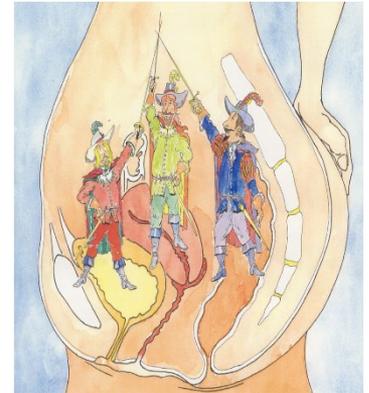


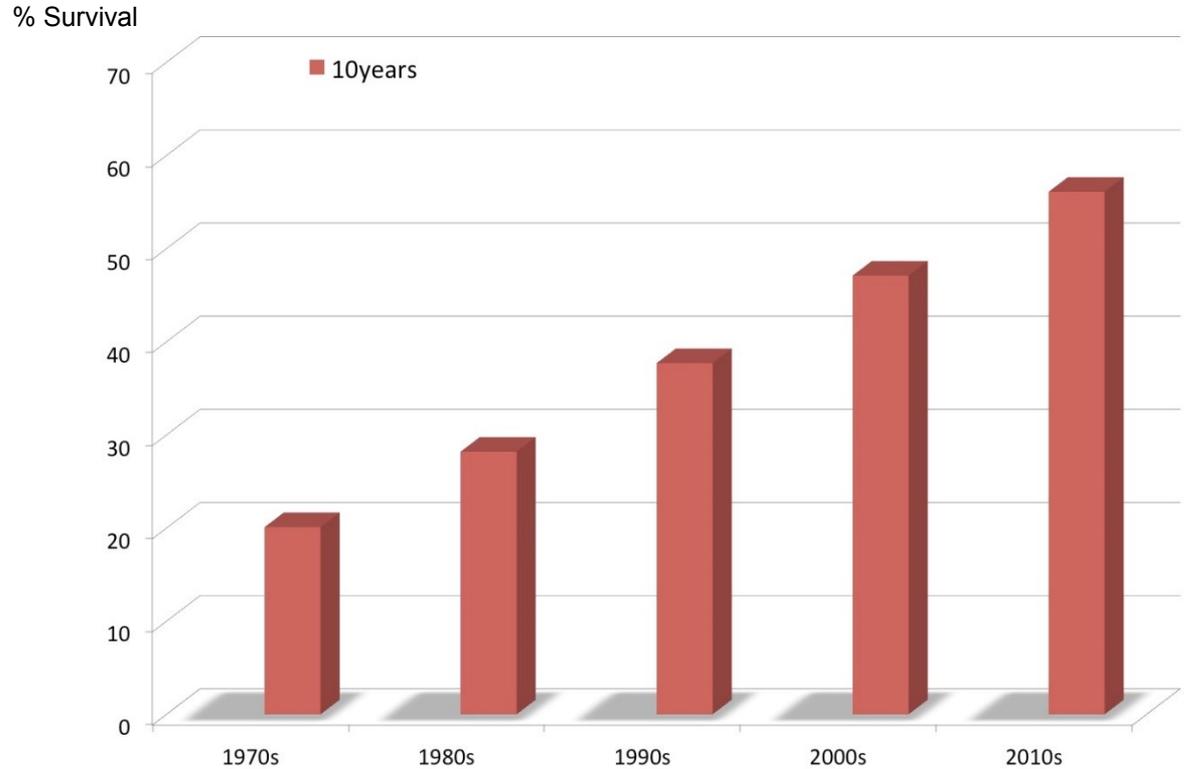
# Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects After Cancer in the Pelvic Organs



DANSK KRÆFTFORUM, marts 2018  
On behalf of the steering group  
Peter Christensen, professor, overlæge dr.med.  
Pelvic Floor Unit, Aarhus University Hospital



## Improved survival | 40 years trend in survival of rectal cancer



## Longterm morbidity| sequelae following rectal cancer treatment



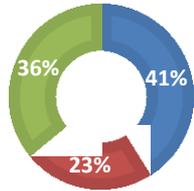
- General exposure: surgery, radiation, medical oncology
- Abdominal wall, adhesions, pain
- Anxiety, depression
- Pelvic Organ Dysfunction



