Kendte, invaliderende og livsbegrænsende gastro-intestinale senfølger. Vi kan reducere omfang betydeligt med en målrettet indsats?

Danske Kræftforskningsdage, Odense, 1. september 2023

Peter Christensen, professor, overlæge, dr.med.

Nationalt forskningscenter for senfølger efter kræft i bækkenorganerne

Mave Tarm Kirurgi, Aarhus Universitetshospital

AUH Surgery
Surgical Research

#DKD2023 #SamarbejdeOmKræft

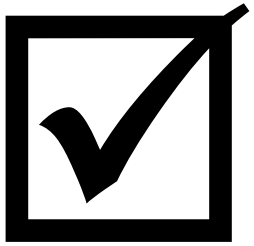

‘Jeg kunne ikke gå en tur med hunden uden ….’

Low Anterior Resection Syndrome Score

Development and Validation of a Symptom-Based Scoring System for Bowel Dysfunction After Low Anterior Resection for Rectal Cancer

Katrine J. Emmertsen, MD,† and Søren Laurberg, MD**

Annals of Surgery • Volume 255, Number 5, May 2012



- Data fra > 900 danske rectumcancer patienter
- 27 spørgsmål om tarmfunktion
- Spørgsmål udvalgt og vægtet efter betydning for livskvalitet
- 5 simple spørgsmål

AUH Surgery
Surgical Research

LARS score

- **Do you ever have occasions when you cannot control your flatus (wind)?**

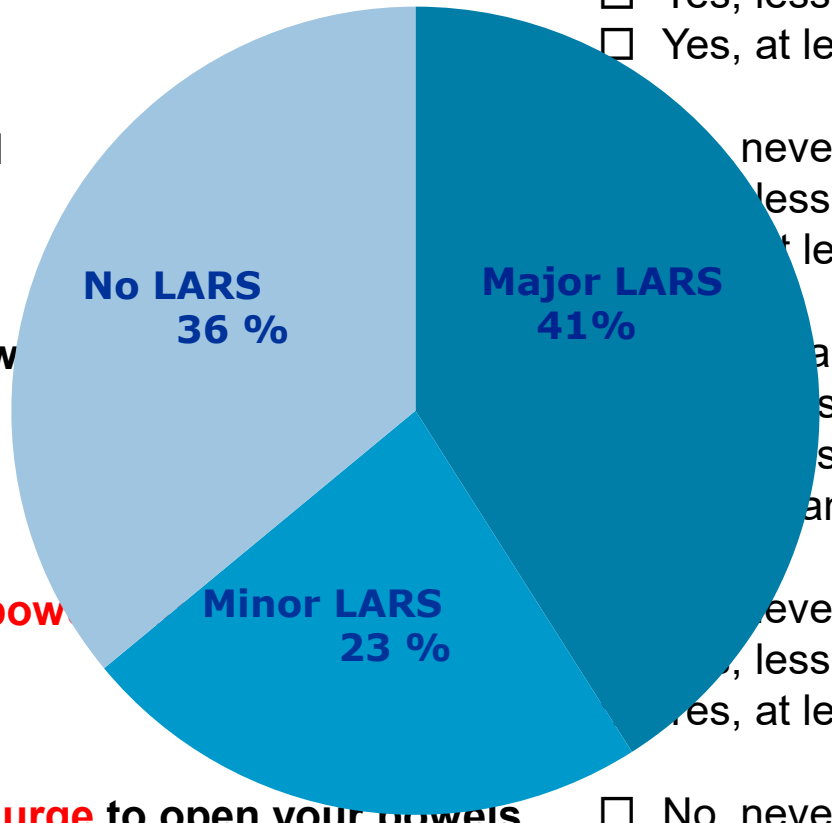
☐ No, never	0
☐ Yes, less than once per week	4
☐ Yes, at least once per week	7

- **Do you ever have any accidental leakage of liquid stool?**

never	0
less than once per week	3
least once per week	3

- **How often do you open your bow**

an 7 times per day (24 hours)	4
s per day (24 hours)	2
s per day (24 hours)	0
an once per day (24 hours)	5



- **Do you ever have to open your bow hour of the last bowel opening?**

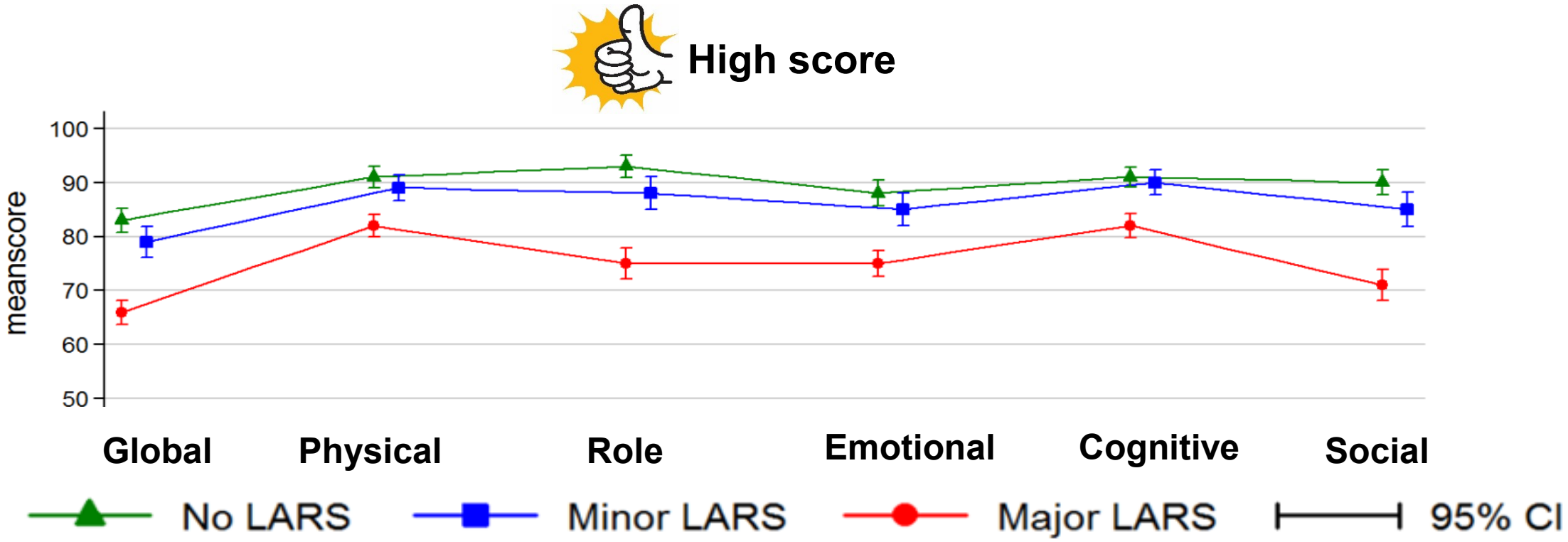
ever	0
, less than once per week	9
es, at least once per week	11

