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Study and risk assessment for colorectal cancer patients at Anbar Oncology Center

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ABSTRACT

This disease is grouped into various sorts as indicated by the dangerous cells. In by far most of cases (over 95%), this is a sort of disease called "adenocarcinoma". Uncommon sicknesses are: lymphoma, carcinoid, mela-noma and sarcoma - metastasis of connective tissue or its subordinates Sarcoma Colon and rectal malignant growth is a difficult medical condition. It is extremely normal and has high paces of dreariness and mortality, arriving at half of patients who create it. In one year, in excess of 1,000,000 individuals overall are required to pass on from this sickness. During the primary decade of the 21st century, colorectal malignancy was the main source of death, and considerably more than the demise rate from coronary illness. Today, this sort has the most elevated commonness of disease executioners. In one year, in excess of 3,000 new cases show up, and the normal loss of life is 1,200-1,500 individuals. On the off chance that colorectal malignancy is analyzed at a high level stage, the possibility of recuperation is near nothing, while in the event that it is analyzed at a beginning phase, the fix rate is over 95%, Colon and rectal disease is the effect of unnerving sicknesses, as it is named the third basic illness. Early recognition assessments and treatment alternatives have decreased the CRC death rate in created nations, even with expanding frequency. Better hereditary testing and documentation of a family ancestry can engage individuals with a hereditary inclination to contamination Colorectal malignancy influences and both genders generally equivalent - 55% of cases among men and 45% of female.

Keywords:

Colon, malignancy, contamination, CRC

Introduction

In recent years, with the change of living habits and the influence of diet westernization, the incidence of colorectal cancer in Taiwan has increased year by year. According to the National Cancer Registry Report of the Ministry of Health and Social Care, colorectal cancer has

overtaken liver cancer since 1995 and has become the number one cancer in terms of annual incidence. There were about 0 140 newly diagnosed cases of colorectal cancer, the first occurring in men and the second in women. In the same year, about 50 cases of colorectal

cancer died, and the death rate was the third highest among men and women.

Colorectal cancer symptoms are often related to the growth and location of the tumor. Most colorectal cancers develop from polyps, and there are usually no symptoms in the early stage. About 40% of colorectal cancers occur in the proximal colon. Location, about 60% occur in the distal colon and rectum. Symptoms of colorectal cancer in the distal left region include rectal bleeding, changes in bowel habits, new onset of constipation or diarrhea, smaller stools, and abdominal pain, which may be due to chronic or acute obstruction of the large intestine. Colorectal cancer that occurs in the proximal right locus is characterized by fatigue and symptoms related to anemia, diarrhea, and abdominal mass. Cancer that occurs in the rectum is called rectal cancer, and its symptoms include an urgent need to defecate, defecate, blood or mucus during defecation, incomplete defecation, etc. Other symptoms such as pain in the perineum, urinary tract symptoms, and vaginal fistulas wait. More advanced colorectal cancer symptoms, including fatigue, loss of appetite, and weight loss, may be related to cancer development and metastatic sites. Jaundice and right upper quadrant pain may indicate metastatic involvement of the liver, flatulence may be due to ascites or a mass in the right large intestine, back pain may be due to cancer spreading to the bones or lymph nodes adjacent to the abdominal aorta, cough and pleural effusion may be due to metastases in lungs;

About 20% of colorectal cancer patients are related to genetic and genetic factors, and about 80% are related to living habits, low-fiber and high-fat diet, obesity, exercise and other factors. There are many different recommendations regarding current colorectal cancer screening guidelines. General recommendations for people in generally at-risk groups, such as people over 50 years old, no history of colorectal cancer or polyps, no history of IBD, no family history, etc.; People with groups at increased risk, such as colorectal cancer or history of polyps, history of chronic inflammatory bowel disease, such as ulcerative colitis, Crohn's disease, etc.; High-risk groups

are associated with hereditary genes for colorectal cancer, such as hereditary non-polyposis Lynch syndrome, and family if colorectal cancer is considered to be related to genetic factors. Genetic testing, such as the MMR gene (mismatch repair gene) and the APC gene (adenomatous polyposis), may also be performed. coli), the MUTYH (human homozygous) gene and screening for other genes.

