

RECTAL CANCER

About colorectal cancer

Colorectal cancer (CRC) is a common and potentially lethal disease. It is estimated that approximately 145,600 new cases of large bowel cancer are diagnosed annually in the United States, including approximately 101,420 colon and 44,180 rectal cancers. It remains the third most common cause of cancer death in the United States in women, and the second leading cause of death in men. **Cancer Begins In Our Cells.**

Typical symptoms/signs associated with CRC include hematochezia or melena, abdominal pain, otherwise unexplained iron deficiency anemia, and/or a change in bowel habits. Less common presenting symptoms include abdominal distention, and/or nausea and vomiting, which may be indicators of obstruction. In a retrospective cohort of over 29,000 patients referred by their general practitioners over a 22-year period, presenting symptoms in the 1,626 who were eventually diagnosed with bowel cancer include:

Rectal cancer is a type of cancer that develops in the rectum, which is the final part of the large intestine that connects to the anus. It typically starts as abnormal cells in the inner lining of the rectum and can grow and spread to other parts of the body if not detected and treated early. As an AI language model, I can provide you with some general information about rectal cancer, but it's important to consult with a healthcare professional or oncologist for accurate and personalized information.

Here are some key points about rectal cancer:

1. Risk factors: Several factors can increase the risk of developing rectal cancer. These include age (most cases occur in individuals over 50 years old), a personal or family history of colorectal polyps or colorectal cancer, inflammatory bowel disease (such as ulcerative colitis or Crohn's disease), a diet high in red and processed meats, obesity, smoking, and sedentary lifestyle.
2. Symptoms: The symptoms of rectal cancer can vary, and some people may not experience noticeable symptoms in the early stages. Common signs and

symptoms may include changes in bowel habits (such as persistent diarrhea or constipation), blood in the stool or rectal bleeding, abdominal discomfort or pain, a feeling of incomplete bowel movements, unintentional weight loss, and fatigue.

3. **Diagnosis:** If rectal cancer is suspected, a healthcare professional will typically perform a thorough physical examination, inquire about symptoms and medical history, and order diagnostic tests. These tests may include a colonoscopy to visualize and biopsy the rectal tissue, imaging tests (such as CT scan, MRI, or PET scan) to determine the extent of the cancer, and blood tests to assess certain markers.
4. **Staging and treatment:** Once rectal cancer is diagnosed, it is staged to determine the size of the tumor, the extent of its spread, and guide treatment decisions. Treatment options may include surgery to remove the tumor and nearby lymph nodes, radiation therapy, chemotherapy, targeted therapy, and immunotherapy. The specific treatment plan depends on factors such as the stage of the cancer, the individual's overall health, and their preferences.
5. **Prognosis:** The prognosis for rectal cancer depends on various factors, including the stage of the cancer at diagnosis, the response to treatment, the presence of any metastasis (spread to other parts of the body), and the individual's overall health. Early detection and timely treatment can significantly improve the chances of successful outcomes.

It's important to remember that only a healthcare professional can provide a definitive diagnosis and appropriate guidance regarding rectal cancer. If you have any concerns or notice any unusual symptoms, I encourage you to seek medical attention for a proper evaluation. Regular screenings, such as colonoscopies, are also important for early detection and prevention of colorectal cancers.

- **Cancer Treatment Vitamin Support Package
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**ADDITIONAL TREATMENTS IF REQUESTED
UPON REQUEST**

Colorectal cancer symptoms

- Change in bowel habits, which was the most common symptom (74%)
- Rectal bleeding in combination with change in bowel habits, which was the most common symptom combination (51% of all cancers and 71% of those presenting with rectal bleeding)
- Rectal mass (24.5%) or abdominal mass (12.5%)
- Iron deficiency anemia (9.6%)
- Abdominal pain as a single symptom, which was the least common symptom presentation (3.8%)

Diagnosis

The diagnosis of colorectal cancer (CRC) is made by histologic examination of a biopsy that is usually obtained during lower gastrointestinal tract endoscopy or from a surgical specimen. Histopathological, the majority of cancers arising in the colon and rectum are adenocarcinomas.

CRC may be suspected from one or more of the symptoms and signs described above or may be asymptomatic. Once a CRC is suspected, the next test can be a colonoscopy or computed tomography (CT) colonography.

Many conditions cause signs or symptoms that are similar to colorectal adenocarcinomas including other malignancies as well as benign lesions such as hemorrhoids, diverticulitis, infection, or inflammatory bowel disease. The differentiation of which generally requires biopsy and histologic evaluation.

Rare malignancies other than adenocarcinomas that are primary to the large bowel include Kaposi sarcoma (KS), lymphomas, carcinoid (well-differentiated neuroendocrine) tumors, and metastases from other primary cancers.

There is no diagnostic role for routine laboratory testing in screening or staging CRC. However, serum carcinoembryonic antigen (CEA) levels should be obtained preoperatively and postoperatively in patients with demonstrated CRC to aid surgical treatment planning and assessment of prognosis.

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that usually includes or combines different types of treatments. This is called a multidisciplinary team. For colorectal cancer this generally includes a surgeon, medical oncologist, radiation oncologist, and a gastroenterologist.



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