Colorectal cancer affecting younger generation

The number of colorectal cancer patients in Malaysia has risen from 11 to 21 out of every 100,000 people, as suggested by data in 2013.

This growth makes it the second most prevalent cancer in the country, after breast cancer.

Colorectal cancer is a malignant tumour on the inner wall of the large intestine, with risk factors ranging from family history, colon polyps and long-standing ulcerative colitis.

In comparison with No-Shave November and raising awareness on colorectal cancer, Maisy Mai’s AIZUAN MUDA speaks to University Malaya Faculty of Medicine’s Head of General and Colorectal Surgery Prof Dr April Camilla Roslan on the need to increase our focus on the prevalence of colorectal cancer in Malaysia.

Q: What are the current statistics of patients affected by colorectal cancer?
A: Accurate statistics for colorectal cancer in Malaysia is difficult to obtain. The existing data suggests that, out of approximately 20,000 new cancers diagnosed annually, about 15 per cent are colorectal cancers. This works out to about 3,000 new colorectal cancers diagnosed annually. It is a worrying trend. While it is most common in patients over the age of 50, we are starting to see young patients with advanced stages of the disease.

Q: What are the demographics of colorectal cancer?
A: Males of Chinese ethnicity aged over 50 years are the group most commonly affected. The gender split is about 55 per cent male and 45 per cent female. Incidence also increases with age, with a significant rise in patients over the age of 50. Familial colorectal cancers develop much earlier and may manifest before the age of 40.

Q: On average, how old are the youngest patients?
A: The youngest patients we have treated have been in their teens. There has been a disturbing trend of young colorectal cancer patients with no symptoms of risk factors. As the index of suspicion is low in these young patients, they usually seek treatment late when the disease is already at an advanced stage. Patients who have suffered other cancers such as breast, ovarian or gastric cancers are also at increased risk of developing colorectal cancer. Patients suffering from inflammatory bowel disease also have a higher incidence.

Q: How do you detect colorectal cancer at an early stage?
A: Unfortunately, colorectal cancer is often present for many years without symptoms and may not be apparent until the disease is at a later stage. These symptoms include rectal bleeding, changes in bowel habit (reduced or increased frequency), changes in stool colour, consistency and size, abdominal pain and distension, appetite and weight loss.

Q: What preventive measures can be taken?
A: Screening can detect pre-cancerous polyps or early cancers before they are symptomatic. The method that has the strongest evidence for prevention is colonoscopy screening and polypectomy. This has been shown to reduce cancer incidence as polyps are detected early and can be safely removed before they turn cancerous.

Q: What causes a polyp to form?
A: There are many types and not all are not cancerous, nor do they all predispose to cancer formation. The causes are different depending on the type of polyp. The polyps which have cancer-forming potential arise from genetic mutation. Some of these mutations are inherited, but the majority are acquired as a result of diet, smoking and alcohol.

Q: If the polyp is removed, does that mean I am cured?
A: The polyp may be completely or incompletely removed. Incompletely removed polyps will require further treatment, often involving surgery. Completely removed polyps will prevent the risk of colorectal cancer arising from that polyp. It may not prevent new polyps from growing and potentially turning cancerous. If you have had a pre-cancerous polyp removed you will be advised to have regular colonoscopies to detect new growths early.

Q: Is the risk of colon cancer related to our lifestyle?
A: Yes, it is related to our diet. It is advisable to eat a healthy diet, avoid smoking and alcohol and to lose weight if one is obese. There is also evidence suggesting increased exercise can reduce risk.