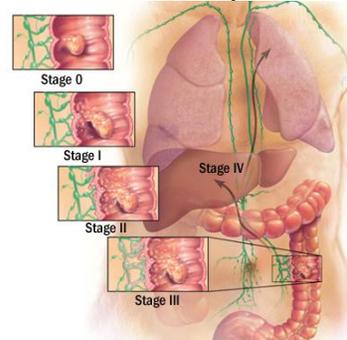
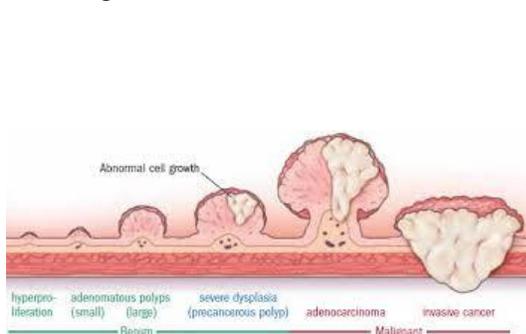


COLORECTAL CANCER

Colon Cancer Colorectal cancer is the second most common cause of cancer death in the United States. Certain people may be at greater risk for developing colorectal

- Over the age of 50
- Have had other types of cancer, including an earlier case of colon cancer
- Have family members who have had colon cancer
- Have had colon polyps (non-cancerous growths in the lining of the colon)
- Ulcerative colitis or Crohn's disease (inflammation and ulcers in the colon)
- Have genetic (inherited) conditions that might make them more likely to have colon cancer



SYMPTOMS

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 (i.e., a greater incidence of 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 blood chemistry, complete blood count, and tumor markers.
- Examination of the colon by sigmoidoscopy or colonoscopy.
- Lower GI series.
- CT scan chest abdomen and pelvis looking for any local or distant spread

STAGES OF COLORECTAL CANCER

- Stage I: The cancer has penetrated into the middle layers of the colon wall but not through it.
- Stage II: The colorectal cancer has penetrated through the muscle wall of the colon.
- Stage III: The cancer has moved to lymph nodes near the colon and rectum.
- Stage IV: The cancer has spread to lymph nodes and to other sites in the body, such as the liver, lungs or lining of the abdomen (peritoneum).

TREATMENT

Treatment of colon cancer depends on the stage of the cancer, its location and on 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 I-II), 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. A colostomy is an opening (stoma) through the abdominal wall into the colon. This opening provides a new passage for waste to leave the body. The colorectal cancer patient wears a special bag to collect the waste. In most cases, the stoma and colostomy bag are temporary, though for some patients they will be permanent.

Radiation Therapy - In radiation therapy, high-energy x-rays damage or destroy cancer cells in order to shrink tumors.

Chemotherapy - Chemotherapy drugs are cancer-killing medicines given either intravenously (injected into a vein) 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

- 3-6 monthly visit and a blood test to test for cancer recurrence (CEA) for the first couple of years, then every 6-12 months.

- 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 customary.

