

Colon Cancer

Prevention and Early
Detection

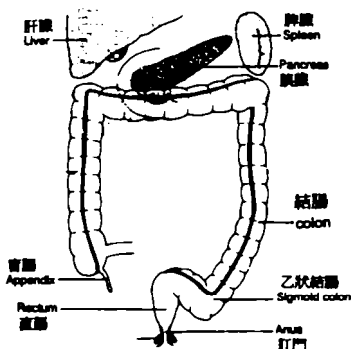
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**FEDERATION OF
CHINESE AMERICAN
AND CHINESE CANADIAN
MEDICAL SOCIETIES**

COLON CANCER

Cancer of the large intestine (colon cancer) is a Common cancer in people over age 50, affecting about 1 in 20 people in North America. Early detection is important since early treatment improves the chance of complete cure.



CAN COLON CANCER BE PREVENTED?

Although the cause of colon cancer is still unknown, there is evidence that most of these cancers arise from **polyps** (benign intestinal tumors). Some polyps change slowly into cancer over a period of several years. *The discovery and removal of polyps before they transform into cancer is one of the most effective ways to prevent colon cancer.*

Dietary fat intake is believed to play a role based on wide differences in the cancer patterns in different parts of the world. For example, the incidence of colon cancer is much higher in North America than in China, and the Chinese who migrate to North America have a higher incidence of colon cancer.

A diet high in fiber (rich in vegetables, fruits, and whole grains) and low in fat reduces the risk of developing colon cancer.

Risk Factors for colon cancer:

- ◆ family history of colon cancer
- ◆ history of polyps
- ◆ people with longstanding chronic inflammatory bowel disease (*ulcerative colitis* or *Crohn's disease* involving the colon)
- ◆ *Familial polyposis coli*, a rare hereditary disease which affects many members of the same family

EARLY DETECTION OF COLON CANCER:

1. Early Recognition of Symptoms of colon

cancer: It is important for people to know and recognize the possible signs of colon cancer so that early diagnosis is possible.

- ***A change in bowel habit*** - e.g. increasing constipation, or irregular bowel habit with alternating constipation and diarrhea is the most common symptom. Consult a doctor for any unexplained change in the pattern of bowel action which lasts more than 2 weeks.
- ***Blood in stool or bleeding from rectum*** may be a symptom of bowel cancer and should not be assumed to be caused by hemorrhoids, although common. Very small amounts of blood may not be visible but can be detected by a stool test for *occult blood*. Blood loss over a long period of time may result in anemia, with symptoms of paleness and fatigue.
- ***Feeling of incomplete evacuation of the bowels*** which is persistent, and associated with little passage of stools, may suggest a tumor low in the rectum.
- ***Change in stool caliber*** (e.g. very narrow like a pencil).
- ***Crampy abdominal pain or discomfort***

Note: symptoms that have been present unchanged for many years are usually not the result of cancer.

2. Surveillance for colon cancer:

Detection and removal of very early cancers or polyps, while symptoms have not yet appeared, is highly successful in preventing or curing colon cancer in these individuals.

a) *People at high risk of developing colon cancer* (see risk factors above) should be followed by their doctor for annual check-ups, including colonoscopy or Barium Enema (for total colon examination) at regular intervals.

b) *All people 50 years or older with normal risk* can be screened for early detection of colon cancer by seeing their doctor for rectal examination and examination of stools for occult blood (yearly), and sigmoidoscopy every 5 years.

DIAGNOSTIC EXAMINATION AND TESTS:

A combination of the following examinations may be used in diagnosing colon cancer.

1. Rectal Examination

This is done by a physician by inserting a gloved finger into the rectum, and is a normal part of a complete physical examination.

2. Test for Occult Blood in the stool

It is possible to check for the presence of occult (or hidden) blood in the stool which is not visible to the eye. Small samples of stool collected at home are checked chemically for the presence of blood, which can be identified in minute quantities.

A positive test does not mean that cancer is definitely present (since the test is not specific for cancer) but that more precise tests should be done.

3. **Sigmoidoscopy**

A short, hollow instrument bearing a light, called a sigmoidoscope, is inserted into the large intestine from below by the physician. This allows a careful visual examination of the interior of the large intestine *up to about 12 inches*, and provides the opportunity for a biopsy to be taken if necessary.

(A *biopsy* is a small piece of tissue that can be examined under a microscope in order to give a precise diagnosis.)

This test can be done in a doctor's office without the need for an anesthetic and with minimal discomfort.

4. **Colonoscopy**

A long instrument which is flexible with a special light using fiberoptics can be inserted from below (similar to a sigmoidoscopy) to examine the interior of the large intestine.

This test, which is done by a specially trained physician, gives the most thorough examination of the *entire* colon as well as the opportunity for biopsies, if necessary.

5. **Barium Enema**

This is an X-ray of the large intestine using a dense substance called *Barium* to fill the interior of the entire colon (given as an enema). Barium gives contrast to allow abnormalities in the lining of the bowel to show up on the X-ray.

