

Colorectal Cancer – the Cancer No One Likes to Talk About



No one likes

being checked for colon cancer, and no one likes to talk about worrisome things like rectal bleeding. However, not dealing with it doesn't mean it isn't there. Colorectal cancer is the second most common cause of death from cancer in Canada. There are 16,600 new cases diagnosed every year, 2,000 of them in BC.

The colon and the rectum are parts of the large intestine. The best way to guard against the onset of colon or colorectal cancer is to have a periodic colonoscopy. The usual primary treatment is surgery.

Generally, surgery to remove the tumour or a portion of the colon leads to five-year survival

of 50% of patients. After primary treatment it is important to monitor for recurrence or metastatic disease – spread of the cancer to other organs, usually the liver. With recurrence, about 20% can undergo further resection (surgery), while 50% relapse early because of previously unidentified spread of the cancer to other sites.

As discussed in previous articles, PET (positron emission tomography) scans are generally the best way to diagnose cancer, its recurrence and its spread. Where cancer begins with an organ system, the critical issue in its treatment is whether it has spread. PET imaging is an accurate procedure for

examining organ systems for primary and metastatic disease, and this is certainly the case in colorectal cancer. Because PET can detect abnormal tumour activity before anatomic change can be detected by CT or MRI scans, PET is the preferred diagnostic procedure.

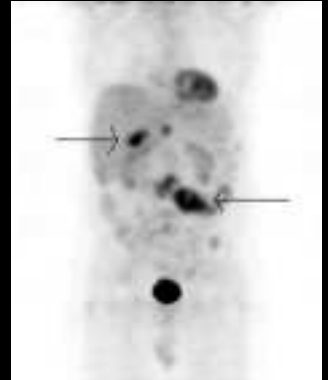
PET scans are used in colorectal cancer cases to:

- Evaluate suspected recurrence and to stage the disease (determine the extent of disease);
- Assess response to treatment;
- Evaluate liver lesions for metastatic disease (spread).

In one case, for instance, a patient with carcinoma of the rectum was treated with surgery and radiotherapy. A year later, blood tests revealed rising CEA tumour marker levels. A CT scan could not detect the site of tumour recurrence. A PET scan discovered a "hot spot" on the liver. A biopsy proved this to be recurrent rectal cancer. With this information, uniquely available from the PET scan, the patient's disease was manageable. If the cancer recurrence is isolated, as in this case, liver surgery is a viable option. Only a PET scan can determine this.

For more on this subject visit the PETSCAN Centre's website at www.petscan.ca. The next article will discuss malignant melanoma, the cancer of the skin.

Colon Cancer Case Study



Pre-Treatment PET Image

49-year-old male patient with colorectal cancer. While CT scans were thought to be normal, and CEA tumour markers were not particularly elevated, a PET scan revealed colon cancer with metastases. The patient underwent surgery and chemotherapy, and the follow up PET scan shows remarkable improvement from the previous scan.



Post-Treatment PET Image

Full-body clinical PET scans are available at the Vancouver PETSCAN Centre.



For more information call:
(604) 689-7776
Visit our website:
www.petscan.ca

