



Diagnosis and Treatment Options for Colon Cancer

Xiaoyan Dai*

Department of Immunology, Peking University, Beijing, China

DESCRIPTION

The large intestine is where colon cancer typically first exposes itself (colon). The digestive system ends with the colon. Colon cancer typically affects older adults, though it can occur at any age. Small, benign (noncancerous) cell clusters called polyps commonly grow on the interior of the colon as the first signs of the condition. Some of these polyps may eventually develop into colon cancer. Small polyps may have few, if any, symptoms. Because of this, medical professionals advise routine screening exams to help prevent colon cancer by locating and eliminating polyps before they develop into cancer. The term colorectal cancer, which combines the terms colon cancer and rectal cancer (which starts in the rectum), is often used to refer to colon cancer.

DIAGNOSIS OF COLON CANCER

Colonoscopy

A flexible tube with a tiny camera on the end is used for this examination and is passed *via* the anus into the colon. Images of the large intestine inside are taken by the camera. It is possible to remove polyps and/or tissue samples to have them examined for cancer.

CT colonography

CT colonography, often known as virtual colonoscopy, uses specialised x-ray equipment to check the large intestine for cancer and polyps. During the examination, the doctor inserts a tiny tube into the rectum. Typically, radiologists with specialized training will interpret this test using CT colonography software. Polyps and masses can be found during this examination. A routine colonoscopy is often required if abnormalities are discovered.

Air-contrast barium enema

This x-ray examination of the large intestine, also known as a lower GI (gastrointestinal exam), enables radiologists to see the colon and rectum in real-time and spot abnormal growths.

Magnetic Resonance Imaging (MRI)

Instead of using x-rays, an MRI produce detailed images of the body using the magnetic fields. The size of the tumour can be easily determined by MRI. Before the scan, a specific dye called a contrast medium is administered to produce a crisper image. This dye can be administered intravenously or as a tablet or liquid for swallowing. The best imaging procedure to determine the extent of colorectal cancer is an MRI.

Double contrast barium enema

Barium is injected as an enema during this colon and rectum X-ray examination (through the rectum). The colon is then expanded with air in the rectum, which causes the colon to appear as an outline on an X-ray. The procedure of choice for colorectal cancer screening should not be a barium enema because it is not the most reliable method.

TREATMENT OPTIONS FOR COLON CANCER

Different types of treatment are available for the patients with colon cancer. Clinical trials are being conducted to test various treatments, some of which are standard (currently used treatments). A cancer patient's treatment clinical trial is a research study designed to help enhance current treatments or learn more about potential new treatments.

Radiofrequency ablation

A unique probe with small electrodes is used in radiofrequency ablation to eliminate cancer cells. Sometimes only local anaesthetic is required because the probe can be put directly through the skin. In other instances, an abdominal incision is used to place the probe. Under general anaesthesia, this is performed at a hospital.

Immunotherapy

Immunotherapy is a form of cancer treatment that activates the patient's immune system. The body's natural defences against cancer are boosted, directed, or restored using substances produced

Correspondence to: Xiaoyan Dai, Department of Immunology, Peking University, Beijing, China, E-mail: xiaoyan@bjmu.edu.cn

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by the body or in a lab. This biologic therapy is a form of cancer treatment.

Immune checkpoint inhibitor therapy

Immune checkpoint inhibitors prevent immune system cells, including T cells and some cancer cells, from making proteins known as checkpoints. These checkpoints aid in preventing too aggressive immune responses and occasionally prevent T cells from destroying cancer cells. T lymphocytes can more effectively attack cancer cells when these checkpoints are disabled. Some people with metastatic colorectal cancer are treated with them.

CONCLUSION

On quality of life, advanced colorectal cancer can have a significant

impact. After treatment, a lot of people experience prolonged fatigue and may not be as active as before. Accepting the diagnosis, the course of treatment, and its results takes time. There are times when surgery is necessary once rectum cancer is discovered, and the sphincter muscle cannot always be preserved. Then a stoma an artificial gut opening is required. It may take some time to adjust to having an artificial opening and not being able to completely control bowel motions. However, when the colon cancer is detected early, it is potentially preventable with screening and highly curable with surgery. Modern chemotherapy continues to enhance patient survival in later stages.