A circular wreath of various botanical illustrations surrounds a central white circle. The wreath includes green ferns, a red maple leaf, a yellow flower, a purple flower, and several green leaves of different shapes and textures. The central white circle contains the text "Patient's information" and "COLORECTAL CANCER".

Patient's information

COLORECTAL CANCER



Agenda

What is Colorectal cancer

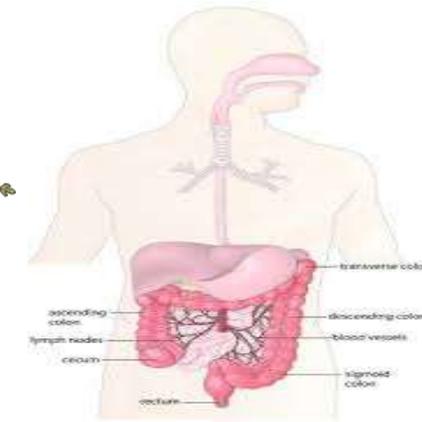
When to suspect

Screening

What's Next

Help me with decision

Summary



What is it !!!

The colon and rectum are part of large of large intestine. Colon is largest about 5 feet long and have 4 parts, ascending colon, transverse colon, descending colon and sigmoid colon.

Rectum is terminal part of large intestine and is about 5 inches in length.

Cancer arising in these parts comes under Colo-rectal cancers





Iron-deficiency anemia



Bloody stools



Change in bowel habits



When to suspect !!!

Advanced age

Unintentional significant weight loss

Blood in stool

Strong family history of cancers

Alteration of bowel habits

Chronic disease like polyposis/Inflammatory bowel disease





How to avoid !!!



Who should get screened

Patient's with strong family history of Polyposis syndrome/Lynch syndrome

Patient with chronic history of Ulcerative colitis/Crohn's colitis

Patient's with chronic history of GI polyps

Age >45 years





How to prevent if increased risk !!!

Healthy plant based food consumption

No alcohol/ No smoking

Adequate hydration and sleep

Vitamin D level optimization

Take Aspirin on clinician advise





Screening options	
Colonoscopy	Rescreen in 10 years
Flexible sigmoidoscopy	Rescreen in 5 to 10 years
CT colonography	Rescreen in 5 years
Multitargeted stool DNA-based test	Rescreen in 3 years
High-sensitivity guaiac-based test	Rescreen in 1 year
Fecal immunochemical test	Rescreen in 1 year

How doctors will screen me!!!

Any of the following methods can be used

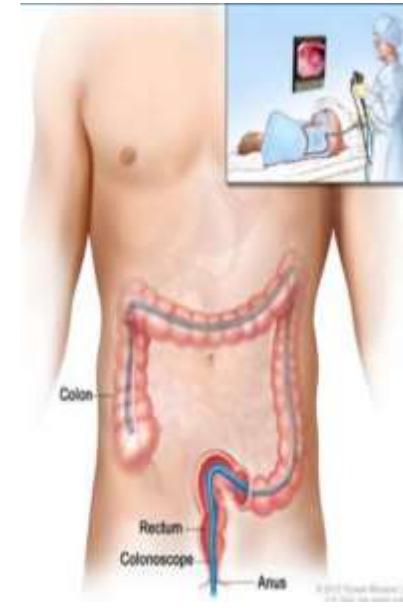
Colonoscopy

Flexible Sigmoidoscopy

CT Colonography

Faecal immunochemical test

Stool DNA base test





Primary goals

Early diagnosis and early treatment





What's next !!!



On basis of screening, further diagnostic procedure will be done like biopsy

Get referred to a Surgical Gastroenterologist

GI Surgeon will work you up thoroughly on basis of History, examination and available investigations

Imaging in form CECT, MRI or PET CT will be done





Help me in decision !!

Your treating team will be- Surgical gastroenterologist, Medical gastroenterologist, Medical oncologist, Radiational oncologist, Radiologist, Stoma care expert

Major decision in colo-rectal cancer is possibility of stoma formation in form of colostomy or ileostomy which in some case can be permanent

Stoma formation is always for patient's own benefit- No surgeon wants patient to have bad quality of life



“ Hope is like the sun, which, as we journey toward it, casts the shadow of our burden behind us. ”

Samuel Smiles





Summary

With ever advancing medical science, colorectal cancer have the best chance of complete cure among all cancer spectrum.