- **Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?**

☐ No, never	0
☐ Yes, less than once per week	11
☐ Yes, at least once per week	16

0-20 = **No LARS** 21-29 = **Minor LARS** 30-42 = **Major LARS**

Quality of life | LARS vs. EORTC QLQ C30 **FUNCTIONAL SCALES**

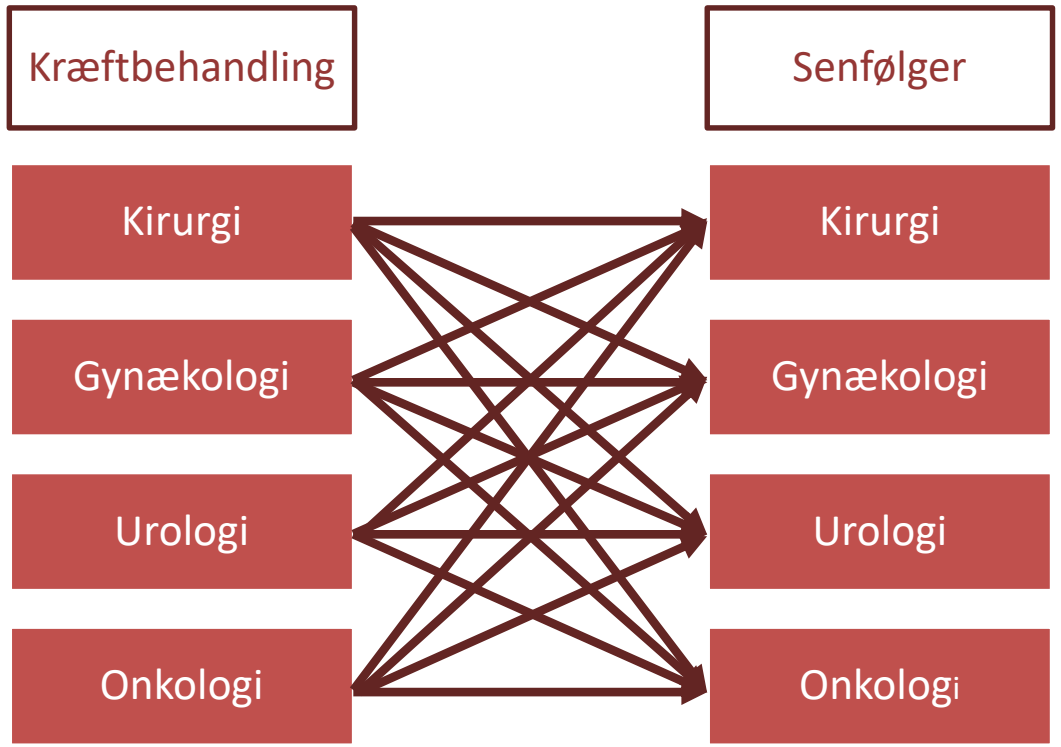


AUH Surgery
Surgical Research

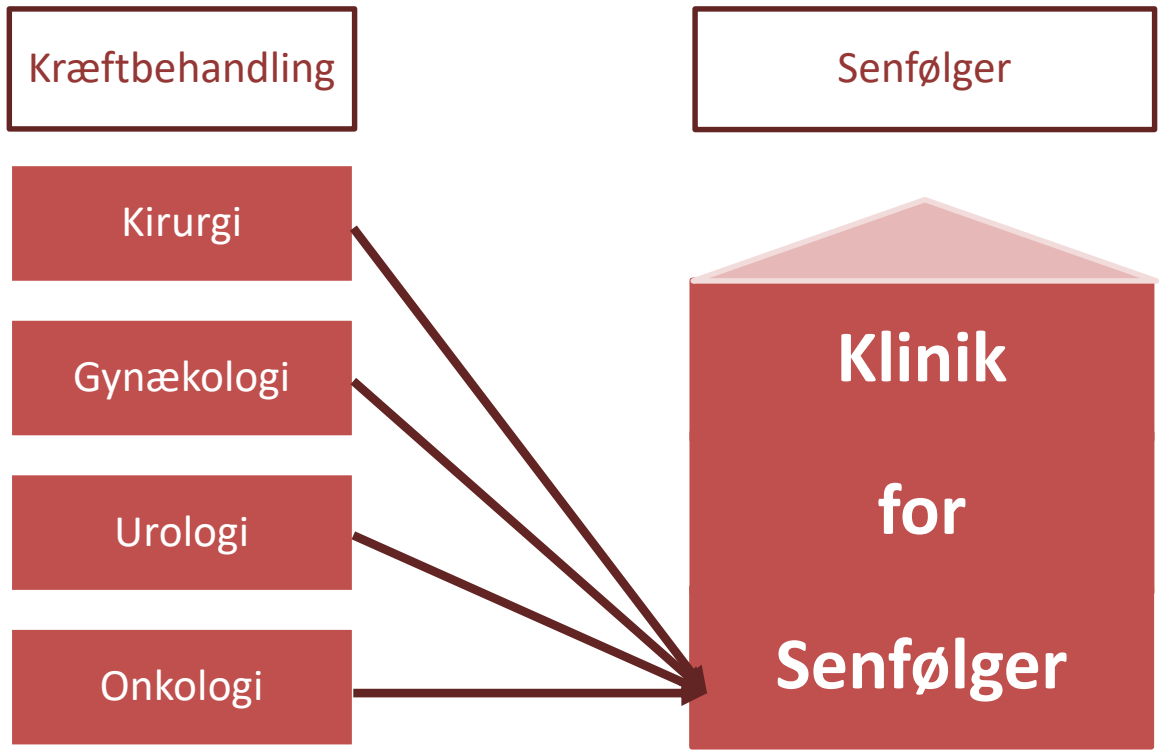
Juul T[1] Dis Colon Rectum. 2014 May;57(5):585-91.

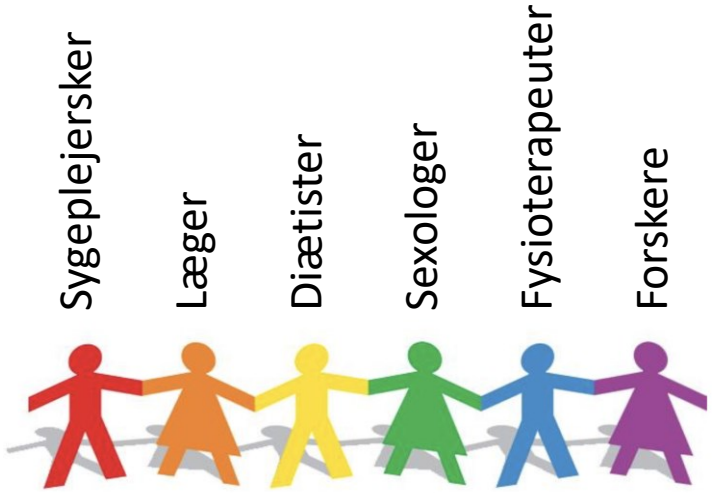

HELP
SUPPORT
ADVICE
ASSISTANCE
GUIDANCE

Senfølger rammer flere organer samtidig



Tværfaglig Klinik for Senfølger efter kræft



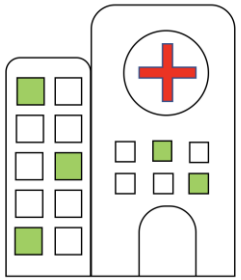


Evaluering af effekten af behandling

Alle cancere i bækkenorganer

Fundet ved:
- screening (tarmkræft) ca. 50%
- ambulante kontrolbesøg i andre afd
- egen læge

Klinik for Senfølger



- Mave- og Tarmkirurgi
- Lever- Mave- og Tarmsygdomme
- Urinvejskirurgisk afd.
- Gynækologisk afd.
- Smerteklinik
- Sexologisk center

1236 behandlet
Proof-of-concept

Beh. start

36 mdr

Elektroniske spørgeskemaer

Senfølge-specifikt
Livskvalitet

Received: 28 September 2020 | Revised: 15 December 2020 | Accepted: 30 December 2020
DOI: 10.1111/codi.15519

ORIGINAL ARTICLE

Systematic screening for late sequelae after colorectal cancer—a feasibility study

Therese Juul[1,2,3] | Annette Boesen Bräuner[2,4] | Asbjørn Mohr Drewes[3,5,6] | Katrine Jøssing Emmertsen[3,7] | Klaus Krogh[3,8] | Søren Laurberg[2,3] | Michael Bødker Lauritzen[9,10] | Ole Thorlacius-Ussing[6,9] | Peter Christensen[1,2,3] | Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs Study Group

[1]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark
[2]Department of Clinical Medicine, Aarhus University, Aarhus, Denmark
[3]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects After Cancer in the Pelvic Organs, Aalborg, Denmark
[4]Department of Surgery, Regional Hospital Viborg, Viborg, Denmark
[5]Mech-Sense, Department of Gastroenterology and Hepatology, Aalborg University Hospital, Aalborg, Denmark
[6]Department of Clinical Medicine, Aalborg University, Aalborg, Denmark
[7]Department of Surgery, Regional Hospital Randers, Randers, Denmark
[8]Department of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark
[9]Department of Gastrointestinal Surgery, Aalborg University Hospital, Aalborg, Denmark
[10]Department of Surgery, North Denmark Regional Hospital, Hjoerring, Denmark

Correspondence
Therese Juul, Department of Surgery, Aarhus University Hospital, Aarhus, Denmark.
Email: therjuul@rm.dk

Funding information
The study was funded by the Danish Cancer Society, grant R192-A11536. Therese Juul was partly supported by the Novo Nordisk Foundation grant NNF19OC0022988. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.

