



# Gastrointestinal and Colorectal Oncology

MD Anderson has one of the most comprehensive and high-volume gastrointestinal and colorectal cancer programs in the country. Our aim is to improve patient outcomes by individualizing patient treatment options based on clinical, molecular and genetic information. We have pioneered many diagnostic and therapeutic advances and have led some of the largest national and international trials designed to prolong survival and improve quality of life for our patients. Through our dedicated gastrointestinal multidisciplinary tumor boards, we work together to provide optimal recommendations and to prevent patients from receiving unnecessary treatments or procedures.

## Cancers we treat

- Anal cancer
- Appendix cancer
- Bile duct cancer, including:
  - \* Intrahepatic
  - \* Extrahepatic
  - \* Gallbladder
- Cancer of unknown primary (CUP)
- Colorectal cancer, including biological subtypes
  - \* MSI-H/dMMR and POLE mutated
  - \* BRAF mutated, including classical BRAF<sup>V600E</sup> and atypical BRAF mutations
  - \* HER-2 amplified and/or overexpressed
  - \* KRAS and NRAS mutated, including KRAS<sup>G12C</sup>
  - \* Young age at onset
- Esophageal cancer, including:
  - \* GE junction
- Gastric cancer
- Liver cancer, including:
  - \* Primary
  - \* Metastatic
- Neuroendocrine tumors, including:
  - \* Lung
  - \* Pancreas
  - \* Intestines
- Pancreatic cancer
- Peritoneal mesothelioma
- Hereditary cancer syndromes, including:
  - \* Colorectal
  - \* Familial adenomatous polyposis (FAP)
  - \* Hereditary non-polyposis colorectal cancer (Lynch syndrome)
  - \* MYH-associated polyposis
  - \* Pancreatic
  - \* Gastric

## Advanced treatment options for patients

- [Chemotherapy](#)
- [Clinical trials](#)
- [Embolization therapy](#)
- [Enhanced recovery after surgery and prehabilitation](#)
- [Hyperthermic intraperitoneal chemotherapy \(HIPEC\)](#)
- [Immunotherapy](#)
- [Molecular profiling](#), including testing for fusions, amplifications and circulating tumor DNA
- [Photodynamic therapy \(PDT\)](#)
- [Proton therapy](#)
- [Radiation therapy](#)
- [Surgery](#), including robotics
- [Targeted therapies](#) aligned with molecular profiling

## Where you send your patient first matters.

Gastrointestinal cancers represent a diverse range of complex diseases that requires accurate diagnosis and staging and a multidisciplinary approach to optimize treatment outcomes and minimize long-term effects. Our integrated team of experts offers precision medicine with a holistic, multimodal approach that supports patients before, during and after therapy. MD Anderson is developing new systemic cancer therapies to transform surgical approaches to cancer care through our innovative clinical trials.

### Anal Cancer

Anal cancer is a rare disease; to achieve both an effective treatment and a high quality of life afterward requires extensive experience. MD Anderson's anal cancer program provides a personalized approach with the use of molecular profiling to optimize therapy along with novel radiotherapy methods designed to reduce toxicity.

Clinical services for [anal cancer](#) include:

- Anal cancer prevention that monitors and treats high-risk, precancerous lesions
- Advanced therapies and clinical trials for patients with HIV and AIDS
- Clinical trial options, including [immunotherapy](#) and [T cell therapy](#)



### Cancer of Unknown Primary (CUP)

Cancer of unknown primary (CUP) is a rare cancer that represents only 2% to 4% of all cancers. MD Anderson is one of the few cancer centers in the country with a specialized program for CUP, which gives us the experience that can be vital in achieving a successful outcome. We perform a thorough evaluation and investigate the characteristics of site-specific CUP cases to provide a personalized therapy plan based on a multidisciplinary approach.

Clinical services for [CUP](#) include:

- Molecular profiling to identify patients with predictive biomarkers for targeted therapy, which has been shown to provide clinical benefit and tumor control/response
- Immunotherapy in selected patients
- [Clinical trial](#) options



## Colorectal Cancer

According to an [MD Anderson study](#), colorectal cancer will increase by 90% and rectosigmoid and rectal cancer will increase by 124.2% by 2030 for patients 20 to 34 years of age. MD Anderson's colorectal cancer program is transforming treatment outcomes by personalizing molecularly targeted therapy and chemotherapy, using minimally invasive and robotic surgery to reduce recovery time, and performing complex multi-organ surgery for locally advanced and recurrent cancers.

