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## Around 42,300 cases of colorectal cancer are diagnosed

annually in the UK. Colorectal cancer is the third most common cancer in both women and men and is the second most common cause of cancer death in the UK, with around 16,600 recorded deaths per year. The lifetime risk of developing colorectal cancer is 1 in 15 for men and 1 in 18 for women in the UK. The highest number of diagnoses in men are in the 70-74 age range, and for women in those aged 80-84 years.

# Modifiable lifestyle factors are thought to be associated

with the development of colorectal cancer in 54% of cases. A diet with too little fibre is the main lifestyle risk factor implicated in 28% of cases. There is a 10% decreased risk seen for every 10 g/day total dietary fibre consumed. Processed meat consumption, obesity and overweight, smoking, alcohol and taking too little exercise are other modifiable risk factors.

## The main symptoms patients with colorectal cancer

present with are: persistent blood in faeces; persistent change in bowel habit and persistent lower abdominal pain. Less obvious presentations are unexplained weight loss, tiredness for no reason, general malaise and iron deficiency anaemia found on blood testing. There is increasing interest in thrombocytosis; it is recognised that lung, endometrial, gastric, oesophageal and colorectal cancers (LEGO-C) are associated with raised platelet counts.

## In the management of non-metastatic colon cancer,

surgical resection remains the treatment of choice for patients fit enough to be considered for surgery. Minimally invasive surgery (laparoscopic in most cases, robotic in the minority) is generally preferred, although some patients may still require a more traditional, open operation. Systemic anti-cancer therapy (SACT) will be considered in certain patients after surgery when the tumour analysis shows the presence of high-risk factors (e.g. cancer cells present in the lymph nodes or blood vessels). For early rectal cancers, treatment options include: transanal excision, which includes transanal minimally invasive surgery and transanal endoscopic microsurgery; endoscopic submucosal dissection, an advanced technique to remove rectal tumours endoscopically; surgery to remove the rectum (total or partial).

## All clinicians should be aware of low anterior resection

syndrome (LARS), which will affect some of the 268,000 people living with, and beyond, colorectal cancer treatment. LARS is seen in some who have had sphincter preserving surgery for rectal cancer. The common symptoms with LARS are increased bowel opening, urgency, incontinence, the feeling of incomplete emptying, fragmentation of bowel opening (small amounts little and often) and difficulty in differentiating between gas and stool. A LARS questionnaire can be useful in patients who mention any of these symptoms.