Colon malignant growth is a kind of disease that starts in the digestive organ (colon), The colon is the last piece of the stomach related plot, Colon malignant growth most generally influences more seasoned grown-ups, in spite of the fact that it can show up at whatever stage in life. It generally starts as little, non- cancerous (generous) clusters of cells considered polyps that structure inside the colon. After some time, a portion of these polyps may become colon malignan- cies. The polyps might be little and result in scarcely any, indications. Thus, specialists prescribe ordinary screenings to help forestall colon malignant growth by recognizing and eliminating polyps before they trans- form into malignancy and on account of colon disease, Advances in early malignant growth determination and treatment have prompted a consistent expansion in the quantity of patients once determined to have the sick- ness. In this way, as per primer assessments, in 2040] There will be 26 million patients, Patients with malig- nancy are bound to create cardiovascular sickness than everybody, because of basic danger factors, the poison- ous impacts of chemotherapy and the destructive im- pacts of radiotherapy

Method

Educated assent was gotten from all patients and the venture was affirmed by the Ethics Committee About 1080 patients who went through colonoscopy in gastroenterology community were remembered for this investigation during the time frame between January 2016 up to December 2017 A 60 patients with finding of colorectal tumor 2018 were explored for age and sex, area of the injury and tissue biopsy sent for histopatho- logical concentrate by master

pathologist for documentation of threatening tumor. The colonoscopy tests done by (Olympus CF-Q260DL) or (Pentax EC-3885TFK) scopes by a couple of master endoscopists.

Results

- The gut disease screening program plans to distinguish entrail malignancy in its beginning phase (in individuals without indications), when the treatment adequacy is more probable.

- Screening for entrail disease can likewise uncover swellings. These are not themselves malignancies and They form into diseases over the long haul. It very well may be eliminated effectively, which decreases its danger forming into entrail disease.

A colonoscopy is screening that includes an immediate gander at the coating of r digestive organ. A flimsy, adaptable, bearing cylinder is passed

A high-goal imaging machine (colonoscope) at r back exit and guides it around r digestive tract. Also, in the occasion

Recognizing any swellings, most of them can be taken out without torment utilizing a wire circle that is gone through the colon magnifying lens tube.

These tissue tests will at that point be inspected to check on the off chance that they contain any unusual cells that might be Destructive.

- Colon assessment results for around five out of

10 individuals are ordinary (without malignancy or Swellings).

- About four out of 10 individuals will find swellings that, whenever eliminated, may forestall disease.

- About one of every 10 individuals will find when they go through a colonoscopy that they have malignant growth.

Colon screening is more powerful than some other strategy for diagnosing entrail malignant growth. The colon testing is an extent The vast majority have a direct method. In any case, likewise with most operations, there is a chance of this happening Confusions. These may incorporate extreme dying (roughly 1 out of 150) that will require further examination or clinical guidance. Colonoscopy causes a (hole) in the intestinal divider (around 1 out of 1500). Colon test causes passing Current proof demonstrates that this may occur with just around one of every 10,000 status. The most widely

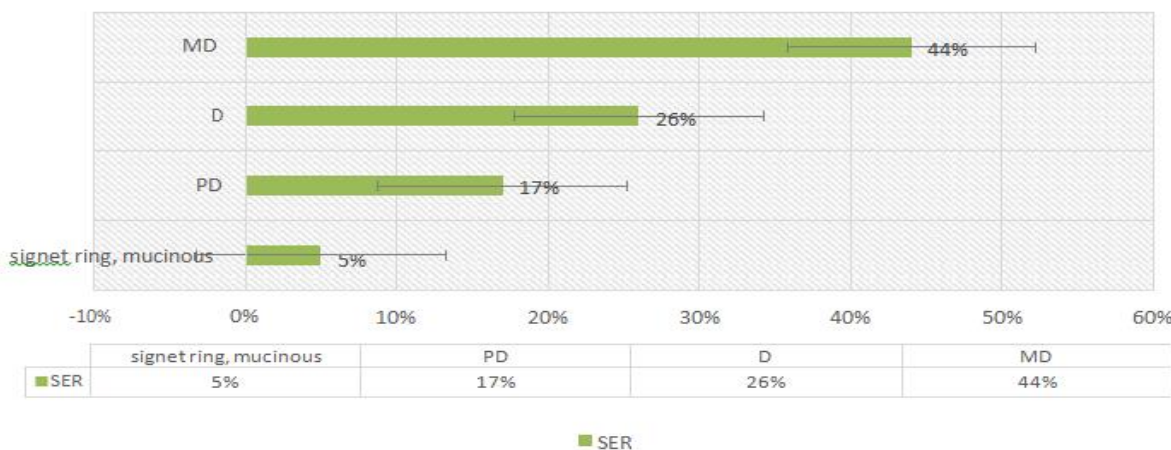
recognized manifestations of gut disease that ought to be looked for are:

