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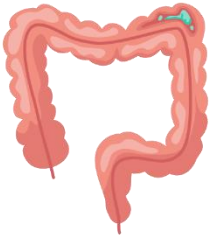
Guide of Colorectal Cancer



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What is colorectal cancer?

- Colorectal cancer is a type of cancer that begins in the colon or rectum, which are parts of the large intestine responsible for processing and eliminating waste from the body.
- Colorectal cancer begins as polyps and typically develops slowly over a period of several year from 15 to 20 years.
- 90% of the cases occur after the age of 50 years old

What are the global and local colorectal cancer statistics?

It is the third most common cancer diagnosed globally, and it can occur in both men and women.

According to the statistics of the National Cancer Registry in the Kingdom:

- Colorectal cancer represents 8.5 percent of all discriminatory cases.
- Occupies the third place in females with a rate of 8.2 percent.
- The males it occupies the first contribution with a rate of 9 percent.

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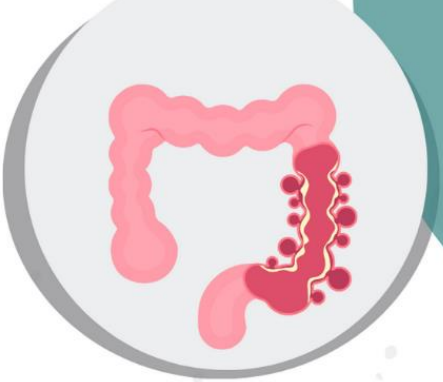

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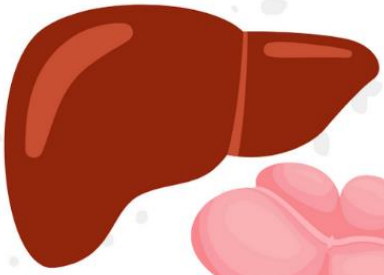
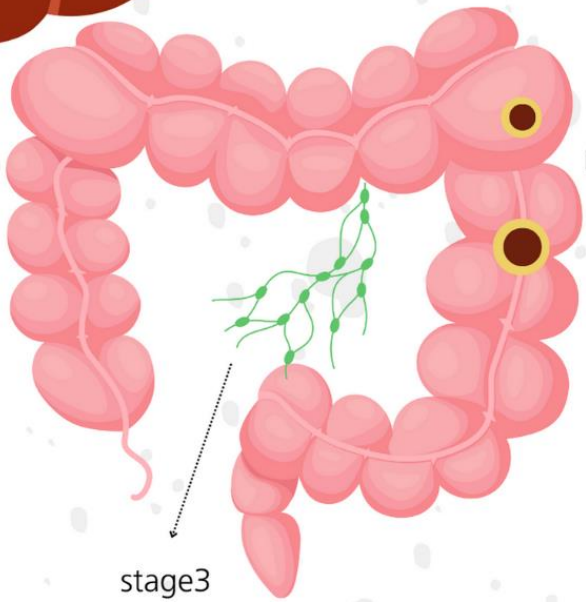
Stages of colon cancer



stage4
It spreads to the liver and other organs



stage1
Localized tumour into the colon

stage2

stage3
It spreads to the lymph nodes

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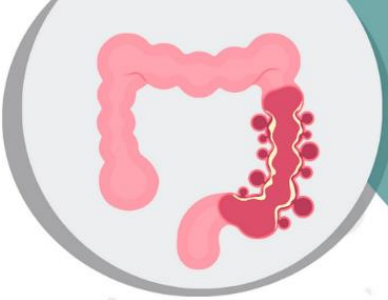

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Types of Colorectal Cancer:

Other Rare Types:

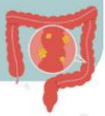
There are also rare types of colorectal cancer:

- including gastrointestinal stromal tumors (GISTs).
- carcinoid tumors.
- sarcomas.

Adenocarcinomas:

The most common type, accounting for more than 95% of cases.

It starts in the cells that line the inner walls of the colon or rectum.



Factors affecting treatment results

The prognosis for colorectal cancer depends on factors such as :

- The stage at diagnosis.
- The extent of spread.
- The response to treatment.
- Individual health.
- Early detection and treatment significantly improve outcomes.

It's important for individuals to be aware of the risk factors, symptoms, and the importance of regular screenings for early detection and effective management of colorectal cancer. If any concerning symptoms arise, seeking prompt medical attention is crucial.