# Pelvic Organ Dysfunction | sequelae following rectal cancer treatment

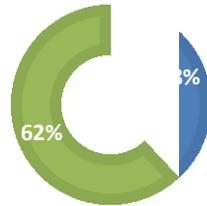
## BOWEL DYSFUNCTION

■ Major ■ Minor ■ No



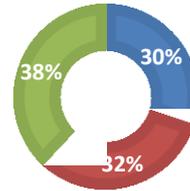
## BLADDER DYSFUNCTION

■ Major ■ Minor ■ No



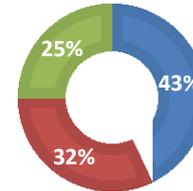
## FEMALE SEXUAL DYSFUNCTION

■ Major ■ Minor ■ No



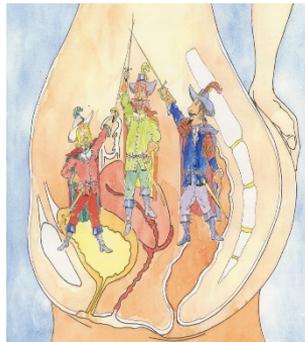
## MALE SEXUAL DYSFUNCTION

■ Major ■ Minor ■ No



## CHRONIC PAIN

■ Major ■ Minor ■ No



Organ dysfunction often co-exist  
Multiorgan involvement require a multidisciplinary approach

## Steering group | Aarhus – Aalborg co-operation



Søren Laurberg

• Department of Surgery, AUH



Klaus Krogh

• Department of Hepatology and gastroenterology, AUH



Peter Christensen

• Pelvic Floor Unit, Department of Surgery, AUH



Asbjørn Drewes

• Department of gastroenterology, AAUH



Co-funding from Central Denmark Region and Northern Denmark Region ie d.kr.15 mio/three years

## NATIONAL PERSPECTIVE



# From Bench to Bedside to Healthcare Beyond Cancer



Across Pelvic Organ Cancers



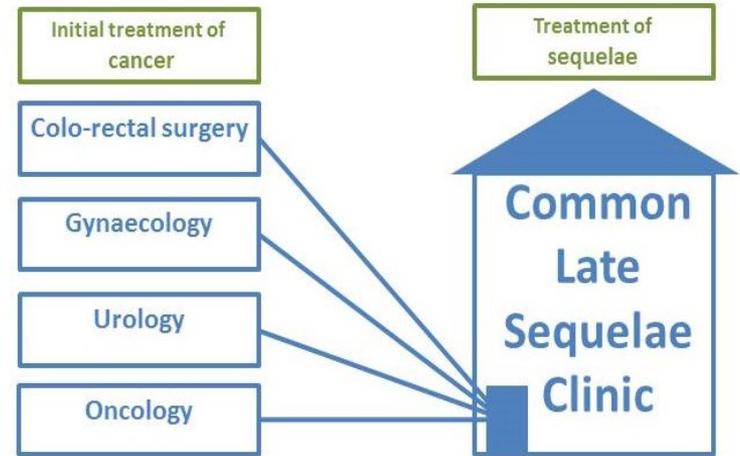
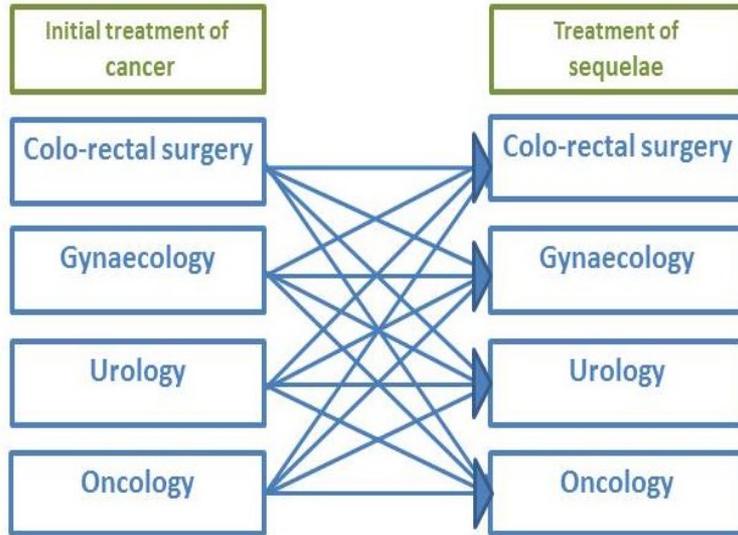
	Cross sectional	Prospective	Patophys.	Clinical Trials	Prevention	Socio economy
Colon	DCCG cohort	Smart data DCCG	Diarrhea, microbioma	Cancer seqv Clinics Treatment Algorithm Two RCTs: BAM + diet		Impact and work realltion QUALY and Cancer seqv Clinics
Rectum	DCCG cohort	Smart data DCCG	HRM and LARS Empty, Size matters Chronic pain	Cancer seqv Clinics Treatment Algorithm Sex and cure Two RCTs: Klyster vs TAI + Pain treatment		Impact and work relation QUALY and Cancer seqv Clinics
Anal	PROM development AUH, DACG	Dose vs function	Size matters	Cancer seqv Clinics Treatment Algorithm	Dose vs toxicity	
Bladder	National survey DBCg					Optional
Prostate	National survey DPCG					Optional
Cervix	National survey DGCG	Monitor	Chronic pain	Monitor Pain treatment	Dose vs toxicity	Optional