Treatment for colon cancer, which includes surgery, radiotherapy, and chemotherapy (used singly or in combination) are highly effective and can result in cure if the cancer is diagnosed before spread has occurred.

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結腸癌(大腸癌) (Colon Cancer)

大腸癌多見於年越五十的人士。在北美，每二十人當中便有一名患上這種癌。愈早發覺它的存在，愈早接受適當的治療，痊癒的希望大大增加。

大腸癌可以預防嗎？

目前大腸癌的成因未明，但證據顯示大多數的腫瘤都是起自生長在大腸內壁的良性息肉(polyps)。有些大腸息肉在數年間慢慢地轉變成癌性腫瘤。因此，若能在惡化前，及早發覺息肉的存在，將它們除掉，便可以有效地預防大腸癌的形成。

大腸癌的主要危機是和食物有關連的，特別是高脂肪的進食，令人擔憂。人們皆知道大腸癌的個案在北美國家是遠遠超過中國，但華人一旦移居北美後，患大腸癌的人數大增。因此，專家們相信高纖維和低脂肪的進食(多吃蔬菜、鮮果和穀類食物)，是可以減少患大腸癌的危機。

危機因素

- 家族史 — 親人曾患大腸癌。
- 曾患大腸息肉者。
- 患有慢性腸炎者，如潰瘍性結腸炎 (ulcerative colitis)
- 家族性大腸息肉病 (familial polyposis coil) 是一種罕見的遺傳疾病，一個家庭裡有多個成員是患有大腸息肉病。

及早發覺和診治

1. 認識大腸癌的早期症狀

讓人們認識大腸癌常見的徵狀是很重要的，這有助於及早診治的機會。

- 大便的習性更改 — 最常見的例子，便是便秘的次數增加，或是便秘和腹瀉互相交替。倘若真的遇到在毫無原因的情況下大便的習性更改，而事態維持超過兩個星期，便應請教醫生。
- 大便有血或直腸出血，可能是大腸癌的症狀。至於痔瘡(hemorrhoids)出血雖然是很普遍的一回事，但切勿掉以輕心，而疏忽了這警告的訊號。假如糞便含有少量血液，肉眼是看不見的，但可將樣本化驗，便能辨別清楚。這便是醫學上稱為「隱血」(occult blood)。長期失血，可導致貧血，造成面色蒼白和身體疲倦的症狀。
- 急便的感覺 — 患者經常感覺到肛門排糞不清，或頻頻排出少量的糞便，這可能是直腸的下端長有腫瘤的緣故。
- 腹部陣痛或不適。
- 糞便轉變成筆狀細條。

2. 及早偵察大腸癌

在尚沒有顯著症狀前，若能將腫瘤或息肉切掉，便可根治或預防大腸癌。

- a. 患有大腸癌高危險的人士(參閱上述大腸癌的危機因素)，應每年接受醫生檢查，包括結腸鏡檢法(colonoscopy)或大腸鋇灌檢查 (barium enema)
- b. 任何五十歲或以上的人士，並沒有高危險的因素，可尋求大腸癌甄別性檢查，包括醫生「肛探」(digital rectal examination)，每年化驗大便隱血，和每五年進行一次直腸乙狀結腸檢視法(sigmoidoscopy)。

診斷

醫生在診斷大腸癌時，可能進行下列一種或多種檢查方法：

1. 肛探： 醫生配戴膠手套後，通常用食指插入肛門，觸摸直腸各部位。這是正常全身體格檢查的一部分，受檢者不用驚慌或見怪。
2. 糞便隱血檢查： 肉眼看不見的血液，可用化學藥物辨別出來，祇要在家中收集少許的糞便，送到化驗所去檢查，便知分曉。化驗結果是陽性，祇能證明血液的存在，並非確實腫瘤的存在，事情真相，有待進一步檢查。
3. 直腸乙狀結腸檢視法(sigmoidoscopy): 醫生把一根有照明設備的空心管，伸入直腸和結腸(即大腸的末段)，可視察大腸尾部十二吋的內壁。如一旦發現有異常的腫瘤，可隨意取出一些活組織，在顯微鏡下，作出準確的診斷。這種檢查可在醫務所內進行，不用施麻醉藥物，受檢者祇會感覺輕微的不舒服。
4. 結腸鏡檢法(colonoscopy): 一條細而富有柔韌性的長管子，內設有導光纖維，從肛門插入，何伸延到整條大腸的各部位，可視察大腸內壁的情況，也可在懷疑的地方，進行活組織檢查。這精緻的儀器，需要由專科受訓的醫生使用，才可收效。
5. 鋇灌腸檢查 (barium enema): 使用密度高而又能阻止透視X光的鋇溶液(barium)，灌入大腸內，拍成照片，顯示著整條大腸的內壁，一切異樣，表露無遺。

治療

大腸癌的治療方法，包括手術、電療(radiotherapy)和化療(chemotherapy)。醫生可選擇一種或多種治療方法去醫治不同情況的病者。及早診治尚未擴散的病者，痊癒機會頗高。