Pros to Know

Colorectal Cancer

COLORECTAL CANCER IS THE SECOND MOST COMMON CAUSE OF CANCER DEATH IN THE UNITED STATES.

Colorectal surgeons have been specifically trained to manage colorectal conditions, such as cancers, with evidence-based medicine. With advances in surgical techniques and genetic testing, the management of colorectal cancers has changed a lot. Many of the patients who would have ended up with permanent colostomy for low rectal cancers can now be spared from having a permanent colostomy. Most of the colonic resection surgeries can be done with a minimally invasive approach, which results in faster recovery with shorter length of hospital stay with good oncologic outcomes. **If you have been recently diagnosed with colon/rectal cancers or are at a higher risk for colon/rectal cancers, see a colorectal surgeon to discuss management options.**

HOW DOES COLORECTAL CANCER DEVELOP?

All of the body's cells normally grow, divide, and then die in order to keep the body healthy and functioning properly. Sometimes this process gets out of control; cells keep growing and dividing even when they are supposed to die. When the cells lining the colon and rectum multiply uncontrolled, colorectal cancer may ultimately develop.

Fortunately, most colorectal cancers begin as small precancerous (adenomatous) polyps. These polyps usually grow slowly and do not cause symptoms until they become large or cancerous. Colorectal cancer can be prevented by removing these precancerous polyps. Also, if detected early, colorectal cancer is potentially curable. That is why it is important to screen for colorectal polyps and cancer before symptoms develop.

COLORECTAL CANCER SCREENING

Screening for colorectal cancer should begin at the age of 50, when the risk for developing colorectal polyps and cancer starts to increase. Certain people may be at greater risk for developing colorectal cancers.

- Have had other types of cancer (ovaries, uterus)
- Family members who have had colon cancer
- Have had colon polyps
- Ulcerative colitis or Crohn's disease (inflammation and ulcers in the colon)
- Have genetic (inherited) conditions

Polyp Cancer Sequence

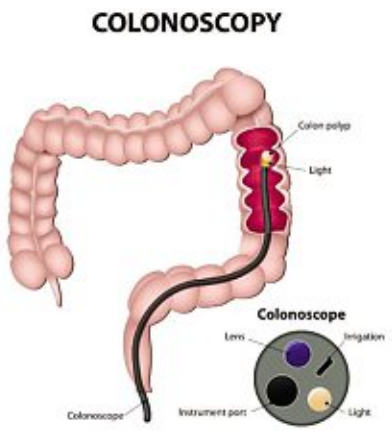
FAMILY HISTORY OF COLORECTAL CANCER

For people with a family history of colorectal cancer, the screening recommendations are adjusted slightly to include the following:

- Begin screening at an age approximately 10 years earlier than the age at which the youngest person in your family was diagnosed with colorectal polyps or cancer. For example, if the youngest person in your family was diagnosed with colorectal cancer at age 48, you should begin screening at age 38 rather than 50.
- If you have a family history of a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC), then screening begins at a much earlier age. You should talk to your colorectal surgeon about the appropriate screening interval.

COLONOSCOPY

Colonoscopy is the best procedure to check for colorectal polyps and cancer. It allows for polyps to be removed during the exam. Colonoscopy is an outpatient procedure in which a physician uses a long, flexible scope to view the rectum and entire colon. This exam, performed with a light sedative, requires a bowel preparation to clean out the colon. It is usually repeated once every 10 years, unless polyps are found or there is a family history of colorectal polyps or cancer.



Colonoscopy

SYMPTOMS OF COLORECTAL CANCER

Most colorectal cancer patients don't have any symptoms. However, as colorectal cancer tumors grow, the patient may develop certain symptoms, including:

- Changes in bathroom routines (diarrhea or constipation)
- Narrow stools
- Blood in the stool
- Weight loss
- Anemia
- Other gastrointestinal problems, such as vomiting, cramps, bloating, or incomplete emptying after going to the bathroom

INVESTIGATIONS

- Fecal occult blood test to check for blood in the stool
- Blood tests, including complete blood count, and tumor markers
- Examination of the colon by sigmoidoscopy or colonoscopy
- X-ray of abdomen with contrast in the colon
- CT scan chest abdomen and pelvis looking for any local or distant spread

TREATMENT

Treatment of colon cancer depends on the stage of the cancer, its location and the patient's general health. The main treatments for colon cancer are surgery and chemotherapy. Rectal (the lowest 6 inches of the large bowel) cancer also is treated with radiation therapy.

Colorectal cancer, if picked up early before it has broken through the bowel wall (Stage III), is cured with surgery alone. If it has spread to the lymph nodes (Stage III), it can be cured with a combination of surgery and chemotherapy. Colorectal cancers, if treated aggressively with surgery, frequently do better than other cancers.

Surgery - Surgery is the treatment used most often for colorectal cancer. Colon and rectal cancers require surgery if they are to be cured. Surgery usually involves removal of the cancer and some of the surrounding tissue to include lymph nodes. In most cases, the surgeon can reconnect the remaining healthy portions of the colon (anastomosis) after removing the cancer. If the surgeon cannot reconnect the healthy portions of the colon, a colostomy will be necessary. In most cases, the stoma and colostomy bag are temporary, though for some patients they will be permanent. **A colorectal surgeon will be able to discuss the extent of colon resection based on the latest evidence-based guidelines. In most cases, a permanent colotomy can be avoided.**

Radiation Therapy - High-energy x-rays damage or destroy cancer cells in order to shrink tumors.

Chemotherapy - Drugs are cancer-killing medicines given either intravenously or by mouth. Chemotherapy might be given before surgery to reduce the size of the tumor in order to make it easier to remove. Chemotherapy may also be administered after surgery to kill any cancer cells that might be left in the body.

FOLLOW-UP

- Visit every 3-6 months and a blood test to test for cancer recurrence (CEA) for the first couple of years, then every 6-12 months after that.
- CT scan of the abdomen & pelvis and a colonoscopy 1 year after your operation is usual. The frequency of subsequent CTs and colonoscopies will depend on circumstances; however, a CT every 1-2 years (initially) and a colonoscopy every 3 years is typical.