Even limited metastasis (spread) is curable to the core

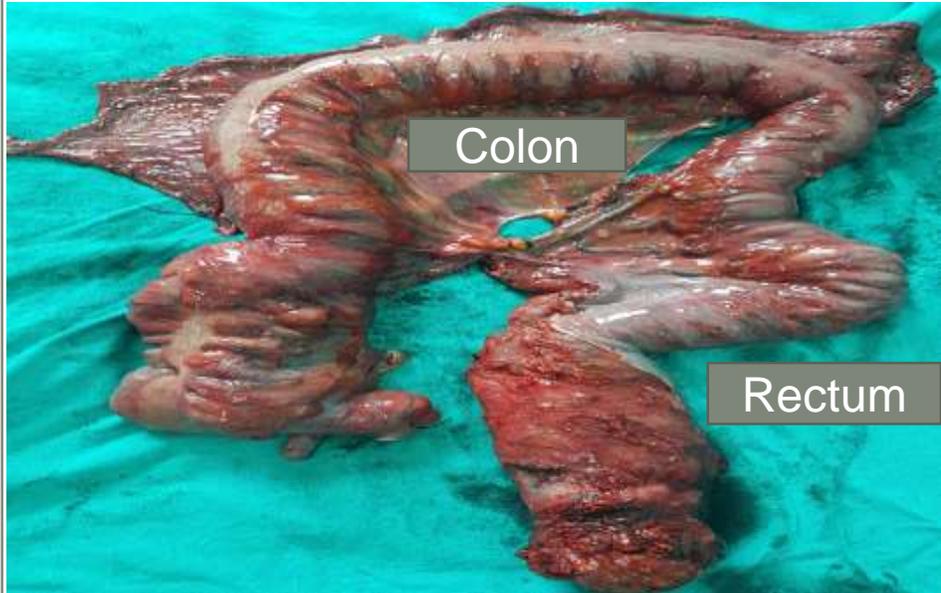
Associated morbidities can be disheartening but at the end are rewarding

Multi-disciplinary approach is way forward

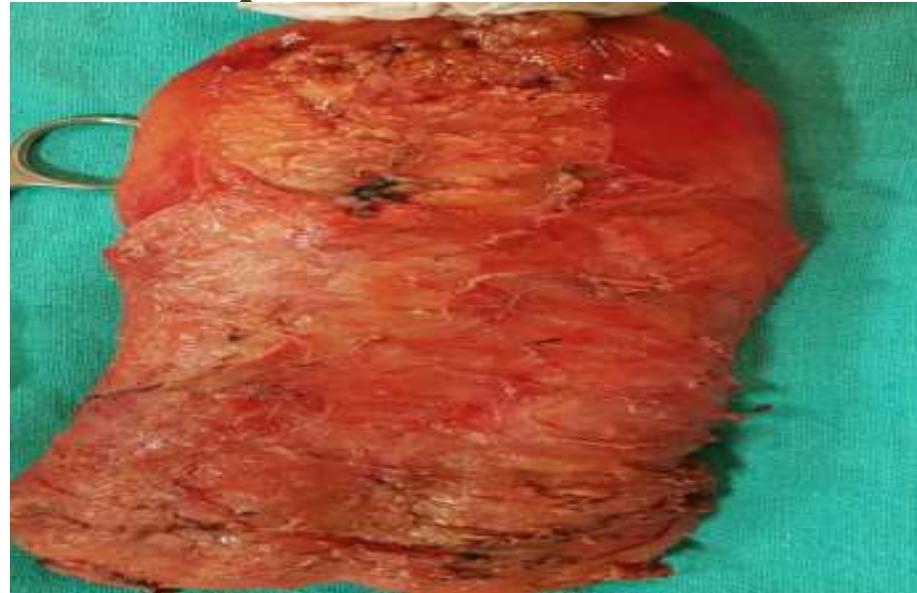




Show me some pics



Total proctocolectomy specimen



Total mesorectal excision for cancer of rectum



Thank you



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