



Colorectal Cancer

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Dr Mark Wong is a general surgeon with special interest in minimally invasive (laparoscopic) and robotic surgery for both cancer and benign bowel disorders. Dr Wong has pioneered robotic and laparoscopic techniques in colorectal cancer and pelvic floor surgery. As such, he is a highly accomplished surgeon, well versed in laparoscopic and robotic surgery for both cancer and benign disorders, proctology, advanced therapeutic endoscopy and functional bowel disorders such as constipation and incontinence and is highly sought after as an opinion leader in these fields, having been invited to lecture at numerous international colorectal conferences.

Prevalence of colorectal cancer in Singapore

Colorectal cancer refers to a malignant (vs benign) growth of the colon and/or rectum, ie. the final part of our digestive tract before the anus. Colorectal cancer starts as a polyp, or small growth, along the inner wall of the colon and rectum. Not all polyps become cancer and since they usually take years to become cancerous, if at all, there is a potential 'lead time' to stop the process and prevent cancer by removing the polyp during a colonoscopy.

Colorectal cancer is the most common cancer in Singapore, first among men and second among women (after breast cancer). Based on latest figures from the National Registry of Diseases Office (NRDO)¹ of Singapore, the incidence of colorectal cancer in Singapore rises sharply after 50 years of age,

with 5103 men and 4221 women diagnosed with colorectal cancer between the period of 2010 and 2014. In the same report, it was also found that more than 3 in 4 colorectal cancer patients diagnosed, regardless of gender, were above the age of 55.

Risk factors

Numerous risk factors are involved in developing colorectal cancer, including modifiable and non-modifiable factors.

Modifiable factors include lifestyle and behavioural factors such as obesity, physical inactivity, and smoking, all of which can potentially increase an individual's risk of developing cancer if not controlled.

Other factors that cannot be modified include genetic or hereditary factors, such as having

family members with colorectal polyps and colorectal cancer. As such, one may never be entirely free of risk.

Thus screening should still be performed to be absolutely sure that one does not have polyps or cancer, and should preferably be done when the patient is well and not displaying any symptoms.

Symptoms and signs

In the early stages when the cancer is small, there are often no symptoms. Sometimes, patients may present with signs such as per rectal bleeding, which could mimic more common benign conditions like haemorrhoids. However, by the time symptoms arise, the cancer is often larger and possibly of an advanced stage, ie. having already spread to other organs. Symptoms may include signs of ongoing blood loss such as being pale, lethargic, or feeling breathless with minimal exertion (eg. even walking on flat ground). Other sinister symptoms include significant loss of weight or appetite, abdominal pain, feeling a lump, or bloating. Patients may also experience a change in bowel habit, such as having alternating diarrhoea and constipation or stools with decreased caliber (narrow or pencil thin).

As symptoms often present only later or mimic more common benign conditions, the majority of colorectal cancers are still only diagnosed in their advanced stages, having already spread beyond the colon or rectum. But this can be easily avoided if people go for screening.

Available treatments

The most effective treatment for colorectal cancer is surgery.

Nowadays, keyhole or minimally-invasive surgery (laparoscopic or robotic-assisted technology) is regarded as the standard of care in most countries including Singapore. This allows surgeons to remove the colorectal cancer safely and effectively through smaller incisions, resulting in smaller wounds, less pain and a quicker recovery, without compromising on overall survival of the patients.

Other treatments include chemotherapy and radiotherapy, but this is usually reserved for more advanced cancers which have spread beyond the colon and rectum.

Prevention

Colorectal cancer is preventable; since it starts as polyps and takes years to become cancerous, if at all, we can

remove polyps to stop them from becoming cancerous. In its early stages, it is even potentially curable. Unfortunately, we are still diagnosing colorectal cancer at advanced stages due to public ignorance and fear of screening.

Based on the NRDO data mentioned earlier with incidence of colorectal cancer rising sharply after 50 years of age, the Ministry of Health recommends that all Singaporeans should screen for colorectal cancer once they reach 50 years of age. However this age of 50 years should only serve as a guide and family history should also be taken into consideration when determining the age to start screening. In general, one should go for screening starting 10 years before the youngest case of colorectal cancer (CRC) in the family or at 50 years old, whichever is earlier. For example, if you have a family member with CRC at age 50 years, you should start screening at 40 years old. This is because all CRC arises from polyps which can take several years to become a cancer. As such, screening and detecting polyps which can be removed can potentially prevent one from developing colorectal cancer.

Screening for colorectal cancer can begin with a simple FIT (Faecal immunohistochemistry test) kit that detects occult (or invisible) blood in the stool that cannot be seen with the naked eye. FIT kits are free for all Singaporeans and PRs above the age of 50 years. They can be obtained from polyclinics and pharmacies, and are administered at home. If the results are positive for blood, patients should go for a colonoscopy. However, in the presence of overt or frank visible bleeding above the age of 50 years with no recent colonoscopy done, a FIT is not necessary and a colonoscopy should be done instead.

Colonoscopy is regarded as the 'Gold Standard' for detecting colorectal cancer. It is a safe and accurate method for detecting colorectal polyps or cancer. A bowel preparation is taken to cleanse the colon of stools before the procedure. The scope is then performed as a day-case procedure under sedation with minimal discomfort. Furthermore, it allows the doctor to perform a biopsy to remove and/or confirm the nature of the lesion seen during the scope.

Using high-definition, fiber-optic technology, a flexible tube inserted into the anus allows the doctor performing the procedure to view the inner wall of the colon and rectum in detail, so that any polyps or cancers can be identified, biopsied and/or removed.

Another alternative is a CT scan for the colon and rectum (CT colonography), but it does not allow for removal or biopsy of suspicious findings, something that will still require a colonoscopy. **PRIME**

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¹ Singapore Cancer Registry Trends in Cancer Incidence in Singapore 2010-2014. National Registry of Diseases Office. 26 May 2015.