- A consistent change in r inside propensities, particularly the need to visit the latrine or have a few loose bowels Weeks.

- Blood emerging from the back source for no evident explanation Bowel malignant growth - the realties 5

stomach torment, particularly if these are extreme; And a protuberance or bump in the midsection

Figure 2-histopathological appropriation



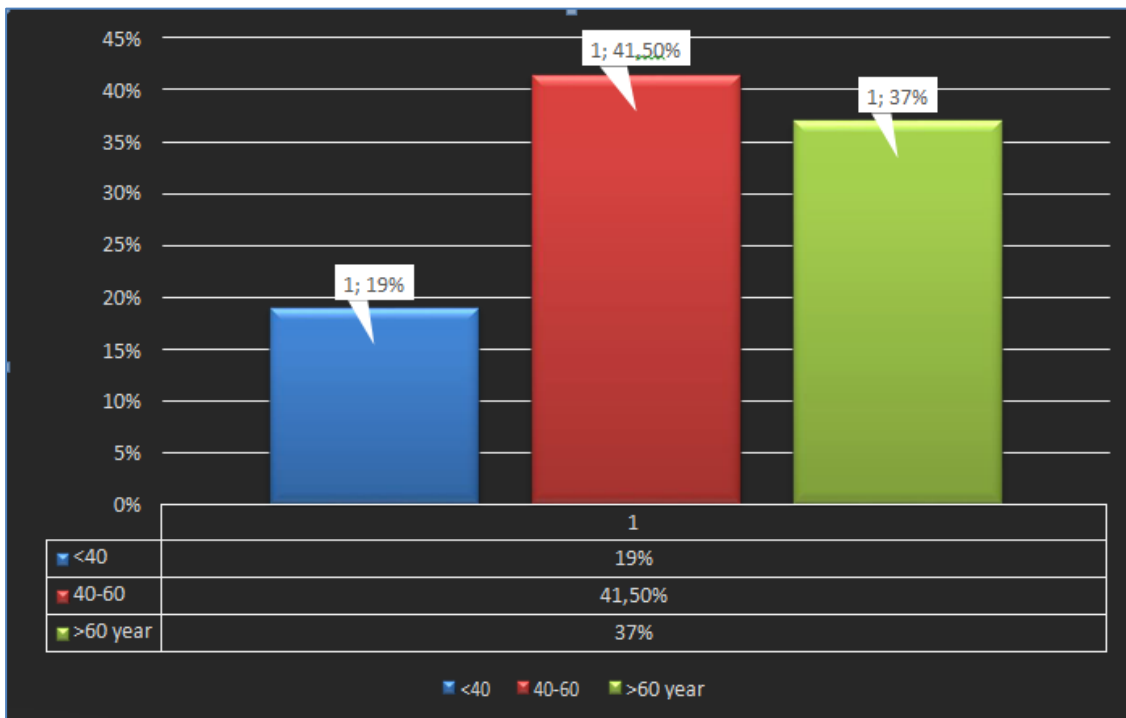
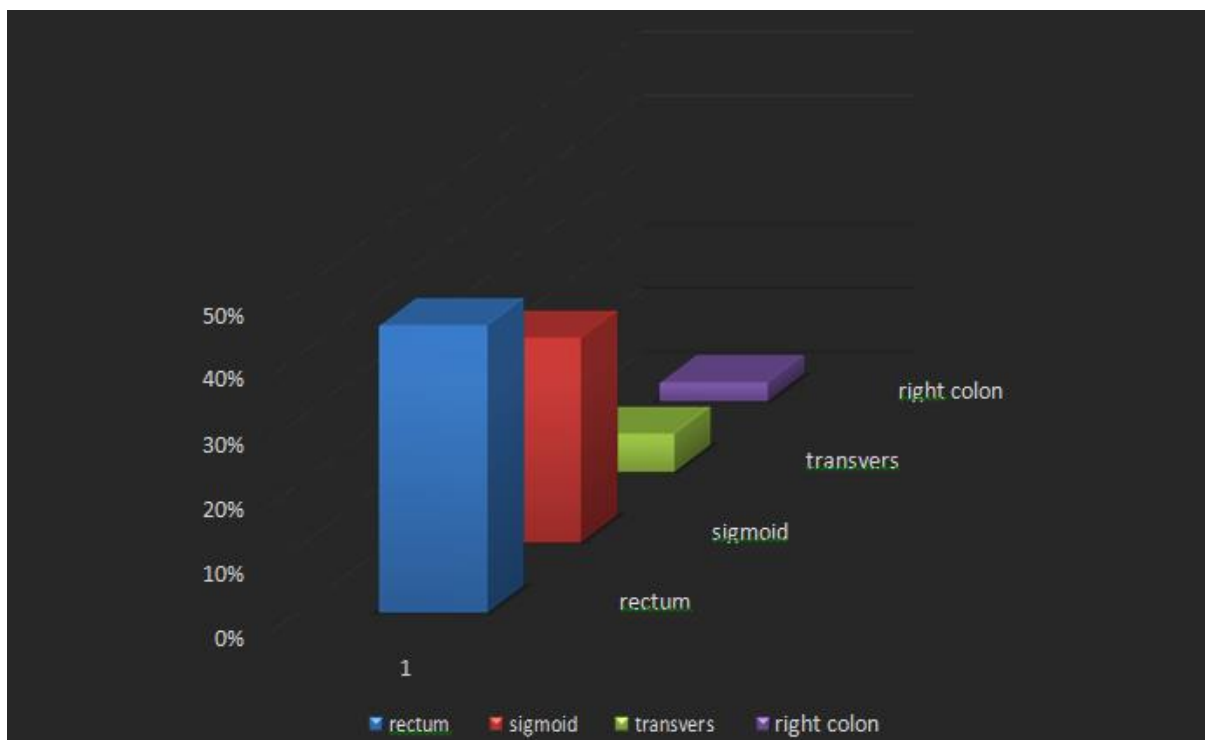


