# **Dr David A Clark**

Wesley Medical Centre 40 Chasely Street Auchenflower 4066

Provider No: 2029033W

MBBS(Qld) FRACS FRCSEd General & Colorectal Surgery Upper GI Endoscopy & Colonoscopy ABN: 68 676 182 920

All correspondence to: Holy Spirit Northside Medical Centre 627 Rode Road Chermside 4032

Phone:3350 2088Fax:3350 2333

# **COLORECTAL CANCER**

Colorectal cancer is the most common internal cancer in Australia and the second most common cause of death due to cancer. More than 11 000 new cases were diagnosed in 1999. Importantly, the disease is potentially curable if diagnosed in the early stages.

# What is cancer?

The building blocks of the body are tiny cells, which normally repair and reproduce in a controlled process. With cancer, this process goes wrong and cells can divide and grow in an uncontrolled way, causing a mass – a tumour – on or within the part of the body affected. If this tumour contains cells that are

able to invade neighbouring tissues or organs, it is known as malignant. If the tumour does not do this, it is termed benign.

# Who is at risk?

1 in 18 males and 1 in 26 females will develop bowel cancer. Though colorectal cancer may occur at any age, more than 90% of the patients are over age 40, at which point the risk doubles every ten years. In addition to age, other high risk factors include a FAMILY history of colorectal cancer and polyps. Those with a first degree relative and especially if diagnosed at 55 or younger, have a 3 - 6 times increased risk.

# How does it start?

It is generally agreed that nearly all colon and rectal cancer begins in benign polyps. These pre-malignant growths occur on the bowel wall and may eventually increase in size and become cancer. Removal of benign polyps is one aspect of preventive medicine that has been shown to reduce cancer.

# What are the symptoms?

The most common symptoms are rectal bleeding and change in bowel habit, such as constipation or diarrhoea. Anaemia detected on blood tests is a common presentation of right-sided colon cancers. Abdominal pain and weight loss are usually late symptoms.

Unfortunately, many polyps and early cancers fail to produce symptoms. It is thus important to consider screening and to have regular check-ups with your general practitioner.





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# What about screening (like in breast cancer)?

There is a large body of evidence supporting routine screening in the over 50s. Several pilot studies are currently underway here in Australia. In large trials the mortality from cancer has been reduced in the screened population.

#### How is the cancer diagnosed?

In most cases this is by colonoscopy. Sometimes a suspicious mass is found at CT Scan for investigation of abdominal pain. A number of other routine blood tests will be performed prior to surgery along with staging x-rays and ultrasounds if necessary.

#### How is colorectal cancer treated?

Colorectal cancer requires surgery in nearly all cases for complete cure. Radiation and chemotherapy are sometimes used in addition to surgery. Between 80-90% are restored to normal health if the cancer is detected and treated in the earliest stages. The cure rate drops to 50% or less when diagnosed in the later stages. Thanks to modern technology, less than 5% of all colorectal cancer patients require a permanent colostomy. A temporary ileostomy is sometimes necessary to rest the bowel while it is healing (especially after pre-operative radiotherapy).

# What about "keyhole surgery"?

A number of patients will be suitable for a "minimally invasive" approach. Patients in Australia are currently being enrolled in a multi-centre trial. The advantages are of a shorter hospital stay and less post-operative pain.

#### Can colon cancer be prevented?

There are steps that reduce the risk of contracting the disease. One way is having benign polyps removed by colonoscopy. Another is investigating any suspicious symptoms early on.

There is some evidence that diet may play a significant role in preventing colorectal cancer. A high fibre, low fat diet is the only dietary measure that may help prevent colorectal cancer. Regular exercise is also important.

#### Can haemorrhoids lead to colon cancer?

No, but haemorrhoids may produce symptoms similar to colon polyps or cancer. Many people assume that bleeding is from haemorrhoids (piles) and thus delay seeing their doctor.

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