no improvement, begin medical investigations as indicated in the national guidance.
- Escalate treatment and consider onward referral to appropriate experts, as indicated by results of tests.

Step three

- If still no improvement with initiation of treatments from step two, refer to gastroenterologist or other specialist department.

GI Consequences Guidance Documents

Full guidance:
http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/P215TRMGIBooklet_AW.pdf
Quick guide:
http://be.macmillan.org.uk/Downloads/CancerInformation/ResourcesForHSCP/COT/MAC15384GIquickguide.pdf
Quick GI guide:
http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/Consequencesoftreatment/GIguidequicktips.pdf
Colorectal and Anal Care Guidance:
http://www.macmillan.org.uk/documents/aboutus/health_professionals/consequencesoftreatment/colorectalguidance.pdf

LCA Preventative Recommendations

- All individuals who have had pelvic radiotherapy should be offered a lower GI endoscopy at least every 10 years, a DEXA scan every 2 years and annual cholesterol, vitamin D and blood pressure review at their GP practice; this should be included in treatment summaries.

Evidence

http://gut.bmj.com/content/early/2011/11/04/gutjnl-2011-300563.full.pdf+html

http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/P215TRMGIBooklet_AW.pdf See reference list at the end of the document.