



**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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**COLORECTAL
CANCER**



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

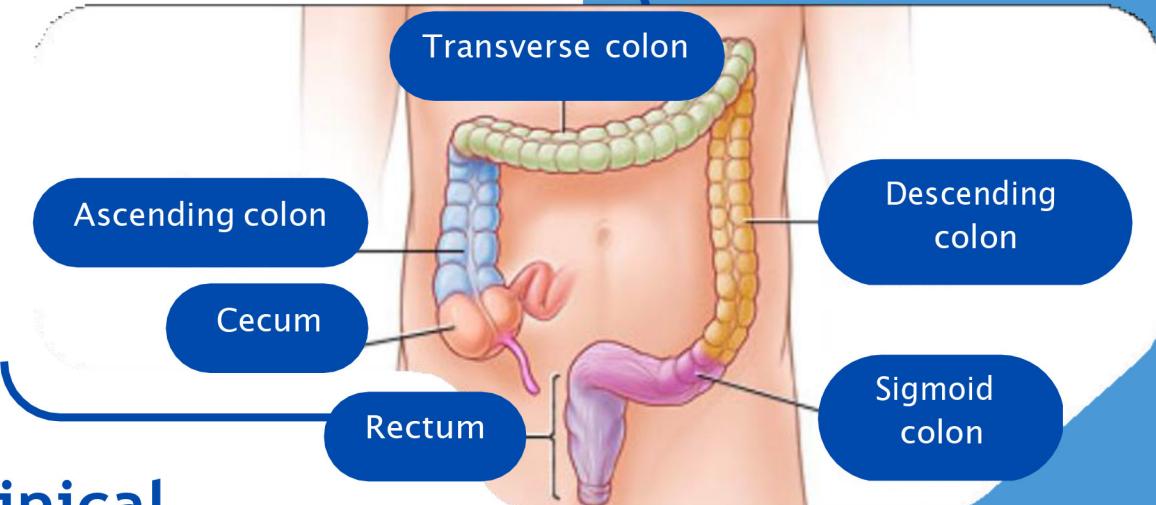
Age ≥ 45 years old

Family history of colon or rectal

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

History of inflammatory bowel disease

History of polyps $\geq 1\text{cm}$
(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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