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COLORECTAL CANCER AWARENESS



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YOUR HEALTH**

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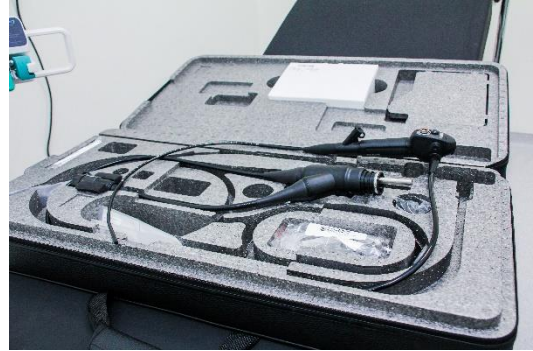
TABLE OF CONTENT

COLORECTAL CANCER

Colorectal Cancer Screening..... 01

Why Colorectal Cancer Screening Works..... 03

Colorectal Cancer Risk Factors..... 04



WHERE TO NEXT?

A Healthy, Active Lifestyle..... 06

Tests Used for Colorectal Cancer Screening..... 07

Colorectal Cancer Screening Plans..... 08

Where To Get More Information..... 09



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COLORECTAL CANCER SCREENING

Colorectal cancer is the term for cancer of the colon (large intestine) or rectum.

The primary goal of colorectal cancer screening is to prevent deaths from colorectal cancer. Screening tests can help identify cancers at an early and potentially curable stage.

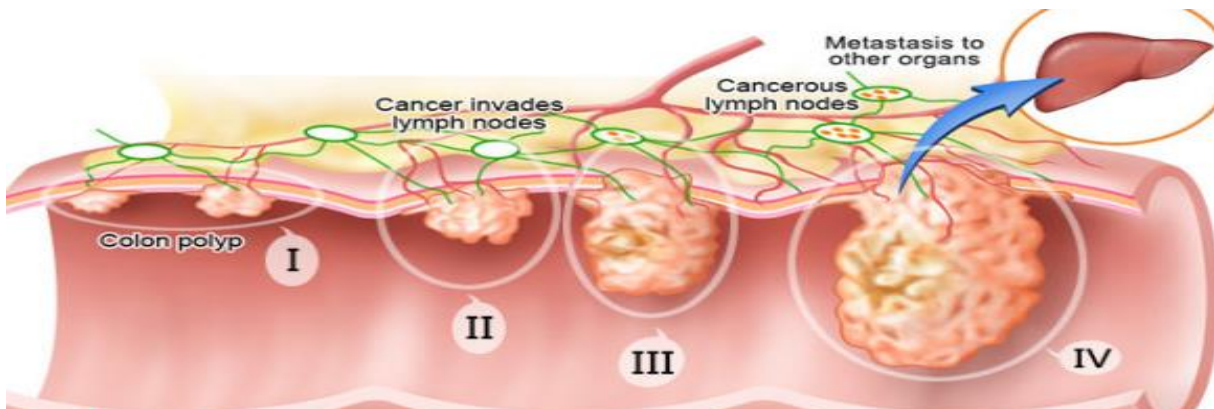
Screening can also prevent cancer by identifying and treating precancerous abnormal growths that can be removed before they become malignant.



Adults should undergo colorectal cancer screening beginning at age 45 or earlier, depending upon their risk of developing colorectal cancer. Several tests are available, each of which has advantages and disadvantages. The optimal screening test depends upon your preferences and your risk of developing colorectal cancer.

WHY COLORECTAL CANCER SCREENING WORKS

Most colorectal cancers develop from precancerous polyps. Polyps are growths that form in the lining of the colon. They can be detected with an endoscopic procedure (colonoscopy or sigmoidoscopy) or CT colonography and, to a lesser extent, by other tests such as the stool test for colorectal cancer.



The two most commonly detected types of polyps are "adenomatous" and "hyperplastic." Adenomatous polyps (also called adenomas) can become cancerous over time; this progression takes at least 10 years in most people.

Colorectal cancer screening tests can detect polyps and cancers. If a polyp is found, it is removed to try to prevent it from becoming more serious. Regular screening for and removal of polyps reduces your risk of developing colorectal cancer (by up to 90 percent with colonoscopy). Similarly, if a



cancer is found, it may be treated, hopefully at an earlier stage than it would have been found otherwise. Early detection of cancers that are already present in the colon increases the chance of successful treatment and decreases the chance of dying as a result of the cancer.

COLORECTAL CANCER RISK FACTORS

The risk of colorectal cancer increases as a person gets older. This is why experts recommend screening for people who are age 45 or older, even if the person does not have additional risk factors.



Some people have additional factors that increase their risk of colorectal cancer. Some of these impact recommendations for when to begin screening, while others do not.

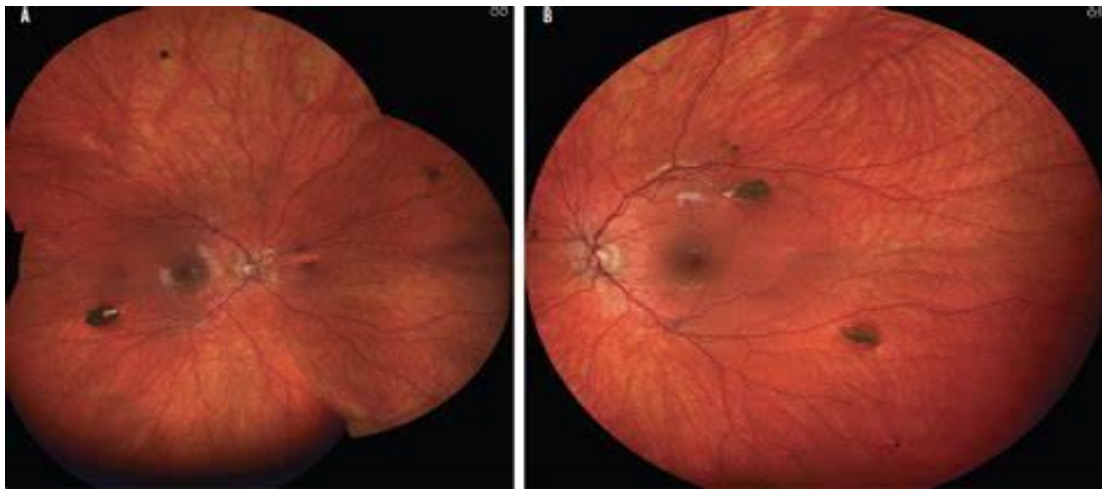
Risk factors that may affect screening recommendations:

Some conditions significantly increase a person's risk of colorectal cancer. Doctors often recommend that people with these conditions begin colorectal cancer screening earlier than people considered to be at average risk.

1. *Genetic familial syndromes*

While uncommon, certain syndromes that are passed down in families can increase a person's risk of developing colorectal cancer. They include:

- Familial adenomatous polyposis (FAP) – FAP is an uncommon inherited condition in which hundreds of polyps (or more) develop throughout the colon beginning in adolescence. Nearly all people with this condition will develop colorectal cancer during their lifetime, and most of these cancers occur before the age of 45 years.



- Lynch syndrome (also known as hereditary nonpolyposis colorectal cancer [HNPCC]) – Lynch syndrome is another inherited condition associated with an increased risk of colorectal cancer. It is slightly more common than FAP but is still uncommon, accounting for less than 1 in 20 cases of colorectal cancer. About 70 percent of people with Lynch syndrome will develop colorectal cancer by the age of 65. Cancer also tends to occur at younger ages. People with Lynch syndrome are also at risk for other types of cancer, including cancer of the uterus, stomach, bladder, kidney, and ovary.

There are other rarer inherited conditions that increase risk of colorectal cancer, including mutY DNA glycosylase gene (MUTYH)-associated polyposis, hamartomatous polyposis, Peutz-Jeghers syndrome, and juvenile polyposis syndrome.

If any of these conditions run in your family, you can get genetic testing to find out whether you have the abnormal gene.



2. Personal or family history of colorectal cancer or polyps

People who have previously had colorectal cancer have an increased risk of developing a new colorectal cancer. People who have had adenomatous polyps before the age of 60 years are also at increased risk for developing colorectal cancer.

Having a first-degree relative (a parent, brother or sister, or child) with colorectal cancer increases your risk of developing colorectal cancer. In addition, having a relative who had adenomatous polyps is also believed to increase your risk. Your risk may be further increased depending on how many family members are affected and the age at which their cancer or polyps were detected.

3. Inflammatory bowel disease



People with Crohn disease or ulcerative colitis have an increased risk of colorectal cancer. The amount of increased risk depends upon the amount of inflamed colon and the duration of disease; pancolitis (inflammation of the entire colon) and colitis of 10 years' duration or longer are associated with the greatest risk for colorectal cancer.

4. Lifestyle risk factors

Certain lifestyle factors also seem to increase a person's risk of developing colorectal cancer. These include:

Colorectal cancer risk factors include:

WITHIN YOUR CONTROL		BEYOND YOUR CONTROL	
 Physical inactivity	 Diet high in red or processed meat	 Being over age 50	 Family history
 Heavy alcohol use	 Smoking	 Ulcerative colitis or Crohn's	 Type 2 diabetes

- A diet high in fat and red or processed meat and low in fiber
- A sedentary lifestyle
- Cigarette smoking
- Alcohol use
- Obesity

Modifying these risk factors may help lower your risk of colorectal cancer, in addition to improving your overall health. However, the presence of these risk factors does not generally impact expert recommendations for when to begin colorectal cancer screening.

- *Factors that may decrease risk:*

As discussed above, improving your diet, increasing physical activity, cutting back on alcohol, and quitting smoking (if you smoke) can all help lower your risk of developing colorectal cancer.

A HEALTHY, ACTIVE LIFESTYLE

1. *Eat a healthy diet:*

Consume plenty of fruits and vegetables rich in fiber, vitamins, and minerals. Aim for a variety of colors to ensure you're getting a diverse range of nutrients.



Include whole grains such as brown rice, quinoa, oats, and whole wheat bread in your diet. These foods provide fiber and important nutrients.

Limit consumption of red meats like beef, pork, and lamb. Processed meats like bacon, sausage, and deli meats should be consumed sparingly, if at all, as they have been linked to a higher risk of colorectal cancer.



Choose healthier cooking methods such as baking, grilling, steaming or sautéing instead of frying.



Minimize intake of sugary foods and drinks, as excess sugar consumption may contribute to inflammation and obesity, which are risk factors for colorectal cancer.

2. Maintain a Healthy Weight:

Calculate your body mass index (BMI) and aim to keep it within the healthy range (18.5 to 24.9).

Adopt a balanced diet with appropriate portion sizes to help manage calorie intake.

Incorporate regular physical activity into your routine to aid in weight management and overall health.



3. Exercise Regularly:

Engage in a variety of physical activities you enjoy, such as walking, jogging, swimming, cycling, or dancing.

Aim for a combination of aerobic exercises (e.g., brisk walking, running) and strength training (e.g., weightlifting, bodyweight exercises) for overall fitness.

Schedule regular exercise sessions throughout the week to maintain consistency and reap the benefits of physical activity.



4. Quit Smoking:

Seek support from healthcare professionals, smoking cessation programs, or support groups to quit smoking.

Use nicotine replacement therapy (e.g., patches, gum) or prescription medications to help manage withdrawal symptoms and cravings.

