

## Colorectal Cancer

Colorectal cancers are the third most common cancers in both males and females in South Africa, occurring mostly in the age group 50 to 70 years. It is mostly of insidious onset with late presentation and commonly misdiagnosed as hemorrhoids and/or irritable bowel syndrome. It is often diagnosed only after repeated episodes of blood in the stool and/or bowel obstruction symptoms or when an unexplained anemia develops. 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 with a potential for malignant transformation are found throughout the colon, non-familial polyposis syndromes and ulcerative colitis (chronic bowel inflammation). Other more common conditions with an increased risk include a personal 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.

To establish a diagnosis and to determine the extent of disease the following investigations are useful:

- Colonoscopy with biopsies of suspicious areas and/or barium X-ray studies
- Chest X-ray
- Liver sonar or scan
- Blood analysis

*Your doctor may require further investigations depending on your symptoms at presentation.*

### Treatment options

*Treatment will depend on the nature and extent of the disease as well as on your general state of health.*

Surgery with resection of the affected bowel is the primary treatment and results in a high percentage of cures in many patients. Depending on the site and extent of the disease, the remainder of the bowel can be directly joined. If this is impossible a stoma 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/or chemotherapy is utilized to reduce this risk. The role of chemotherapy to reduce the risk of spread to other organs has been widely accepted in higher risk groups. Radiation can also be used to reduce the risk of local recurrence should the area be amenable to such treatment (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 the progression of disease.

*The foregoing information is quite generalized. The specifics of your disease and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.*