

Quick Review: Cancer Of The Large Intestine

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Abstract

150,000 new cases of Colorectal CA are diagnosed each year in the United States and 60,000 people die of this disease annually. The actual incidence increases with age: at age 50, 0.39 per 1000 persons/yr; at age 80, 4.5 per 1000 persons/yr. Carcinoma of the colon (particularly the right side) is more common in women while carcinoma of the rectum is more common in men.

RIGHT COLON

- Unexplained Weakness or Anemia
- (+) Occult Blood
- Dyspeptic Symptoms

LEFT COLON

- Change in Bowel Habits
- (+) Gross Blood
- Obstructive Symptoms

RECTUM

- Rectal Bleeding
- Intrarectal Tumor
- Sigmoidoscopic Findings

INCIDENCE

150,000 New Cases of Colorectal CA are Diagnosed Each Year in the USA

60,000 People Die of this Disease Each Year

Incidence Increases with Age:

- Age 50, 0.39 per 1000 persons/yr
- Age 80, 4.5 per 1000 persons/yr

1. Carcinoma of the Colon (particularly the Right Side) is More Common in Women
2. Carcinoma of the Rectum is More Common in Men

GENETIC PREDISPOSITION HAS BEEN WELL DOCUMENTED

1. Familial Adenomatous Polyposis (Chromosome 5)
2. Cancer Family Syndrome (Lynch II): Early Onset (age 20 -30) Proximal Dominance Endometrial Carcinoma
3. Hereditary Site-Specific Colon Cancer (Lynch I)
4. Ulcerative Colitis
5. Crohn's Colitis
6. Schistosomal Colitis
7. Exposure to Radiation

MECHANISMS OF SPREAD

Direct Extension [Carcinoma grows Circumferentially]

Hematogenous Metastasis [Portal Venous Blood to the Liver]

Regional Node Metastasis [Most Common Form]

Transperitoneal Metastasis ["Seeding" - through the Serosa]

Intraluminal Metastasis [Rare !]

about 70 % of all patients

DUKE'S CLASSIFICATION

1. Limited to the Bowel Wall
2. Extension through the Bowel Wall with Negative Nodes
3. Regional Node Metastasis

4. Operative Mortality Rate : 2 - 6 %
5. Survival Rate of Patients undergoing Curative Resection is 55 %
6. Overall Survival Rate (all stages) is 35 %

DUKE'S MODIFICATION

C₁ - Regional Node Metastasis

C₂ - Node Involvement at the Point of Vessel Ligation

ASTER COLLER MODIFICATION

A - Limited to Mucosa

B₁ - Extension into the Muscularis Propria

B₂ - Extension though the Muscularis Propria

C₁ - Limited to the Bowel Wall, with Positive Nodes

C₂ - Involvement of the Entire Bowel Wall, with Positive Nodes

“D” - Distant Metastases or Unresectable Lesions
(Not Formally Included in Any Classification)

AVERAGE 5-YR. SURVIVAL RATES USING DUKE'S

- Stage A - 80 %
- Stage B - 60 %
- Stage C - 30 %
- Stage D - 5 %

SOME POINTS

1. Approximately 10 % of lesions are Not Resectable at the time of operation
2. An Additional 20 % of patients have liver or other distant metastases
3. Operation, for Cure, can only be performed on

TNM CLASSIFICATION OF COLORECTAL CANCER

PRIMARY TUMOR (T)

Tx: Primary Tumor Cannot Be Assessed

To: No Evidence of Primary Tumor

Tis: Carcinoma in situ

T1 : Tumor invades the Submucosa

T2 : Tumor invades the Muscularis Propria

T3 : Tumor invades into the Subserosa

T4 : Tumor perforates the Visceral Peritoneum (or directly invades other organs)

REGIONAL LYMPH NODES (N)

Nx : Regional lymph nodes can not be assessed

No : No regional lymph node metastasis

N1 : Metastasis in one to three pericolic or perirectal lymph nodes

N2 : Metastasis in four or more pericolic or perirectal lymph nodes

N3 : Metastasis in any lymph node along the course of a named vascular trunk

DISTANT METASTASIS (M)

Mx : Presence of metastasis cannot be assessed

Mo : No Distant Metastasis

M1 : Distant Metastasis

References

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