Avoid situations or triggers that may tempt you to smoke, and find healthier alternatives to cope with stress or boredom.



5. Limit Alcohol Consumption:

Follow recommended guidelines for alcohol consumption: no more than one drink per day for women and two drinks per day for men.

Be mindful of portion sizes, as serving sizes can vary widely depending on the type of alcoholic beverage.

Consider substituting alcoholic drinks with non-alcoholic alternatives or limiting alcohol intake during social gatherings.

Low-Risk Drinking Limits

1 DRINK



Men



Up to 2 drinks daily
(14 drinks per week)



Women



Up to 1 drink daily
(7 drinks per week)

6. Increase Fiber Intake:



Include fiber-rich foods in your meals and snacks, such as fruits, vegetables, whole grains, legumes, nuts, and seeds.

Gradually increase fiber intake to prevent digestive discomfort and promote regular bowel movements.

Choose whole fruits and vegetables over juices or processed forms, as they retain more fiber and nutrients.

7. Limit Processed Foods:

Read food labels and ingredients lists to identify processed foods high in unhealthy fats, sugars, and additives.

Opt for whole, minimally processed foods whenever possible, such as fresh fruits and vegetables, lean proteins, whole grains, and healthy fats.

Prepare meals at home using fresh ingredients to have more control over the nutritional content and quality of your food.



8. *Stay Hydrated:*



Drink water throughout the day to maintain hydration and support various bodily functions, including digestion and metabolism.

Carry a reusable water bottle with you as a reminder to drink water regularly, especially during physical activity or in hot weather.

Limit consumption of sugary beverages and caffeinated drinks, as they may contribute to dehydration and other health issues.

By incorporating these lifestyle changes into your daily routine, you can reduce your risk of developing colorectal cancer and promote overall health and well-being. It's important to approach these changes gradually and seek support from healthcare professionals or other resources as needed to maintain long-term success.

TESTS USED FOR COLORECTAL CANCER SCREENING

Several tests available for colorectal cancer screening can detect precancerous polyps (adenomas) and can lead to cancer prevention and/or detect cancers at an early, more treatable stage.

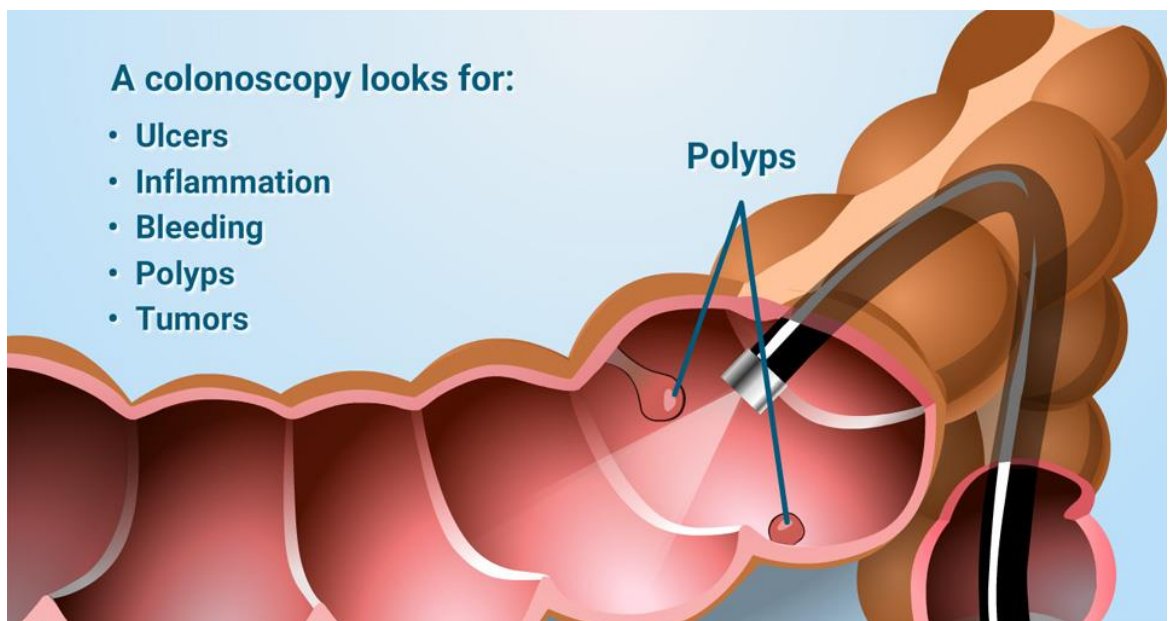
Guidelines from expert groups recommend that you and your health care provider discuss the available options and choose a testing strategy that works best for you. Some experts believe that tests that are very good at detecting precancerous polyps are preferable, particularly colonoscopy.

Other experts believe that having screening with any of the available tests is more important than which test you choose. The recommended frequency of testing varies depending on which test is chosen.

1. Colonoscopy

Colonoscopy allows a clinician to see the lining of the entire colon, including the rectum.

- Procedure – Colonoscopy requires that you prepare by cleaning out your entire colon so the doctor can see the inside well. This clean out usually involves drinking a laxative liquid preparation that causes temporary diarrhea. During colonoscopy, you may be given a mild sedative drug or some doctors use a stronger anesthetic agent that puts you to sleep. A thin, flexible, lighted tube is inserted through the anus and used to directly inspect the lining of the rectum and the entire colon. Biopsies (samples of tissue) may be taken during the procedure. Polyps and some cancers can be removed during this procedure.



- Effectiveness – Colonoscopy is the most sensitive of the available tests; it detects most small polyps and almost all large polyps and cancers and substantially lower the risk of developing and dying from colorectal cancer.
- Risks and disadvantages – The risks of colonoscopy, while small, are greater than those of other screening tests for colorectal cancer. Colonoscopy may lead to serious bleeding or a

tear of the intestinal wall in some individuals (about 1 out of every 1000 people). Because the procedure usually requires sedation, you must be accompanied home after the procedure and you should not return to work or other activities on the same day.