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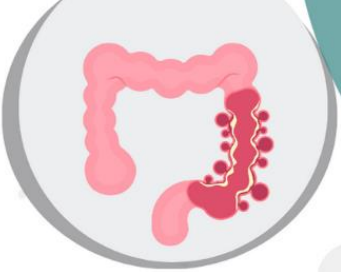

What are the risk factors for colorectal cancer ?

Age: The older the person the higher the risk of developing colorectal cancer. Most of the cases occur in individuals above the age of 50.

Family History: A family history of colorectal cancer or other certain genetic diseases like:

- familial adenomatous polyposis (FAP)
- Lynch syndrome would increase the risk.

Personal history: Individuals with a past history of colorectal cancer or certain types of colorectal polyps are at a higher risk.

What are the risk factors for colorectal cancer?

- Chronic inflammatory bowel disease like ulcerative colitis and crohns
- Diagnosis of colonic polyps
- Family history
- Diabetes and obesity
- High intake of processed meat
- Obesity
- Smoking
- Sedentary lifestyle

Prevention:

- Converting to a rich diet in fruits and vegetables
- Smoking cessation
- Restricting alcohol consumption

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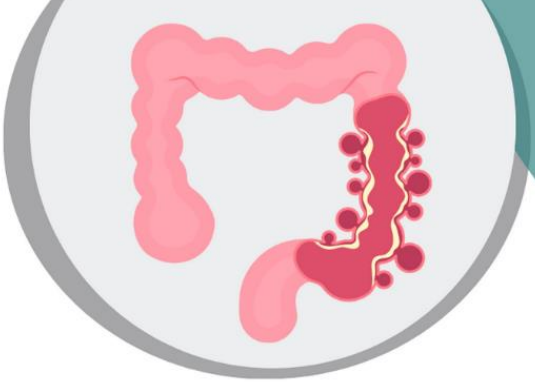

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WHAT ARE THE SIGNS AND SYMPTOMS OF COLORECTAL CANCER?

Colorectal cancer often has no symptoms in the early stages. Regular screenings are important to catch the disease early and begin treatment

What are the common symptoms of Colorectal Cancer?

Changes in bowel habits such as diarrhoea, constipation, or narrowing of the stool

Blood in the stool (rectal bleeding), either bright red or dark and tar-like

Abdominal cramps, pain or bloating that won't go away

Unexplained weight loss that is sudden and losing weight without trying

Feeling constantly tired and lacking energy, even with enough rest

Iron deficiency anaemia due to chronic bleeding, causing fatigue, weakness and paleness

Note that these signs and symptoms are not specific to colon cancer, this information is only for the purpose of awareness and not for the purpose of self-diagnosis.

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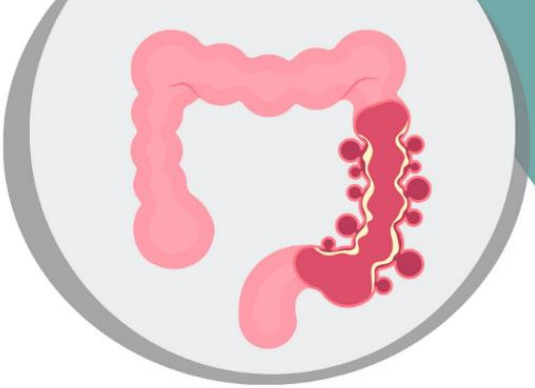

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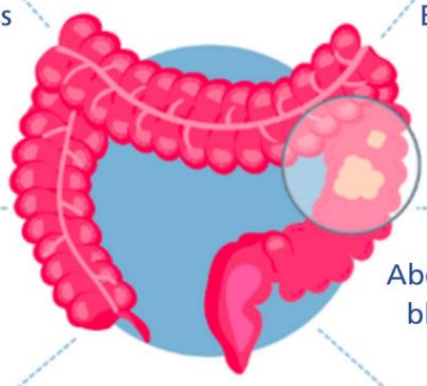
WHAT ARE THE SIGNS AND SYMPTOMS OF COLORECTAL CANCER?



