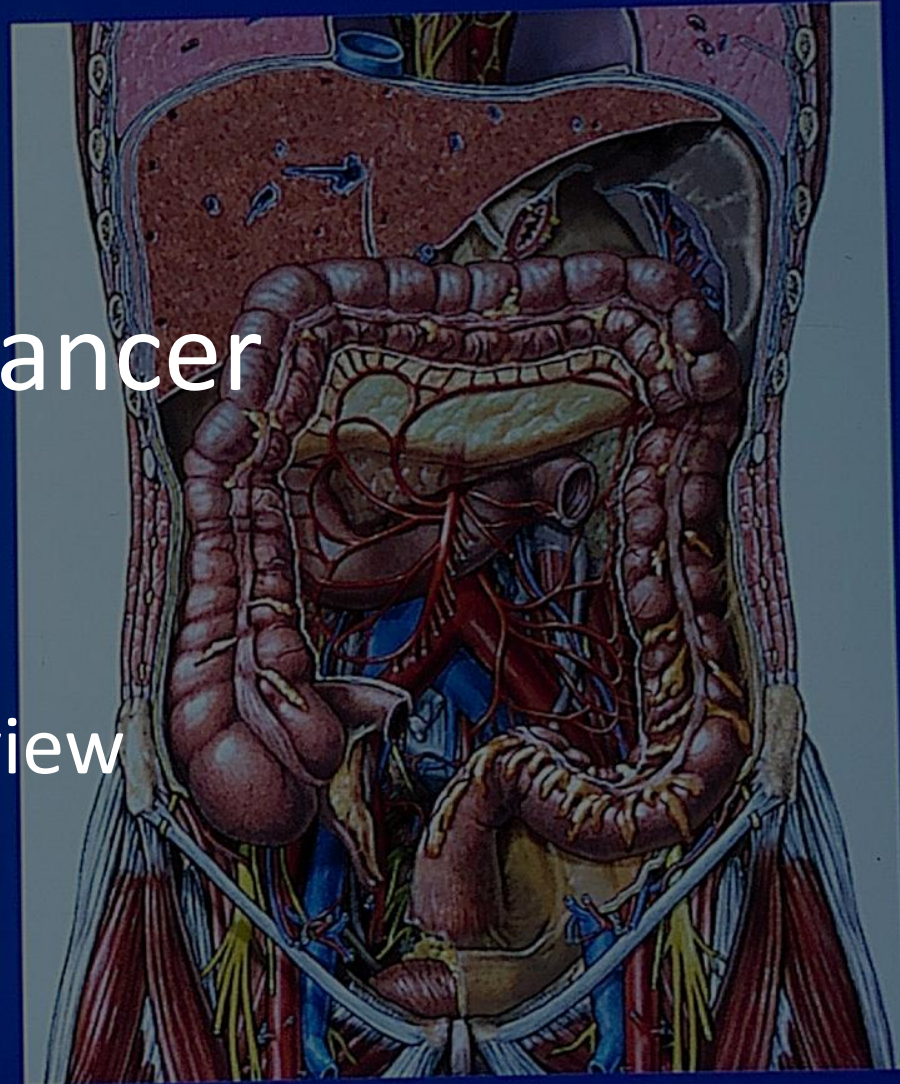


colon cancer

Overview



# Colon Cancer

Extremely  
common

Early stage curable  
(surgery)