2. Sigmoidoscopy

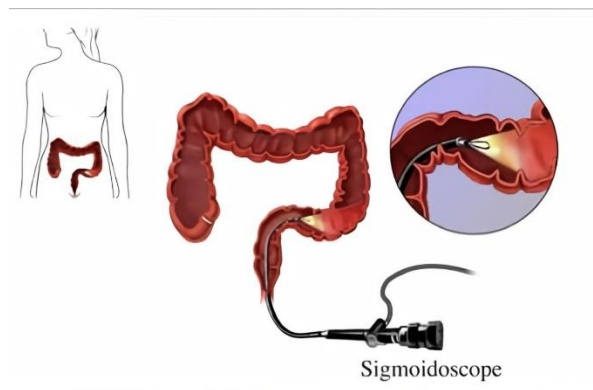
Sigmoidoscopy allows a clinician to directly view the lining of the rectum and the lower part of the colon (the descending colon). This area accounts for about one-half of the total area of the rectum and colon.

- Procedure – Sigmoidoscopy requires that you prepare by cleaning out the lower part of your colon. This usually involves consuming a clear liquid diet and using an enema (a solution you insert into your rectum) shortly before the examination. Most people do not need sedative drugs and are able to return to work or other activities the same day. During the procedure, a thin, flexible, lighted tube is inserted into the rectum and into the left side of the colon to check for polyps and cancer; the procedure may cause mild cramping. Biopsies (small samples of tissue) can be taken during sigmoidoscopy. Sigmoidoscopy may be performed in a doctor's office.



- Effectiveness – Sigmoidoscopy can identify polyps and cancers in the lower (descending) colon and rectum with a high degree of accuracy. Studies have shown that screening with sigmoidoscopy reduces the chances of getting or dying from colorectal cancer.
- Risks and disadvantages – The risks of sigmoidoscopy causing a serious problem are low. The procedure could create a small tear in the intestinal wall in about 2 per every 10,000 people; death from this complication is rare. A major disadvantage of sigmoidoscopy is that it cannot detect polyps or cancers that are located only in the right side (for example, in the cecum or ascending colon to the hepatic flexure) or in the transverse colon, which are more common in older women.

Having polyps or cancers in the lower colon increases the likelihood that there are polyps or cancer in the remaining part of the colon. Thus, if sigmoidoscopy reveals polyps or cancer, colonoscopy is recommended to view the entire length of the colon.

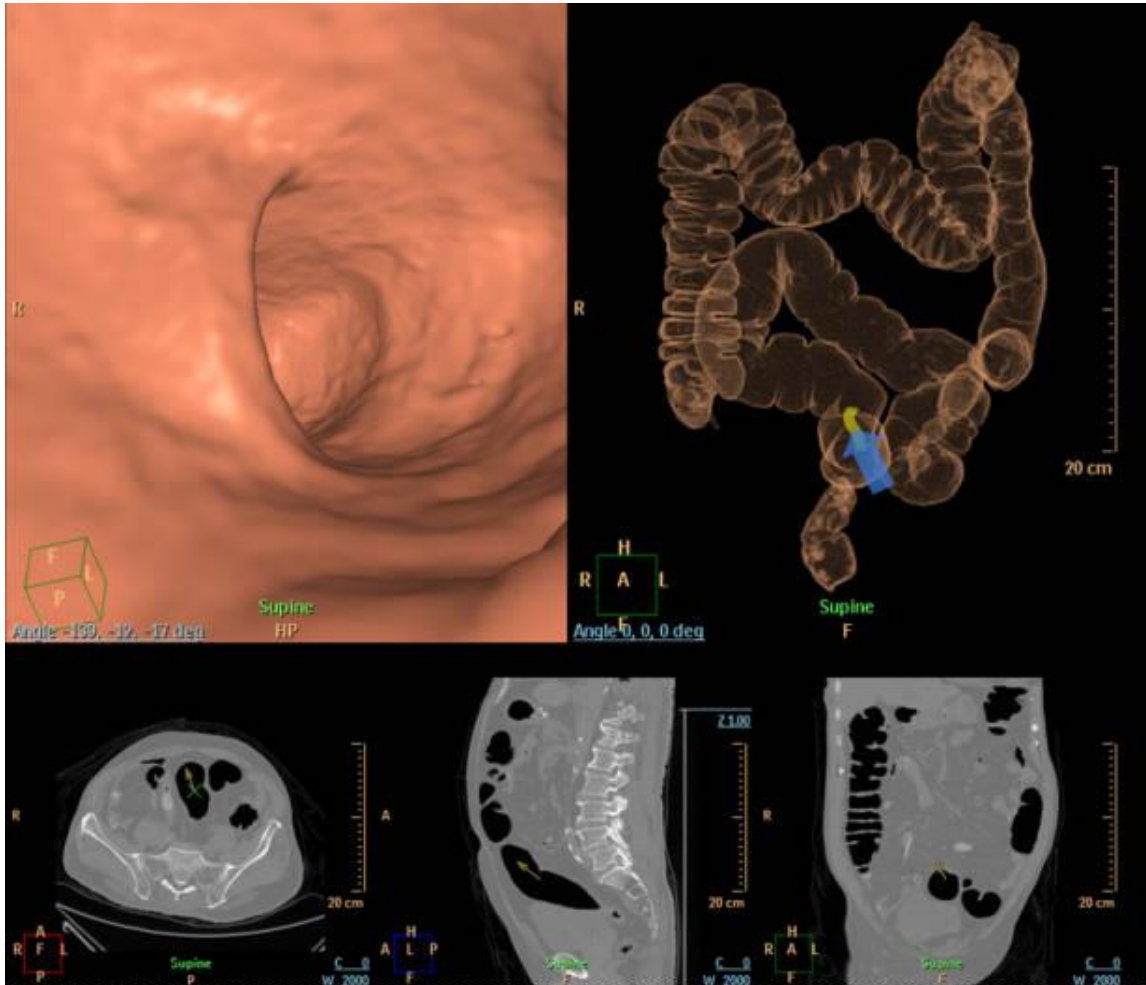


3. CT colonography

CT Colonography allows a clinician to see the lining of the entire colon.