- Unexplained weight loss
- Blood in the stool (rectal bleeding)
- Severe anemia of unknown cause
- Abdominal cramps, pain or bloating for a long time
- Weakness, fatigue and lack of appetite with deterioration of general health
- Changes in bowel habits (diarrhoea, constipation, or change of stool nature for more than two weeks)
- Feeling that the abdomen does not empty completely when defecating

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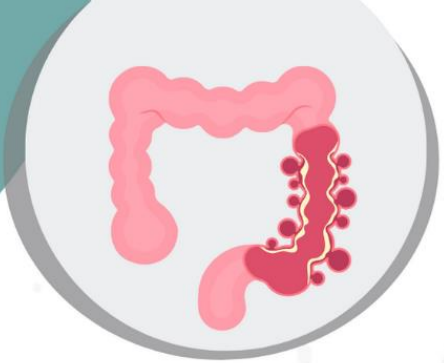

The importance of early screening for colorectal cancer

- Can improve disease prognosis by identifying early-stage colorectal cancer.
- Easier to treat and has a lower mortality rate than colorectal cancer detected after symptoms develop
- Detecting and removing premalignant polyps before they progress to colorectal cancer..

Age stratification for early screening

	Average risk patient	High risk patient
Age to initiate screening:	45 – 50 years old	At age 40 years or 10 years before youngest in the affected relative diagnosis
When to stop screening	75 years old	79 – 85 years old

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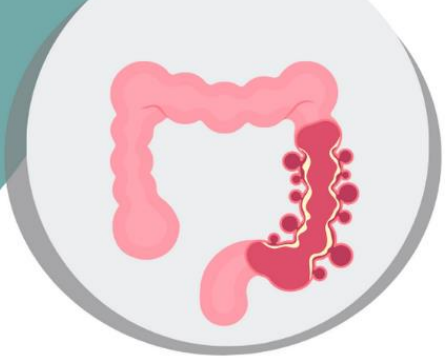
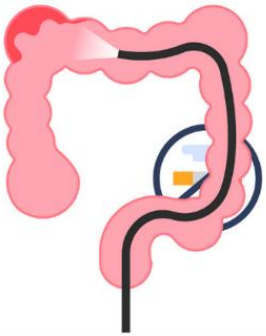


TYPES OF EARLY SCREENING FOR COLORECTAL CANCER

Colonoscopy:

- Every 10 years for most patients at average risk
- Every 5 years for high risk

has the highest sensitivity for colorectal cancer. and allows lesion removal before malignant progression.



Faecal occult blood (FIT) and Immunochemical testing:

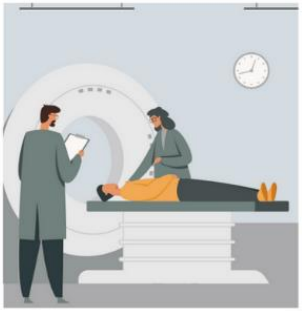
- Annually

recommend for patients who are unable to have a colonoscopy as initial screening, Compared with colonoscopy, FIT has similar detection rates for colorectal cancer.

Computed tomography colonography (CTC):

- Every five years

CTC is more sensitive than any test other than colonoscopy For older patients with comorbidities (eg, cardiopulmonary disease, diabetes mellitus, or history of stroke)



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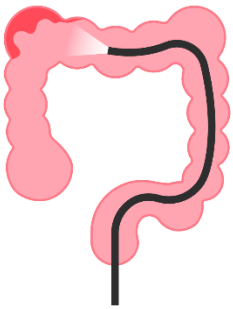
What are the Myths and Facts about Colorectal Cancer?

Myth: "Only those with a family history get colon cancer".

Fact: About 75% of cases occur in people with no known risk factors. Family history may require earlier or more frequent screening.

Myth: "I don't have any symptoms, so I must not have colorectal cancer".

Fact: Colorectal cancer often presents no symptoms in its early stages, making it crucial to not rely on symptoms for detection.



What are the Myths and Facts about Colorectal Cancer?

Myth: "Colonoscopy is a difficult procedure".

Fact: The colonoscopy itself is not painful, often utilizing sedation for comfort. Any discomfort is typically associated with the gas used to visualize the colon lining. The less pleasant aspect is the bowel preparation the day before.

Myth: "Colorectal cancer is a man's disease".

Fact: Colorectal cancer affects both men and women. In fact, it is the third most common cancer in both genders.

What are the Myths and Facts about Colorectal Cancer?

Myth: “Positive Stool-Based Screening Equals Cancer Diagnosis”.

