Imperial™ Motus Med

COLORECTAL CANCER

This information sheet is for your general information and is not a substitute for medical advice. You should contact your doctor or other healthcare provider with any questions about your health, treatment or care.

What is colorectal cancer?

Colorectal cancer starts in the colon or the rectum, which is part of the large intestine. Colorectal cancer is the third most common cancer in the western world.

What are the symptoms of colorectal cancer?

People may have cancer, but show no symptoms and are then diagnosed at a very late stage, where the cancer might have spread. Colorectal cancer is commonly misdiagnosed as haemorrhoids or irritable bowel syndrome. Any changes in bowel habits or persistent bleeding per rectum warrants further investigation. It is often diagnosed only after repeated episodes of blood in the stool, bowel obstruction symptoms or unexpected anaemia.

Who is at risk?

Groups with a high risk for the development of colorectal cancer include patients with hereditary conditions such as familial polyposis, where literally hundreds of polyps (growths) with the potential for malignant transformation are found throughout the colon. Non-familial polyposis syndromes and ulcerative colitis (chronic bowel inflammation) also place individuals at risk.

More common conditions with an increased risk include a history, or first-degree family history, of colorectal cancer and a personal history of precancerous bowel lesions, as well as ovarian, endometrial or breast cancer.

How is colorectal cancer diagnosed?

Investigations for possible colorectal cancer include:

- special test on stools to detect blood in stools
- colonoscopy or sigmoidoscopy with or without biopsy (taking a small piece of the growth or bowel)
- X-rays and special type of X-rays called CT (computed tomography) scans or, in the case of rectal cancer, MRI (magnetic resonance imaging)
- blood tests which assess whether you are losing blood, and to assess whether the cancer has spread to other organs.

What are the treatment options?

Treatment will depend on the nature and extent of the condition, as well as on your general state of health. Your treating doctor, also known as an oncologist, will discuss the possible treatment options in detail with you.

Surgical removal of part of the affected bowel (called a resection) is the primary treatment and results in a high percentage of cures in many patients. Depending on the site and the extent of the condition, the remainder of the bowel may be directly joined. If this is not possible, a stoma (temporary opening) for drainage of faeces will be brought out on the abdominal wall. This may be a temporary or permanent diversion.

Recurrence following surgery is a major problem. In some instances, radiation and chemotherapy are used to reduce this risk. The role of chemotherapy to reduce the risk of the cancer spreading to other organs has been widely accepted in higher risk groups. Radiation may also be used to reduce the risk of recurrence if there is a possibility to do so. This is of special importance in rectal carcinomas where chemotherapy may also be used to enhance the radiation's effect.

In cases of advanced disease, chemotherapy is used to slow down its progression.

The five-year relative survival rate for colorectal cancer varies on the stage of the disease, with stage I (one) disease having a 92% five-year survival rate and stage IV (four) with a poor prognosis of 12% five-year relative survival rate.

References

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3. UP TO DATE. *Patient Information Colon and rectal cancer*. http://www.uptodate.com/home/index.html.

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