

## COLORECTAL CANCER

***This information sheet is for your general information and is not a substitute for medical advice. The specifics of your condition and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.***

Colorectal cancer is the third most common cancer in both males and females in South Africa, occurring mostly in individuals between the ages of 50 and 70. The harmful symptoms are usually *hidden* and are only identified at a late stage. Colorectal cancer is commonly misdiagnosed as haemorrhoids or irritable bowel syndrome. It is often diagnosed only after repeated episodes of blood in the stool, bowel obstruction symptoms or unexpected anaemia.

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 (growths) with the potential for malignant transformation are found throughout the colon. Non-familial polyposis syndromes and ulcerative colitis (chronic bowel inflammation) also place individuals at risk.

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.

Your doctor may require further investigation depending on your symptoms at the time of the tests.

### **Treatment options**

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

Surgical removal of part of the affected bowel (called a resection) is the primary treatment and results in a high percentage of cures in many patients. Depending on the site and the extent of the condition, the remainder of the bowel may be directly joined. If this is impossible a stoma (temporary opening) 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 chemotherapy are used to reduce this risk. The role of chemotherapy to reduce the risk of the cancer spreading to other organs has been widely accepted in higher risk groups. Radiation may also be used to reduce the risk of recurrence if there is a possibility to do so. This is of special importance in rectal carcinomas – malignant cancer that arises from tissue that line the surfaces of structures throughout the body – where chemotherapy may also be used to enhance the radiation's effect.

In cases of advanced disease, chemotherapy is used to slow down its progression.

### **References**

GVI Oncology (South Africa). Website: <http://www.cancercare.co.za>