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Prioritizing Quality of Life in CRC: Key Surgical Considerations

ReachMD Announcer:

You're listening to *On the Frontlines of Colorectal Cancer* on ReachMD. And now, here's your host, Ryan Quigley.

Ryan:

This is *On the Frontlines of Colorectal Cancer* on ReachMD. I'm Ryan Quigley, and joining me to discuss quality of life considerations in surgical care for patients with colorectal cancer are Drs. Thomas Cataldo and Sowmya Sharma. Dr. Cataldo is the Program Director of colorectal surgery and an Assistant Professor of Surgery at Beth Israel Deaconess Medical Center.

Dr. Cataldo, welcome to the program. Thanks for doing this.

Dr. Cataldo:

Oh, thanks for having me. It's my pleasure.

Ryan:

Also joining us from Beth Israel Deaconess Medical Center is Dr. Sharma, who's a colorectal surgery fellow.

Dr. Sharma, thank you so much for being here as well.

Dr. Sharma:

Thanks for having me.

Ryan:

So, to start us off, Dr. Cataldo, as a surgeon, how do you prioritize quality of life in your approach to care for patients with colorectal cancer?

Dr. Cataldo:

Most importantly, you have to have a life to have quality of life. So, the cure of the cancer is obviously the first goal, but on the other hand, you don't want to have a miserable life afterwards, so we prioritize it in the process. The vast majority of the time, it doesn't come into play, but there are some times where the surgeries that we offer people can be quite life-changing, and so when those occurrences happen, obviously, quality of life is extremely high, but it's within the patient's choice. The patient really chooses where they prioritize things.

Ryan:

And, Dr. Sharma, turning to you, what kinds of quality-of-life concerns are most important to patients, especially in the weeks and months after surgery?

Dr. Sharma:

I think Dr. Cataldo put it perfectly. You have to have a life to have a quality of life. And I have found that when patients first come in, being told that they have cancer, their first focus is just getting the cancer out and how the cancer is going to be treated, and that seems to be what they can focus on the most.

But once the operation is closer or over, that's when they start thinking a little bit more about quality of life. And one thing that usually comes up a lot is bowel function—it's a huge deal, but especially if you have an ostomy bag, and that's going to impact your life, both professionally and personally. Energy levels and pain control—pain is a very fear-inducing factor for a lot of patients, and I think talking to them beforehand about pain makes a huge difference there. And then just being able to go back to normal life, being able to play with

your pets and go back to work and pick up your kids—those are usually the concerns that patients have after surgery in terms of their quality of life.

Ryan:

Now, Dr. Cataldo, when it comes to surgery planning and preoperative counseling, how do you integrate quality of life outcomes into those early conversations with patients?

Dr. Cataldo:

Well as Dr. Sharma alluded to, the big things are eating, going to the bathroom, and things like that. In the majority of our cases, there really is no impact. We want this to be seamless. I like to tell my patients I want them to forget that they've ever met me because I haven't changed their life at all. However, there is a small subset, especially if someone is either going to have a deep pelvic operation, where we know we're going to alter their bowel function for the rest of their life, and so we address it. We tell them what the potential is.

But because everybody's result is, hopefully, good but slightly different, we don't want to scare people out of having surgery in a way where they will not get their cancer cared for. So, we address it. We tell them what it might be like and what things we plan to do after surgery if their quality of life is impacted. We try to take a very long view, not on the short-term impact on your quality of life, but the long-term impact on quality of life. It's mostly around going to the bathroom.

Ryan:

For those just tuning in, you're listening to *On the Frontlines of Colorectal Cancer* on ReachMD. I'm Ryan Quigley, and I'm speaking with Drs. Thomas Cataldo and Sowmya Sharma about how we can prioritize quality of life in colorectal cancer surgery.

So, Dr. Sharma, what strategies, surgical or nonsurgical, are improving quality of life for patients today that you've noticed?

Dr. Sharma:

So, I think talking about surgical strategies with the whole concept of shared decision-making is super important. You talk to the patient about the way the cancer came to be—and we have these great charts in clinic that you can draw on, and the patient gets to take that little piece of paper home with them—and then telling them about the treatments and making the decision together rather than them just walking in and us saying, "Okay, you need surgery, and this is what we're going to do."

And then the nonsurgical ones are actually super important, and we have a whole village taking care of the patient. We've got wonderful ostomy nurses, clinic staff, social workers, and pelvic floor PT, and we're all working together just to make the quality of life better both before and after. So, they'll meet with ostomy nursing for education with ostomies beforehand, which has actually been shown to improve outcomes afterwards in how patients adjust to and care for ostomies. I know that the clinic staff will call them multiple times before the surgery to talk over things because you can't expect someone to remember details of their surgery in just one sitting when they're getting a surgery—that's big news.

I think the overall goal is to just help them, like Dr. Cataldo said, not just to survive the cancer, but to live well afterwards, and that's what all the measures are focused on.

Ryan:

Now, before we close, I'd like to ask each of you to share a key takeaway you want clinicians to keep in mind when caring for patients with colorectal cancer. And so, Dr. Cataldo, I'll start with you.

Dr. Cataldo:

I think the biggest thing for non-surgeons, referring docs, and otherwise is that patients are embarrassed; they're afraid; they certainly don't want to get their colonoscopies; they're confronted with this idea that they're going to have an operation that's going to change their life; and as I said earlier, not every surgery really alters your life as much as you think it might.

But overcoming patients' fears of coming to the doctor, and as Dr. Sharma alluded to, making sure that people have adequate resources and access so that if they are ready, if they're willing to come in and get seen, that we are here to see them and they know how to get to us.

Ryan:

And, Dr. Sharma, same for you. I'll give you the final word.

Dr. Sharma:

I have a similar thought process to it. I do think caring for patients with colorectal cancer is about giving them their life back, but it's also giving them their dignity and being able to just talk them through that process. It's a privilege.

There's one line that I actually learned here in fellowship: "Any one of us could have a stoma, and they wouldn't even know." And when

you put yourself on the same level as the patient, I think it makes it a little bit easier for them to accept something that might be life-altering to them.

Ryan:

Thank you both. And as that brings us to the end of today's program, I want to thank my guests, Drs. Thomas Cataldo and Sowmya Sharma, for joining me to discuss quality of life considerations in colorectal cancer care.

Dr. Cataldo, Dr. Sharma, it was great having you both on the program. Thank you so much.

Dr. Cataldo:

Oh, it was my pleasure. Thanks for having me.

Dr. Sharma:

It was great to be here. Thank you.

ReachMD Announcer:

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