

Colorectal Cancer: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- Which of the following statements regarding the epidemiology of colorectal cancer is true?**
 - Colorectal cancer is the leading cause of cancer deaths overall
 - Colorectal cancer is the second leading cause of cancer deaths overall
 - Colorectal cancer is the third leading cause of cancer deaths overall
 - Screening for colorectal cancer does not reduce the cancer-related mortality
 - The death rate from colorectal cancer has increased over the last 10 years
- A 70-year-old man undergoes a colonoscopy because of intermittent rectal bleeding caused by internal hemorrhoids. The colonoscopy reveals a polyp that is removed. The polyp has the highest risk for malignancy if it is which of the following types?**
 - Hyperplastic polyp
 - Juvenile polyp
 - Tubular adenomatous polyp
 - Villous adenomatous polyp
 - Tubulovillous adenomatous polyp
- Which of the following screening methods is most appropriate in screening for colorectal cancer?**
 - Colonoscopy every 10 years
 - Double-contrast barium enema every 2 years
 - Fecal occult blood testing every 3 years
 - Flexible sigmoidoscopy every 7 years
 - Virtual colonoscopy every 5 years
- A 75-year-old woman sees her physician because of bowel changes, hematochezia, and a 9.1-kg (20-lb) weight loss over the past 2 months. Physical examination reveals a pale, elderly woman with positive results on fecal occult blood testing. She undergoes a work-up, including colonoscopy, and is found to have colon cancer with metastasis to the liver. Which of the following stages of the Dukes classification best describes her cancer?**
 - Dukes stage A
 - Dukes stage B
 - Dukes stage C1
 - Dukes stage C2
 - Dukes stage D

(turn page for answers)

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EXPLANATION OF ANSWERS

- 1. (B) Colorectal cancer is the second leading cause of cancer deaths overall.** Colorectal cancer is second only to lung cancer as a cause of cancer deaths. The American Cancer Society estimated that more than 57,000 people would die of colorectal cancer in the United States in 2001.¹ The mortality rate from colorectal cancer has decreased over the past 15 years, partially because this type of cancer is being found earlier and treatments for it have improved. Screening for colorectal cancer does reduce the cancer-related mortality, which has led many organizations to recommend screening in asymptomatic, average-risk adults older than 50 years.
- 2. (D) Villous adenomatous polyp.** It is estimated that somewhere between 70% and 90% of colorectal cancers arise from polyps. Polyps may be hyperplastic or adenomatous. Hyperplastic polyps are considered to have no malignant potential. Adenomatous polyps may be tubular adenomas, tubulovillous adenomas, or villous adenomas. Villous adenomatous polyps have the highest potential for malignancy.² A juvenile polyp is a nonneoplastic hamartoma.
- 3. (A) Colonoscopy every 10 years.** Acceptable screening methods for colorectal cancer include the following: fecal occult blood testing annually, flexible sigmoidoscopy every 5 years, fecal occult blood testing annually with flexible sigmoidoscopy every 5 years, double-contrast barium enema every 5 years, double-contrast barium enema with flexible sigmoidoscopy

every 5 years, or colonoscopy every 10 years. Virtual colonoscopy is another emerging technology for colorectal cancer screening; however, further study and larger sample populations of patients at average risk for colorectal cancer are necessary before this method can be widely used.¹

- 4. (E) Dukes stage D.** The Dukes classification is the classic staging system for colorectal cancer. In Dukes stage A, the cancer is limited to the muscular mucosa and submucosa with a mean survival rate of 90%. In Dukes stage B1, the cancer extends into but not through the muscular mucosa, and in Dukes stage B2, the cancer extends through the muscle but does not involve the lymph nodes; the survival rate is between 60% and 75%. In Dukes stage C1, the cancer is contained within the bowel wall and involves the lymph nodes, whereas in Dukes stage C2, the cancer extends through the bowel wall and involves the lymph nodes. With 1 positive node, there is a 69% survival rate; with 6 or more positive nodes, the survival rate decreases to 27%. In Dukes stage D, the cancer has metastasized to the liver, bone, or lung, and the survival rate is 5% or less.²

REFERENCES

1. Pignone M, Levin B. Recent developments in colorectal cancer screening and prevention. *Am Fam Physician* 2002;66:297–302.
2. Rudy DR, Zdon MJ. Update on colorectal cancer. *Am Fam Physician* 2000;61:1759–70, 1773–4.

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