Abstract

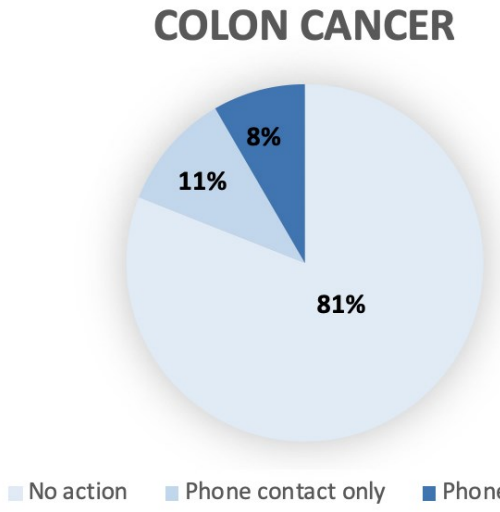
Aim: The aim of this study was to test the feasibility of a new method for systematic screening for late sequelae (LS) following colorectal cancer treatment.

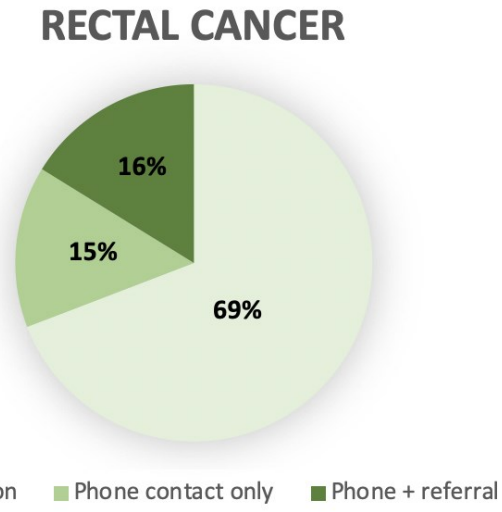
Method: Patients with colorectal cancer from five Danish hospitals were invited to complete a survey about LS at 3, 12, 24 and 36 months after surgery as part of their follow-up. The survey consisted primarily of validated tools, supplemented by a few ad hoc items, measuring bowel, urinary and sexual dysfunction, pain and quality of life and an additional question regarding request for contact. Patients completed surveys electronically or on paper.

Results: Of the 1721 invited patients, 1386 (80.5%) were included (1085 with colon cancer and 301 with rectal cancer) of whom 72.5% responded electronically. Patients responding electronically were 7.6 years younger than those responding on paper ($P < 0.001$). Since some patients answered more than once, the dataset consisted of 2361 surveys. Patients with colon cancer requested phone contact in 19.0% of the surveys, and 8.4% were referred to treatment for LS, primarily bowel dysfunction. Among patients with rectal cancer, 30.8% requested phone contact and 16.2% were referred for treatment of LS, mainly due to bowel and sexual dysfunction.

Conclusion: This is the first paper investigating a new method of systematic screening for LS following colorectal cancer using electronic patient-reported outcome measures. The

2904 patienter
svarprocent 80%






FIRST AID CASE
Medicines &

Sygeplejersker i front

Received: 30 September 2020 | Revised: 12 November 2020 | Accepted: 29 November 2020
DOI: 10.1111/codi.15497

ORIGINAL ARTICLE

Nurse-led standardized intervention for syndrome. A population-based pilot stu

Peter Dalsgaard[1,2,3] | Katrine Jøssing Emmertsen[1,3,4]
Søren Laurberg[1,3] | Peter Christensen[1,3]

[1]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark
[2]Department of Surgery, Regional Hospital West Jutland, Herning, Denmark
[3]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus, Denmark
[4]Department of Surgery, Regional Hospital Randers, Randers, Denmark

Correspondence
Peter Dalsgaard, Department of Surgery, Aarhus University Hospital, Aarhus, Denmark.
Email: peter.dalsgaard@rm.dk

Abstract

Aim: Our aim was to study the implemen (LARS) score in a clinical setting and to ev bowel dysfunction following rectal cance

Method: All patients who underwent cur tion in a single centre between 2012 and clinical follow-up, patients with major LA Data were retrospectively collected from

Results: In total, 190 out of 286 (66%) p whom 89 had major LARS. A total of 8 dysfunction and the majority obtained conservative treatment. Seventeen patie patients were treated with biofeedback. F gastroenterological evaluation. After trea cally significant decrease in median LARS (interquartile range 23–34) (P < 0.001), a to 53% (P < 0.001).

Conclusion: Screening for LARS was n screened. The majority of patients with m toms and could be successfully treated nurse-led setting.

KEYWORDS
low anterior resection syndrome, low anterior of life

INTRODUCTION

Rectal cancer is a common disease with an annual incidence of 15–25 per 100 000, accounting for about one-third of colorectal cancers [1]. The cornerstone of treatment of rectal cancer is surgery. Owing to improved su undergo restor vors continues some degree symptoms such

Study registration: The study was registered in the Central Denmark Region's register of research projects (no. 1-16

frontiers | Frontiers in Oncology

Check for updates

OPEN ACCESS

EDITED BY
Jorg Kleeff,
University Hospital in Halle, Germany

REVIEWED BY
Narimantas Samalavicius,
Vilnius University, Lithuania
Chris Varghese,
The University of Auckland, New Zealand

*CORRESPONDENCE
Birgitte Schantz Laursen
bisl@rn.dk

SPECIALTY SECTION
This article was submitted to Gastrointestinal Cancers: Colorectal Cancer, a section of the journal Frontiers in Oncology

RECEIVED 09 September 2022
ACCEPTED 03 November 2022
PUBLISHED 29 November 2022

CITATION
Laursen BS, Sørensen GK, Majgaard M, Jensen LB, Jacobsen KI, Kjær DK, Juul T, Christensen P and Mikkelsen AH (2022) Coping strategies and considerations regarding low anterior resection syndrome and quality of life among patients with rectal cancer, a qualitative interview study. Front. Oncol. 12:1040462. doi: 10.3389/fonc.2022.1040462

TYPE Original Research
PUBLISHED 29 November 2022
DOI 10.3389/fonc.2022.1040462

Coping strat considerati anterior res and quality patients wit qualitative i

Birgitte Schantz Laurse
Margit Majgaard[3], Line
Karen Irene Jacobsen[1],
Peter Christensen[3] and

[1]Sexology Centre and Gastrointestin
Aalborg, Denmark, [2]Department of
[3]Department of Surgery, Aarhus Uni

Introduction: Low anterior r bowel function following rec (QoL). A recent internatio importance of focusing on b symptoms have for the indi negative impact on patients' C late sequelae after rectal canc major LARS experience none

Aim: The aim of this study w strategies to establish why t influence on their QoL.

Materials and methods: Th semi-structured individual te cancer. Data were analysed

Results and conclusion: Th new life situation, Altering lif Major LARS and its consequ altered by adopting problem Maintaining a positive attitud constitute a surplus, allowi behaviour and appreciate th

ACTA ONCOLOGICA
2022, VOL. 61, NO. 10, 1192–1199
https://doi.org/10.1080/0284186X.2022.2101901

ORIGINAL ARTICLE

Diet and bowel symptoms among colon can

Mette Borre[a,b], Janne Fassov[a,b], Therese Juul[b,c], Søren Laur
Annette Boesen Bräuner[f,g], Ole Thorlacius Ussing[h,i], Michae
Pia Møller Faaborg[e] and Klaus Krogh[a,b]

[a]Department of Hepatology and Gastroenterology, Aarhus University Hospital
on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, A
Surgery, Aarhus University Hospital, Aarhus, Denmark; [d]Mech-Sense, Departm
Hospital, Aalborg, Denmark; [e]Department of Surgery, Danish Colorectal Cance
Medicine, Aarhus University, Aarhus, Denmark; [g]Department of Surgery, Regio
Medicine, Aalborg University, Aalborg, Denmark; [h]Department of Gastrointesti
[i]Department of Surgery, North Denmark Regional Hospital, Hjoerring, Denma

ABSTRACT

Background: Survival from colon cancer (CC) has improved consid many survivors suffer from late sequelae from treatment. Typical sym treatment of CC are diarrhea, urge for defecation, fecal incontinence CC survivors make dietary changes to alleviate bowel symptoms. W ceived effects of diet on bowel function among CC survivors a tion given.

