



COLORECTAL CANCER: ON THE RISE IN ZIMBABWE?

NEWSLETTER

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March is colorectal cancer awareness month. Zimbabwe has seen a dramatic increase in colon and rectum (large intestine) cancer cases, with a significant proportion occurring in young productive members of society.

Is Screening important?

Dr Rapa Chiremba (not his real name) is a 47-year-old Medical Practitioner practising at a district hospital, in one of the remote far-flung corners of Zimbabwe.

One busy week, Dr Rapa noticed that his bowel habits had changed. He had had to get up from his consulting desk and visit the bathroom way too many times, much to the chagrin of patients waiting patiently in queue.

Dr Rapa consulted a Harare based specialist gastroenterologist who performed a colonoscopy procedure and diagnosed colon cancer of the adenocarcinoma stage 3 after submitting a biopsy to the laboratory where it was examined by a pathologist. This diagnosis alarmed Dr Rapa, but he fortunately underwent successful oncologic surgery and recovered well. He is now back at his beloved hospital and advises every single adult patient of his to undergo screening for colonic and other cancers.

Screening is a type of testing procedure performed on an individual without any symptoms, in order to identify the earliest manifestation of a cancer, whilst it is still at a stage it can be cured easily.

Colon cancer often starts off as a small growth in the large intestine called a polyp or adenoma. With time, the polyp undergoes changes, termed mutations, of the DNA in its cells and grows until it becomes full blown cancer.

The screening test aims to identify the presence of these polyps and thus spare the patient from the risk of developing the cancer in future. There are many different techniques for colon cancer screening, but they are not made equal, each with its own advantages and disadvantages.

Traditionally colon cancer screening meant undergoing a colonoscopy procedure where the doctor inserts a flexible fibreoptic tube via the anal canal and inspects the entire large intestine. This is a very sensitive procedure, but not everyone is comfortable with this sort of invasive procedure. In addition, there is a requirement for bowel preparation prior to the procedure, which may add to the discomfort.

FIGHT COLORECTAL CANCER



Thankfully, medical science has advanced rapidly over the past decade and screening for colon cancer can now be performed by examination of just the stool with specialised tests.

These stool based tests include guaiac-based fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and the stool DNA test available as COLOTECT in some local laboratories.

For patients living in remote areas, the non-invasive stool DNA test carries the advantage that one collects the specimen in the comfort of their home and only has to repeat the test after 3 years. There is no need to travel far just for the purpose of screening for colon cancer.

There is great need to increase awareness of this serious disease and expand screening to cover most of our adult population in both urban and rural localities. In this way we will reduce the burden of disease due to this preventable cancer and alleviate the strain on the Zimbabwean public health system.

DID YOU KNOW?

Anyone can get colon cancer regardless of gender, race, or nationality.

Surprisingly, 30% of colon cancer diagnoses are found in people under 55.

The five-year survival rate for CRC is approximately 91% for stages I and II but declines to 13% for stage IV. Only 1 in 3 cases are diagnosed at stage I or II. The five-year overall survival rate is 64%.

Colon cancer starts as polyps and usually develops slowly for 10 to 15 years. Many people with colon cancer don't have any symptoms at first, which is why screening is so important.

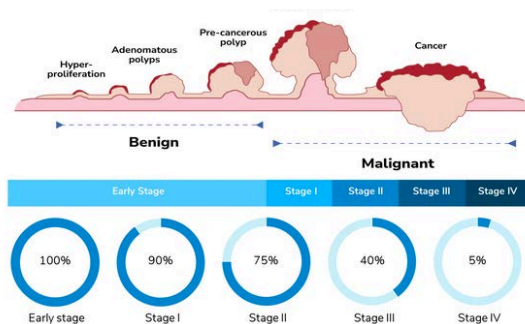


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