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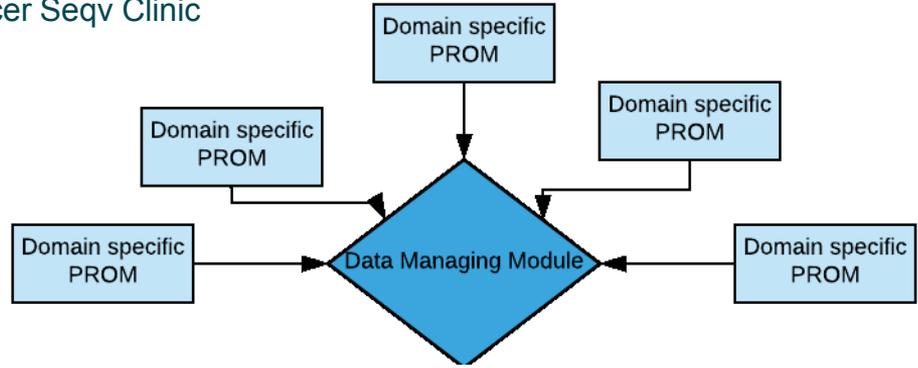
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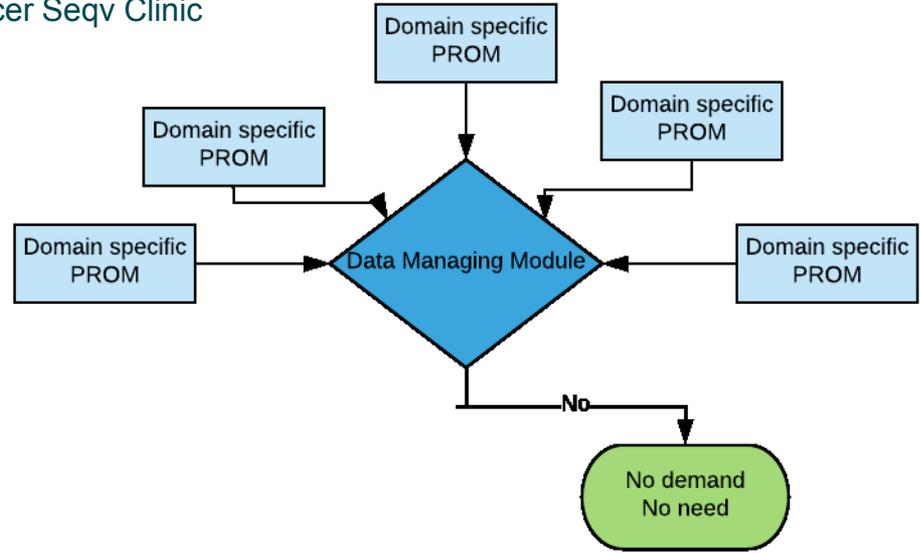
## Multiple organ involvement | multidisciplinary treatment