Materials and methods: In this cross-sectional study, CC patients f Denmark completed surveys regarding the effects of diet on their had previously received dietary advice. Data concerning sociodemog gical procedure (right-sided or left-sided hemicolectomy) were coll Cancer Group database. Forty-four healthcare professionals specializ naire on how they advise CC. Descriptive statistics were applied.

Results: Among 1544 patients invited, 1239 (80.4%) responded, a (53% males, median age 72.6 years, median time since surgery 74 reported that food affected bowel function. Fat was perceived to ha spices in 149 (19%), sweets in 101 (13%) and meat in 99 (13%). Th tumor site and food categories affecting bowel function ($p = 0.07$ (93%) stated that their unit gave advice about diet, but only 24 information.

Conclusion: One-third of CC survivors perceive that food items, espe tive impact on their bowel function. We found a major discrepancy reporting that they provide advice and the proportion of patient unmet need for further recognition of the role of diet in CC rehabilit of treatment principles.

Background

Colon cancer (CC) is the third most common cancer affecting approximately 3% of adults during their lifetime [1,2]. Surgery is the main treatment for CC and some patients receive adjuvant chemotherapy [3]. Survival from CC has improved considerably over the last decades, yet many CC survivors suffer from late sequelae from treatment [4–7]. Bowel dysfunction is common late sequelae and its consequences for survivors' quality of life may be severe [4,5,8,9]. Typical symptoms of bowel dysfunction after treatment of CC are diarrhea, urge for defecation, fecal incontinence, bloating and constipation [4,6]. Observational studies have indicated an association between diet and bowel symptoms wit anc me syn nes giv inc Fur aim wo me dep

CONTACT Mette Borre Mette.Borre@aarhus.rm.dk Department of Hepatolo
Boulevard 99, Aarhus N, 8200, Denmark

ACTA ONCOLOGICA
2023, VOL. 62, NO. 1, 70–79
https://doi.org/10.1080/0284186X.2023.2168214

ORIGINAL ARTICLE

Bowel dysfunction following pelvic organ cancer: a prospective study on the treatment effect in nurse-led late sequelae clinics

Mira Mekhael[a,b,c], Helene M. Larsen[a,c,f], Michael B. Lauritzen[c,d], Ole Thorlacius-Ussing[c,d,e], Søren Laurberg[a,c], Klaus Krogh[c,f], Asbjørn M. Drewes[c,g], Peter Christensen[a,c] and Therese Juul[a,b,c]

[a]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark; [b]Department of Clinical Medicine, Aarhus University, Aarhus, Denmark; [c]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg University Hospitals, Aarhus and Aalborg, Denmark; [d]Department of Gastrointestinal Surgery, Aalborg University Hospital, Aalborg, Denmark; [e]Department of Clinical Medicine, Aalborg University, Aalborg, Denmark; [f]Department of Gastroenterology and Hepatology, Aalborg University Hospital, Aalborg, Denmark

ARTICLE HISTORY
Received 20 April 2022
Accepted 4 December 2022

KEYWORDS
Cancer sequelae; bowel dysfunction; pelvic organ cancer; nurse-led treatment

ABSTRACT

Background: Bowel dysfunction following treatment of pelvic organ cancer is prevalent and impacts the quality of life (QoL). The present study aimed to evaluate the feasibility and effects of treating bowel dysfunction in two nurse-led late sequelae clinics.

Material and methods: Treatment effects were monitored prospectively by patient-reported outcome measures collected at baseline and discharge. Change in bowel function was evaluated by 15 bowel symptoms, the St. Mark's Incontinence Score, the Patients Assessment of Constipation-Symptoms (PAC-SYM) score and self-rated bowel function. QoL was evaluated by the EuroQol 5-dimension 5-level (EQ-5D-5L) utility score and by measuring the impact of bowel function on QoL.

Results: From June 2018 to December 2021, 380 cancer survivors (46% rectal, 15% gynaecological, 13% anal, 12% colon, 12% prostate, and 2% other cancers) completed a baseline questionnaire and started treatment for bowel dysfunction. At referral, 96% of patients were multisymptomatic. The most frequent symptoms were faecal urgency (95%), fragmented defaecation (93%), emptying difficulties (92%), flatus/faecal incontinence (flatus 89%, liquid 59%, solid 33%), and obstructed defaecation (79%). In total, 169 patients were discharged from the clinics in the follow-up period. At discharge, 69% received conservative treatment only and 24% also received transanal irrigation; 4% were surgically treated; 3% discontinued treatment. Improvements were seen in all 15 bowel symptoms ($p < 0.001$), the mean St. Mark's Incontinence Score (12.0 to 9.9, $p < 0.001$), the mean PAC-SYM score (1.04 to 0.84, $p < 0.001$) and the mean EQ-5D-5L utility score (0.78 to 0.84, $p < 0.001$). Self-rated bowel function improved in 56% ($p < 0.001$) of cases and the impact of bowel function on QoL improved in 46% ($p < 0.001$).

Conclusion: Treatment of bowel dysfunction in nurse-led late sequelae clinics is feasible and significantly improved bowel function and QoL.

Background

Pelvic organ cancers account for one-third of all cancers and include colorectal, anal, urological, and gynaecological cancers [1]. In recent decades, advancements in surgical and oncological treatment have improved survival [2]. Hence, more patients are living with late sequelae (LS) to cancer treatment. This has heightened the need to address functional outcomes and their negative impact on quality of life (QoL). LS includes both psychological problems such as anxiety, fatigue, or fear of cancer recurrence, and physical problems such as bowel, urinary and sexual dysfunction, neuropathy, and chronic pain [3].

Bowel dysfunction following surgery, radiotherapy, and/or chemotherapy for pelvic organ cancer constitutes a major problem as between 17–50% of patients suffer from bowel problems significantly impairing their QoL [4–11]. Common symptoms are faecal incontinence, faecal urgency, emptying difficulties, frequent bowel movements, and diarrhoea [9–14].

Despite the growing recognition of their high prevalence, LS is still poorly identified and managed by the healthcare system [15–17] and current knowledge about the clinical characteristics of patients seeking treatment for bowel dysfunction is sparse [18,19]. It has been suggested that dedicated nurse-led clinics and algorithm-based treatment pathways may ensure the accessible and appropriate management of LS [20–23]. Nurse-led clinics are defined as clinical practices where nurses independently manage their own patient caseload, which involves patient assessment, treatment, monitoring and discharge [24]. Some studies have

CONTACT Mira Mekhael mirmek@rm.dk Department of Surgery, Aarhus University Hospital, Department of Clinical Medicine, Aarhus University, Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg, Denmark

Udredning og behandling af diarré efter kræft

- Medicinliste
- Gluten allergi? Mælkesukker- intolerance? Kronisk tarmbetændelse? m.fl.
- Overvækst af bakterier i tyndtarmen?
- Manglende optagelse af galdesalte
- Peristaltikforstyrrelser

