Typically, the course of treatment for a cancer patient is developed by a team of doctors who weigh in different factors to determine the overall treatment plan, which tends to combine different treatments. This group of doctors is called a multidisciplinary team (MDT). For CRC, the MDT generally includes a surgeon, medical oncologist, radiation oncologist, and a gastroenterologist (a doctor specializing in disorders of the gastrointestinal tract). These MDT teams also work with an array of other health professionals including but not limited to physician assistants, nurses, oncology nurses, social workers, pharmacists, counselors, and dietitians.

The common treatment options for CRC are listed below:

**SURGERY**

Removal of the tumor and some of the surrounding healthy tissue during an operation. Surgical options include:

- Laparoscopic surgery: small incisions, shorter recovery time
- Colostomy for rectal cancer: a surgical opening for waste removal that may be temporary or permanent
- Radiofrequency ablation or cryoablation for tumors that have spread to the liver or lungs

**RADIATION THERAPY (RADIOThERAPY)**

The use of high energy x-rays to target and destroy cancer cells.

- External beam radiation therapy
- Stereotactic radiation therapy
- Intraoperative radiation therapy: radiation given during surgery
- Brachytherapy: radioactive “seeds” placed in the liver if the cancer has spread to the liver
- Chemoradiation: a combination of chemotherapy and radiation therapy (chemoradiation) is recommended for rectal cancer before surgery

**CHEMOTHERAPY**

The use of a single or combination of drugs to destroy or kill cancer cells, usually done by inhibiting cancer cell growth, division, and replication.

**IMMUNOTHERAPY**

Designed to boost the patient’s own immune system (natural defenses) to fight cancer. It tends to use material either produced by the body or in a lab to improve, target, or restore the function of the immune system.

**TARGETED THERAPY**

Treatment targeting cancer specific genes, proteins, or the environment of the cancer. It tends to block the growth and spread of cancer within the body while limiting damage to the healthy tissue.
It is important to remember that your treatment plan will depend on your cancer (particularly its stage) and that your care plan may also include symptomatic treatments, which are important to improve your quality of life. Additionally, every treatment is associated with its own side effects, so it’s crucial to research your options and understand what you want from CRC treatments. Detailed information on each of these treatment options can be found on the American Society of Clinical Oncology and American Cancer Society websites.

**TALKING TO YOUR DOCTOR ABOUT YOUR TREATMENT OPTIONS**

The following factors influence the treatment strategy:

- Stage and grade of the cancer
- Side effects of treatments
- Patient’s preferences concerning their overall health

It is crucial to invest time in learning about all your treatment options and ask questions about aspects that are unclear. Talking with your doctor and developing a strong relationship with your MDT are important to develop a personalized treatment plan. Shared-decision making is important to meet your goals of care. Here are some resources that highlight important questions you can ask your doctor:

- [Questions to Ask About Colorectal Cancer](#)
- [Colorectal Cancer: Questions to Ask the Health Care Team](#)

Remember: you rely on your doctor to be clear and transparent about your diagnosis and to provide you with resources that guide your decision making and care. Your doctor, in turn, relies on you to be open and honest about what you are experiencing and your expectations. You need to work as a team to receive the best care possible that meets your goals.

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