- Procedure – Computed tomography colonography (CTC, sometimes called "virtual colonoscopy") is a test that uses a CT scanner to take images of the entire colon. These images are two- and three-dimensional and are reconstructed to allow a radiologist to determine if polyps or cancers are present.
- Effectiveness – The major advantages of CTC are that it does not require sedation, it is noninvasive, the entire bowel can be examined, and abnormal areas (adenomas) can be detected about as well as with traditional (optical) colonoscopy.
- Risks and disadvantages – There are some disadvantages of CTC. Like traditional colonoscopy, CTC usually requires a "bowel prep" to clean out the colon. If an abnormal area is found with CTC, a traditional colonoscopy will be needed to see the area and take

a tissue sample (biopsy). CTC may detect abnormalities other than polyps or cancer in the colon/rectum. Many of these incidental findings will require further testing that could lead to harm. CTC may not be covered by health insurance plans in the United States. CTC, like many other imaging tests, exposes patients to radiation which may have long-term risks.



4. Stool tests

Colorectal cancers often release microscopic amounts of blood and abnormal DNA into the stool. Stool tests can detect blood or abnormal DNA markers. Although these tests involve collecting stool samples at home, they require a prescription from a doctor.

- Two types of tests, fecal occult blood testing (also called guaiac testing, or gFOBT) and fecal immunochemical testing (FIT), evaluate the stool for blood, which may be present if there is bleeding from a colorectal cancer (or other source) and some polyps.
- With guaiac testing, you collect two samples of stool from three consecutive bowel movements, which you apply to home collection cards. You mail the cards back according to the instructions. You should avoid drugs that irritate the stomach, such as aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs), before collecting the stool.
- With fecal immunochemical testing, you use a long-handled tool to collect the specimen according to the manufacturer's instructions. You apply the brush to a kit and then mail the kit back according to instructions. You do not have to change your diet or stop any medications with this test. Immunochemical testing is more convenient and somewhat better able to find cancer than guaiac testing, but the test kit is a bit more expensive.



If a stool test is positive, your entire colon should be examined with colonoscopy.

Stool testing reduces the risk of dying from colorectal cancer. However, because polyps seldom bleed, stool testing for blood is less likely than other screening tests to detect polyps. In addition, "false positives" are common, meaning that many people with a positive stool test will not turn out to have colorectal cancer.

A FIT-DNA test is another option and is done every three years. This test looks for specific DNA markers that may signify the presence of colorectal cancer, and it also looks for blood in the stool.



For this test, you get a special kit in order to collect a whole bowel movement. Then you follow

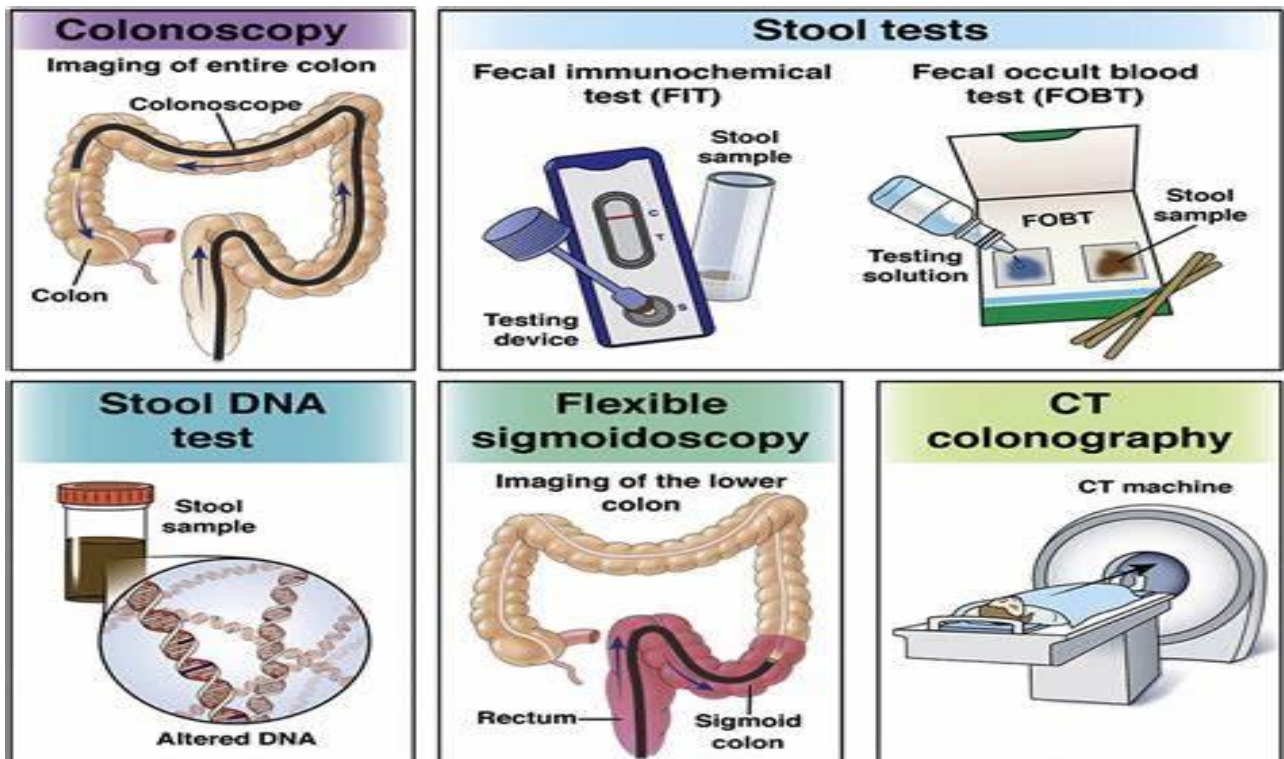
the instructions about how and where to ship it. An abnormal test result should be followed up by colonoscopy.