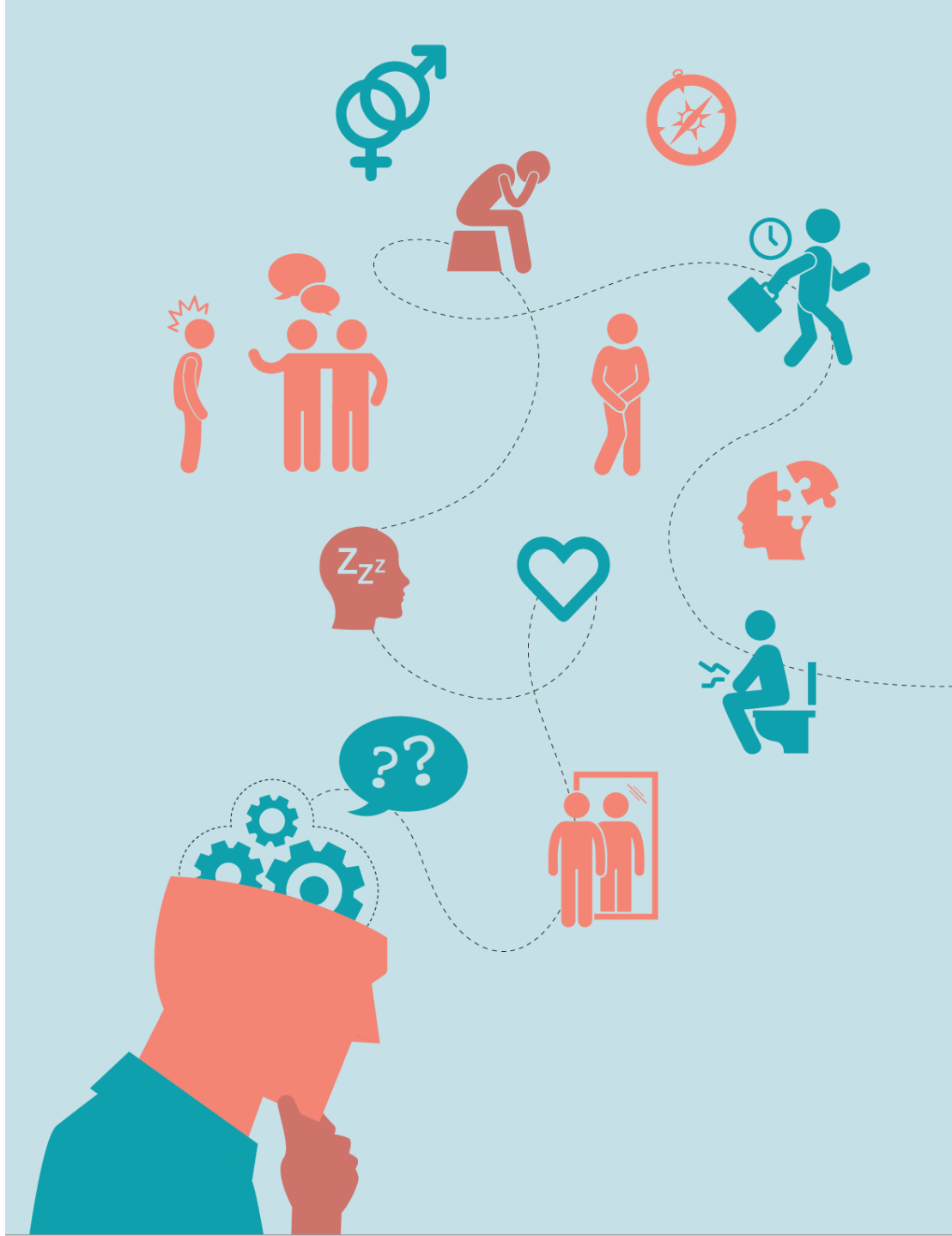
Og hvad fandt vi så?

95 % mindst 1 ny diagnose

47 % > 1 ny diagnose

2/3 signifikant forbedring

1/4 nogen forbedring



Received: 30 September 2020 | Revised: 14 January 2021 | Accepted: 17 January 2021
DOI: 10.1111/codi.15544

ORIGINAL ARTICLE

Long-term gastrointestin prospective pilot study o evaluation and effects of

Helene M. Larsen[1,2,3] | Mira Mekl
Peter Christensen[1,3] | Asbjørn Mohr
Søren Laurberg[1,3] | Klaus Krogh[2,3]
Centre for Research on Survivorship a
Organs Study Group

[1]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark
[2]Department of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark
[3]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus/Aalborg, Denmark
[4]Department of Clinical Medicine, Aarhus University, Aarhus, Denmark
[5]Mech-Sense, Department of Gastroenterology and Hepatology, Aalborg University Hospital, Aalborg, Denmark
[6]Department of Gastrointestinal Surgery, Aalborg University Hospital, Aalborg, Denmark

Correspondence
Helene Mathilde Larsen, Department of Surgery, Aarhus University Hospital, Aarhus, Denmark.
Email: hemala@clin.au.dk

Funding information
The study was funded by Danish Cancer Society grant R192-A11536. T Juul was partly supported by Novo Nordisk Foundation grant NNF19OC0022988.

Abstract
Aim: The ai
term gastro
their wish fo
Method: A
after surger
were referre
Treatment e
five-dimensi
Results: Ov
vey and 767
referred for
majority we
Patients rep
loose stools
low anterior
patients with
Our main e
baseline (ba
bowel funct
Conclusion:
need of trea
ciplinary tea

KEYWORDS
bowel dysfun

Received: 22 April 2022 | Revised: 8 September 2022 | Accepted: 1 October 2022
DOI: 10.1111/codi.16409

ORIGINAL ARTICLE

Chronic loose stools following right-si colon cancer and the association with and small intestinal bacterial overgrov

Helene Mathilde Larsen[1,2] | Klaus Krogh[1,3] | Mette
Mette Mejlby Hansen[3] | Anne K Arveschoug[4] | Pete
Asbjørn Mohr Drewes[1,5] | Katrine Jøssing Emmertsen[1]
Janne Ladefoged Fassov[1,3]

[1]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg, Denmark
[2]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark
[3]Department of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark
[4]Department of Nuclear Medicine & PET, Aarhus University Hospital, Aarhus, Denmark
[5]Mech-Sense, Department of Gastroenterology and Hepatology, Aalborg University Hospital, Aalborg, Denmark
[6]Department of Surgery, Regional Hospital Randers, Randers, Denmark

Correspondence
Helene Mathilde Larsen, Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg, Denmark.
Email: hemala@clin.au.dk

Funding information
GE Healthcare; Danish Cancer Society

Abstract
Aim: Patients treated with right-side
long-term bowel dysfunction, includ
The underlying causes are poorly un
investigate the aetiology of chronic
colectomy curatively operated for ca
Method: Cases with chronic loose st
colectomy were compared with a co
tomy without loose stools. All patient
(SeHCAT) scan to diagnose bile acid
diagnose small intestinal bacterial ove
was assessed with radiopaque marke
tor 19 (FGF19) was measured in fastin
was treated with bile acid sequestran
Results: We included 45 cases and 1
compared with 37% (n = 7) in the co
(n = 33) of cases with chronic loose st
sociation between BAM and SIBO wa
No difference in median FGF19 was
and no correlation was seen betweer
Bowel symptoms among cases were
Conclusion: BAM and SIBO are comr
colectomy for cancer. Chronic loose s

ACTA ONCOLOGICA
2019, VOL. 58, NO. 5, 776–781
https://doi.org/10.1080/0284186X.2018.1562211

ORIGINAL ARTICLE

Clinical evaluation and treatment of chronic bov in the colon and pelvic organs

Helene Mathilde Larsen[a,b], Mette Borre[a,c], Peter Christensen[a,b], Asb
Klaus Krogh[a,c] and Janne Fassov[a,c]

[a]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effect Hospital, Aarhus, Denmark; [b]Department of Surgery, Aarhus University Hospital, Aar Gastroenterology, Aarhus University Hospital, Aarhus, Denmark; [d]Mech-Sense, Depar University Hospital, Aalborg, Denmark

ABSTRACT
Background: Chronic gastrointestinal symptoms are common among pati or radio-/chemotherapy for cancer in the pelvic organs. However, little is kr ology behind symptoms or the effect of treatment. The aim of the preser results of clinical evaluation and treatment of patients with chronic bowe for cancer in the colon or pelvic organs.
Material and methods: All patients referred to our department of gast 2016 and June 2018 with chronic bowel symptoms after treatment for ca organs were prospectively evaluated.
Results: In total, 60 patients had been referred. The patients were treated f (n = 31), sigmoid colon (n = 1), rectum (n = 14), anal canal (n = 4), cervb (n = 2), ovary (n = 2), and prostate (n = 1). The median time from cancer tr (range 1–36) years. Symptoms mainly included frequent bowel movement urgency for defecation (57%), and fecal incontinence (50%). A specific caus found in 48 (80%) of the patients and 21 (35%) had more than one caus acid malabsorption was present in 35 patients and small intestinal bacteria in 32. Treatment included bile acid sequestrants (n = 36), antibiotics (n = 3 dietary intervention (n = 20). Major improvement in bowel symptoms v patients, while another 27 (45%) reported some improvement.
Conclusion: Most patients with chronic bowel symptoms following can organs will benefit from expert clinical evaluation and targeted treatment.