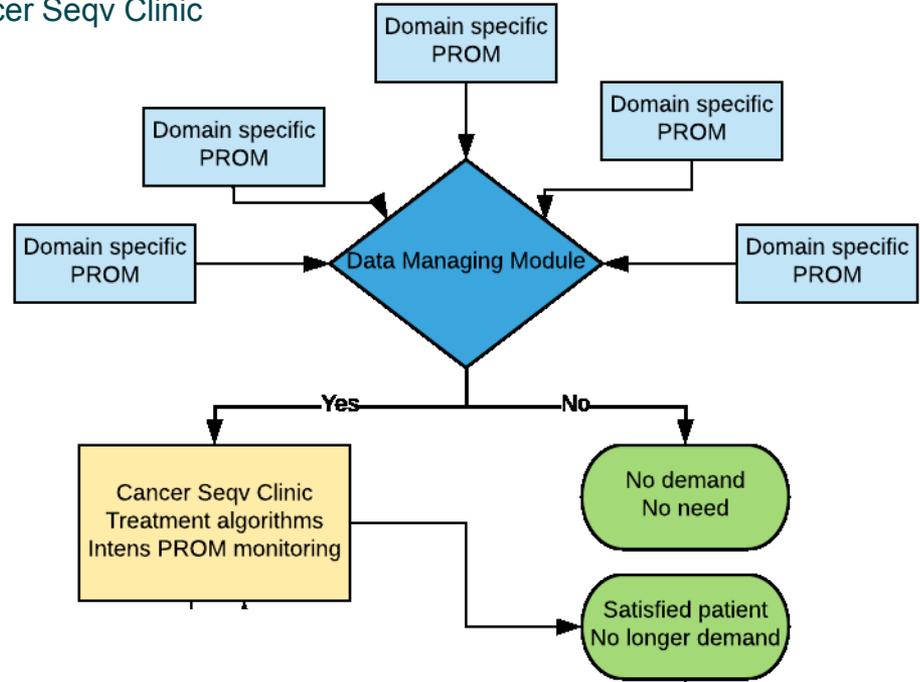
## SMART DATA | and relation to the Cancer Seqv Clinic



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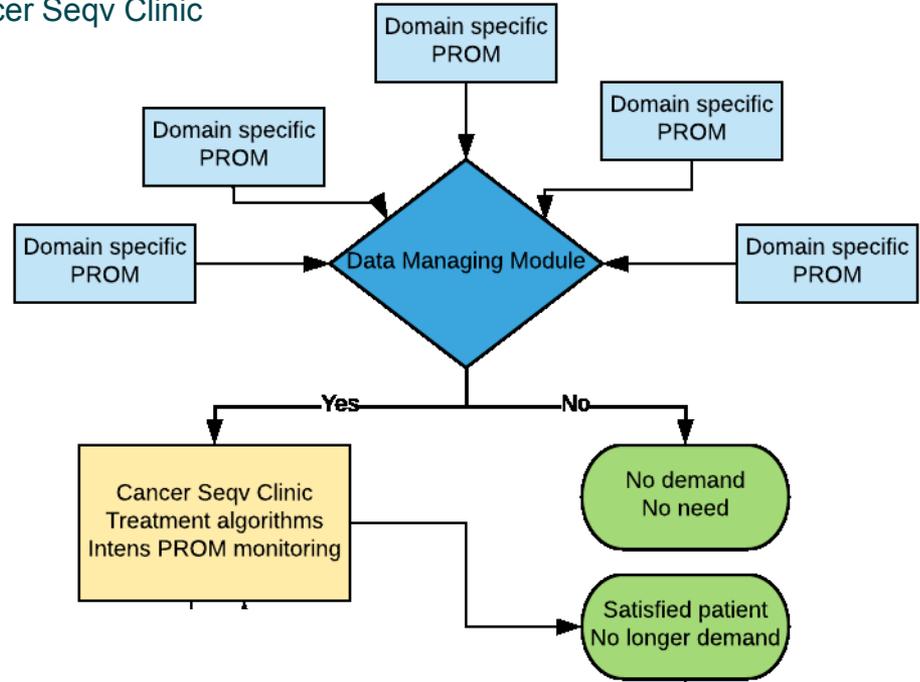
I can help!