COLORECTAL CANCER SCREENING PLANS

The screening plan that is right for you depends upon your risk of colorectal cancer. You can talk with your health care provider about when to begin screening, which tests are available, and how often you should be screened.

1. Average risk of colorectal cancer

The term average risk is used for people who do not have specific conditions that increase risk for colorectal cancer. People with an average risk of colorectal cancer should begin screening at age 45.

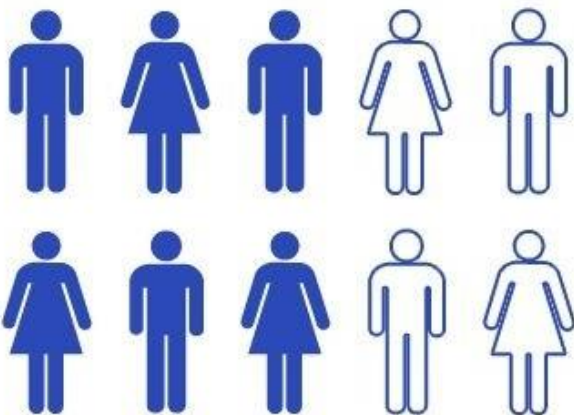


Any one of the following screening strategies is recommended:

- Colonoscopy every 10 years
- Stool testing every year (using guaiac or fecal immunochemical occult blood tests)

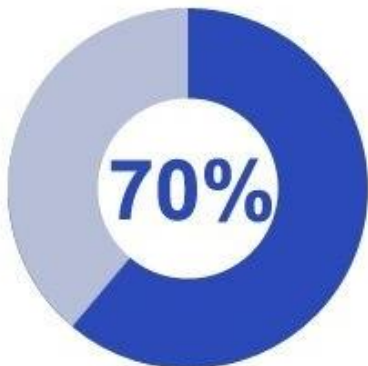
- Computed tomographic colonography (CTC) every five years
- Flexible sigmoidoscopy every five years, with or without a fecal immunochemical (FIT) stool test
- Stool testing using FIT and DNA testing every one to three years

You and your clinician should work together to decide which approach makes the most sense for you based on test availability as well as your preferences and values. This is a process of shared decision-making between you and your clinician. For most people, screening should continue until at least age 75, assuming a life expectancy of 10 years or more. For some people, screening could continue until age 85.



6 of 10

colorectal cancer deaths
could be prevented, if all men
and women age 50 and older
were screened routinely



Removal of precancerous
polyps reduces your chance
of getting colon cancer by
70 percent.

2. Increased risk of colorectal cancer

Screening for people with an increased risk may entail starting screening at a younger age, more frequent screening, and/or the use of more sensitive screening tests (usually colonoscopy). The optimal screening plan depends upon the reason for increased risk.

Personal history of colorectal cancer and some types of polyps — If you have been treated for colorectal cancer or had polyps removed in the past, your doctor will talk to you about how often to have colonoscopy (as well as other tests and physical exams) to check for recurrence or new cancer in other parts of the colon. This typically includes frequent colonoscopies. The exact timing for follow-up visits, including colonoscopies, will depend on your situation and past treatments.

Getting started ...

- Schedule it!
- Clinic will provide instructions

Colonoscopy
Don't sweat the prep

Day before exam ...

- Pick up prep items
- Begin prep at appointed time
- Follow all instructions
- Clear liquids only - have a popsicle!
- Stay near your throne
- Relax as usual
- Nothing to eat/drink after midnight

Morning of exam ...

- Cheers to your health! You may have saved your life.
- Your driver takes you home after short recovery
- I didn't feel a thing! Colonoscopy takes about 30 minutes
- Nurse takes vital signs and gives meds to make you sleepy
- Change into comfy gown
- Don't be tardy for the exam
- Continue prep - you're almost done!

