

Don't let Colorectal Cancer find you first



© Dr Quah Hak Mien

Dr Quah Hak Mien of Quah Hak Mien Colorectal Centre clues us in on how to prevent and treat the number 1 cancer in Singapore.

There is a higher incidence of colorectal cancer for people who are 50 year old and above. But have you treated patients who are much younger? If yes, what have contributed to their "premature" cancer?

Yes. About 90% of patients with colorectal cancer are over the age of 50. However, colorectal cancer may occur at any age. I have treated patients below 30 years old with cancer. The youngest was 23 years old. A person who develop colorectal at a young age may have a family history of colorectal cancer. Yes, colorectal cancer has a genetic component. Other high risk factors include a personal history of colitis, colon polyps or for ladies, cancer of the

breast or womb or ovaries. But there are also significant number of individuals who develop cancer at a young age without any family background of cancer.

Eating less red meat is one of the ways to prevent colorectal cancer. To guys who are eager to bulk up, red meat is a part of their diet. What advice do you have for them without compromising their fitness goal?

Taking a diet with a lot of red meat may be associated with increased risk of colorectal cancer. If you need to eat red meat, consider avoiding red meat cooked at high temperatures or barbecued. Also, reduce on animal fat. Consider olive

oil or vegetable oil. In any case, you need to control your fat intake during fitness training too. You should still have a balanced diet consisting of sufficient quantity of vegetables and fruits which contain fibre, vitamins and antioxidants.

Another way to prevent colorectal cancer is by exercising. How exactly does exercising help and how many percent of risk can it reduce?

Exercise may reduce your risk of developing colorectal cancer. Regular exercise for at least 20 minutes three to four days each week is found to reduce your risk in medical studies. Researchers in a study published in the British Journal of Cancer in 2009 reported

that people who exercised the most were 24% less likely to develop the disease than those who exercised the least.

Colorectal cancer can be detected early through regular screening and the simplest is to do a stool test. Up to which stage of the cancer can the test detect?

Colorectal cancer is now the top cancer in Singapore. The number is increasing and has become the commonest cancer in recent years. The lifetime probability of a person in Singapore developing colorectal cancer is approximately 1 in 20, and is among the highest in the world. A big proportion of people are still diagnosed at the advanced stage of the disease. This is a tragedy because most cases are curable if they are diagnosed early. The cure rate for localised colon cancer can be as high as 90%.

Most colorectal cancer are believed to have developed from polyps. Colonoscopy detection and removal of polyps result in a reduced colorectal cancer risk. A polyp removed is a potential cancer prevented. In the United States and Northern European countries, colorectal cancer deaths has been falling, and this has been attributed to screening, early detection and prevention by removal of polyps. It is advisable to go for a screening test from the age of 50 years old to detect for colorectal polyps or cancer, even if you have no symptoms.

You may consider a stool test or colonoscopy. A stool test is the simplest, it checks for minute amount of blood in the stools. This small amount of blood is not visible to the naked eye. If the stool test is positive for blood, colonoscopy is recommended. You may also go straight for colonoscopy. Colonoscopy is the most accurate examination of the colon and rectum.

The scope examination looks painful. Is the fear unfounded?

A colonoscopy examination is

usually well tolerated and is a safe procedure. There may be a feeling of pressure, bloatedness or cramping at times during the procedure. I usually give my patients an injection through a vein to help my patients relax and better tolerate any discomfort that they may experience. The lining of colon is carefully inspected while inserting and withdrawing the scope. The scope is a soft flexible telescope camera tube. The entire procedure usually last for 10 to 30 minutes. You will rest for a while before your report is explained to you. You should be able to eat normally and return to your normal activities after leaving the hospital on the same day.

In the treatment of colorectal cancer nowadays, minimally invasive colorectal surgery and Robotic-Assisted colorectal surgery are much talked about. Tell us briefly the difference between them and their benefits to patients.

Surgery is the most important component of the treatment for colorectal cancer. Nowadays, most colorectal cancer can be treated by minimally invasive surgery or keyhole surgery if the surgeon is trained in it. Minimally invasive surgery uses small keyhole incisions on the tummy to gain access internally. The operation is performed using specialised long fine instruments and a surgical camera. The operative steps are similar to open surgery with the advantage of having smaller wounds, less pain, shorter hospital stay and quicker recovery period.

In robotic-assisted colorectal surgery, the difference is that a surgeon-controlled robot is used to perform the operation. Robotic surgery was developed to overcome some limitations of keyhole surgery. It can improve visualisation, precision, and dexterity for the surgeon and therefore result in improved safety for patients. Similar to keyhole surgery, it has the advantage of

having faster recovery after operation. The improved accuracy of robotic-assisted surgery helps to reduce errors and is now used in complex operations.

At which stage does colorectal cancer become metastatic? How does treatment differ at this stage and is cancer remission possible after treatment?

Colorectal cancer cells may grow deep into the wall of the colon and into the fatty tissue around the colon. Colorectal cancer also spread through the lymphatic channels to the neighbouring lymph glands. If it does so it is considered stage III. In some cases, the cancer cells spread via the blood vessels to other parts of the body such as the liver or the lungs and becomes stage IV (the most serious stage).

80% to 95% of colorectal cancer patients are cured if the cancer is detected and treated in the early stages (stage I and II). The cure rate drops to 50% or less when diagnosed in the later stages (stage III and IV). Chemotherapy is also required after surgery in stages III and IV to improve the chances of cure.

The earlier the person receives treatment, the greater the chance of cure. Improvement in surgical techniques and better nursing care means that surgeons can now operate on people with low complication rates as well as people who were once considered too old for operation or when the cancer was thought to be too advanced.

Nevertheless, prevention is still the best. Adopt a healthy lifestyle to reduce your risks and go for regular screening check-up.



Dr Quah Hak Mien of Quah Hak Mien Colorectal Centre