



Live Webinar: OCT 27, 2026

0900 PT | 1000 MT/SK | 1100 CT | 1200 ET | 1300 AT

COLORECTAL CANCER: Beyond the Scope



OBJECTIVES:

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- 1 Differentiate Current Colorectal Cancer Screening Modalities and Risk Profiles.**
Evaluate the clinical efficacy, indications, and limitations of primary screening tools—including stool-based tests (FIT, gFOBT, multi-target stool DNA, blood testing for biomarkers) and structural exams (colonoscopy, flexible sigmoidoscopy). Emphasize the importance of EARLY detection. Nurses will learn to accurately stratify patient risk based on age, hereditary syndromes (e.g., Lynch syndrome, FAP), lifestyle factors, and personal/family history to optimize screening timelines. Recognize the earlier onset of colorectal cancer in young adults.
- 2 Correlate the incidence and location of colorectal cancer with the anatomy of the large intestine and the rectum.**
Discuss the differences between right-sided and left-sided colon cancer; how anal cancer differs.
- 3 Analyze the Pathophysiology, Staging, and Clinical Manifestations of Colorectal Malignancies.**
Correlate the adenoma-to-carcinoma time sequence (risk of colorectal cancer varies based on histopathology of the adenoma) and molecular pathways with early and advanced clinical presentations (e.g., microcytic (iron-deficiency) anemia and associated symptoms, altered bowel habits, unexplained weight loss, bowel obstruction). Attendees will synthesize diagnostic data—including pathology reports, tumor markers (CEA), and TNM staging—to anticipate disease progression and potential metastatic sites.
- 4 Formulate Evidenced-Based Nursing Interventions across Multi-Modal CRC Treatment Pathways.**
Critically evaluate nursing care priorities for patients undergoing surgical interventions (resection, ostomy creation), systemic therapies (traditional chemotherapy, targeted biologics, immunotherapy), and radiation.
- 5 Optimize Survivorship Navigation, Palliative Frameworks, and Interprofessional Coordination.**
Design transitional care plans that incorporate long-term surveillance protocols (surveillance colonoscopies, CEA monitoring) for survivors, while seamlessly integrating early palliative care interventions for patients with advanced or metastatic disease. Nurses will define their role within the interprofessional oncology team to improve care coordination, continuity, and patient outcomes.



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