Metastatic disease  
treatable

Metastatectomy  
can cure minority

Starting to  
understand  
different molecular  
types

Strong familial  
component

# Colorectal Cancer

2,500 new cases each year in Ireland

1000 deaths per year

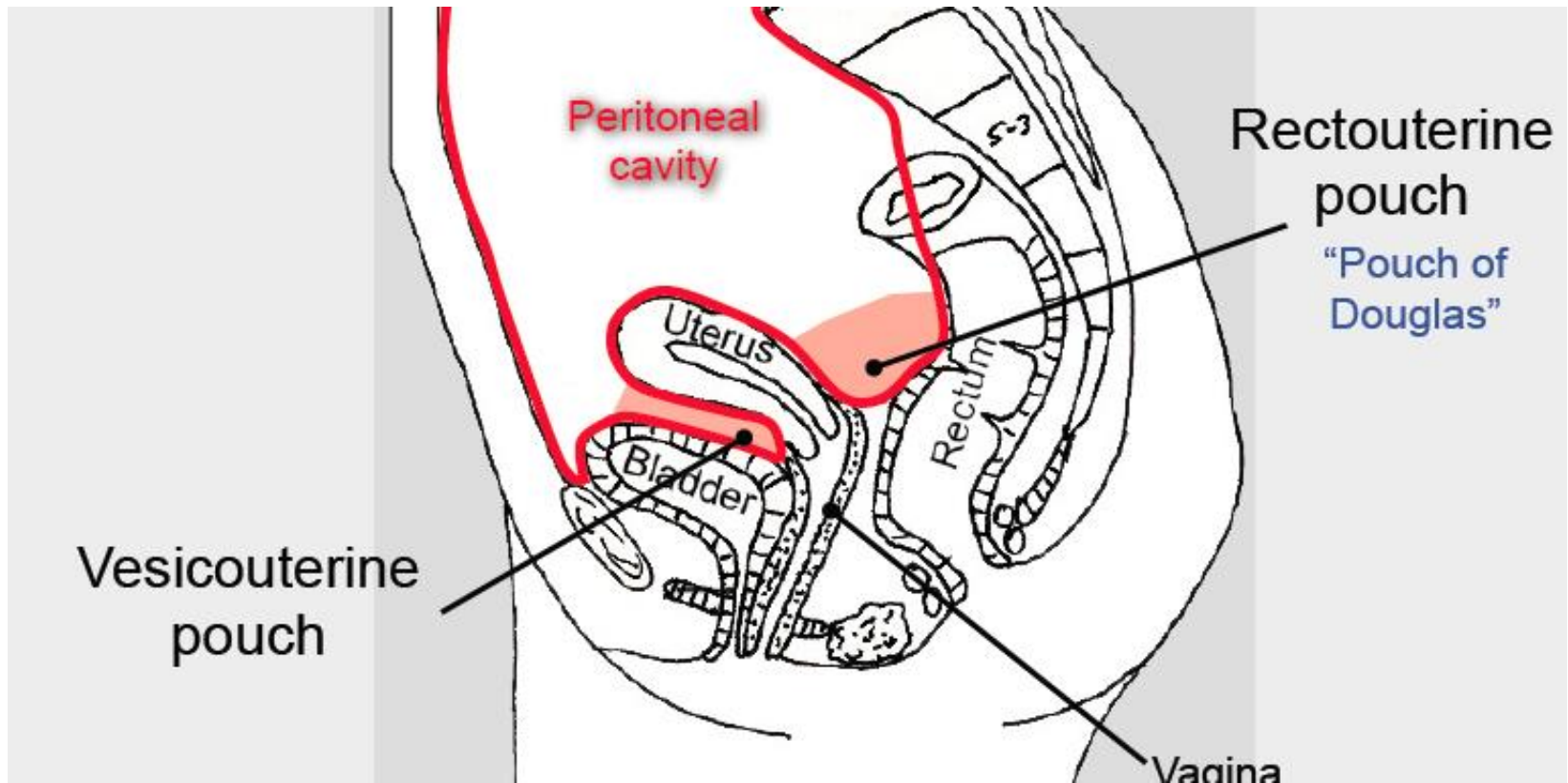
12% of all cancer

60% 5-year survival

Stage IV disease – median survival 3  
years

Disease of the elderly

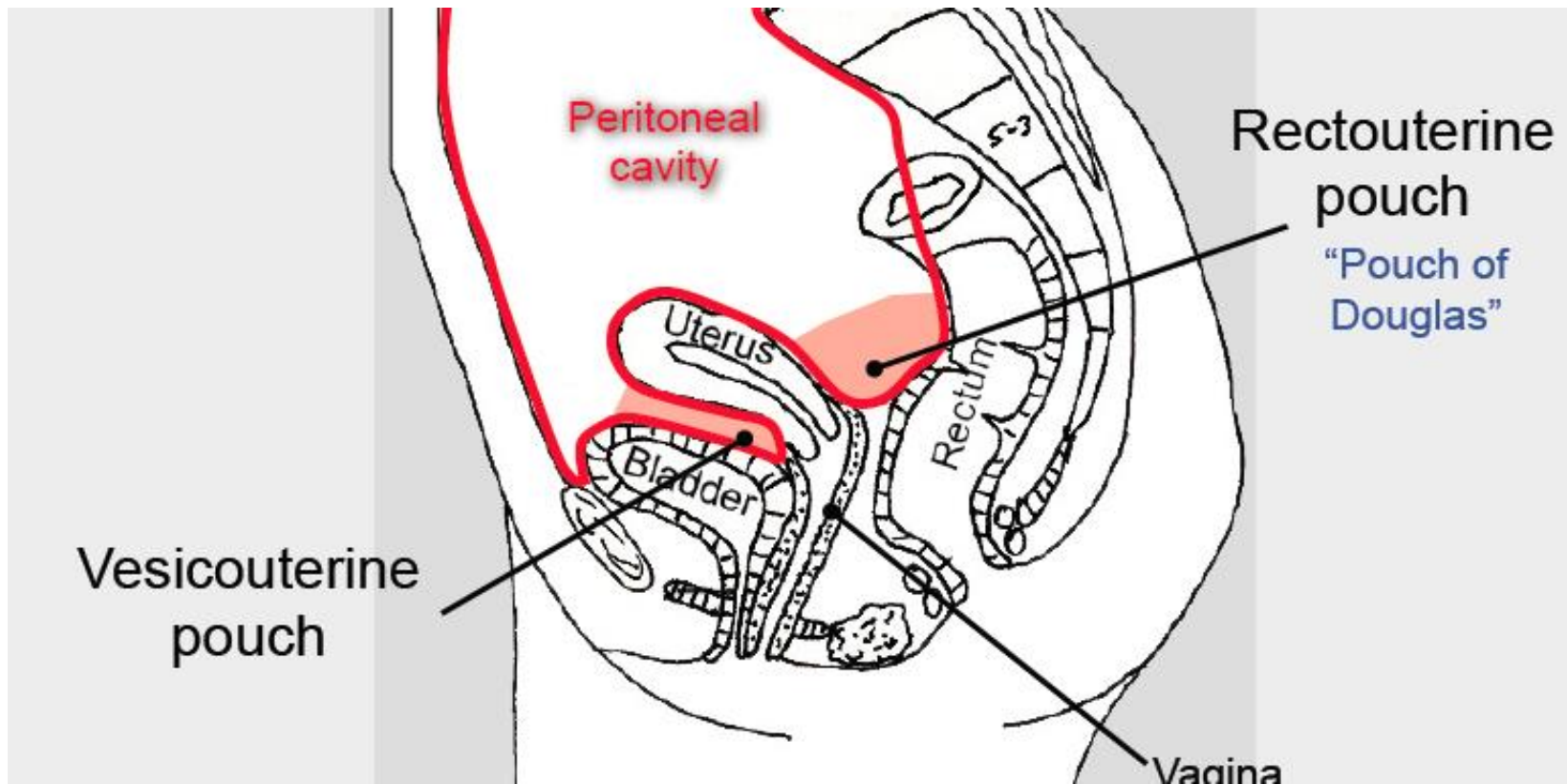
Young patients ?genetic syndrome?



## Colon Cancer upper 1/3 Rectal Cancer

- Rarely give node negative adjuvant chemo
- Distal recurrence more likely than local (usually liver)





## Colon Cancer Lower 2/3 rectum

- Node Negative gets chemo
- Frequently use neoadjuvant chemorads
- Local Recurrence a disaster (engineer joke)
- ?benefit from adjuvant chemo – but we give it anyway!
- Late lung recurrence
- Sexual dysfunction post cure

# Risk Factors for Colon Cancer

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Longevity

Western Diet (Red meat, processed meat, eating cows not yaks)

Alcohol and smoking

Obesity

Inflammatory bowel disease  
(ulcerative colitis and Crohn's disease)

Family History

# How important is IBS

People with inflammatory bowel disease account for less than 2% of colon cancer cases yearly.

In those with Crohn's disease, 2% get colorectal cancer after 10 years, 8% after 20 years, and 18% after 30 years.