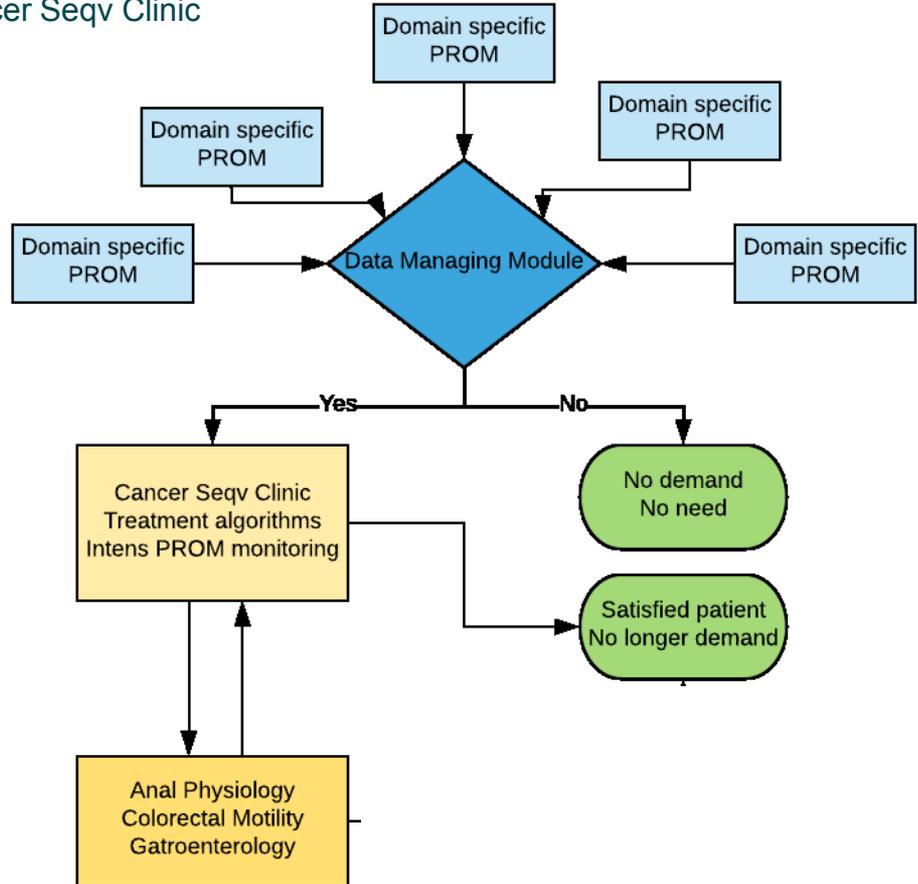
## Optimised Conservative Treatment

- ✓ Algorithm-based
- ✓ Motivational interview
- ✓ Individual goal – setting
- ✓ List of medication
- ✓ Lifestyle and habits
- ✓ Diet regulation (not always more fibres)
- ✓ Loparomide
- ✓ Rectal emptying with suppositories or mini-enemas

