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CMS Council for Medical Schemes

Focus on Colon Cancer

In South Africa, colorectal cancer, including colon cancer (also referred to as malignant neoplasm of the colon), is among the three most common cancers and one of the leading causes of cancer-related death. Current estimates suggest that between 10 and 15 people per 100 000 people develop colorectal cancer each year, with cases classified as malignant neoplasm of the colon included in these statistics, and the numbers have been rising over the past two decades.

Local registry data indicate a lifetime risk of about 1 in 83 for men and 1 in 136 for women. South Africans are often diagnosed in their mid-fifties, which is younger than in many high-income countries. About one in four patients already has cancer that has spread by the time it is diagnosed.

The colon is the first and longest part of the large intestine (the last part of the digestive system where water is absorbed and stool is formed). Colon cancer begins when cells in the inner lining of the colon grow uncontrollably and form a tumour (a lump of abnormal cells).

Most colon cancers develop slowly over several years. They often start as small, non-cancerous growths called polyps (little bumps on the inside of the colon wall). Some types of polyps can, over time, change into cancer if they are not found and removed.

Detecting and removing polyps early can prevent colon cancer.

Signs and symptoms

In the early stages, colon cancer may cause no symptoms at all, which is why screening tests are so important.

When symptoms do appear, they may include:

- **Blood in the stool:**
  - Bright red blood on toilet paper.
  - Dark, tar-like stools (digested blood).
  - Sometimes blood is only found with a special test (faecal occult blood test – a stool test that looks for hidden blood).
- **Changes in bowel habits**:
  - New or persistent diarrhoea (loose, watery stools).

 The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript.

    - New or persistent constipation (hard stools or difficulty passing stool).
    - A feeling that the bowel does not empty completely.
- **Abdominal pain** – cramping, discomfort, or bloating.
- **Unexplained weight loss** – losing weight without trying.
- **Tiredness and weakness** – often due to slow blood loss causing anaemia (low red blood cell count).

These symptoms are not always caused by cancer. Conditions like haemorrhoids (piles), irritable bowel syndrome, or infections can cause similar symptoms. However, any persistent change in bowel habits or bleeding should always be checked by a healthcare provider.

Causes and risk factors

A risk factor is something that increases the chance of getting a disease, and the risk of colon cancer rises when some of these characteristics, behaviours, or health conditions are present:

- **Age:** the risk increases after age 50, although cases in younger people are rising worldwide.
- **Family history and genetics:** a first-degree relative (parent, brother, sister, or child) with colon or rectal cancer increases your risk.
- **Lifestyle factors:** diets high in red and processed meats (for example, bacon, sausages), low fibre intake (fibre comes from fruits, vegetables, legumes and whole grains and helps keep bowel movements regular), lack of physical activity, obesity (excess body weight, especially around the waist), smoking and heavy alcohol use.
- **Medical conditions:** long-standing inflammatory bowel disease, such as ulcerative colitis or Crohn's disease (chronic conditions that cause inflammation of the bowel) and Diabetes Mellitus Type 2.

Complications

If colon cancer is not diagnosed and treated early, it can cause serious complications such as:

- Bowel obstruction
- Perforation (a tear in the colon wall)
- Bleeding
- Spread to other organs (metastasis)

These complications are far more likely when the cancer is diagnosed late, which is why screening and early detection are important.

Prevention

You cannot completely prevent colon cancer, but you can lower your risk through:

- **Screening and polyp removal**
- **Following a healthy lifestyle by:**
    - Eating a diet rich in fibre (fruit, vegetables, beans, whole grains).
    - Limiting red and processed meats.
    - Maintaining a healthy weight.
    - Being physically active.
    - Avoiding smoking and limiting alcohol intake.
- **Knowing your family history:**
    - If colorectal cancer runs in your family or you have an inherited syndrome, your doctor may recommend starting screening at a younger age and repeating it more often.

Diagnosis

If a healthcare provider suspects colon cancer, they may use the following tests:

- **Clinical assessment**
    - A full history (questions about symptoms, bowel habits, family history) and physical examination, including a digital rectal examination (the doctor gently places a gloved, lubricated finger into the rectum to feel for lumps).

- **Stool tests**
    - Faecal occult blood test (FOBT) or faecal immunochemical test (FIT) to check for tiny amounts of blood that are not visible to the eye. These are screening tests, and abnormal results must be followed by further investigation.

