

Colorectal cancers

Colorectal cancers are cancers that start in the colon or the rectum. Cancer that begins in the colon is called a colon cancer, while cancer in the rectum is known as a rectal cancer. Cancers affecting either of these organs also may be referred to as a colorectal cancer. Colon cancer and rectal cancer are often grouped together because they have many features in common.

What causes colorectal cancers and who is at risk?

Causes are not completely known, however there are several risk factors that have been identified over the years. A risk factor is something which may increase a person's chances of developing a disease or condition.

Everyone is at risk basing on the risk factors which are:

- Being elderly - the older you are the higher the risk is, especially being 50 years and above
- A diet that is very high in animal protein, saturated fats, calories and very low in dietary fiber
- Regular alcohol consumption
- A family history of colorectal cancer
- Women who have had breast, ovary and uterus cancers
- Patients with ulcerative colitis
- Being overweight / obese
- Smoking
- Being physically inactive
- Presence of polyps in the colon/rectum. Untreated polyps may eventually become cancerous
- Having Crohn's disease or Irritable or inflammatory Bowel Disease have a higher risk of developing colorectal cancer

Signs and symptoms of colorectal cancers

Many people with colon cancer experience no symptoms in the early stages of the disease. When symptoms appear, they'll likely vary, depending on the cancer's size and location in your large intestine.

- A change in your bowel habits, including diarrhea or constipation or a change in the consistency of your stool, that lasts longer than four weeks
- Rectal bleeding, blood in your stool or stools that are narrower than usual
- Persistent abdominal discomfort, such as cramps, gas, feeling bloated or pain
- A feeling that your bowel doesn't empty completely
- Weakness or fatigue
- Unexplained weight loss
- Frequent gas pains or cramps, or feeling full or bloated
- Nausea or vomiting
- Unexplained anemia

Diagnosis

1. Blood tests:

- Complete blood count (CBC)
- Liver enzymes
- Tumor markers

2. **Colonoscopy:** For this test, the doctor looks at the entire length of the colon and rectum with a colonoscope, a thin, flexible, lighted tube with a small video camera on the end. It is inserted through the anus and into the rectum and the colon.
3. **Biopsy:** the doctor removes a small piece of tissue with a special instrument passed through the scope. Biopsy samples (from colonoscopy or surgery) are sent to the lab where they are looked at closely.
4. **Imaging tests:** Imaging tests use sound waves, x-rays, magnetic fields, or radioactive substances to create pictures of the inside of your body.
 - Computed tomography (CT or CAT) scan
 - Ultrasound
 - Magnetic resonance imaging (MRI) scan
 - Chest x-ray
 - Positron emission tomography (PET) scan

Treatment of colorectal cancers

Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Care plan may also include treatment for symptoms and side effects, an important part of cancer care.

1. **Surgery:** It is the removal of the tumor and some surrounding healthy tissue during an operation. Another option is a surgical opening, or stoma, through which the colon is connected to the abdominal surface to provide a pathway for waste to exit the body (colonoscopy). This waste is collected in a pouch worn by the patient
2. **Chemotherapy:** Is the use of drugs to destroy cancer cells, usually by ending the cancer cells' ability to grow and divide. A chemotherapy regimen, or schedule, usually consists of a specific number of cycles given over a set period of time.
3. **Radiation therapy:** It is the use of high-energy x-rays to destroy cancer cells.
4. **Targeted therapy.**
5. **Checkpoint inhibitors (immunotherapy):** This is a way to boost the body's natural defenses to fight the cancer.

Prevention of colorectal cancers

1. **Regular screenings:**
 - If you have had colorectal cancer before, you are over 60, there is a family history of this type of cancer, and you have Crohn's disease.
 - Some experts say screening should start after the age of 50. It is very important to have regular colorectal screenings (examinations) to detect problems early.
 - Colonoscopy.
 - Other screening modalities include fecal occult blood tests, flexible sigmoidoscopy, barium enema, and CT colonography.
2. **Nutrition:** - Make sure your diet has plenty of fiber, fruit, vegetables, and good quality carbohydrates. Keep your consumption of red meat and processed meat down to a minimum, or cut them out altogether. Switch from saturated fats to good quality fats, such as avocado, olive oil, fish oils, and nuts.
3. **Exercise regularly:** - Moderate, regular exercise has been shown to have a significant impact on lowering a person's risk of developing colorectal cancer.

4. Maintain a healthy weight

Reference

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- Colon Cancer Alliance. Get information Accessed 2/10/2017.
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- Cancer Association of Zimbabwe website. Accessed 03/10/2017.