

Colorectal Cancer in the Young: A Wake-Up Call

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Introduction

- Colorectal cancer is Commonest Malignancy of Gastrointestinal Tract
- 4th leading cancer-specific mortality worldwide
- In Ireland, 3rd most commonly diagnosed in males and fifth in females
- Most commonly diagnosed after 6th decade of life
- Age-adjusted improved survival of 62.6% 2009-2013 Vs 49.9% 1994-1998
- Colorectal cancer in the young defined as CRC found age ≤ 50

Risk Factors:

- Positive family history
- Male sex
- ‘ Western Diet’ , high intake of animal based and processed food
- Smoking
- Metabolic syndrome
- Long standing inflammatory bowel disease
- Alcohol

Symptoms / Signs

- Rectal bleeding
- Change of bowel habit
- Anaemia
- Palpable rectal mass
- Abdominal mass

Investigations and Screening

- Colonoscopy investigation of choice + biopsy
- CT colonography in selected patients
- Colorectal cancer screening in Ireland 2014
- Age 60-69, screening by stool test every 2 years
- Occult blood FIT (Faecal immunochemical testing)
If positive refer for colonoscopy

Colorectal Cancer in The Young

- Age \leq 50
- Proportion due to inherited Colorectal cancer. Lynch syndrome and Familial adenomatous polyposis
- 50% sporadic
- Sporadic early-onset colorectal cancer, vast majority left sided
- Interval from symptoms to diagnosis longer in the young by 6 months
- Symptoms during pregnancy

Colorectal Cancer in The Young

- More advanced presentation with 71% cases in stage III and IV
- Longer term expected survival in the Young
- Long-term health related quality of Life is critical
- Treatment strategy and long term consideration

Functional sphincter preservation, avoid permanent stoma, preserve autonomic nerves for bladder and sexual function, fertility and impact of radiotherapy and chemotherapy

Colorectal Cancer Screening Now and Future Potentials

- Currently in Ireland 60-69 by registration with bowel screen managed by HSE
- Uptake low around 35-40%

Impact of Covid and future pandemics

- In parts of EU screening offered 50-75
- In USA working towards screening 45-75

Goals and Recommendations:

- Detailed history of patients symptoms, family history and examination including DRE
- Early referral
- Prevention

Patient education, life- style changes, dietary advice

- Investigation by colonoscopy of atypical symptoms/ conditions: IBS, IBD, Food allergy

Thank you

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