Introduction

Survival after treatment for cancer in the pelvic region has improved significantly during the last decades. Consequently, late complications to treatment have attracted more attention. Gastrointestinal symptoms are common, not only after treatment for colon or rectal cancer, but also after other cancers in the pelvic region. Thus, 15–66% of patients with colorectal, urological, or gynecological cancers treated with surgery or radio-/chemotherapy suffer from chronic gastrointestinal symptoms [1]. Loose stools, soiling, and frequent bowel movements are common symptoms after surgical treatment of colon cancer, and in particular after right-sided hemicolectomy if more than 10 cm of the terminal ileum has been resected [2]. Long-term functional problems following treatment for rectal cancer have been described in detail as the Low Anterior Resection Syndrome (incontinence for flatus and liquid stools, frequent bowel movements, clustering, and urgency for defecation) [3,4]. In addition, radiotherapy for prostate absorptio
The p
toms afte
still incor
chemoth
minal ile
the ileoc
opathy o
growth [
and weig
cancer m
Identifyin
allows t
improves
treatment
bile acid
growth n
no speci

CONTACT Helene Mathilde Larsen hemala@clin.au.dk Department of Surgery, Aarhus U

Taylor & Francis
UGESKRIFT FOR LÆGER

Statusartikel

Ugeskr Læger 2022;184:V04220267

Gastrointestinale senfølger til behandling af kræft i bækkenorganer

Janne Fassov[1, 2], Katrine Emmertsen[2, 3], Therese Juul[2, 4], Peter Christensen[2, 4], Asbjørn Mohr Drewes[2, 5], Søren Laurberg[2, 4] & Klaus Krogh[1, 2]

1) Lever-, Mave- og Tarmsygdomme, Aarhus Universitetshospital, 2) Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, 3) Mave- og Tarmkirurgisk Afdeling, Regionshospitalet Randers, 4) Mave- og Tarmkirurgisk Afdeling, Aarhus Universitetshospital, 5) Mave- og Tarmsygdomme, Aalborg Universitetshospital

Ugeskr Læger 2022;184:V04220267

HOVEDBUDSKABER

- Antallet af langtidsoverlevere efter kræft i det lille bækken er stigende.
- Gastrointestinale senfølger til kræftbehandling er kendte, invaliderende og livsbegrænsende.
- Udredning og behandling i dedikerede, tværfaglige senfølgeklinikker kan hjælpe mere end halvdelen af patienterne.

Denne statusartikel har til formål at give overblik over gastrointestinale (GI) senfølger efter behandling af kræft i bækkenorganerne herunder at beskrive udredning og behandlingsmuligheder. GI-senfølger i form af hyppige, løse, fragmenterede afføringer, svær imperiøs afføringstrang, fækal inkontinens, tømningsbesvær og mavesmerter har negativ indvirkning på daglig aktivitet og medvirker til betydeligt reduceret livskvalitet [1]. Tidlig diagnostik og bedre behandlingsmuligheder har medført, at antallet af langtidsoverlevere efter kræftbehandling er stigende. I 2030 estimeres der at være 4 mio. langtidsoverlevere i Storbritannien og 22 mio. i USA. Cirka 20-25% har kroniske fysiske problemer [2].

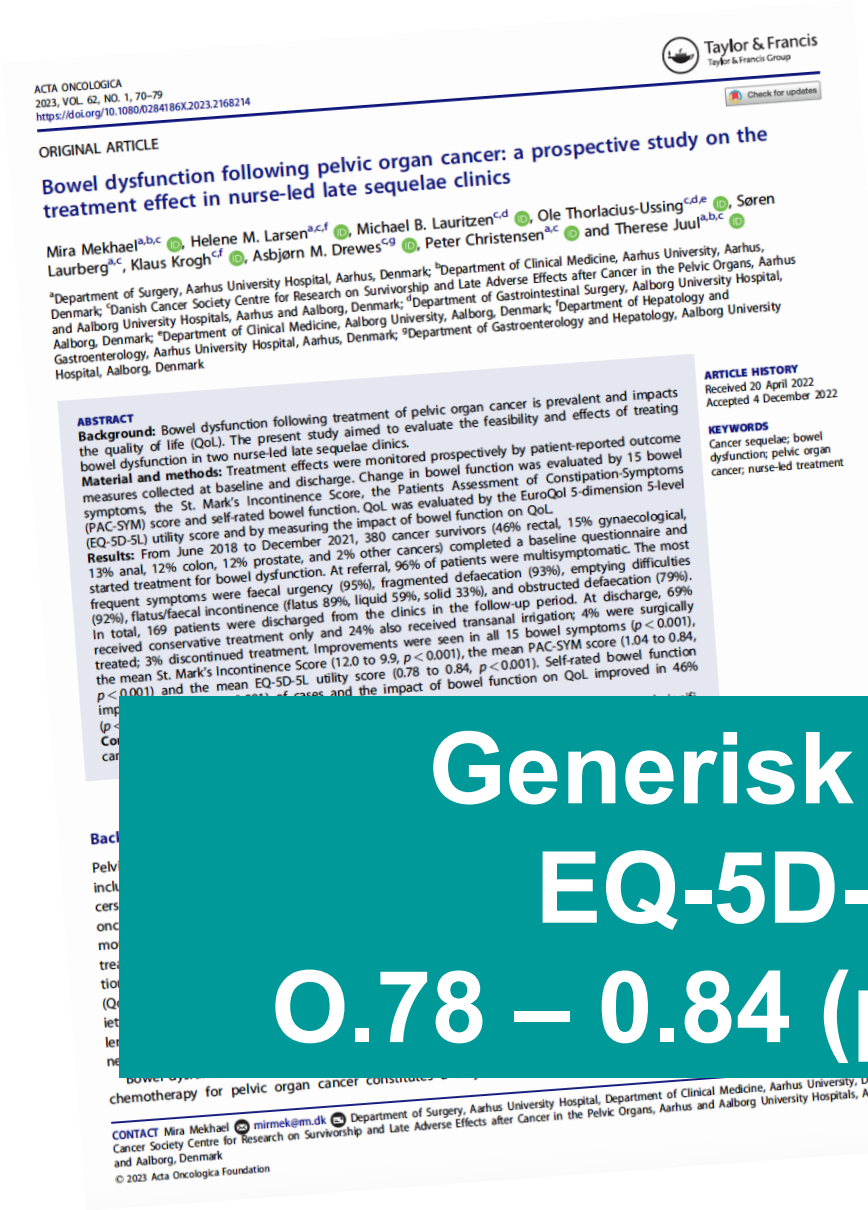
BAGGRUND

Kolorektal- og analkræft

Efter højresidig hemikolektomi ± adjuverende (adj.) kemoterapi for colonkræft oplever ca. 20% løs afføring, øget afføringsfrekvens og/eller natlig afføring [3]. En dansk tværsnitsundersøgelse viser, at 19% har daglig imperiøs afføringstrang og 29% har fækal inkontinens [4]. Afføringsforstyrrelsen kan være ledsaget af kvalme, luftgener samt mavesmerter og ubehag [5].

Efter sigmoideumresektion ± adj. kemoterapi ses hos 21% fækal inkontinens, hos 47% fækal imperiøsitet, hos 32% natlig afføring, hos 56% fragmenteret afføring og hos 24% tømningsbesvær med behov for laksantia eller digital udtømning [6]. Afføringsforstyrrelserne kan være ledsaget af luftgener samt mavesmerter og ubehag [5].

I det første år efter total mesorektal excision eller partiel mesorektal excision ± adj. kemoterapi for endetarmskræft har 80% symptomer på low anterior resection syndrome (LARS) karakteriseret ved hyppige, fragmenterede afføringer vekslende i konsistens, tømningsbesvær samt fækal imperiøsitet og inkontinens [7]. 40% har vedvarende symptomer efter et år [8].



ACTA ONCOLOGICA
2023, VOL. 62, NO. 1, 70–79
https://doi.org/10.1080/0284186X.2023.2168214

Taylor & Francis
Taylor & Francis Group

Check for updates

ORIGINAL ARTICLE

Bowel dysfunction following pelvic organ cancer: a prospective study on the treatment effect in nurse-led late sequelae clinics

Mira Mekhael[a,b,c], Helene M. Larsen[a,c,f], Michael B. Lauritzen[c,d], Ole Thorlacius-Ussing[c,d,e], Søren Laurberg[a,c], Klaus Krogh[c,f], Asbjørn M. Drewes[c,g], Peter Christensen[a,c] and Therese Juul[a,b,c]

[a]Department of Surgery, Aarhus University Hospital, Aarhus, Denmark; [b]Department of Clinical Medicine, Aarhus University, Aarhus, Denmark; [c]Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg University Hospitals, Aarhus and Aalborg, Denmark; [d]Department of Gastrointestinal Surgery, Aalborg University Hospital, Aalborg, Denmark; [e]Department of Clinical Medicine, Aalborg University, Aalborg, Denmark; [f]Department of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark; [g]Department of Gastroenterology and Hepatology, Aalborg University Hospital, Aalborg, Denmark

ABSTRACT

Background: Bowel dysfunction following treatment of pelvic organ cancer is prevalent and impacts the quality of life (QoL). The present study aimed to evaluate the feasibility and effects of treating bowel dysfunction in two nurse-led late sequelae clinics.

