

Is there any method to screen for colorectal cancer?

It is recommended to start colonoscopy around the age of 40 and repeat every 5 years if the first examination is normal. Yearly digital rectal examination and fecal occult blood test are also recommended.

We provide a colorectal cancer screening package for the high-risk group. Procedures consist of basic physical examination, medical history taking, digital rectal examination, abdominal examination, fecal occult blood test, colonoscopy / virtual colonoscopy and follow-up. Please contact us for details.

How can colorectal cancer be prevented?

Colorectal cancer is the most likely of all cancers that can be prevented through a healthy diet and lifestyle. This means having a well-balanced diet, cutting down on high-fat food, and performing regular physical exercise. As most colorectal cancers grow through the stage of a polyp, colonoscopic removal of the polyp can prevent this type of cancer from occurring.

How does COC help?

The Comprehensive Oncology Centre provides one-stop services for the screening, diagnosis and multi-disciplinary treatment of cancer, together with support and counselling for our patients and their families.

We collaborate with the University of Hong Kong in continuous medical education and development to ensure the provision of the best management to our cancer patients.

The prognosis of cancer treatment is promising if detected early. If you suspect yourself or anyone you know to have cancer, please contact us for consultation and further examinations.

For enquiries and appointments, please contact us at:

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Service Hours

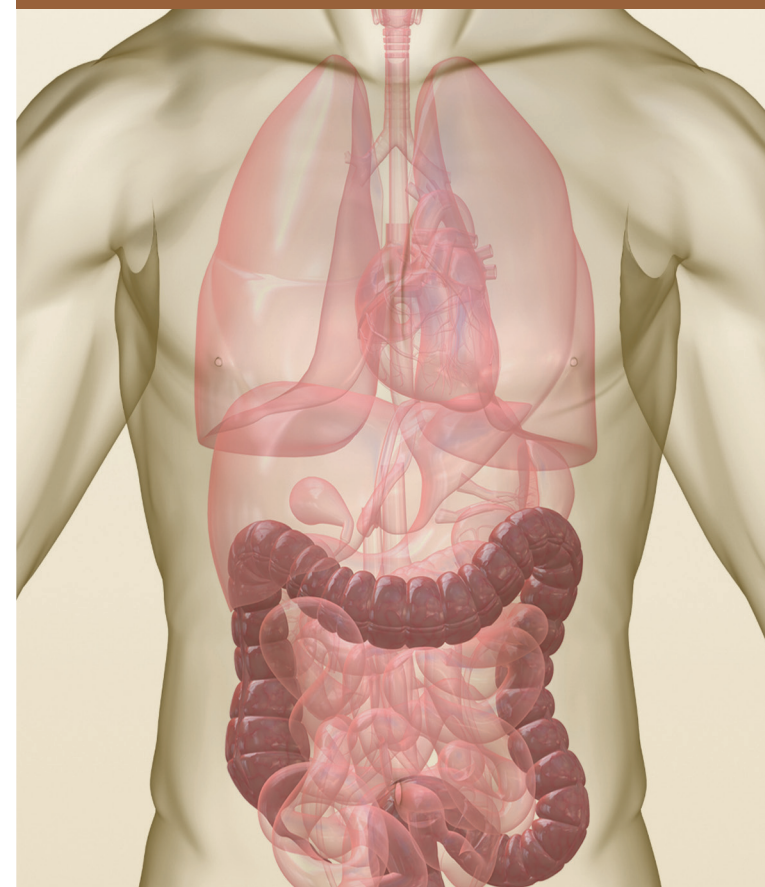
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Colorectal Cancer



Winning Against Cancer



Hong Kong Sanatorium & Hospital

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Cancers of the intestine occur most frequently at the colon and rectum. Colorectal cancer is highly treatable and often curable when it is localized and diagnosed at its early stages.

How common is colorectal cancer?

In Hong Kong, colorectal cancer is the most common cancer after lung cancer in men, and after lung and breast cancers in women. In the year 2008, the incidence of colorectal cancer was 57.8 per 100,000.

What are the causes and risk factors?

- Age: Colorectal cancer is more common in those above the age of 40.
- Family and personal history: Those with a family history of colorectal cancer (especially among first degree relatives) and familial polyposis coli are at a higher risk. Women who have a history of ovarian or breast cancers have a slightly increased risk.
- Polyps: These are non-cancerous growths of the large intestine. While they are very common in people over 50, one type of polyps referred to as adenomatous polyps is considered to be a precursor to cancer.
- Those with inflammatory bowel diseases like Crohn's disease and ulcerative colitis have a higher risk of developing colorectal cancer.
- Diets high in fat, low in fibre and lack of exercise are associated with an increased risk of having the disease.

What are the common symptoms?

Common symptoms of colorectal cancer include:

- Anemia;
- Change of bowel habit like constipation or diarrhea and blood in the stool;
- Abdominal pain and vomiting;
- Weight loss and tiredness.

Although these symptoms can be caused by other conditions, it is very important that you always have them checked by a doctor.

How does the doctor make the diagnosis?

The following procedures are indicated for patients who are suspected to have colorectal cancer:

- Physical examination: This includes digital rectal examination in which the doctor inserts a lubricated, gloved finger into the rectum to feel for a lump and abdominal examination for a mass or enlarged liver.
- Blood test: This includes the fecal occult blood test to test for hidden blood in the stool and blood test for anemia and CEA, a tumour marker that may be elevated in people with colorectal cancer.
- Barium enema is a special form of X-ray used to show the contour of the large intestine and hence any abnormal area.
- Colonoscopy and biopsy: A flexible tube called a colonoscope will be passed into the rectum to look inside the whole length of the large intestine. Samples will be taken for biopsy in which cells or tissues will be examined under the microscope for abnormalities.
- CT scan or PET scan to identify distant metastasis.

How is colorectal cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- Surgery is the primary treatment for colorectal cancer. A recent advance is the introduction of the minimally invasive surgical technique with the benefit of having small wounds and quick recovery. When cancer occurs in the lower part of the rectum, a colostomy (an artificial opening of the bowel) may be required after surgical removal of the tumour.
- Chemotherapy: Currently available chemotherapy does not completely eradicate primary colon cancer. Adjuvant chemotherapy to eradicate micro-metastasis that is not visible at the time of surgery has been shown to be useful in preventing future relapse. In advanced colon cancers, chemotherapy is used to improve the survival.
- Radiotherapy: Adjuvant radiotherapy has been shown to decrease local recurrence of rectal cancer. Combined radiotherapy and chemotherapy increases disease-free survival for rectal cancer more than radiotherapy alone.

Doctors will plan the most appropriate treatment according to the patient's condition.