

Introduction longer
than one centimeter
in diameter during



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Introduction The report is about colorectal cancer screening. It details indications for screening, screening measures, risk factors, diagnostic and therapeutic measures after a positive colorectal cancer screening.

It also includes the course of colorectal cancer pathology, poly-cancer, possible types of colonic polyps, and applicable follow-up measures.

Indication for Screening A polyp which is longer than one centimeter in diameter during sigmoidoscopy remains a clear indication of full colon examination because between 30 and 50 percent patients have additional polyps. Polyps lesions detected on barium enema might denote pseudo polyps, carcinomas or true polyps. The symptoms for screening may include an alteration in one's bowel habits, such as diarrhea/constipation or even an alteration in stool's consistency, which lasts longer than 4 weeks. Another indication can be rectal bleeding or presence of blood in the stool. Also, persistent abnormal discomforts like gas, pain or cramps are clear indications. A feeling that one's bowel does not empty fully is another indications besides fatigue/weaknesses as well as unexplained weight loss (Hamilton & Aaltonen, 2000). **Screening Measures** The screening must include a range of tests and offer alternatives and sharing decisions with patients to improve rates of screening.

The test could include stool test which is done to check for hidden blood in the stool. If the stool test is abnormal, a colonoscopy can be performed (Lynch, 2005). This is based on offering choices in screening that help increase screening uptake. This will have the greatest effect on reducing deaths due to colorectal cancer (Lynch, 2005). **? Risk Factors** The main risk factor is the family history of disease and older age.

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However, various other factors have been attributed to increased risks. These include excessive alcohol use, obesity, smoking cigarette, being inactive physically and diet (Levin et al., 2008).

Furthermore, individuals with history of inflammatory bowel disease like ulcerative colitis/Crohn disease show higher risk of colorectal cancer. Also, individuals with some inherited conditions like Lynch Syndrome as well as familial adenomatous polyposis have also show increased risk of colorectal cancer (Rivadeneira & Killelea, 2007). Diagnostic and Therapeutic Measures after positive Screening Where a clinical symptoms and signs indicate colon cancer or where screening through radiography/sigmoidoscopy identifies a huge-bowel tumor, a complete colonoscopic exam needs to be undertaken to acquire biopsy samples and to look for synchronous lesions. Colonoscopy findings have implications for surgical treatment plan. Histologic diagnosis needs to anchor examination of fully excised polyp (Markowitz, 2007). All polypoid lesions bigger than 0.

5 cm must be excised fully. Repeat colonoscopy is performed in three to four months once sessile polyp larger than 2 cm is removed and a concern of incomplete removal of adenoma. Resection is required in case residual tissue stays and colonoscopy repeated in another three to four months (Guarino, Rubino & Ballabio, 2007). Course of Cancer PathologyColorectal cancer starts like a polyp, a tissue growth which lines inside surface of rectum or colon as people advance in age.

It could be a flat or raised one; the latter could grow internal side of rectum. A polyp can develop to a serious life threatening cancer if it is not removed

or threatened; early recognition and removal of the cancerous polyps is crucial and can prevent further colorectal cancer (Levine, et al 2008)

Possible Types of Colonic Polyps There are three types: hyperplastic, adenomatous and

malignant polyps. Hyperplastic is often small and situated in end-portion of colon. It has no potential of being malignant and is never worrisome.

However, when the hyperplastic increases in size, it should be removed.

Adenomatous is the most common and do not develop into cancer but has potential of being cancerous. Malignant contain cancerous cells. Applicable

Follow-up Measures The main objective of such a measure is early cancer detection which has reverted after being treated. It entails regular physical

exams, carcinoembryonic antigen (CEA) tests, colonoscopy/recto

sigmoidoscopy and computed tomography (CT) (Levin et al., 2008). The

follow-up care is imperative as it assists in maintenance of good health

(Bretthauer, 2011).

This involves side effects' management from treatment as well as lasting side-effects' watching. Most importantly, such measures help watch for signs

of a cancer recurrence. In conclusion, individual at high risk of colorectal

cancer are those with a strong family history of colorectal cancer or polyps,

and other cancer syndrome. It is important that colorectal cancer is detected early in order to be treated immediately to avoid further complications.

Colorectal cancer could be prevented through healthy lifestyle which

includes regular exercise, no smoking, weight maintenance, diet rich in

vegetables and fruits with lesser red meat.