Fact: Stool-based tests identify more than cancer, detecting precancerous lesions or polyps. A follow-up colonoscopy is essential to locate and potentially remove any identified polyps. Stool-based tests do not provide a direct cancer diagnosis.

Myth: “If Colorectal Cancer Runs in My Family, There's Nothing I Can Do”.

Fact: While family history increases the risk, lifestyle factors play a significant role. Maintaining a healthy diet, regular exercise, and screenings can help mitigate the risk.

What are the Myths and Facts about Colorectal Cancer?

Myth: “If I Have Hemorrhoids, It Can Explain Blood in the Stool”.

Fact: While hemorrhoids can cause rectal bleeding, it's essential not to dismiss blood in the stool. Colorectal cancer can present with similar symptoms, necessitating proper evaluation.

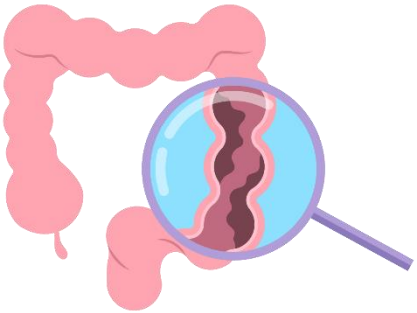
Myth: “A Healthy Diet Won't Impact Colorectal Cancer Risk”.

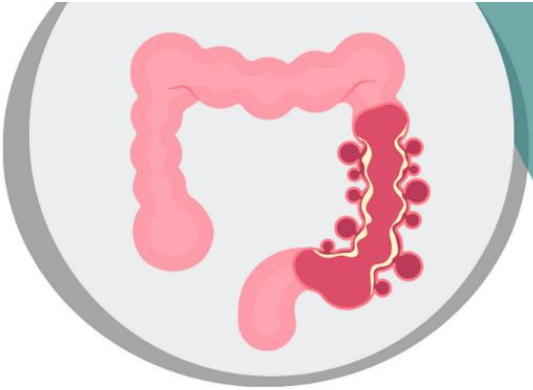
Fact: Diet plays a role in colorectal cancer prevention. A diet rich in fiber, fruits, vegetables, and low in red processed meats can contribute to a lower risk.

What are the Myths and Facts about Colorectal Cancer?

Myth: "Having a colon or rectal polyp means an immediate cancer diagnosis requiring surgery".

Fact: Polyps can be precursors to cancer, but early detection and removal prevent progression. Colonoscopy and sigmoidoscopy effectively prevent colon cancer deaths





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TYPES OF CURATIVE SURGERIES FOR COLORECTAL CANCER

1 Surgery of primary tumor:

In any resectable primary tumor with no metastasis or resectable distant metastases

Complete resection with clear margins is associated with the best prognosis.

2 resection of metastases:

Indicated in patients with resectable metastases (e.g., liver and/or lung metastasis)

May significantly improve the survival of patients with limited metastatic disease.

3 lymph node dissection:

Performed routinely alongside resection of the primary tumor.

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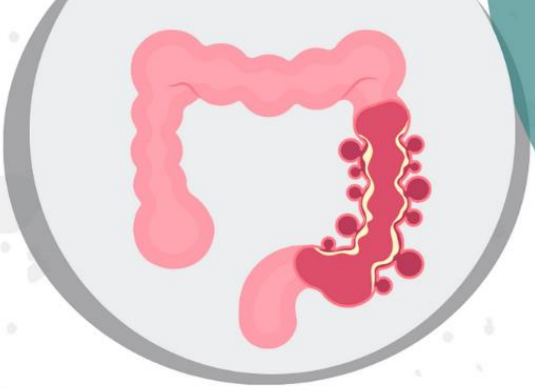

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Surgical interventions

Indications	Type of procedure for colon cancer
Tumor in the cecum and ascending colon	Right hemicolectomy
Tumor in the descending colon	Left hemicolectomy
Tumor in the sigmoid colon	Sigmoid colectomy
Multifocal carcinomas Underlying colonic disease	Subtotal or total abdominal colectomy
Tumor near the hepatic flexure or in the proximal or middle transverse colon	Extended right hemicolectomy

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Sources and references:

All pictures used from Canva.com

Review and audit:

The content of this booklet has been reviewed by Surgery Consultants at King Fahd University Hospital.

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