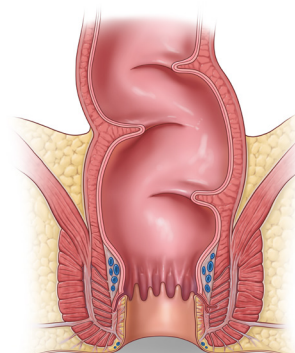
Our team of experts employs advanced surgical techniques and neoadjuvant therapy to preserve physical function. For example, organ- and sphincter-sparing surgery may eliminate the need for a permanent colostomy in patients. Lastly, we offer clinical trials with novel immunotherapies through our [Colorectal Cancer Moon Shot® initiative](#).

Clinical services for [colorectal cancer](#) include:

- Fertility preservation during cancer treatment
- Treatment for minimal residual disease defined by ctDNA
- Clinical trial options, including [molecularly assigned therapy](#), [immunotherapy](#) and [chemotherapy](#)



**Watch Gregory Lizee, Ph.D.**, discuss a cancer vaccine for colorectal cancer.



## Esophageal Cancer

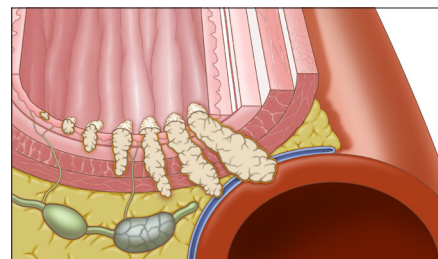
Each year, more than 18,000 Americans are diagnosed with esophageal cancer according to the National Cancer Institute. MD Anderson's esophageal cancer program has established many of the national guidelines for esophageal cancer treatment. In fact, our experts pioneered [organ-sparing therapy](#) for esophageal cancer and specialize in minimally invasive procedures, including advanced endoscopic techniques for treating obstructing tumors. Our team of multidisciplinary specialists recommends individualized therapy for early-, intermediate- and advanced-stage disease. This ensures that patients have preserved form and function and a high quality of life after surgery.

Clinical services for [esophageal cancer](#) include:

- Systemic therapies, including [chemotherapy](#), [targeted therapy](#) and [immunotherapy](#)
- Radiation therapy delivered through IMRT and proton therapy
- [Clinical trial](#) options for localized and advanced disease



**Watch Omkara Veeranki, M.D.**, discuss future esophageal cancer treatments.

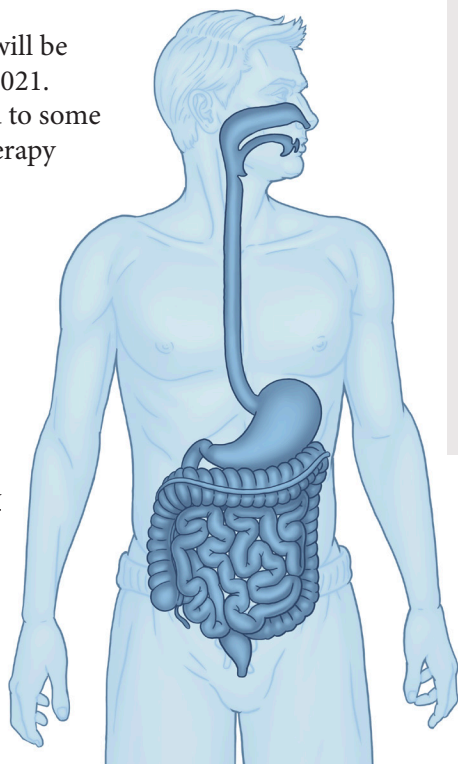


## Gastric Cancer

The National Cancer Institute estimates there will be more than 26,000 new gastric cancer cases in 2021. MD Anderson's gastric cancer program has led to some of the largest international studies of chemotherapy for gastric cancer, and we continue to offer a variety of treatment modalities that include surgery, radiation, chemotherapy and/or targeted therapy. Our highly specialized surgeons perform minimally invasive robotic gastric cancer operations to provide optimal results with the least impact on the body.

Clinical services for gastric cancer include:

- Hyperthermic intraperitoneal chemotherapy for peritoneal disease
- Circulating tumor DNA (ctDNA) for genotyping assessment
- Clinical trial options for localized and advanced disease



**Watch Scott Kopetz, M.D.,** discuss the role of circulating tumor DNA in gastrointestinal cancer.

## Liver Cancer

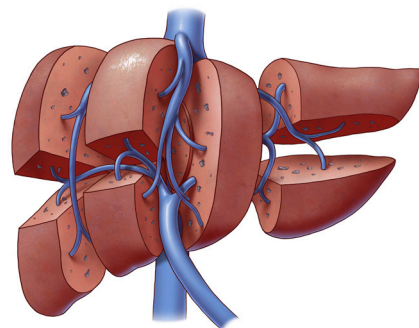
According to the American Cancer Society, liver cancer occurrence has more than tripled since 1980 and death rates have more than doubled. MD Anderson's Hepatocellular Carcinoma Specialized Programs of Research Excellence (SPORE) is studying ways to improve patient outcomes with the use of immunotherapies in the early stage of hepatocellular carcinoma and to reduce death rates through early intervention. Our liver and biliary cancer programs offer novel treatment approaches in targeted therapy, immunotherapy and cell-based therapies, including for unresectable fibrolamellar hepatocellular carcinoma.

