

Why do I get colorectal cancer?

By Dr Quah Hak Mien

Mr C. came to my clinic on Saturday morning, walking in confidently accompanied by his wife and two adult daughters. I checked his small keyhole wounds, they had healed. I took out his stitches. He had recovered very well from his keyhole surgery to remove his colon cancer two weeks ago. His first question for me was "Why did I get colorectal cancer?"

Colon and rectal cancer, or colorectal cancer, is the top cancer in Singapore. The number is increasing and has become the commonest cancer in recent years. The lifetime chance of someone developing colorectal cancer is about 1 in 20, and is among the highest in the world.

Mr C. explained that he is a very health-conscious person. He exercises regularly, at least three to four times a week. He and his wife are very careful with their diet. They maintain a balanced diet that includes lots of vegetables, whole grain and fruits. They had cut down on red meat for years, especially those cooked at high temperatures or barbecued. He does not smoke or drink much alcohol. He does not have a family history of cancer either. Basically, he does not have any of the risk factors for colorectal cancer. "This is not fair!" he protested. "I am only 60 years old. This is very bad luck."

One of his daughters said that Mr C. also attended annual health screening check-ups by his family doctor. Yet his cancer was not picked up until recently. I had to explain calmly that as doctors, we have not fully understood everything about cancer. It is very frustrating to patients as well as doctors. However, I reminded Mr C. that it was his family doctor who persuaded him to go for colorectal cancer screening by colonoscopy that led us to diagnose his early-stage cancer. He did not have any symptoms then. It could have been worse if it was detected later.

How is colorectal cancer treated?

A big proportion of patients are still diagnosed at the advanced stage of colorectal cancer. This is a tragedy because most cases are curable if they are diagnosed early. Mr C. had stage I colon cancer, the earliest stage of colon cancer. The cure rate for his localised colon cancer can be as high as 90%. He had laparoscopic or keyhole surgery for his cancer. This is minimally invasive surgery – a specialised technique for doing the entire operation with a few small 0.5 to 1cm incisions on the abdomen. Standard operations usually need a very long midline cut. The surgery is performed internally using long and fine instruments. Laparoscopic surgery is safe. Patients often experience less pain, a shorter hospital stay and less scarring.



Colorectal cancer screening is important

I do not believe that getting colorectal cancer is just bad luck. Screening for colorectal cancer has been proven to save lives. Colorectal cancer is a preventable cancer. It is advisable to go for a colon screening from the age of 50 to check for cancer, even if you have no symptoms. There are two types of screening tests recommended: the stool test and the colonoscopy.

Stool Test

The stool test checks for minute amounts of blood in the stools. If the stool test is positive for blood, colonoscopy is recommended. If the stool test result is normal, it should be done again every year.

Colonoscopy

Colonoscopy is a specialised test where a flexible telescope tube is inserted through the anus to inspect the inside of the colon directly. The colonoscopy is considered the most accurate method to examine the colon and rectum.

Finally, I explained that Mr C.'s excellent physical health allowed him to sail through his operation without problems. If he had not been so fit and healthy, he might not have recovered from his surgery so rapidly. He is also free from heart disease and diabetes which are very common in modern society. I do not believe his efforts had gone to waste.



Dr Quah Hak Mien is a specialist surgeon at Gleneagles Medical Centre. His clinical interest is in the treatment of colorectal diseases. His scope of work includes managing a wide range of conditions including colorectal cancer, diverticular disease, inflammatory bowel disease, perianal diseases like piles, anal fistula, and anal fissure. He also has clinical expertise in functional bowel disorders like irritable bowel syndrome, constipation and faecal incontinence.



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