

• ABOUT NCIS

The National University Cancer Institute, Singapore (NCIS) is a national specialist centre for cancer under the National University Health System (NUHS). It is the only public cancer centre in Singapore treating both paediatric and adult cancers in one facility, offering a broad spectrum of cancer care with expertise in prevention, screening, diagnosis, treatment, rehabilitation and palliative care.

While its main cancer services are anchored at the National University Hospital, the public can also find similar services at our partner sites such as Alexandra Hospital, Jurong Medical Centre, Ng Teng Fong General Hospital and Tan Tock Seng Hospital. In addition, programmes are available to provide cancer services to patients at home and in the community.

• CONTACT INFORMATION

National University Cancer Institutes, Singapore (NCIS)

Radiation Therapy Centre and Breast Care Centre
NUH Medical Centre, Level 8

Chemotherapy Centre and Stem Cell Therapy Centre
NUH Medical Centre, Level 9

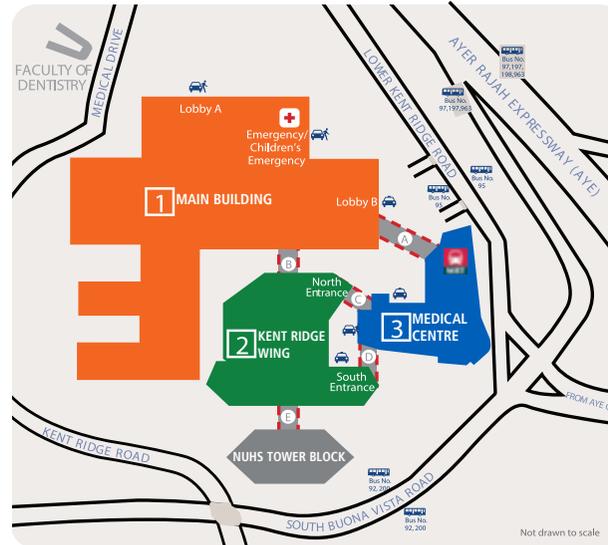
Cancer Centre
NUH Medical Centre, Level 10

Colorectal Clinic
NUH Medical Centre, Level 16

Opening Hours: 8:30am – 5:30pm
(Mon – Fri: except on Public Holidays)

For appointments, please contact
Tel: (65) 6773 7888
Email: CancerApptLine@nuhs.edu.sg

For all other general enquiries, please contact
National University Cancer Institute,
Singapore (NCIS)
1E Kent Ridge Road,
NUHS Tower Block, Level 7,
Singapore 119228
Email: ncis@nuhs.edu.sg
Website: www.ncis.com.sg



Nearest MRT Station : Kent Ridge Station (Circle Line)
Commuters can alight at the Kent Ridge Station, right at the doorstep of the NUH Medical Centre. Please exit the station via Exit C. NCIS is located on levels 8, 9 and 10 which are accessible via Lift Lobby B.

For more information on directions to NUH, log on to www.nuh.com.sg

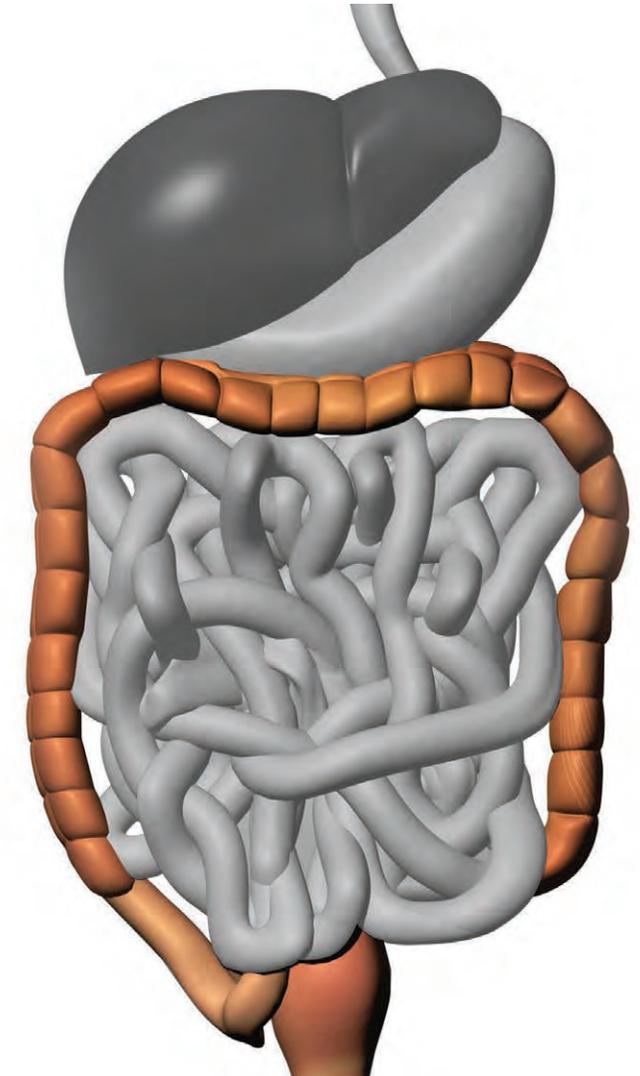
For more information on specific directions to NCIS Clinics, log on to www.ncis.com.sg



National University Hospital
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Tel: (65) 6779 5555
Fax: (65) 6779 5678
Website: www.nuh.com.sg

Information in this brochure is given as a guide only and does not replace medical advice from your doctor. Please seek advice from your doctor if you have questions related to the surgery, your health or medical condition.

Information is correct at time of printing (Jan 2020) and subject to revision without notice.