- **Endoscopy (camera tests)**
    - ***Colonoscopy*** – a long, flexible tube with a camera is passed through the anus to look at the entire colon from the inside. The doctor can remove polyps and take biopsies (small tissue samples) during the same procedure. This is the gold standard test for diagnosing colon cancer.
    - ***Flexible sigmoidoscopy*** – similar to colonoscopy but only examines the lower part of the colon (sigmoid colon and rectum).

Radiology and pathology tests

Once cancer is confirmed on biopsy, further tests are used to see how far it has spread (staging):

- CT scan (computed tomography scan) – a special X-ray that creates detailed pictures of the body.
- MRI scan (magnetic resonance imaging) – a test that uses a strong magnet and harmless sound waves to take clear pictures of the inside of the body. It shows soft tissues in much more detail than an ordinary X-ray.
- PET/CT scan (positron emission tomography combined with CT) – a scan using a small amount of radioactive sugar to show active cancer cells in the body.
- Blood tests, including full blood count (to look for anaemia) and liver function tests (to check if cancer may have spread to the liver).

Treatment and management

Treatment depends on:
- The stage of the cancer (how deep it has grown and whether it has spread).
- The person's overall health, age, and other medical conditions.

International guidelines, such as those from the National Comprehensive Cancer Network (NCCN), set out evidence-based treatment options for each stage.

Treatment options include:
- **Surgery**
  - Segmental colectomy (removal of the affected part of the colon and nearby lymph nodes).
  - Anastomosis (surgical joining of the two healthy ends of the colon).
  - In some cases, a stoma may be needed (an opening on the abdomen where stool comes out into a bag), either temporarily or, less commonly, permanently.
  - Emergency surgery for obstruction (bowel is blocked), perforation, or severe bleeding.

- **Chemotherapy** - treatment with anti-cancer medicines that circulate in the bloodstream to kill cancer cells or stop them from growing. It may be given:
  - After surgery (adjuvant therapy) to reduce the risk of the cancer coming back.
  - Before surgery (neoadjuvant therapy) in some cases to shrink the tumour.
  - For advanced or metastatic cancer to control the disease and relieve symptoms.

- **Targeted therapy and immunotherapy**
  - Targeted therapies are medicines that act on specific molecules in cancer cells.
  - Immunotherapy helps the body's own immune system to recognise and attack cancer cells.

- **Radiation therapy** - high-energy X-rays directed at the tumour is used less often for colon cancer than for rectal cancer, but may be considered:
  - When the cancer has spread locally and cannot be fully removed.
  - For pain or bleeding control in advanced disease.

- **Supportive and palliative care** - alongside cancer-directed treatment, supportive care aims to improve quality of life through:
  - Pain control.
  - Nutritional support (dietitian input).
  - Psychological and social support for patients and families.
  - Palliative care services for advanced disease.

Early involvement of palliative care has been shown to improve symptom control and can be provided together with active cancer treatment.

Prescribed Minimum Benefit (PMB) level of care

Colon cancer falls under the PMB category:
"Cancer of the gastrointestinal tract, including oesophagus, stomach, bowel, rectum, anus – treatable."

The stated PMB treatment for this diagnosis is:
"Medical and surgical management, which includes chemotherapy and radiation therapy."

This means that PMB level of care includes:
- **Diagnosis**
  - This usually includes appropriate consultation(s), colonoscopy and biopsy, basic imaging, and relevant blood tests according to evidence-based guidelines and scheme protocols.

- **Treatment**
  - Surgery to remove the primary tumour where clinically appropriate.
  - Chemotherapy as indicated (for example, adjuvant treatment after surgery or treatment of advanced disease) using evidence-based regimens.
  - Radiation therapy, which forms part of standard management for the gastrointestinal cancer category.

- **Ongoing care**
  - Follow-up visits, surveillance colonoscopies and imaging where these form part of the accepted

standard of care for colon cancer.
    - Management of treatment-related side-effects where these are linked to PMB-level treatment.

PMB cover is not unlimited or unconditional. Important points for members to understand are:

- Medical schemes may require members to use Designated Service Providers (DSPs) (specific hospitals, doctors, or networks). If a member chooses not to use a DSP without a valid reason, co-payments may apply.

- Treatment must be in line with evidence-based protocols and formularies (approved lists of medicines) adopted by the scheme, as long as these are consistent with the regulations and PMB principles.

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