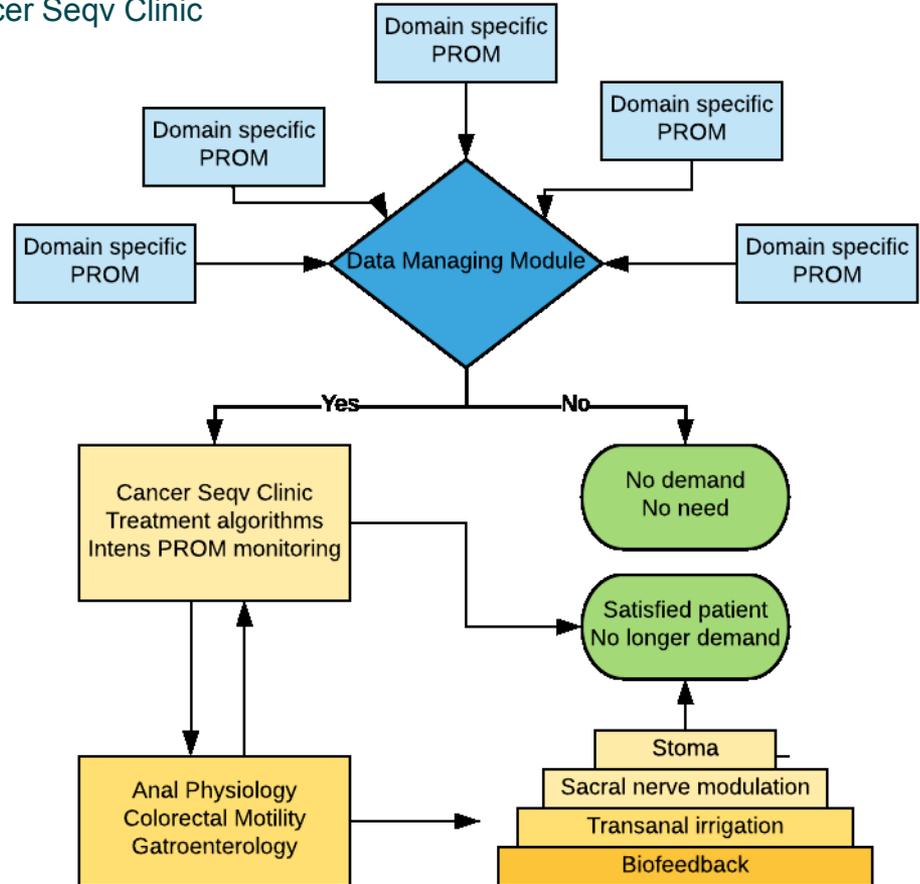
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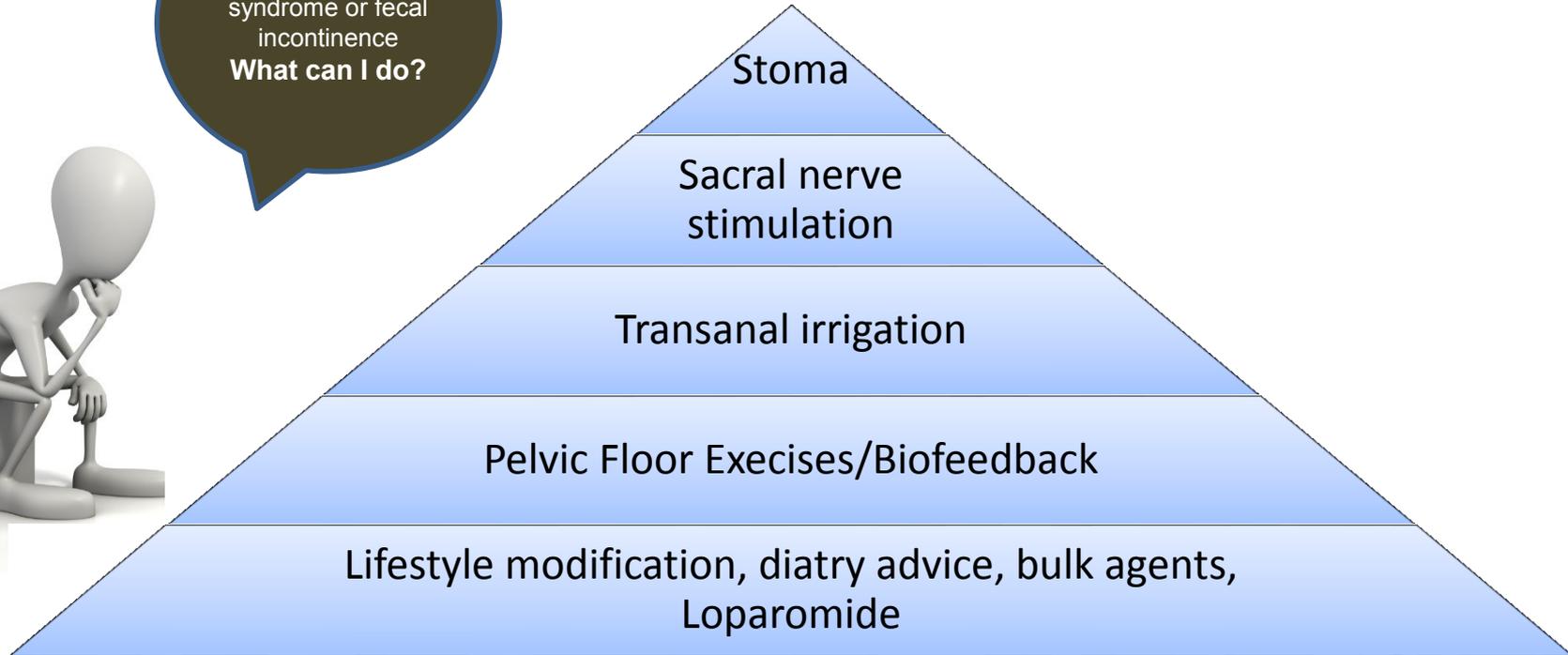