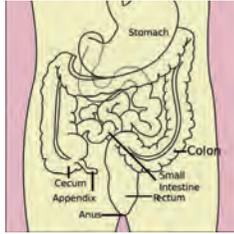
PATIENT INFORMATION

ABOUT

COLORECTAL
CANCER

• WHAT IS COLORECTAL CANCER?

Colorectal cancer is the cancer of the colon (the main part of the large intestine) and the rectum (the passageway connecting the colon to the anus). It is the top killer in Singapore, affecting more than 1,200 cases each year. In most people, colorectal cancers develop slowly over several years. Before cancer forms, a growth of tissue or tumour usually begins as a non-cancerous polyp on the inner lining of the colon of rectum. A polyp is a benign or non-cancerous growth which may develop into cancer over time. Not all polyps change into cancer and this largely depends on the kind of polyp.



• WHO IS AT RISK?

- Common amongst those above 50
- Family history of colon or rectum cancer
- Previous history of colon polyps
- A history of ulcerative colitis (ulcers in the lining of the large intestine) or Crohn disease

People who think they may be at risk should discuss this with their doctor.

• WHAT ARE THE SIGNS AND SYMPTOMS?

- Rectal bleeding or blood (either bright red or very dark) in the stool
- A change in bowel habits
- Persistent abdominal discomfort such as cramps or pain
- Incomplete emptying of the bowel
- Unexplained weight loss

A doctor should be consulted if the above symptoms occur.

• WHAT CAN YOU DO TO PREVENT COLORECTAL CANCER?

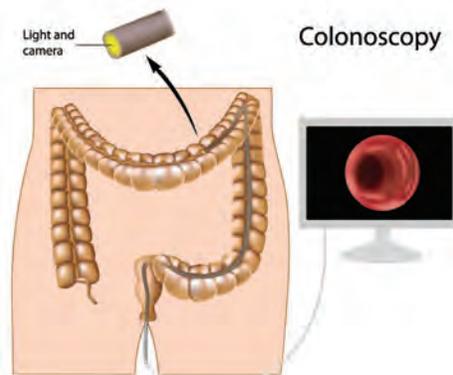
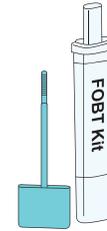
- Practise a healthy lifestyle and maintain a healthy weight (Avoid alcohol intake)
- Screening is advised for those above 50 years with annual Faecal Occult Blood Test (FOBT)

There are various screening tests available, however the Faecal Occult Blood Test (FOBT) is the only screening modality that has been shown in three large randomised trials to show a 33% reduction in colorectal cancer mortality.

• HOW IS COLORECTAL CANCER DIAGNOSED?

Regular screening can often detect colorectal cancer early, when it is most likely to be curable. In many cases, screening can also prevent colorectal cancer as some polyps or growths can be removed before they have the chance to develop into cancer. There are several tests that examine the colon and rectum and are used to and diagnose colorectal cancer.

- **Faecal Occult Blood Test (FOBT):** A test to check stool for blood that can only be seen with a microscope. Small samples of stool are placed on special cards and returned to the doctor or laboratory for testing. The FOBT is a quick and convenient screening test to detect early stages of colorectal cancer.
- **Physical exam:** Your doctor checks your general health, including checking for signs of disease, such as lumps or anything else that seems unusual.
- **Digital rectal exam:** The doctor inserts a lubricated gloved finger into the rectum to feel for lumps or anything that seems unusual. However this detects cancer only in the last 5 to 8 centimetres of the rectum.
- **Barium enema:** An x-ray test using barium sulfate (a chalky liquid) to outline the inner part of the colon and rectum to look for abnormal areas on x-rays. If suspicious areas are seen, a sigmoidoscopy or colonoscopy will be needed to explore further.
- **Flexible Sigmoidoscopy:** This procedure examines the rectum and the sigmoid (lower) colon for polyps, abnormal areas or cancer. A flexible, thin, tube-like instrument with a light and a lens for viewing is inserted through the rectum into the sigmoid colon.
- **Colonoscopy:** This procedure allows examination of the whole colon for cancer. A colonoscope (a thin, tube-like instrument) is inserted through the rectum into the colon.



• WHAT ARE THE TREATMENT OPTIONS?

Depending on the stage of the colorectal cancer, there are various treatment options available. The main types of treatment that can be used for colorectal cancer include the following.

Surgery

Surgery is the most common kind of treatment for all stages of colorectal cancer. There are various forms of surgery to remove the cancer, including:

- **Local excision:** If the cancer is found at a very early stage, the doctor may remove it without cutting through the abdominal wall. A tube will be put through the rectum into the colon to cut the cancer out. This is a local excision.
- **Resection and colectomy:** If the cancer is larger, the doctor will perform a colectomy to remove the cancer and a small amount of healthy tissue surrounding it. The ends of the colon are then sewn back together. If the doctor is not able to sew the two ends of the colon back together, a stoma is made on the outside of the body for waste to pass through. This procedure is called a colostomy. A bag is placed around the stoma to collect the waste.

Chemotherapy

Chemotherapy is the use of drugs to stop the growth of cancer. It can be administered by injecting drugs into the vein. Depending on the stage of the cancer, chemotherapy may be required after surgery to prevent recurrence and improve a person's chance of survival. Chemotherapy may be used for patients with very advanced colorectal cancer which cannot be cured by surgery or have spread to other parts of the body.

Radiation Therapy

Radiation therapy is a cancer treatment that uses high-energy x-rays or other types of radiation to kill cancer cells or keep them from growing. Radiation therapy is usually used after surgical removal of the cancer to kill any residual cancer cells around the original tumour site. It can also be used together with chemotherapy to shrink a large colorectal cancer before surgery.

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