Clinical services for liver and biliary cancer include:

- Innovative liver-directed therapies, including chemoembolization, radioembolization, stenting and proton therapy
- Genomic profiling for cholangiocarcinoma
- Clinical trial options with systemic therapy for early- and advanced-stage liver cancer



**Listen to Milind Javle, M.D.,** discuss new therapies for bile duct cancer.

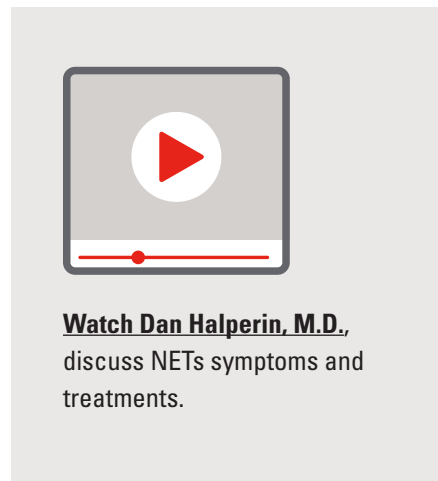


## Neuroendocrine Tumors

Neuroendocrine tumors (NETs) are rare malignancies that arise throughout the body with a high incidence occurring along the gastrointestinal tract. These tumors require a specific treatment sequence based on a multidisciplinary and individualized approach that evolves over time. MD Anderson's neuroendocrine program has led multiple clinical trials, which have raised the standard of care. We offer access to advanced nuclear therapeutic approaches, including peptide receptor radionuclide therapy (PRRT) and novel clinical trials.

Clinical services for [neuroendocrine tumors](#) include:

- Radical surgical options, including minimally invasive and liver parenchymal-sparing techniques, ablative therapy, radiofrequency ablation, selective internal radiation therapy, and hepatic artery embolization
- Advanced endoscopic interventions, including submucosal dissection
- Clinical trial options with [targeted therapy](#) and immunotherapy



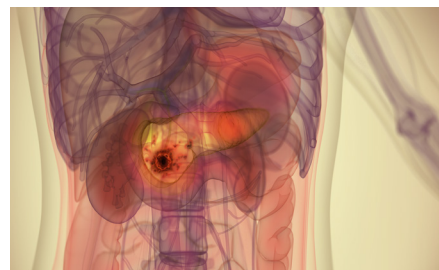
## Pancreatic Cancer

Early detection of pancreatic cancer is uncommon; 80% of patients have advanced disease by the time they are diagnosed. Successful treatment of pancreatic cancer requires a comprehensive cancer center to provide accurate staging, multimodality treatment options, effective surgical techniques, and beneficial [prehabilitation](#) plans to improve quality of life. MD Anderson's pancreatic cancer program has the [highest five-year survival rate](#) and one of the lowest mortality rates for patients who have undergone pancreatic cancer surgery with both open and minimally invasive robotic procedures.

Through our [Pancreatic Cancer Moon Shot®](#) initiative, we are evaluating novel therapeutics to target specific genetic alterations and studying neoadjuvant regimens to enhance the resectability of advanced tumors. In addition, we incorporate radiation therapy strategies to reduce the potential damage to surrounding organs, including stereotactic body radiotherapy (SBRT) and emerging radiosensitizers.

Clinical services for [pancreatic cancer](#) include:

- Screening for early detection of pancreatic cancer in genetically higher-risk patients at the [High Risk Clinic](#)
- Management of premalignant or malignant cystic neoplasms of the pancreas at the [Pancreatic Cyst Clinic](#)
- Open and minimally invasive surgical techniques used in combination with chemotherapy and/or radiation therapy
- Clinical trial options, including [immunotherapy](#), [radiation therapy](#) and [chemotherapy](#)



## Support Services

At MD Anderson, we provide patients groundbreaking treatment options and integrated rehabilitation programs to give them the best chance at a high quality of life after cancer therapy.