Material and methods: Treatment effects were monitored prospectively by patient-reported outcome measures collected at baseline and discharge. Change in bowel function was evaluated by 15 bowel symptoms, the St. Mark's Incontinence Score, the Patients Assessment of Constipation-Symptoms (PAC-SYM) score and self-rated bowel function. QoL was evaluated by the EuroQol 5-dimension 5-level (EQ-5D-5L) utility score and by measuring the impact of bowel function on QoL.

Results: From June 2018 to December 2021, 380 cancer survivors (46% rectal, 15% gynaecological, 13% anal, 12% colon, 12% prostate, and 2% other cancers) completed a baseline questionnaire and started treatment for bowel dysfunction. At referral, 96% of patients were multisymptomatic. The most frequent symptoms were faecal urgency (95%), fragmented defaecation (93%), emptying difficulties (92%), flatus/faecal incontinence (flatus 89%, liquid 59%, solid 33%), and obstructed defaecation (79%). In total, 169 patients were discharged from the clinics in the follow-up period. At discharge, 69% received conservative treatment only and 24% also received transanal irrigation; 4% were surgically treated; 3% discontinued treatment. Improvements were seen in all 15 bowel symptoms ($p < 0.001$), the mean St. Mark's Incontinence Score (12.0 to 9.9, $p < 0.001$), the mean PAC-SYM score (1.04 to 0.84, $p < 0.001$) and the mean EQ-5D-5L utility score (0.78 to 0.84, $p < 0.001$). Self-rated bowel function

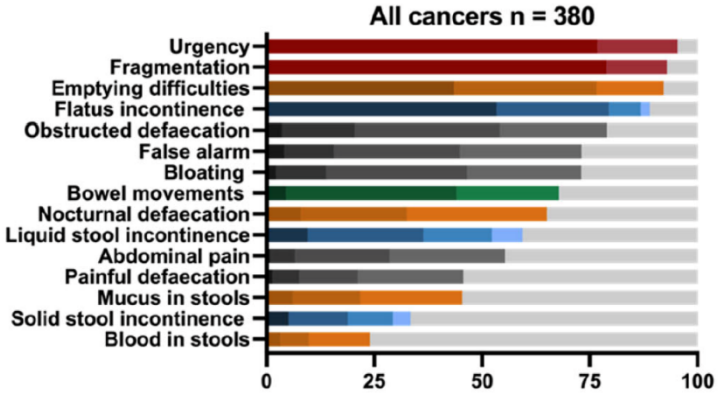
chemotherapy for pelvic organ cancer constitutes

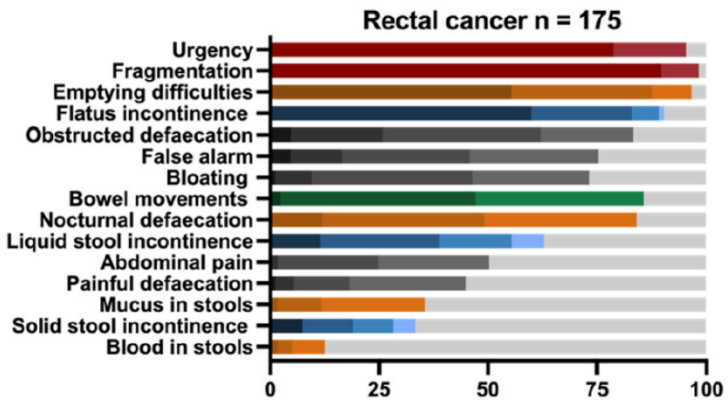
ARTICLE HISTORY
Received 20 April 2022
Accepted 4 December 2022

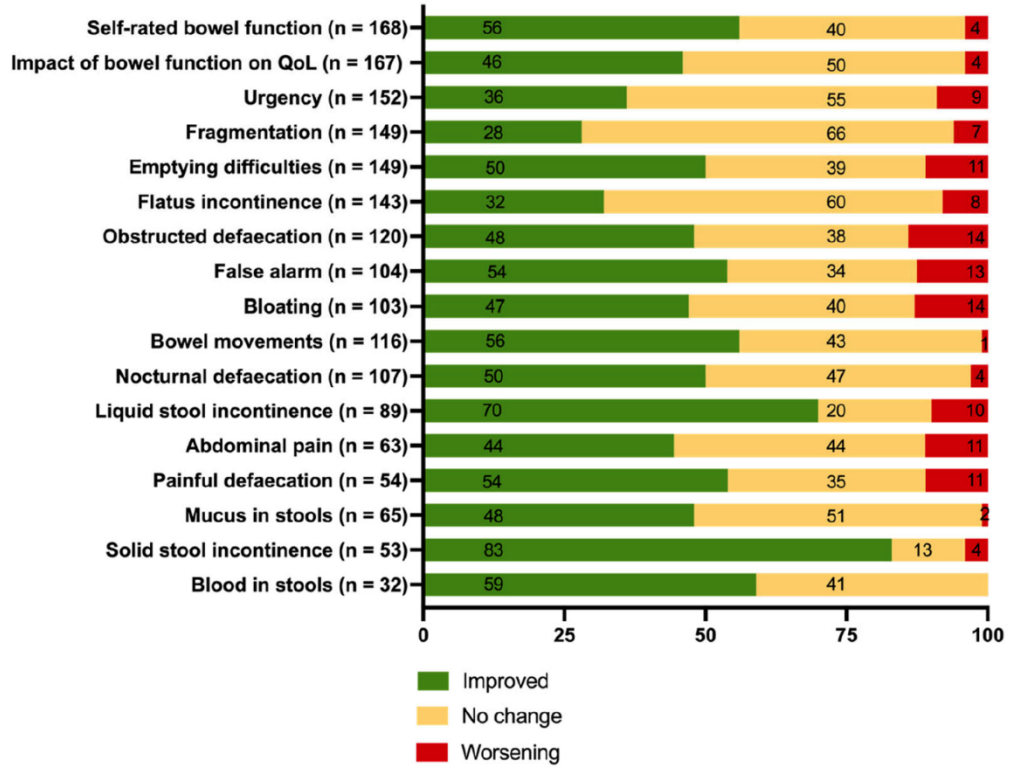
KEYWORDS
Cancer sequelae; bowel dysfunction; pelvic organ cancer; nurse-led treatment

CONTACT Mira Mekhael mirmek@rm.dk Department of Surgery, Aarhus University Hospital, Department of Clinical Medicine, Aarhus University, Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects after Cancer in the Pelvic Organs, Aarhus and Aalborg University Hospitals, Aarhus and Aalborg, Denmark

Generisk QOL
EQ-5D-5L
0.78 – 0.84 (p<0.001)







‘*Jeg kan gå tur med hunden uden ….’*

‘*Jeg inviterede til stor fødselsdagsfest uden at bekymre mig”*

‘Jeg har ikke længere en taske med skiftetøj og bleer med mig’