In people who have ulcerative colitis, approximately 16% develop either a cancer precursor or cancer of the colon over 30 years

# Signs and symptoms

Blood in stool

Rectal  
bleeding

Anemia

Change in  
bowel  
movements

Decrease in  
stool calibre  
(thickness)

Worsening  
constipation

Loss of  
appetite –  
anorexia

Unintentional  
weight loss

Nausea  
and/or  
vomiting

Fatigue



# But remember

## Signs and symptoms depend on

The location of the tumour in the bowel

Whether it has spread elsewhere in the body (metastasis)

Around 50% of individuals with colorectal cancer do not report any symptoms

# Staging of Colon Cancer

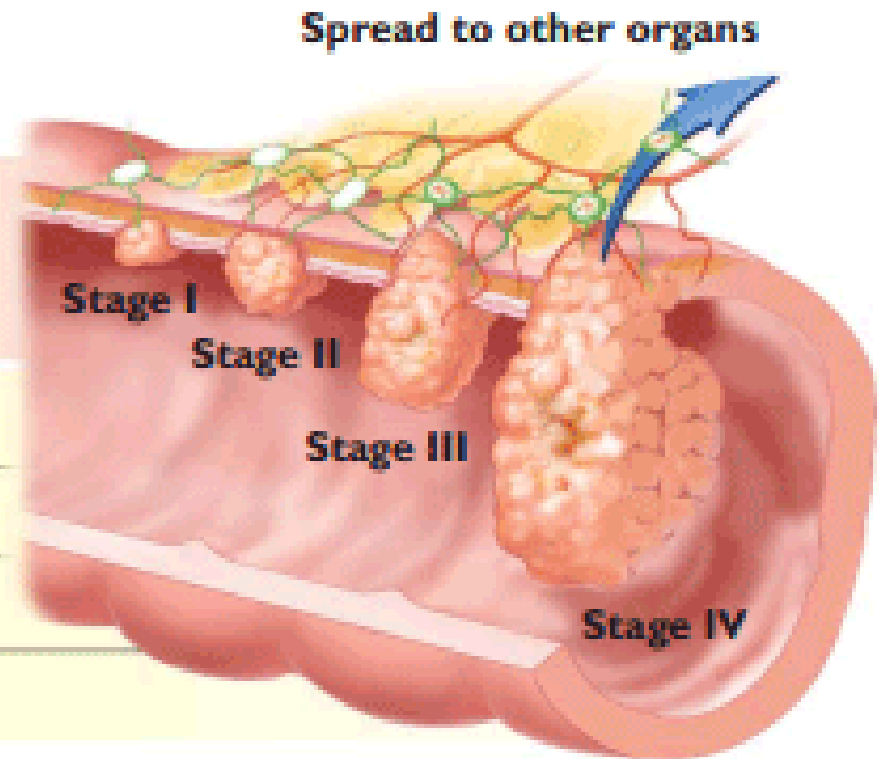
Stage	5 Years Survival Rate
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I	More than 95%
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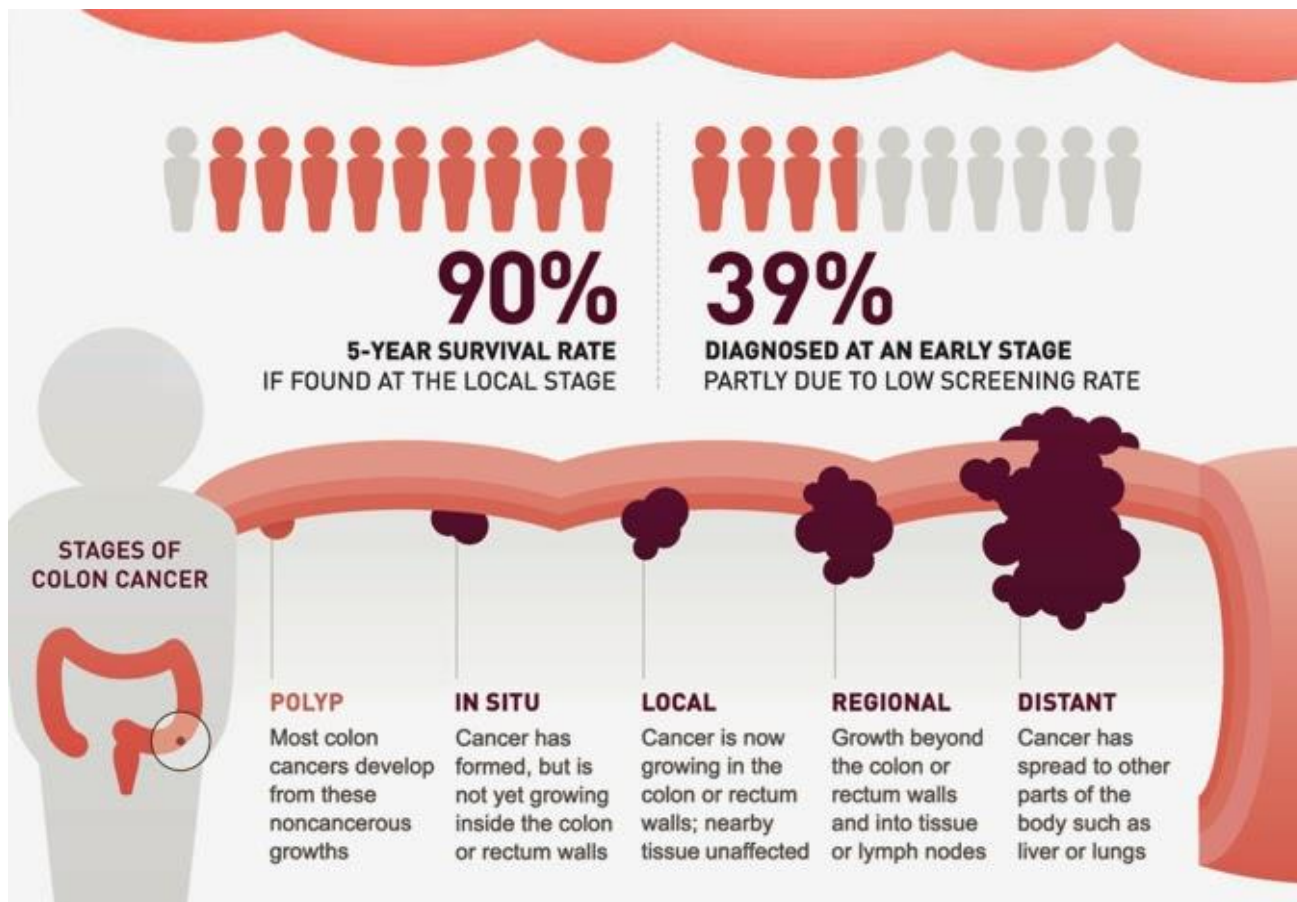
II	70%
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III	50%
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IV	Less than 5%
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# The case for screening



