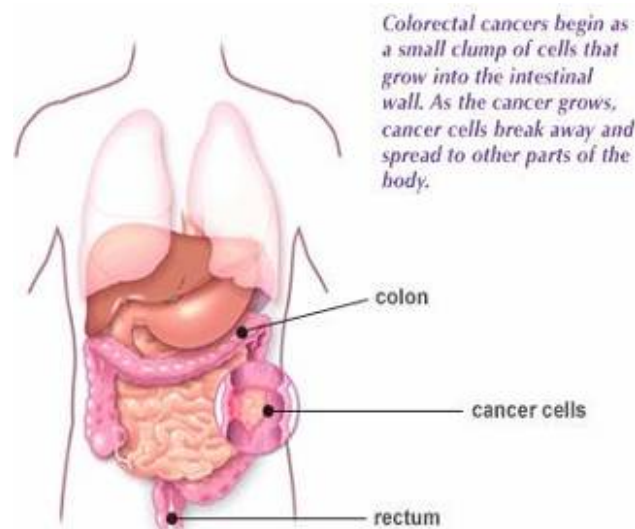


## Colorectal Cancer

### What is colorectal cancer?

Colorectal cancer, also known as bowel cancer, is characterised by the uncontrolled growth of abnormal cells inside the colon and or rectum. In most instances, colorectal cancer is thought to develop initially from small growths called polyps that can form in the lining of the colon or rectum. Although the majority of polyps never become cancerous, cancerous polyps are responsible for most cases of colorectal cancer. If detected at an early stage, a cancerous polyp can usually be removed; however, there are often no initial symptoms and the cancer may have spread to other parts of the body (metastasised) before the patient is diagnosed.



### Prevalence

- Colorectal cancer is the second most common cause of death from cancer across all cancer types in men and women in Europe<sup>1</sup> and is the third most commonly reported cancer in the world, with over one million cases occurring annually<sup>2,3</sup>.
- More than 600,000 people die every year from the disease worldwide<sup>3</sup>.

### Risk factors

- Age: More than 90% of cases are diagnosed in individuals over the age of 50<sup>3</sup>.
- A personal or family history of colorectal cancer and / or intestinal polyps<sup>3</sup>.
- Lifestyle factors including obesity, physical inactivity, smoking, high alcohol consumption and a poor diet<sup>3</sup>.

### Symptoms

Early stage\* colorectal cancer can often present without symptoms. However, symptoms of colorectal cancer can include:

- Unexplained weight loss.
- Pain in the abdomen or rectum.
- A feeling of not having emptied your bowel properly after a bowel movement.
- A change in normal bowel habit (such as diarrhoea or constipation) without apparent reason and lasting longer than six weeks.
- Blood in, or on, the stools.

### Management of colorectal cancer

Treatment options vary in accordance with the stage of the cancer – its size, position in the colon or rectum, whether it has spread to other parts of the body, and the physical condition of the patient. In general, the treatment options for colorectal cancer are:

- **Surgery:** This is the main treatment option for patients whose colorectal cancer has not spread to other parts of the body (e.g. to the liver or lungs), and may be used in combination with radiotherapy or chemotherapy. In some cases, surgery may also be an option for patients with cancer that has spread to other parts of the body.
- **Radiotherapy:** Radiotherapy is often used in addition to surgery and chemotherapy to reduce the chances of the cancer returning.
- **Chemotherapy:** Post surgery (adjuvant) chemotherapy may also be given to reduce the chances of the cancer returning. If the cancer has spread to other parts of the body it can also help to reduce symptoms, improve quality of life and extend survival for as long as possible. Chemotherapy drugs can be given intravenously (directly into the blood) or orally. Chemotherapies can be given as single agents but are now increasingly being administered in combination with other chemotherapies with the aim of increasing efficacy.

- **Biological therapy:** Avastin (bevacizumab) in combination with chemotherapy is clinically proven to significantly improve the survival time for patients with colorectal cancer. Avastin is an antibody that specifically binds and blocks VEGF (vascular endothelial growth factor). VEGF is the key driver of tumour angiogenesis – an essential process of development and maintenance of blood vessels which is required for a tumour to grow and to spread to other parts of the body. Avastin’s precise mode of action helps control tumour growth and metastases with only a limited impact on side effects of chemotherapy. By inhibiting angiogenesis, the outlook for patients with colorectal cancer can be substantially improved.

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To download images and videos relating to colorectal cancer please visit: [www.thenewsmarket.com](http://www.thenewsmarket.com)

\* Early stage refers to cancer that hasn’t spread to the lymph nodes and / or other parts of the body

#### References

1. Ferlay J et al. Ann Oncol 2007; 18: 581-92.
2. Parkin DM et al. CA Cancer J Clin 2005; 55: 74-108.
3. Garcia M et al. Global Cancer Facts & Figures. Atlanta, GA: American Cancer Society, 2007.