## SMART DATA | and relation to the Cancer Seqv Clinic

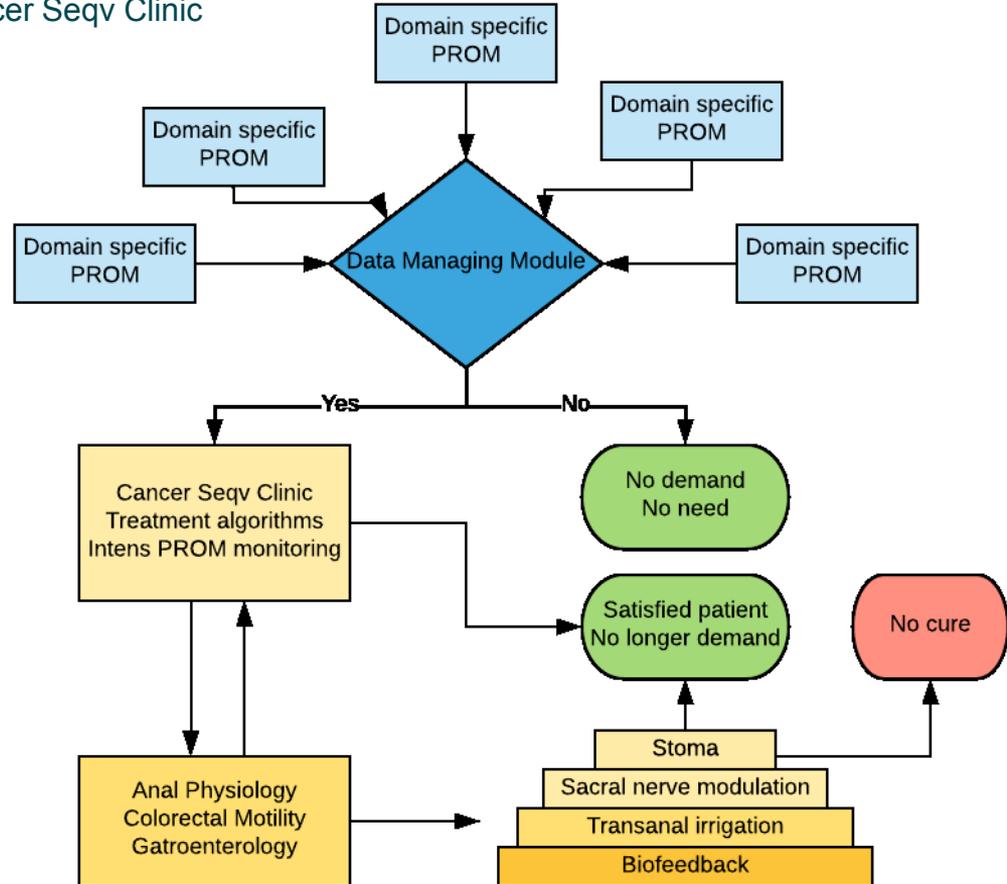


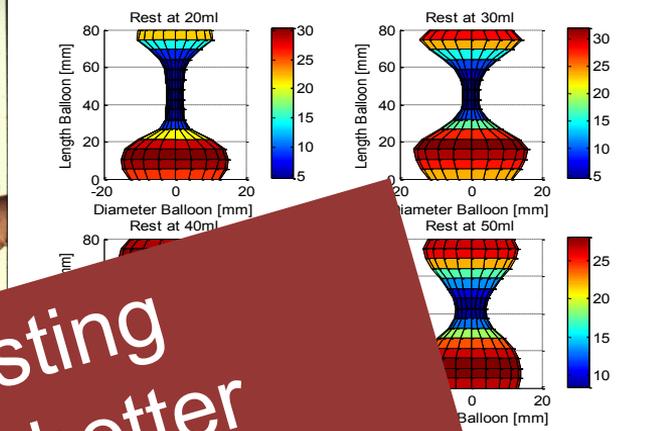
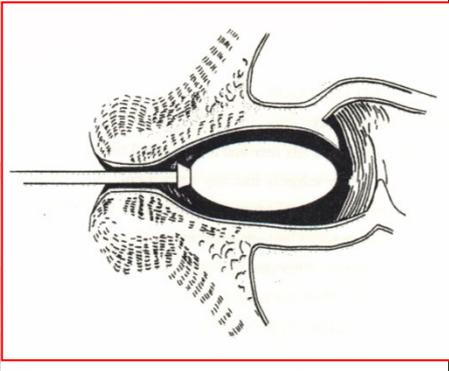
## Proposed treatment algorithm | Fecal incontinence or 'LARS' like syndrome

'LARS- like'  
syndrome or fecal  
incontinence  
What can I do?

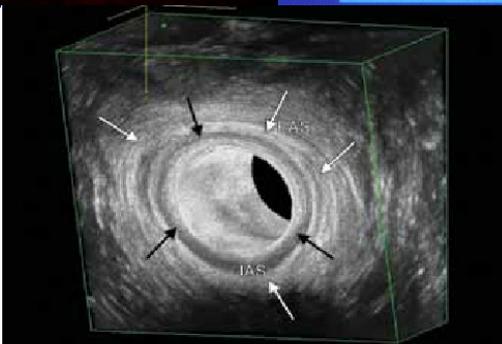
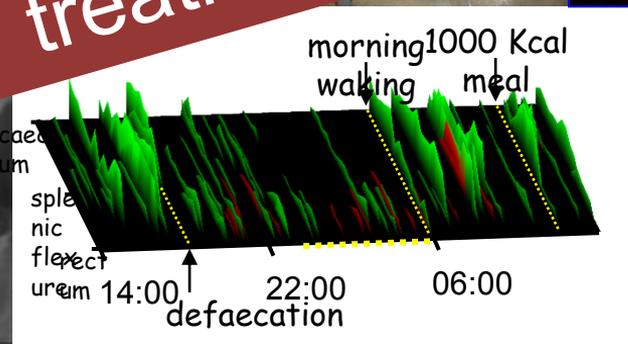
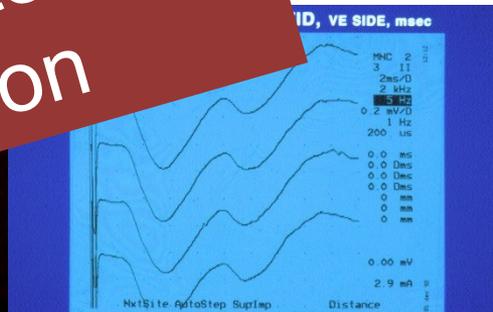


## SMART DATA | and relation to the Cancer Seqv Clinic





Pathophysiology testing  
 Mandatory to design better  
 treatments and prevention



**Change of practise** | four planed randomized controlled trials among results from the Cancer Seqv Clinics



Low FodMap vs High  
Fibres



Opoird droplets for  
severe diarhoea



Small vs High volume  
rectal irrigation



Pain treatment

Thank you for your attention