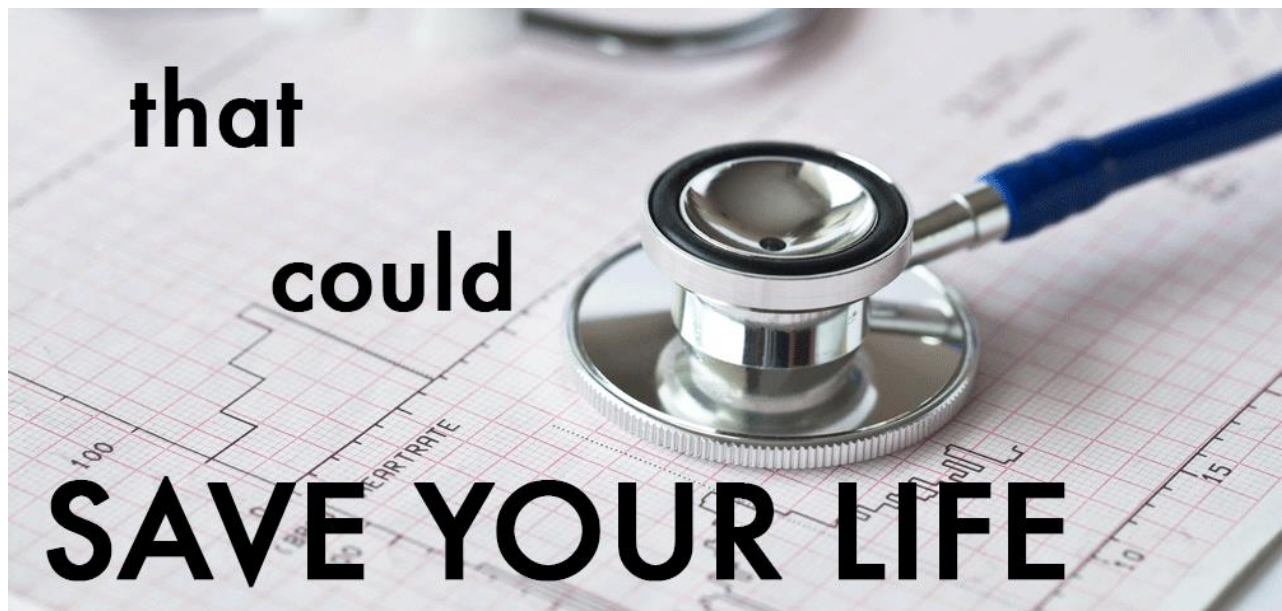
3. Family history of colorectal cancer

Screening recommendations depend on your family history, including how many relatives were affected, their ages at diagnosis, and whether they had colorectal cancer or polyps that can progress

to cancer such as adenomatous polyps or serrated lesions (a term that describes the appearance under a microscope).

Doctors recommend early screening (starting at age 40, or 10 years younger than the earliest diagnosis in the family, whichever comes first) for people who have:

- One first-degree relative (parent, brother, sister, or child) with colorectal cancer, an advanced adenomatous polyp, or advanced serrated lesion before the age of 60 years – Screening should be repeated with a colonoscopy every five years.
- Two or more first-degree relatives with colorectal cancer, an advanced adenomatous polyp, or advanced serrated lesion at any age – Screening should be repeated with a colonoscopy every five years.
- One first-degree relative (ie, parent, brother, sister, or child) with colorectal cancer, an advanced adenomatous polyp, or an advanced serrated lesion at the age of 60 years or older – If the initial test is negative, screening should be repeated on the same schedule as for people at average risk (eg, with a colonoscopy every 10 years).



As noted, screening in the above situations usually involves colonoscopy, although annual fecal immunochemical testing may also be an option if you are not willing to start with a colonoscopy.

People with only a second-degree relative (eg, grandparent, aunt, or uncle) or third-degree relative (eg, great-grandparent or cousin) with colorectal cancer do not have a large enough increase in risk to warrant more screening than is recommended for those at average risk. People with relatives who have had only non-advanced adenomatous polyps are also screened according to recommendations for people at average risk.

4. Genetic familial syndromes

Some people have known genetic syndromes in their family that increase the risk of colorectal cancer, such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary nonpolyposis colorectal cancer [HNPCC]).

These less common conditions require aggressive screening and preventive treatments. If any of these syndromes run in your family, it's important to see an experienced clinician for monitoring and testing plan.

Inflammatory bowel disease — If you have ulcerative colitis or Crohn disease, you have an increased risk of colorectal cancer. The best screening plan will depend on how long you have had the disease and how much of your colon is affected.



WHERE TO GET MORE INFORMATION

Your health care provider is the best source of information for questions and concerns related to your medical problem.

We, at Anderson's Hospital, are dedicated to the passionate pursuit of improving the health of the community in Rivers State and the region through the delivery of exceptional and comprehensive quality care to our patients, excellence in education and training, and leadership in innovative research.

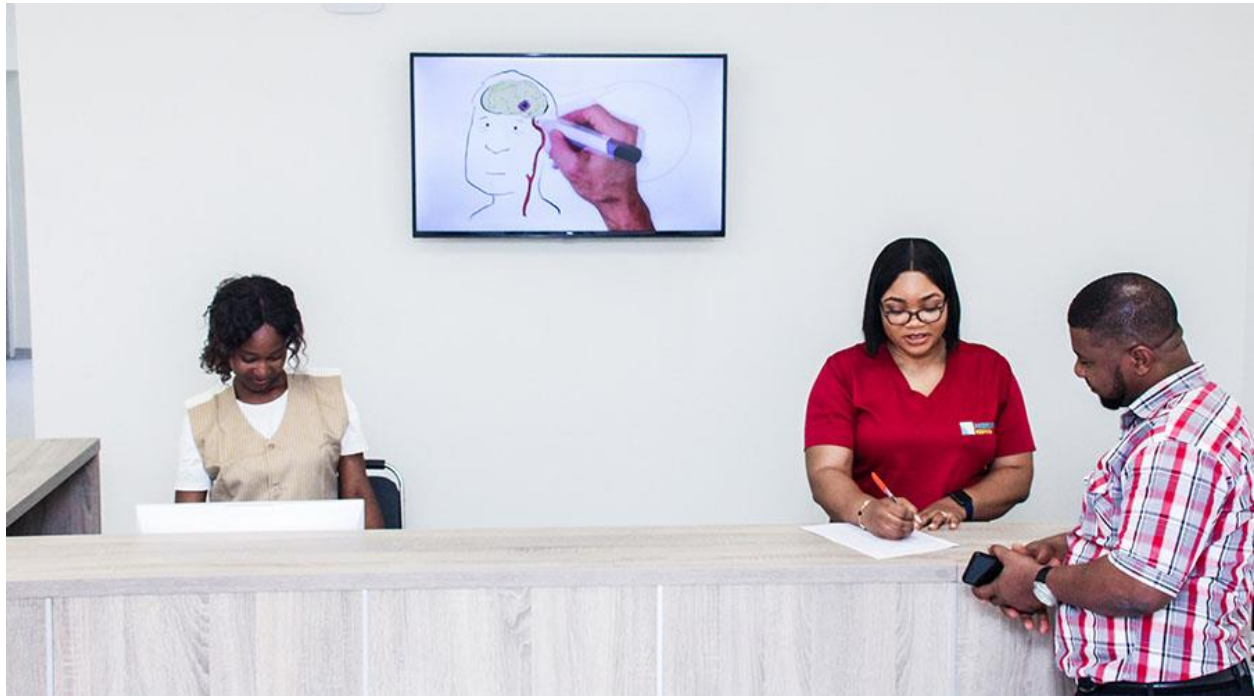
Anderson's Hospital is a multi-specialty medical center commissioned in 2023. It has a 66-bed capacity in a highly secured and serene environment in Port Harcourt, Rivers State.



