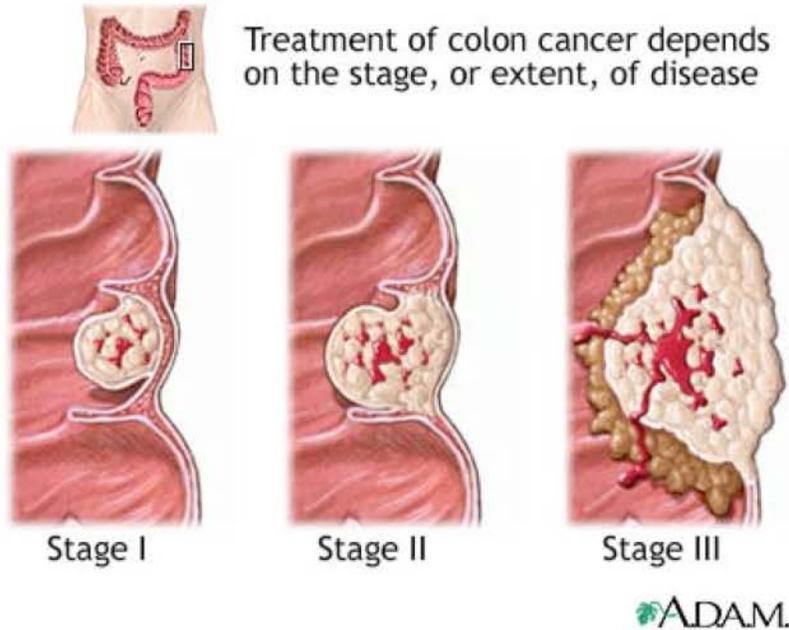


Colon cancer

Stages of cancer



The staging of a carcinoma has to do with the size of the tumor, and the degree to which it has penetrated. When the tumor is small and has not penetrated the mucosal layer, it is said to be stage I cancer. Stage II tumors are into the muscle wall, and stage III involves nearby lymph nodes. The rare stage IV cancer has spread (metastasized) to remote organs.

Alternative names [Return to top](#)

Colorectal cancer; Cancer - colon

Definition [Return to top](#)

The colon and rectum are part of the large intestine (large bowel). Colon and rectum cancers, which are sometimes referred to together as "colorectal cancer," arise from the lining of the large intestine. (When [cancer](#) arises from the lining of an organ like the large intestine, it is called a [carcinoma](#).)

Other types of colon cancer are rare, and include [lymphoma](#), carcinoid tumors, [melanoma](#), and sarcomas. Use of the term "colon cancer" for the rest of this article refers to colon "carcinoma" and not the other, rare types of colon cancer.

Causes, incidence, and risk factors [Return to top](#)

There are over 130,000 cases of colorectal cancer diagnosed in the United States each year, and over 50,000 deaths. Colorectal cancer is the second leading cause of cancer deaths. In almost all cases, however, this disease is entirely treatable if caught early by colonoscopy.

There is no single cause for colon cancer. However, almost all colon cancers begin as benign polyps which, over a period of many years, develop into cancers.

Factors that increase the risk of colon cancer are [colorectal polyps](#), cancer elsewhere in the body, a family history of colon cancer, and [ulcerative colitis](#).

Patients with a history of breast cancer have a slightly increased risk of developing colon cancer. Certain genetic syndromes increase the risk of developing colon cancer in affected families.

Dietary factors that have been associated with colon cancer are a high-meat, [high-fat](#), low-fiber diet. However, some studies found that the risk is not reduced when people switch to a high-fiber diet, so the cause of the link is not yet clear.

Symptoms [Return to top](#)

With proper screening, colon cancer should be detected BEFORE the development of symptoms, when it is most curable.

