

COLORECTAL CANCER

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Cancers of the colon and rectum continue to be a major health problem. These cancers are potentially curable if detected early but are also becoming increasingly treatable at more advanced stages due to new drug development. Five new agents have been approved

for use in colorectal cancer in the past 6 years.

There are known risk factors for colorectal cancer. These include age and genetic predisposition. There are also modifiable risk factors such as physical inactivity, obesity and high fat/low fiber diets. Lifestyle changes can lessen these risks. Screening by means of occult blood testing, barium enema, sigmoidoscopy and colonoscopy is done to find earlier stage disease.

Early detection is the key to curability of colorectal cancer. Screening of higher risk populations including patients 50 years of age and older allows detection of tumors at an early stage when removal can prevent further spread of malignancy outside the colon. Nearly 90% of colorectal cancers occur in patients 50 years of age and older. Figure 1 shows the ages of patients diagnosed with colorectal cancer at Aultman Hospital in 2005. Figure 2 shows the stages at diagnosis of these cancers.

Treatment is dependent on stage. Stage 1 colon tumors are treated with surgery alone. Stage 2 and 3 tumors are treated with surgery as well, but chemotherapy is considered in stage 2 and 3 tumors to treat possible microscopic disease and reduce the risk of later recurrence of cancer. Stage 4 tumors are generally treated with chemotherapy. The treatment of rectal tumors differs from colon

tumors. In addition to chemotherapy, both Stage 2 and 3 rectal cancers are considered for radiation therapy to reduce the risk of local recurrence. Increasingly, patients with locally advanced rectal cancers are offered preoperative chemotherapy and radiation to reduce tumor size and allow for improved surgical and overall outcomes. New surgical techniques are in use as well including total mesorectal excision for rectal cancers. Figure 3 shows the treatment by stage of patients at Aultman Hospital compared to the National Cancer Data Base (NCDB) of the American College of Surgeons.

Fig. 1

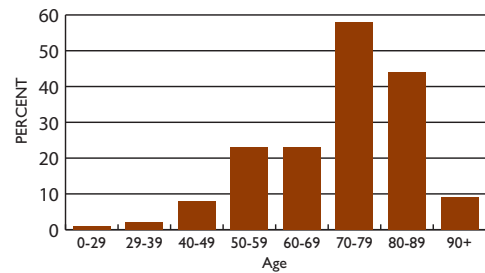
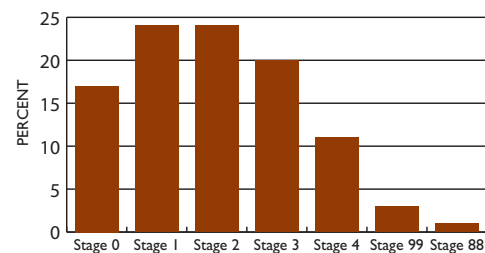


Fig. 2



2005 COLON CANCERS AULTMAN/NCDB

Fig. 3

		Stage II	Stage III
AULTMAN	Surg Only	85	58
	Surg/Chemo	12	42
NCDB	Surg Only	81	49
	Surg/Chemo	15	45

At every stage of disease, clinical trials may be available to test new methods of treatment. Usually these trials are large national or international efforts to answer important questions in the treatment of these diseases. Aultman Hospital is able to offer these trials to patients through the Eastern Cooperative Oncology Group, the National Surgical Adjuvant Breast and Bowel Project, and the Clinical Trials Support Unit. Each of these groups is supported by the National Cancer Institute. In 2005, 6 patients were enrolled on trials for colorectal cancer treatment while 27 patients were enrolled in 2006.

It is a result of the clinical trials process that new treatments and agents become available for use every day in the clinic. The pace of discovery of new drugs has quickened over the past several years and there are three new chemotherapeutic agents and two new monoclonal antibodies for treatment of colorectal cancer, both in advanced stage disease and also in the adjuvant setting. The chemotherapy drugs are irinotecan, oxaliplatin and capecitabine. The monoclonal antibodies are bevacizumab and cetuximab. Still in use is the previous standard regimen of 5-fluoruracil and leucovorin. These drugs are now being used in new combinations that have shown improved response rates in colorectal cancer.