# Adjuvant Chemo in Colon Cancer

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Reduce risk of recurrence in “cured” patient

Classically 1/3 of node negative and 2/3 of node positive recur

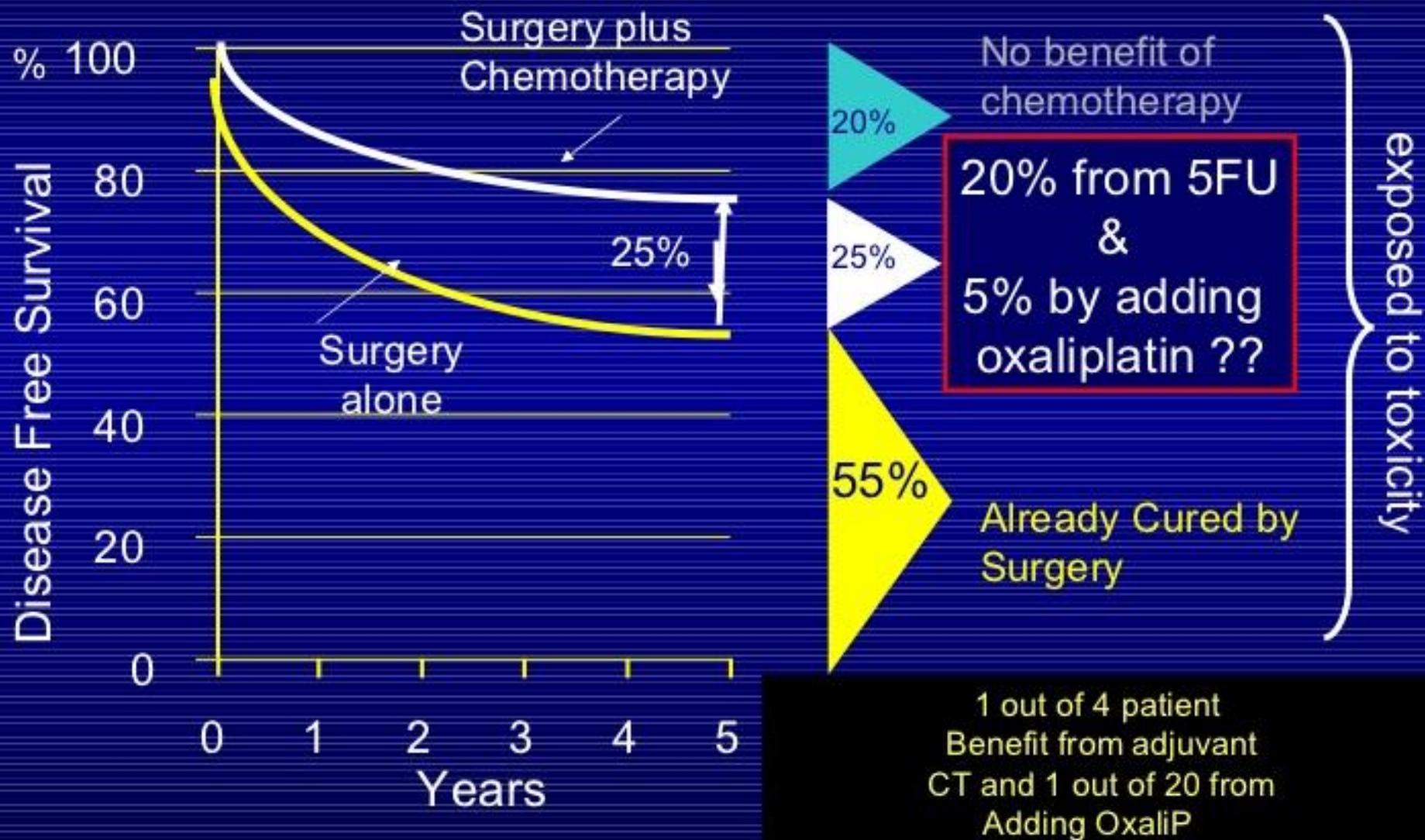
Can reduce this risk by 33% with 6/12 of 5FU based chemo  
NNT = 10 to 3

High risk young patients ADD oxaliplatin (no single agent benefit)

NO other drug has any adjuvant benefit

# Adjuvant Therapy for Colon Cancer Stage III

## What benefit ??



# Work Up of patient with Metastatic Disease

- Weight Loss
  - Comorbidities
  - ECOG PS
  - Social Support
- 
- Disease Burden
  - Location (CT, MRI Liver, PET)
  - CEA
  - RAS/RAF oncogene status
  - Tumour MSI status