Most cases of colon cancer have no symptoms. The following symptoms, however, may indicate colon cancer:

- [Diarrhea](#), constipation, or other change in bowel habits that does not resolve
- [Blood in the stool](#)
- Unexplained [anemia](#) (anemia in any adults other than menstruating women should almost always be evaluated by a colonoscopy)
- [Abdominal pain and tenderness](#) in the lower abdomen
- [Intestinal obstruction](#)
- [Weight loss](#) with no known reason
- Stools narrower than usual

Signs and tests [Return to top](#)

A physical examination rarely shows any abnormalities, although an abdominal mass may be present. A rectal examination may reveal a mass in patients with rectal cancer, but not colon cancer.

A [colonoscopy](#) or [sigmoidoscopy](#) may reveal evidence of cancer. However, only colonoscopy (NOT sigmoidoscopy) examines the entire colon.

A [fecal occult blood test](#) (FOBT) may detect small amounts of blood in the stool, a possible indicator of colon cancer. However, this test is often negative in patients with colon cancer. Not all polyps bleed, and not all polyps bleed all the time. That is why a FOBT must be used with one of the other more invasive screening measures (e.g., colonoscopy or sigmoidoscopy). Finally, a positive FOBT doesn't necessarily mean the person has cancer -- "false positives" can be caused by some medications and other factors.

A blood count may reveal evidence of anemia with low iron levels. A CT scan may show an abdominal mass, although this test is not very good at detecting colon cancer.

Treatment [Return to top](#)

Treatment depends partly on the "stage" of the cancer. This means how far the tumor has spread through the layers of the intestine, from the innermost lining to outside the intestinal wall and beyond:

Stage 0 colon cancer may be treated by cutting out the lesion, often via a colonoscopy. In some cases, more extensive surgery may be needed (see stages I-III). For stages I, II, and III cancer, removal of a segment of colon containing the tumor and reattachment of the colon is necessary. This procedure only rarely requires a colostomy.

Almost all patients with stage III colon cancer, after surgery, should receive chemotherapy (adjuvant chemotherapy) with a drug known as 5-fluorouracil given for approximately 8 months. This drug has been shown to increase the chance of being cured. There is some debate as to whether patients with stage II colon cancer should receive chemotherapy after surgery, and patients should discuss this with their oncologist.

Chemotherapy is also used for patients with stage IV disease in order to shrink the tumor, lengthen life, and improve the patient's quality of life

Oxaliplatin, a newer chemotherapy drug, was approved by the FDA in 2002 and is also active against colon cancer. It is often used in combination with 5-fluorouracil, and studies are being done that combine it with other chemotherapy drugs. Other chemotherapy agents, including drugs that specifically target abnormalities in cancer cells, are currently in development and undergoing clinical trials.

For patients with stage IV disease that is localized to the liver, various treatments directed specifically at the liver can be used. Tumors can be surgically removed, burned, or frozen in some cases. Chemotherapy or radioactive substances can sometimes be infused directly into the liver.

Radiation therapy is occasionally used in patients with colon cancer, but this is relatively uncommon.

TCM's Evaluation of Healing Effect on Such Disease

The Chinese herbs have their own benefits including increasing the patient's appetite, boosting the immune system, facilitating the recovery of the body, and prevention of tumor regeneration or metastases. It is effective for anti-cancer and alleviation of symptoms is possible, such as bleeding, diarrhea, and pain. TCM therapy may be used before or after surgery, or combine with the patient's regimens of chemotherapy or radiotherapy. However, the acupuncture may result to some symptoms and pain.

TCM Treatment:

1. Herbal medicine/Formulas
2. Acupuncture and Moxibustion
3. Qigong and other therapies
4. Medicated diet and Lifestyle

Differentiation of Common Syndromes:

Total Syndromes:

- (1) Stagnation of toxic materials and blood stasis
- (2) Downward flow of Damp-heat
- (3) Deficiency of Both qi and blood

1. Stagnation of Toxic Materials and Blood Stasis

The symptoms include; diarrhea, pencil-shaped stools, rectal bleeding, abdominal fullness, cramping, and rectal pressure, deep purple tongue with ecchymosed, taut or uneven pulse.