Figure 3- the distribution of age predominance

Figure 4- tumor site distribution



Discussion

Colorectal cancer is a common type of tumor of the digestive system and it is the third most common tumor death worldwide, although we do not have reliable data yet in Iraq on the exact spread of the disease, but we are facing an increasing number of cases during the past few years; Most of them presented with advanced disease. In this study, we tried to estimate the rate of colon cancer detection. It is very important to note that this number of cases we received many of the cases of colonoscopy referred from other governorates so that the numbers do not reflect the distribution of the disease alone there The sexual orientation of the tumor in this study was not only the age distribution variable, where the highest percentage was (41.5%) in the age group (40-60) years, (37%) for patients older than (60) years Age (years) significant percentage (19%) was less than (40 years) age Accordingly, the colonoscopy examination should be aged 40 years old, for the detection of colon and rectal polyps, which are considered a precursor to them The development of colorectal cancer The study shows that the large number of tumors discovered in Straight (29 out of 60) that's a feature to do Sigmoidoscopy as a screening procedure for many patients Associated diseases such as heart and respiratory problems or for these patients It can be difficult to be well prepared for a total colonoscopy tests.

Conclusion

Colorectal cancer is treated differently depending on the stage of the cancer, the location of the tumor, and the clinical condition of the body. Stage I colorectal cancer is cancer cells that have invaded the submucosal layer or muscle layer, but have not spread through the muscle layer. Stage 2 is when cancer has penetrated through the muscle layer into the serosa, or large intestine and the tissues surrounding the large intestine or rectum, invading adjacent tissues, but has not spread to nearby lymph nodes. Stage III is when the cancer has spread to nearby lymph nodes, but

not other tissues in the body. Stage 4 is when cancer cells spread to distant organs, such as distant lymph nodes, liver, lung, peritoneum, or ovaries. About 75% of colorectal cancer patients are mainly localized tumors belonging to stage I-III colorectal cancer, and about 25% of patients are patients with distant metastasis, stage IV colorectal cancer patients.