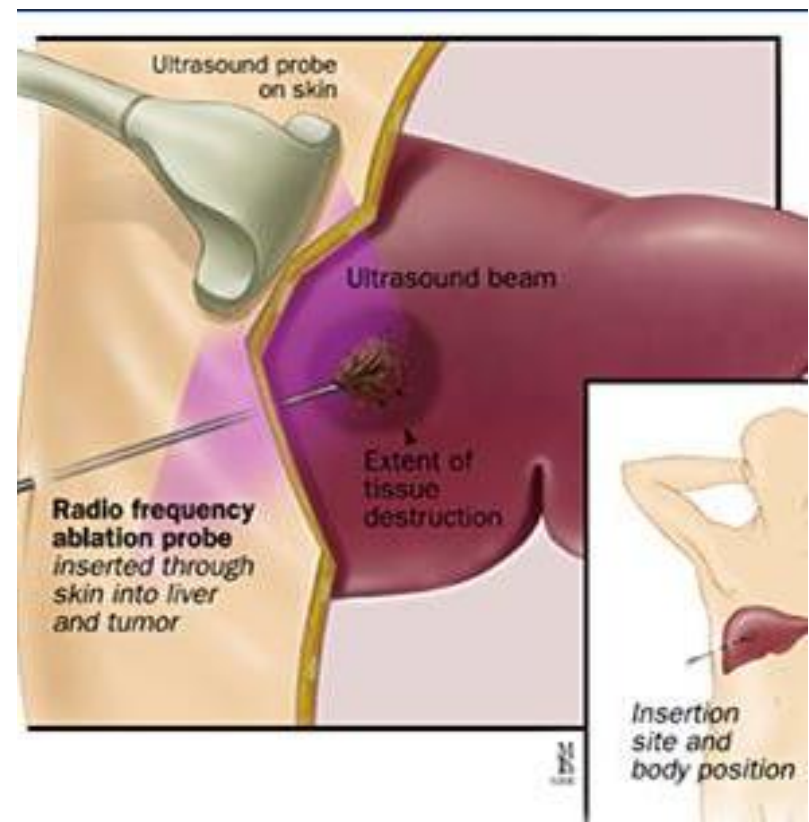
# Metastatic Disease

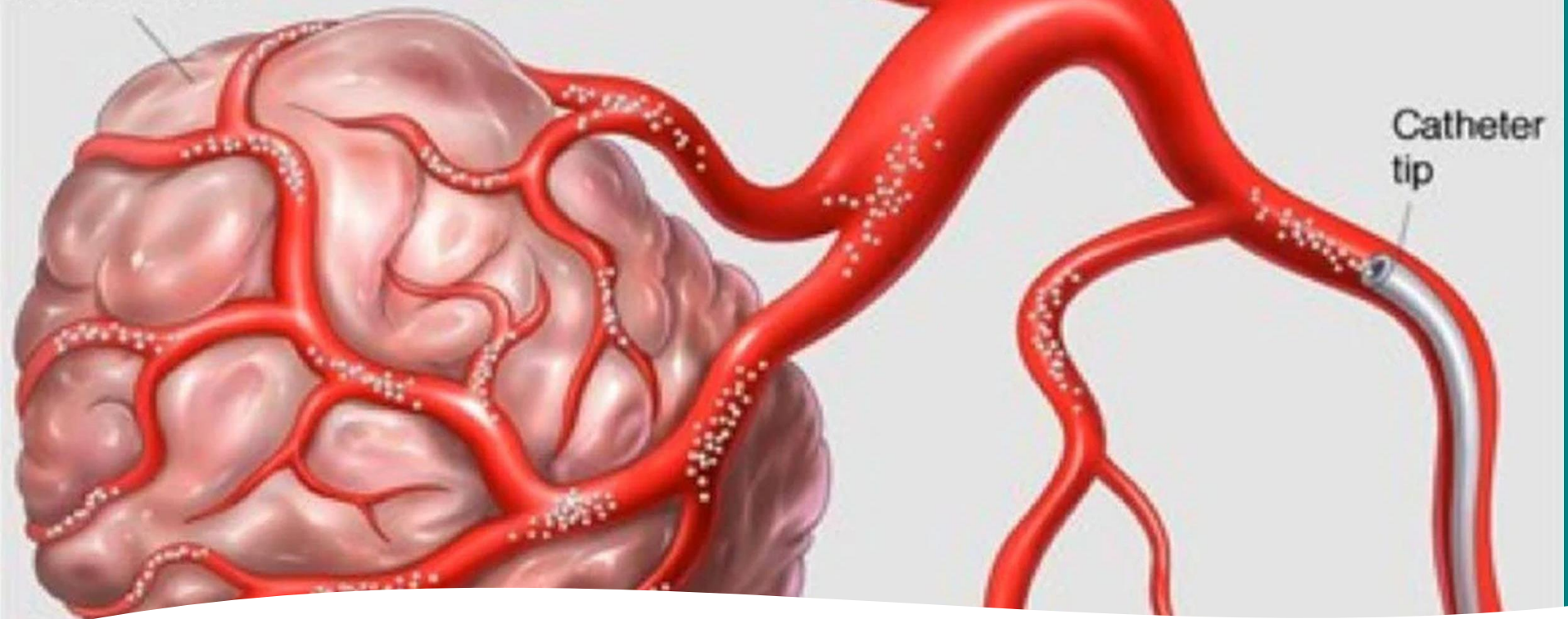
- Cure
  - Fit, few comorbidities
  - Low disease burden
  - Anatomically resectable
  - Add antibodies to downstage and render resectable
  - ~50% cure rate post resection of single liver met
- Palliate
  - Unfit, multiple other illnesses
  - Huge Disease Burden
  - Awkward locations – on hepatic vein – never resectable – always show surgeon scan after 2-3/12
  - Median OS 3 years

# Local Treatments for Metastatic Disease

## Ablate

- RFA
- MWA
- Thermal Ablation
- IRE





Local  
Treatments  
for Metastatic  
Disease

Infuse

- Hepatic Arterial Infusion
- Yttrium Microspheres
- Chemoembolization
- Bland Embolization