An Introduction to Colorectal Cancer

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Bowel Cancer Statistics

In 2011 in the UK

• Around 41,600 people were diagnosed with bowel cancer
• Around 15,700 deaths (43 per day)
• Bowel Cancer is the fourth most common cancer
• Bowel cancer is the second most common cause of cancer death after lung cancer
What causes bowel cancer- Lifestyle

- High intake of red and processed meat (diet rich in fibre helps reduce risk).
- Around 13% of bowel cancers in UK are linked to overweight or obesity.
- As little as 1 unit of alcohol a day can increase risk.
- Being physically active reduces the risk.
- Smoking
What causes bowel cancer - others

• First degree relative doubles the risk
• Diabetes, ulcerative colitis, and Crohn’s disease
• Genetics, FAP, HNPCC.
• Age (95% of cases occur in the over 50’s)
Where does it start?
Symptoms

Right Side of Bowel
• Anaemia (Fatigue, SOB)
• Change in bowel habit
• Pain/discomfort right side of abdomen
• Lump/mass right side of abdomen
• Bloating
• Weight loss
• Obstruction

Left Side of Bowel
• Bright red rectal bleeding
• Change in bowel habit
• Tenesmus
• Mucous
• Nocturnal defecation
Referrals

- Elective
- 2 week wait
- Emergency
- Tertiary
- Other Specialities
- Bowel cancer screening programme
Diagnosis

In clinic
• Careful history
• Physical examination
• Inspection anus
• DRE
• Rigid sigmoidoscopy
• Proctoscopy

Sent for investigations
• Flexible Sigmoidoscopy
• Colonoscopy
• CT / MRI
• CT colonography
• Bloods, CEA
Colorectal cancer
Percentage distribution of cases within the large bowel UK 2007 - 2009

Right side:
- Hepatic Flexure: 3%
- Ascending Colon: 8%
- Caecum: 14%
- Appendix: 1%
- Transverse Colon: 5%
- Rectosigmoid Junction: 7%
- Anus: 2%
- Other and Unspecified Sites: 8%

Left side:
- Splenic Flexure: 2%
- Descending Colon: 3%
- Sigmoid Colon: 20%
- Rectum: 27%
Where does it spread?
Staging

• TNM and Dukes’ staging system
• Radiological/ clinical –c
• Pathological - p
• Neo-adjuvant treatment- y
**TNM**

- **Tumour**
- **T1** the tumour is confined to the submucosa
- **T2** the tumour has grown into (but not through) the muscularis propria
- **T3** the tumour has grown into (but not through) the serosa
- **T4** the tumour has penetrated through the serosa and the peritoneal surface. If extending directly into other nearby structures (such as other parts of the bowel or other organs/body structures) it is classified as **T4b**. If there is perforation of the bowel, it is classified as **T4a**.
TNM

- **Nodes**
  - **N0** no lymph nodes contain tumour cells
  - **N1** there are tumour cells in up to 3 regional lymph nodes
  - **N2** there are tumour cells in 4 or more regional lymph nodes
TNM

- **Metastases**
- **M0** no metastasis to distant organs
- **M1** metastasis to distant organs

- **R**- Involvement of resection margin R0/R1
- **V**- Extramural vascular invasion V0/ V1
Dukes’ staging system

- Dukes' stage A = T1N0M0 or T2N0M0
- Dukes' stage B = T3N0M0 or T4N0M0
- Dukes' stage C1 = any T, N1, M0 or any T, N2, M0
- Dukes’ stage C2 = as Dukes C1 but apical node positive
- Dukes' stage D = any T, any N, M1
Survival
- Dukes A 5 year survival >90%
- Dukes B T3 5 year survival 70-85%
- Dukes B T4 5 year survival 55-65%
- Dukes C1 5 year survival 45-55%
- Dukes C2 5 year survival 20-30%
- Dukes D 5 year survival < 5%
Any Questions?