

Colon cancer



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Colon Cancer Ayesha Khalid Research-Academia Colon Cancer Cancer is a malignant disease that is widespread nowadays. It can potentially up shoot anywhere in the body with no unique warning signs. A sufferer might come to know at a very later stage that they have got cancer. There may well be a chance that he or she is warned way before the disease reaches the stage where it cannot be treated. All this is a matter of luck rather than anything else. Cancer can occur in many forms for example liver cancer, breast cancer, thyroid cancer, cervical cancer, colon cancer etc. In short a cancerous tissue can form anywhere in the body. We will focus on colon cancer in this essay. Colon cancer is a short form for colorectal cancer which occurs in rectum or anus; the colon is the large intestine or large bowel, the rectum is the passageway that connects the colon to the anus. If colon cancer is diagnosed at an early stage it can be cured through chemotherapy or surgical treatment however that is only possible if it spreads in to the nearby lymph nodes. According to the American Cancer Society, colorectal cancer is one of the leading causes of cancer-related deaths in the United States. Unlike breast cancer or cervical cancer which affects women only, colon cancer can affect men and women alike, irrespective of class, race or ethnicity. Despite this it has been seen that it is more common in men than in women. Colon cancer symptoms are simply the apparent changes that one can notice. Many colon cancer patients do not notice any visible change however there are few things that indicate if a person is affected by this disease. For example, according to Cappell (2008), a person might feel abdominal pain and tenderness in the lower abdomen. Diarrhea or constipation may also be one of the symptoms but many patients tend to ignore such symptoms as these may be caused by food poisoning or not

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eating enough fibrous food. However if the blood comes in the stool or there is a constant weight loss or intestinal obstruction then these symptoms are often taken relatively seriously by the people. In almost all cases as stated in Lieberman (2009), with proper screening, doctors can detect colon cancer before symptoms develop. The doctor will simply perform a physical test, he or she will press the belly or abdomen and if they feel a mass then they will confirm doubts through fecal occult blood test (FOBT), this test can detect small amounts of blood in the stool but the loop hole here is that it can also come negative for patients who do have colon cancer thus for this reason it must be done along with colonoscopy or sigmoidoscopy (these are the imaging tests that show the entire colon). If these tests show that a person has colorectal cancer then the doctors further confirm it through a CT or MRI scan of the abdomen and pelvic area. Sometimes the doctor might also get a CT scan of brain and chest to see how far the cancer has spread and at until which stage the cancer has matured. Colon cancer can be divided into 5 stages; stage 0 is the very early stage where it is just on the innermost layer of the intestine, followed by the first stage where the cancer occurs in the inner layers of the colon. By the end of stage three, the cancer has spread to the lymph nodes and fifth stage is where it has affected the other organs (the chance of survival at this stage is very less). The kind of treatment given to the patient depends upon the stage of cancer the person is going through. Generally there are three kinds of treatments; surgery, radiation therapy and chemotherapy. Surgery means removing the cancerous cell through an operation. It is more often known as colectomy. Surgery includes local excision where the doctor removes the cancer without cutting through the abdominal wall but in case the cancer is large, the doctor will perform an

anastomosis (sewing the healthy parts of the colon together). The doctor will also usually remove lymph nodes near the colon and examine them under a microscope to see whether they contain cancer. The last kind of surgery is the radiofrequency ablation. Here the doctor uses the electrode to kill the cancerous cells. Second type of treatment is chemotherapy which is widely practiced. Chemotherapy can be very painful as it is injected into the blood and burns the cancer cells. It can either be injected into the vein or taken as a drug. Chemomobilisation of the hepatic artery may be done if the cancer has reached the liver but that happens only in severe cases. Thirdly in radiation therapy, doctors use X-rays or other type of radiations to kill cancer cells or prevent these from growing. There are two types of radiation therapy; external and internal. In the former, radiation machine is used outside the body to send radiation towards the cancer while internal radiation uses a radioactive substance sealed in needles, seeds or wires that are placed directly into the cancer. There is no definite prognosis for this cancer as a patient after all the treatments may develop certain complications like blockage of the colon, development of a second primary colorectal cancer or the cancer cells may return in the colon. A treatment that might be successful for one may not be as successful for the other but generally colon cancer in many people is a curable disease if diagnosed early as cited in Steinberg et al. (1986). It greatly depends on factors like the stage the cancer was diagnosed. If treated early, vast majority of patients survive at least five years after diagnosis but this five year survival rate drops if the cancer has spread to other organs. If the cancerous cells do not return in five years time, it often means the patient has been cured. The first three stages are considered curable but if it is diagnosed in the fourth stage,

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the chances of survival are slim. At the end of the day, fighting with any disease is all about the amount of strength, hope and will-power the patient has. With the constant support of family and friends, a patient may live a longer, better life. References (2009). National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Colon Cancer, V3. Cappell, M. S., (2008). Pathophysiology, clinical presentation, and management of colon cancer. *Gastroenterol Clin North Am*, 37, 1-24. Cuzick, J., Otto, F., Baron, J. A., et al. (2009). Aspirin and non-steroidal anti-inflammatory drugs for cancer prevention: an international consensus statement. *Lancet Oncol.* (5), 501-507. Filella, X., Molina, R., Grau J. J., et al. (1992). Prognostic value of CA 19. 9 levels in colorectal cancer. *Ann Surg* 216(1), 55-59. Lieberman, D. A., (2009). Clinical practice. Screening for colorectal cancer. *N Engl JMed.* 361(12), 1179-87. Steinberg, S. M., Barkin, J. S., Kaplan, R. S., et al. (1986). Prognostic indicators of colon tumors. The Gastrointestinal Tumor Study Group experience. *Cancer* 57(9), 1866-1870.