

## THE DEVELOPMENT AND IDENTIFICATION OF RISK FACTORS FOR COLORECTAL CANCER TREATMENT

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### ABOUT THE STUDY

Colorectal Cancer (CRC), often known as bowel cancer, colon cancer or rectal cancer, is the development of cancer in the large intestine's colon or rectum. Blood in the stool, changes in bowel motions, weight loss and exhaustion are all possible signs and symptoms. The majority of colorectal cancers are caused by ageing and lifestyle choices, with just a tiny proportion of instances caused by underlying genetic diseases. Diet, obesity, smoking and a lack of physical activity are all risk factors. Red meat, processed meat and alcohol are dietary variables that raise the risk. Inflammatory bowel illness, which includes Crohn's disease and ulcerative colitis is another risk factor. Familial adenomatous polyposis and hereditary non-polyposis colon cancer are two inherited genetic illnesses that can cause colorectal cancer, though they account for fewer than 5% of cases. It often begins as a benign tumour, frequently in the shape of a polyp and progresses to cancer over time.

### Signs and symptoms

Colorectal cancer symptoms vary depending on where the tumour is located in the intestine and if it has migrated elsewhere in the body metastasis. In someone over 50, traditional warning signals include increasing constipation, blood in the stool, a reduction in stool calibre thickness, lack of appetite, weight loss and nausea or vomiting. Around 50% of persons with colorectal cancer show no symptoms. In persons over the age of 50, rectal bleeding or anaemia are high-risk signs. Weight loss and changes in bowel habits are usually only cause for worry if they are accompanied by rectal bleeding.

### Risk factors

Colorectal cancer affects 75%-95% of persons who have little inherited risk. Older age, male sex, a high consumption of fat, sweets, alcohol, red meat, processed meats, obesity, smoking, and a lack of physical activity are all risk factors. Insufficient activity is associated to around 10% of instances. Alcohol appears to provide a bigger danger when consumed in excess of one drink per day. Drinking five glasses of water per day has been associated to a lower incidence of colorectal cancer and adenomatous polyps. *Streptococcus gallolyticus* has been linked to colorectal cancer. Millions of individuals ingest some strains of the *Streptococcus bovis/Streptococcus equinus* combination on a regular basis, therefore they may be harmless. Colorectal tumours are seen in 25% to 80% of persons with *Streptococcus bovis/gallolyticus* bacteremia. *Streptococcus bovis/gallolyticus* seroprevalence is regarded a viable practical marker for the early prediction of an underlying bowel lesion in a high-risk group. The presence of antibodies against *Streptococcus bovis/gallolyticus* antigens or the antigens themselves in the circulation has been proposed as a marker for colon cancer.

### Treatment options

A colorectal cancer sample can be obtained during a sigmoidoscopy or colonoscopy to identify the disease. This is followed by medical imaging to see if the illness has spread. Colorectal cancer screening is helpful in preventing and reducing mortality from the disease. Screening, using one of many modalities, is advised for anyone aged 45 to 75. It was suggested to begin at the age of 50, but this was revised to 45 due to an increase in the number of colon malignancies. Small polyps may be removed

during a colonoscopy if they are discovered. If a big polyp or tumour is discovered, a biopsy may be performed to determine whether it is malignant. Aspirin and other nonsteroidal anti-inflammatory medicines reduce the likelihood of discomfort during polyp removal. However, due to adverse effects, their broad usage is not suggested for this purpose.

Colorectal cancer treatments may involve a mix of surgery, radiation therapy, chemotherapy and targeted therapy. Cancers contained within the colon's wall may be cured with surgery, however cancers that have spread extensively are typically not curable, with care aimed at improving quality of life and symptoms. In 2014, the five-year survival rate in the United States was roughly 65%. Individual survival chances are determined by how advanced the disease is, whether or not all of the cancer can be removed surgically, and the person's general condition. Colorectal cancer is the third most frequent kind of cancer worldwide, accounting for around 10% of all occurrences. There were 1.09 million new cases and 551,000 deaths from the illness in 2018. It is more prevalent in industrialised nations, accounting for more than 65% of all cases. It affects fewer women than men.

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