



Complications of Colorectal Cancer in Old Age People

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DESCRIPTION

Colorectal cancer is most commonly diagnosed in the elderly, it should be noted that the incidence of colorectal cancer in adults 55 years and older is reduced by about 3.6% annually based on the latest statistics. On the other hand, the incidence of adults under 55 is increasing by 2% annually. This increase is primarily due to an increased incidence of rectal cancer. About 11% of all colorectal diagnoses occur in people under the age of 50. The reason for this increase in young adults is unknown and has been the subject of much research. Colorectal cancer is one of the most common tumors in Western Europe, affecting primarily the elderly. This neoplasm occurs more frequently in the right colon of the elderly, grows faster than in younger people, and often exhibits changes in mucoid histology and mismatch repair genes. Effective screening enables the detection of treatable early colorectal cancer and the detection and elimination of precancerous colorectal adenomas. People at average risk of colorectal cancer have an overall 5% chance of developing colorectal cancer. Most colorectal cancers (about 95%) are generally considered to be sporadic. This means that there is no risk that these genetic changes will be passed on to the child, as the genetic changes occur randomly after the person is born. Hereditary colorectal cancer is less common (about 5% to 10%) and occurs when gene mutations or changes are passed from generation to generation within the family. Another 10% to 15% of colorectal cancers are diagnosed in people who have a family history of colorectal cancer or colorectal cancer but do not have a known hereditary disease (see below). In many cases, the cause of colon cancer is unknown. However, the following factors can increase your risk of colon cancer: The risk of colon cancer increases with age. Colon cancer can occur in young adults and teens, but most cases of colon cancer occur in people over the age of 50. For colorectal cancer, the median age at diagnosis is 68 years for men, 72 years for women, and 63 years for both men and women. Adults over the age of 65 diagnosed with colorectal cancer face unique challenges, especially when it comes to cancer treatment. Screening methods focused on cancer detection by using a method for the presence of blood or altered DNA, and methods for detecting adenomas (and early-stage cancers) use

endoscopic or computer-assisted radiation techniques. The widespread use of screening methods has reduced the incidence of colorectal cancer by approximately 50%. In addition, early stage prevention of colon carcinogenesis has been shown to be effective in small prospective studies and epidemiological studies, but has not been used in the general population.

Colorectal cancer is the third most common type of cancer in Western Europe and the second leading cause of death, increasing worldwide, especially in less industrialized countries around the world. About 5% of colorectal cancers are directly associated with hereditary or chronic inflammatory diseases such as ulcerative colitis. Family history is found in another 25%. The incidence of colorectal cancer is rare under age 50 and occurs primarily in hereditary tumors with a family history, but increases exponentially until about 85 years. The incidence of colorectal adenomas also increases with age. In fact, two-thirds of all colorectal cancers occur in patients over the age of 65. Colorectal cancer does not develop newly, but is preceded by histological progression from normal-looking mucosa at risk of colorectal tumor to benign neoplastic tubular and villous adenomas, and cancer formation. People who smoke for a long time are more likely to develop colon cancer and die than those who do not smoke. Smoking is a well-known cause of lung cancer, but it is also associated with many other types of cancer. About 5% of people with colon cancer develop familial cancer syndrome and inherit genetic changes (mutations) that can lead to the disease.

The most common hereditary syndromes associated with colorectal cancer are Lynch syndrome (Hereditary Non-Polyposis Colorectal Cancer, or HNPCC) and familial adenomatous polyposis (FAP), but other rare syndromes are also colorectal cancer. People with type 2 diabetes (usually non-insulin dependent) have an increased risk of colon cancer. Both type 2 diabetes and colorectal cancer share some of the same risk factors (for example, overweight or lack of exercise). However, even after considering these factors, people with type 2 diabetes are still at high risk. Also, the prognosis (outlook) after diagnosis tends to be poor.

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