For optimal well-being and privacy of patients and visitors, the Hospital provides multiple fully furnished VIP suites with exclusive lounges.

The care in Anderson's Hospital is provided by a well-trained, highly experienced physician specialists and nurses with both national and international credentials and qualifications. In addition, there is a team of expatriate doctors present on site and via telemedicine which enhances the delivery of the highest standards of care at every moment.

The Hospital is positioned to be one of the top hospitals in Nigeria and is equipped with the most state-of-the-art medical equipment in collaboration with General Electric Healthcare and other



renowned European medical equipment vendors: 1.5 Tesla MRI, 128-slice CT Scan with Coronary Calcium Score Software, Dental Scan, General, Cardiac and Vascular Ultrasound, Combi Cardiac Unit for Invasive and Interventional cardiac and vascular studies, among many others.

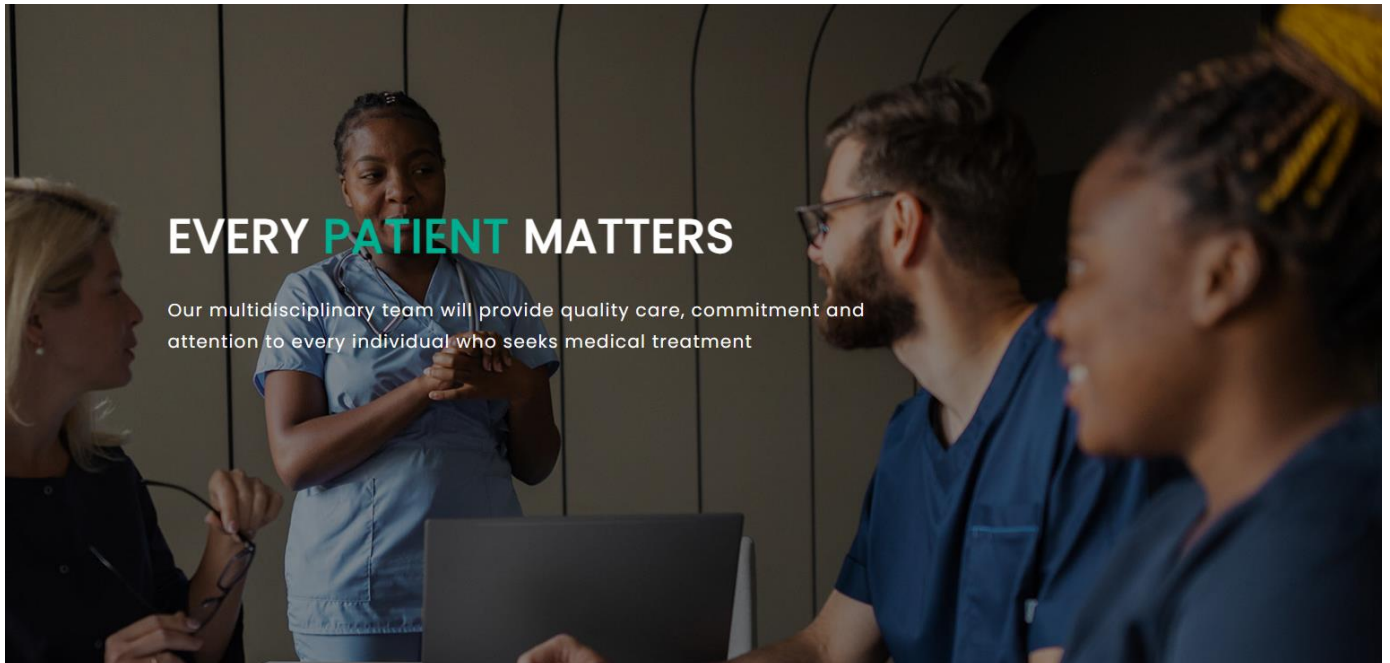
Clinical services include a well-equipped emergency room, 5-bed ICU and 2 state-of-the-art surgical suites. The Hospital is equipped with standard facilities for trauma, stroke and chest pain center designation.

The Hospital endoscopy department is well-equipped for advanced diagnostic/therapeutic procedures, Upper and Lower GI Endoscopies and interventional Bronchoscopy. There is a bespoke Ophthalmology unit with advanced diagnostic/therapeutic equipment, a dedicated Optical shop with all the necessary accessories and a fully equipped Dental clinic for basic care, esthetic and surgical interventions.

Anderson's Hospital has a Laboratory service with fully and semi-automated machines, including Bacteriology and Pathology testing.

For continuous assistance and optimal patient's care, our Hospital has a 24-hours ambulance service, fully equipped with Oxygen, Portable Ventilator, Defibrillator and Monitor led by escort trained Physicians and Nurses.

We can proudly say we are of the best equipped hospitals in the region, a team of well-motivated healthcare professionals with the right attitude and expertise to care for you in the best environment.



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