



*Cancer can
be cured if
diagnosed
and treated early!*

Screening to start at ≥ 45 years old:

- Colonoscopy, rescreen every 10 years
- Fecal immunochemical testing (FIT) or Fecal Occult Blood Testing (FOBT) once a year
- Flexible sigmoidoscopy every 5 years
- CT colonography every 3-5 years

Consult your PCS Fellow!



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Philippine College of Surgeons



**COLORECTAL
CANCER**



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Year 2023

Epidemiology

New cases (2021): 149,500

Estimated deaths (2021): 52,980



4th leading cause of cancer in males and females

2nd leading cause of cancer deaths

Risk Factors

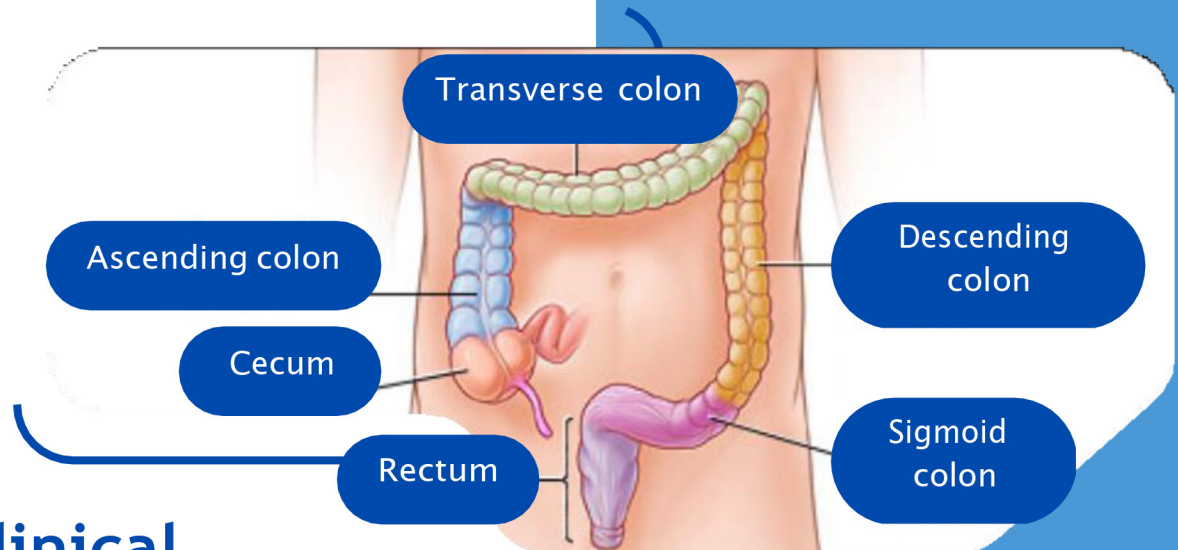
Age \geq 45 years old

Family history of colon or rectal

cancer in 1st, 2nd, or 3rd degree relative

History of inflammatory bowel disease

History of polyps \geq 1cm (adenomatous, serrated sessile, serrated adenoma)



Clinical Presentation

COLON CANCER

- Blood in the stools
- Change in frequency or decrease in the size of the stools
- Abdominal pain
- Weight loss
- Unexplained anemia or low hemoglobin

RECTAL CANCER

- Blood in the stools
- Change in frequency or decrease in the size of the stools
- Abdominal pain
- Weight loss
- Unexplained anemia or low hemoglobin
- Anal pain and sensation of urgently needing to evacuate stools even if its empty

DANGER/ WARNING SIGNS:

- Abdominal enlargement
- Vomiting
- Non-passage of gas or feces
- Severe abdominal pain

Diagnostics

- Massive bleeding from anal area
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