References

1. PDQ Adult Treatment Editorial Board. Colon Cancer Treatment– Health Professional Version. National Cancer Institute. August 18, 2017.
2. World Health Organization, International Agency for Research on Cancer. Colorectal Cancer: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012. International Agency for Research on Cancer.
3. Haller DG, Catalano PJ, Macdonald JS, O'Rourke MA, Frontiera MS, Jackson DV. Phase III study of fluorouracil, leucovorin, and levamisole in high-risk stage II and III colon cancer: final report of Intergroup 0089. *J Clin Oncol*. 2005 Dec.
4. Hurwitz H, Fehrenbacher L, Novotny W, et al. Bevacizumab plus irinotecan, fluorouracil, and leucovorin for metastatic colorectal cancer. *N Engl J Med*. 2004 Jun.
5. Meyerhardt JA, Niedzwiecki D, Hollis D, et al. Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer. *JAMA*. 2007 Aug.
6. Aune D, Chan DS, Lau R, et al. Dietary fibre, whole grains, and risk of colorectal cancer: systematic review and dose-response metaanalysis of prospective studies. *BMJ*. 2011 Nov.
7. Pala V, Sieri S, Berrino F, et al. Yogurt consumption and risk of colorectal cancer in the Italian European prospective investigation into cancer and nutrition cohort. *Int J Cancer*. 2011 Dec.
8. Harrison P. Proinflammatory Diet Contributes to CRC Risk in Both Sexes, January 23, 2018.
9. Tabung FK, Liu L, Wang W, Fung TT, Wu

- K, Smith-Warner SA, et al. Association of Dietary Inflammatory Potential with Colorectal Cancer Risk in Men and Female. *JAMA Oncol.* 2018 Jan.
10. DeSantis CE, Siegel RL, Sauer AG, Miller KD, Fedewa SA, Alcaraz KI, et al. Cancer statistics for African Americans, 2016: Progress and opportunities in reducing racial disparities. *CA Cancer J Clin.* 2016 Jul.
11. Sanoff HK, Sargent DJ, Campbell ME, et al. Five-year data and prognostic factor analysis of oxaliplatin and irinotecan combinations for advanced colorectal cancer: N9741. *J Clin Oncol.* 2008 Dec.
12. Chu, E and DeVita VT. Physicians' cancer chemotherapy drug manual. Jones and Bartlett publishers. 2008.
13. House MG, Kemeny NE, Gonen M, et al. Comparison of adjuvant systemic chemotherapy with or without hepatic arterial infusional chemotherapy after hepatic resection for metastatic colorectal cancer. *Ann Surg.* 2011 Dec.
14. van Hooft JE, Bemelman WA, Oldenburg B, et al. Colonic stenting versus emergency surgery for acute left-sided malignant colonic obstruction: a multicentre randomised trial. *Lancet Oncol.* 2011 Apr.
15. Boller AM, Nelson H. Colon and rectal cancer: laparoscopic or open? *Clin Cancer Res.* 2007 Nov.
16. Fleshman J, Sargent DJ, Green E, Anvari M, Stryker SJ, Beart RW Jr. Laparoscopic colectomy for cancer is not inferior to open surgery based on 5-year data from the COST Study Group trial. *Ann Surg.* 2007 Oct.
17. Jayne DG, Guillou PJ, Thorpe H, et al. Randomized trial of laparoscopic-assisted resection of colorectal carcinoma: 3-year results of the UK MRC CLASICC Trial Group. *J Clin Oncol.* 2007
18. Kuhry E, Schwenk WF, Gaupset R, Romild U, Bonjer HJ. Longterm results of laparoscopic colorectal cancer resection. *Cochrane Database Syst Rev.* 2008 Apr.
19. Lacy AM, Delgado S, Castells A, et al. The long-term results of a randomized clinical trial of laparoscopy-assisted versus open surgery for colon cancer. *Ann Surg.* 2008 Jul.
20. Veldkamp R, Kuhry E, Hop WC, et al. Laparoscopic surgery versus open surgery for colon cancer: short-term outcomes of a randomized trial. *Lancet Oncol.* 2005 Jul