What is the Government-subsidised Colorectal Cancer Screening Programme?

Regularised and extended to all asymptomatic Hong Kong residents aged between 50 and 75 in phases, this programme allows the eligible to first undergo a subsidised faecal blood test from enrolled Primary Care doctors. Those with positive test results are referred to enrolled Colonoscopy Specialists for subsidised colonoscopy. For more information, please refer to www.ColonScreen.gov.hk.

What should I do if I am not eligible for the Government-subsidised programme?

You may consult your family doctor as to whether colonoscopy is needed. He/she will explain to you in detail about the necessity, benefits and risks of colonoscopy and help you make an informed decision.

Both my parents did have colorectal cancer. So it must have something to do with the genes and I may probably belong to the high-risk group. What should I do?

The fact that your parents had colorectal cancer may suggest that you, as their first-degree relative, have a higher chance of developing colorectal cancer than the general population. But it does not mean that colorectal cancer is inevitable or not preventable.

If you are considering genetic tests, please first consult your family doctor and a genetic counsellor. They can help you understand your cancer risk and different types of genetic tests, for example MLH1, MSH2, MSH6, PMS2.

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Colorectal Cancer

WINNING AGAINST CANCER

養和綜合腫瘤科中心
HKSH Comprehensive Oncology Centre

www.hksh.com

Colorectal cancer is one of the common types of cancer in Hong Kong. It accounted for 15.3% of new cancer cases in 2021. The male to female ratio was about 1.3:1. Over 90% of cases were diagnosed at the age of 50 or above.

In 2021, colorectal cancer caused 15.2% of all cancer deaths, making it the second cancer killer in Hong Kong that year. In view of the aging population and increasing incidence of colorectal cancer, the Government launched a subsided Colorectal Cancer Screening Programme in phases for local residents aged between 50 and 75 in 2018.

What are the risk factors of colorectal cancer?

The following risk factors may contribute to a higher risk of developing colorectal cancer:

- Above 40 years of age
- A family history of developing colorectal cancer, especially in the first-degree relatives, and familial polyposis
- Women with a personal history of ovarian or breast cancer
- Inflammatory diseases, such as Crohn's disease and ulcerative colitis
- Unhealthy eating habits, e.g. high-fat and low-fiber diets
- Lack of exercise

What are the common symptoms of colorectal cancer?

Early colorectal cancer may be asymptomatic.
The most common symptoms are:

- Anaemia
- Constipation and blood in stool
- Abdominal pain and vomiting
- Weight loss and fatigue

As these symptoms are not specific, you are advised to seek medical opinion and further assessment at the earliest opportunity.

What should I expect if I am suspected of having colorectal cancer?

You may need to go through the following assessments after consultation with your doctor, depending on your condition:

- Your doctor may perform a physical examination by inserting a lubricated, gloved finger into the rectum to feel for any lump. The abdomen may also be examined for any mass or enlarged liver
- A faecal occult blood test is usually conducted to detect hidden blood in stool samples. The presence of blood in stool may suggest bleeding in the bowel. Other blood tests may be required to test for anemia, and a tumour marker called CEA is usually found in high preoperative concentrations in people with colorectal cancer
- Surveillance of the entire bowel by colonoscopy and biopsy for any suspicious lesions
- PET/CT scans may be performed if necessary

How is colorectal cancer treated?

Surgery is the mainstay of treatment for colorectal cancer. With the advance in minimally invasive surgery, patient can expect to have smaller wounds. For low rectal cancer, after the tumour is removed, a temporary ileostomy may be needed to create an artificial opening of the bowel.

Current chemotherapy regimens do not eradicate primary colon cancer. As adjuvant treatment, however, chemotherapy is shown to be effective at eradicating micro-metastasis not visible at the time of surgery and preventing relapse. It also helps improve survival in advanced cases.

Radiotherapy is used as adjuvant treatment to reduce the risk of local recurrence of rectal cancer. Disease-free survival for rectal cancer is enhanced when combined with chemotherapy.

You are advised to consult your Oncologist and engage in the decision-making process for optimal treatment.

When should I start checking for colorectal cancer?

You are advised to start checking your bowels by colonoscopy at the age of 40 and do it every 5 years thereafter. Annual digital rectal examination and faecal occult blood test are also recommended.

What should I know about colorectal screening?

No screening test is 100% accurate: an abnormal result does not necessarily mean you have cancer, or you may have cancer despite a "normal" result. Potential risks like false reassurance, unnecessary anxiety and other side effects from further investigations cannot be ignored.

Please consult your doctor and make an informed choice.

What can I do to prevent colorectal cancer?

The key to colorectal cancer prevention is healthy diet and lifestyle. You are advised to eat less high-fat food, cut down on processed meat and reduce intake of red meat. You should increase your fruit and vegetable intake at the same time. Regular exercise is also a must to maintain a suitable body mass index (BMI).

With screening, all polyps detected during colonoscopy must be removed to prevent them from growing into cancer.