Clinical support services include:

- Care for gastrointestinal and colorectal issues related to cancer treatment, including clinical nutrition
- Lymphedema treatment options, such as lymphedema bypass, vascularized lymph node transfer, suction-assisted lipectomy and/or noninvasive therapy
- Plastic and reconstructive surgery for patients who need abdominal wall surgery
- Prehabilitation during preoperative treatment to improve physical function
- Perioperative management of patients after colorectal cancer surgery, which results in shortening the length of stay by 50%, though TeleRecovery

## Cancer cannot wait.

At MD Anderson, we recognize that early detection of gastrointestinal and colorectal cancers leads to better treatment results. Schedule your patient for screening at one of our five locations. To learn more about screening guidelines, visit our Clinical Practice Algorithms page.

## When physicians partner, patient-centered care expands.

If your patient has an increased risk of gastrointestinal or colorectal cancer due to family history, has an abnormal test result, or is in survivorship, we have multiple programs and clinics available.

### Clinical Cancer Genetics Program

- Evaluation for suspected risk of inherited cancer predispositions, including Lynch syndrome, FAP, MYH-associated polyposis, hereditary diffuse gastric cancer, Peutz-Jeghers syndrome, juvenile polyposis syndrome and other mutations

### INTERCEPT Program for Colorectal Cancer Minimal Residual Disease (MRD)

- Risk-adapted surveillance plans, novel therapeutic strategies and clinical trials for MRD identified through ctDNA-detected recurrence tools with a curative intent prior to radiographic recurrence

### Multidisciplinary Gastrointestinal Clinic

- Screening, diagnostic and therapeutic options for patients at risk for or newly diagnosed with a gastrointestinal malignancy

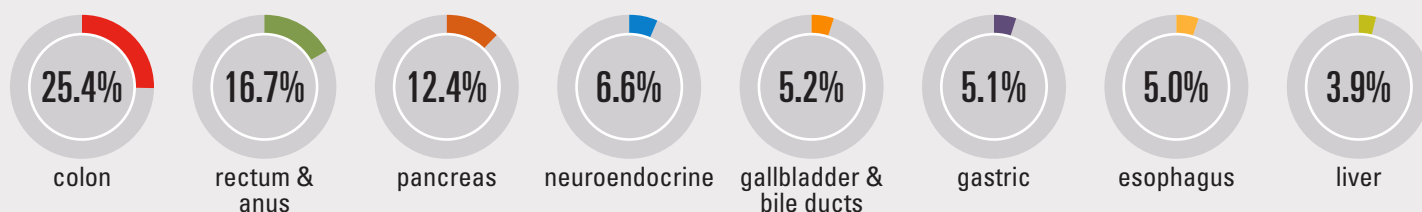
### Second Opinion Pathology

- Second opinion services on a full range of gastrointestinal pathology samples

### Cancerwise

- Read more about anal, appendix, colon, esophageal, gastric and pancreatic cancers through our blog, Cancerwise.

Cancer disease sites:



**28+**  
gastrointestinal  
medical oncologists

**24+**  
surgical  
oncologists

**7+**  
radiation  
oncologists

**23+**  
gastroenterologists

**1,819**  
surgical  
cases

**250+**  
clinical  
trials

\* Data based on patient visits in fiscal year 2019

## Connect with us.

### A safer environment

Keeping our patients and workforce safe has always been our top priority. To learn more about our response to COVID-19, visit our [Coronavirus Precautions](#) page.

### Oncology care team

For information about our gastrointestinal and colorectal cancer faculty, visit our [directory](#).

### Cancer center locations

When you refer to MD Anderson, your patients will receive the highest level of care in a safe, compassionate environment. We provide gastrointestinal and colorectal cancer services at multiple [locations](#) across Houston, making it easy and convenient for your patients:

- Texas Medical Center
- MD Anderson League City
- MD Anderson in Sugar Land
- MD Anderson The Woodlands
- MD Anderson West Houston

### Patient referrals

Our [Referring Provider Team](#) is dedicated to assisting health care providers with the following:

- Referrals to any MD Anderson center or location
- Continuous follow-up on the status of referrals
- Answers to questions about patient access procedures
- Support with our online physician portal



### Health Care Provider Resource Center

### Physician portal


Create a secure, HIPAA-compliant account at [myMDAnderson](#) for Physicians account to:


- Submit referrals to any MD Anderson center or location
- Access patient appointment schedules and transcribed patient reports/results
- Receive notifications regarding referral status and results
- Easily update your profile and contact information


### Refer a patient


#### Referring Provider Team


Monday-Friday: 8 a.m.-11 p.m.  
Saturday-Sunday: 8 a.m.-7 p.m.


 Phone: 877-632-6789

 Fax: 713-563-2449

 Email: [physicianreferrals@mdanderson.org](mailto:physicianreferrals@mdanderson.org)

 Online: [mdanderson.org/referral](https://mdanderson.org/referral)

 [Referral order form](#)

 Physician Portal: [mylink.mdanderson.org](https://mylink.mdanderson.org)