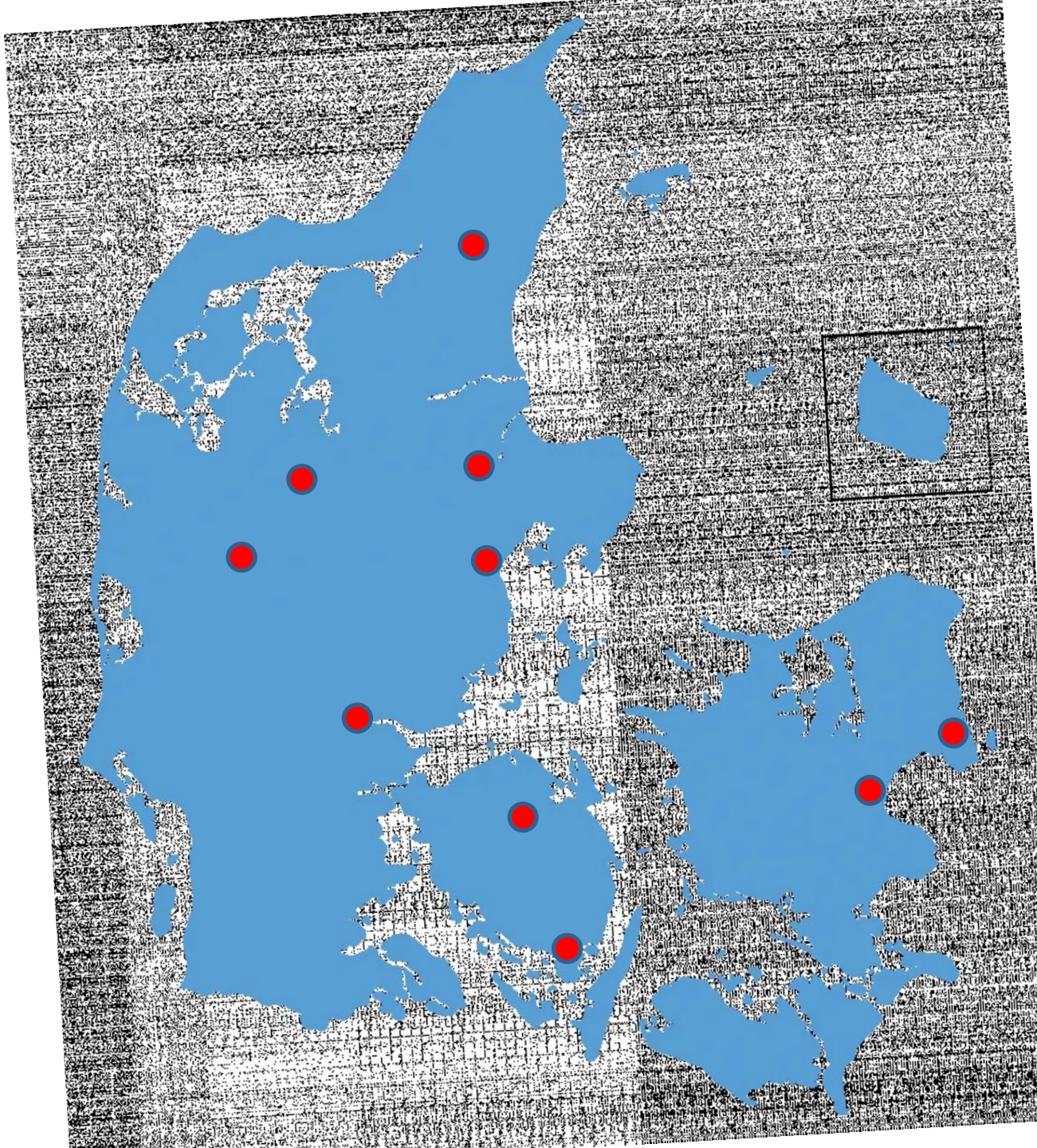
‘*Nu kan jeg igen deltage i mandeklubben..’*

KLINIK FOR SENFØLGER TIL KRÆFT I BÆKKENORGANERNE

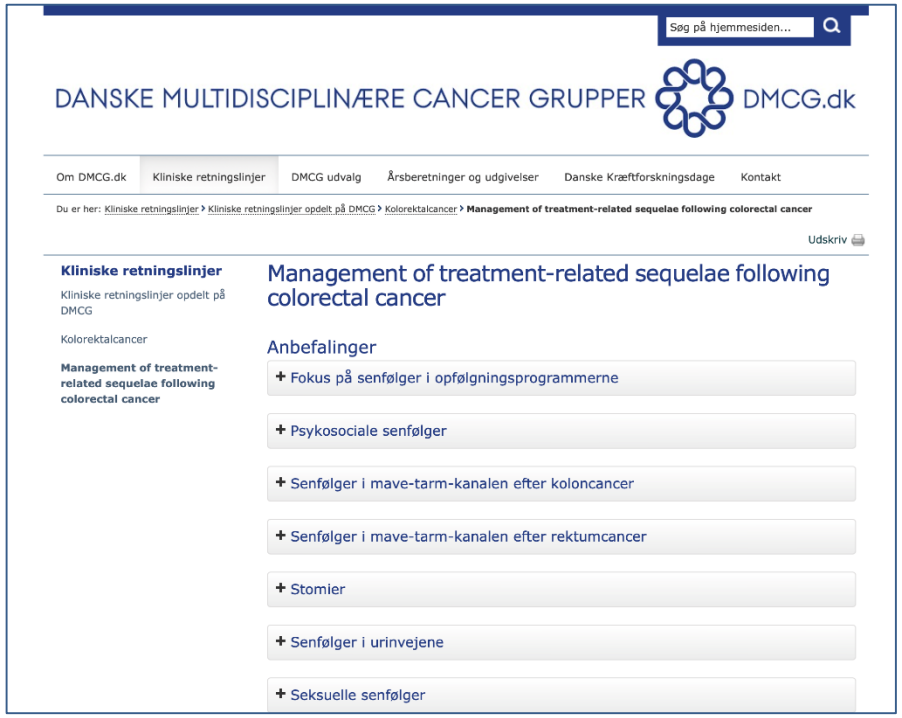
Oprettet på Aarhus Universitetshospital og Aalborg Universitetshospital med driftsstøtte fra Region Midtjylland og Region Nordjylland

NATIONAL UDBREDELSE I GANG

Region Hovedstaden, Herlev
Region Sjælland, Køge
Region Syd, Svendborg/Odense/Vejle



Nationale kliniske retningslinjer: kolorektal cancer og anal cancer



SUNDHEDSSTYRELSEN

2022

Pakkeforløb for kræft i tyk- og endetarm

For fagfoll

Støtteforanstaltninger kan både være at understøtte de fysiske og psykosociale følger af kræft i tyk- og endetarm, og bør udgøre en del af opfølgningen, afhængig af behovet (se specifikke områder i afsnit 4.2.).

Palliativ behandling ved kræft i tyk- og endetarm

For patienter i palliativ behandling omfatter forebyggelse og lindring af lidelse særligt generende symptomer som smerter, træthed, ernæringsproblematikker, angst og depres-

4.2. Specifikke senfølger til kræft i tyk- og endetarm

Op imod 40% af patienter behandlet for kræft i tyk- og endetarm får væsentlige senfølger til deres kræftbehandling. DCCG har udarbejdet kliniske retningslinjer(5) for håndtering af senfølger til kræft i tyk og endetarm, med anbefalinger til opsporing, udredning og behandling af senfølgerne. For en mere uddybende beskrivelse se disse.

håndling af senfølgerne. For en mere uddybende beskrivelse se disse.

Senfølger til kræft i tyk- og endetarm er sjældent isoleret til enkelte organer, men er ofte et resultat af flere abnorme funktioner, som kan give symptomer i form af tarmproblemer, smerter, vandladningsproblemer, seksuelle problemer og psykosociale problemer. Senfølger kan i vidtgående grad påvirke patientens sociale aktiviteter og livskvalitet. Iværksættelse af de rette interventioner kan dog medføre markante forbedringer.

Ved konstatering af senfølger, er det den afdeling, som på det givne tidspunkt har patienten i behandling eller i et opfølgningsforløb, som er ansvarlig for, at senfølgerne vurderes af de rette fagpersoner fra relevante specialer. I en del tilfælde konstateres senfølgerne i almen praksis, som derved er ansvarlige for at håndtere senfølgerne eller henvise til vurdering. Det kan være relevant med henvisning til en afklarende samtale i kommunen, og

Forpligtende standarder!
Kvalificeret behandling!

Alle kræftformer.

Kliniske retningslinjer.

Specialiseret behandlingstilbud.
Organspecifikke + generelle.

Senfølger efter kræft

Senfølgeklinikker
i alle regioner

Kræftplan V


ON THE ROAD TO SUCCESS,
THERE ARE NO SHORTCUTS.
JOIN OUR TEAM
800-669-0322
shaffertrucking.com
SHAFFER
TRUCKING
OUR MOST
VALUABLE
RESOURCE SITS
63 FEET AHEAD.
C240

TAK FOR OPMÆRKSOMHEDEN

@AUHsurgery
@PeterCh12345
@Senfoelger

#SamarbejdeOmKræft

#DKD2023

AUH Surgery
Surgical Research