Herbal Medicine Treatment

Therapeutic principle: Promoting blood circulation to remove toxic materials and blood stasis, and anti-cancer.

Recipe: Modified decoction for removing blood stasis.

Red sage root (dan shen), peach kernel (tao ren), Safflower root (hong hua), Curcuma root (yu jin) at 10 g each; Scutellaria barbata (ban zhi lian), Rhizome smilacis glabrae (Tu fu ling) at 15 g each. All the drugs above except gecko are to be decocted in water for oral administration.

Acupuncture and Moxibustion

Therapeutic principle: Promoting blood circulation to remove blood stasis, and anti-cancer.

Prescription: Dachangshu (BL25), Guanyuanshu (BL26), Nei guan (PC6), Zushanli (ST 36), shanyinjiao (SP6), zhongwan (RN12), Tianshu (ST25).

2. Downward Flow of Damp-Heat

The symptoms of this state include; diarrhea, pencil-shaped stools, rectal bleeding, abdominal fullness, cramping, rectal pressure, burning sensation in the anus, weakness and fatigue, red tongue with yellow and greasy fur, and slippery rapid pulse.

Herbal medicine treatment

Therapeutic principle: Clearing away pathogenic heat and dampness, and anti-cancer.

Recipe: Decoction of Pueraria, Scutellaria and Coptis with additional ingredients.

Pueraria root (ge geng) 15 g; Scutellaria root (huang qin), Coptis rhizome (huang lian), bitter orange (zhi qiao) at 10 g each; Scutellaria barbata (ban zhi lian), Rhizome smilacis glabrae (Tu fu ling) Rhizoma paridis root (qi ye yi zhi hua), Honey-suckle flower (yin hua), Pulsatilla root (bai tou gong) at 20 g each.

All the above drugs are to be decocted in water for oral administration.

Acupuncture and Moxibustion

Therapeutic principle: Clearing away pathogenic heat and dampness.

Prescription: Daheng (ST14), Suidao (ST28), Nei guan (PC6), Dachangshu (BL25), Zusanli (ST 36), shanyinjiao (SP6), zhongwan (RN12), Tianshu (ST25).

3. Deficiency of Both Qi and blood

Symptoms include diarrhea, or pencil-shaped stools and rectal bleeding. Abdominal fullness, cramping, and rectal pressure, accompanied with lack of vitality and asthenia, pale-tongue with white and thin fur, thin and weak pulse.

Herbal medicine treatment

Therapeutic principle: Invigorating qi and enriching the blood to alleviate pain, and anti-cancer.

Recipe: Modified principle Dysmenorrhea-curing decoction.

Ginseng (ren shen) 6 g, Chinese angelica root (dang gui), Chuanxiong rhizome (chuanxiong) Prepared rehmannia root (shu di), Nutarss flatsedge rhizome (xiang fu), Corydalis tuber (yuan hu) at 10 g each; Rhizome smilacis glabrae (Tu fu ling) Rhizoma paridis root (qi ye yi zhi hua), astragalus root (huang qi),Siberian solomonseal rhizome (huang jing) at 20 g each.

All the above drugs are to be decocted in water for oral administration.

Acupuncture and Moxibustion

Therapeutic principle: Invigorating qi and enriching the blood to alleviate pain, and anti-cancer. Prescription: guanyuan (RN4), Dachangshu (BL25), Guanyuanshu (BL26), Zusanli (ST 36), Sanyinjiao (SP 6), zhongwan (RN12), Tianshu (ST25).

Life style

- 1) Eat plenty of fresh fruits and vegetables.
- 2) Reduce stress through relaxation, Qi-Gong or Tai-Ji.
- 3) Join a support group for people with cancer and their families. Emotional support seems to aid in recovery.