

BOWEL CANCER: THE IMPORTANCE OF EARLY DIAGNOSIS

KUWAIT: Bowel cancer develops from a malignant tumor situated anywhere in the large bowel (colon) or back passage (rectum). Bowel cancer is the fourth most common cancer in the UK, with over 41,000 new cases diagnosed each year. Bowel cancer is most common in the over 60s and is rare in people younger than 40 years old. Survival is improved if the cancer is discovered early, with a 93 percent survival rate with early detection. However, if the cancer has spread to other parts of the body, very few people survive five years from diagnosis. The majority of cases develop from pre-cancerous polyps (tiny growths in the bowel) which, if left untreated, can develop into cancer.

Common symptoms

The symptoms of bowel cancer vary and can include: Diarrhoea or loose stools for over three weeks; Blood in a stool; Weight loss; Tiredness and breathlessness (this can occur in those cancers which bleed, causing anemia). If you are suffering from any of these symptoms, it is very important you see a bowel specialist for further investigation.

Who is most at risk?

The biggest single risk factor is age. More than eight out of 10 bowel cancers are diagnosed in people aged 60 or over. The chance of getting bowel cancer also goes up if there is a strong family history, ie having several relatives with bowel cancer, especially if they are particularly

young. Other factors thought to increase risk include smoking, obesity and eating excessive red meat, animal fat and sugar. A reduced risk has been found in those who exercise and eat more fibre and pulses. There are also some medical conditions that increase the risk of bowel cancer and these include: ulcerative colitis, Crohn's disease and diabetes.

How is bowel cancer detected?

The two most common investigations to diagnose bowel cancer are colonoscopy (a camera examination of the large bowel) and a CT scan. In the UK, some patients are diagnosed through the NHS Bowel Cancer Screening Program, which is offered to everyone aged 60-69 years old (75 years

in some areas). Every two years, patients are asked to send a stool sample to the laboratory and if blood is detected, a colonoscopy is offered to see if there are early signs of cancer. Bowel cancer screening reduces the risk of dying from bowel cancer by 16 per cent, emphasizing the importance of participating.

How do you treat bowel cancer?

The best treatment for bowel cancer is an operation to remove the cancer and its surrounding lymph glands. These operations are performed by keyhole surgery, with around less than a week's stay in hospital. For cancer in the rectum, radiotherapy is sometimes used to shrink down the tumor, before surgery. Often, surgery is all the treatment that is need-

ed, but if the cancer involves the lymph glands, chemotherapy is recommended, which can last for six months. Surgery can also be used to remove certain cancers that have spread to the liver or lungs, although this is not always possible.

Meet the specialist

Lee Dvorkin MD, FRCS (Gen Surg) is a Colorectal Surgeon dealing with benign and malignant bowel diseases. He is an expert in key hole surgery and spends a lot of time teaching and training other surgeons. His other areas of practice include gallstone surgery and hernias. If you would like to make an appointment with Mr Lee Dvorkin, please call The Wellington Hospital's enquiry helpline on: +44 (0)20 7483 5148

WHAT YOU DON'T KNOW, - YOU CANNOT CHANGE

KUWAIT: We all like the reassurance of knowing we are healthy and may have a medical check-up from time to time to confirm that we are, or perhaps to detect if there are any potential problems early on. In-depth knowledge of your body gives you the opportunity to take control of your health. Advanced diagnostic technology has made it possible to manage your lifetime risks like never before. With the summer holidays fast approaching after Eid, why not take the opportunity of having a bespoke personal medical check-up.

XVIII The Centre for Advanced Screening is conveniently located in the heart of London's premier medical district and offers an in-depth and highly personalized service which includes screening for the six biggest killer diseases which are often prevalent in modern times: Bowel, Breast, Prostate, Lung and Pelvic Cancers and Cardiovascular disease. Traditional screening services such as blood pressure, cholesterol and blood glucose tests are good general indicators of basic health, however, they are not able to diagnose major life-threatening cancers or cardiovascular diseases on their own.

'We believed there was a need for a more thorough, considered and personalized type of screening,' says Professor Roger Kirby, Consultant Urologist, founder of The Prostate Centre and Chair of XVIII's Clinical Board. He goes on to explain that XVIII 'is not about doing unnecessary tests but having eminent doctors with years of experience assess your individual risk factors and arrange state-of-the-art investigations, on

the same day in the same place as far as possible. No-one else is currently doing this.'

XVIII offers a high-end, bespoke, thorough approach to screening. The program combines the latest state-of-the-art imaging technology such as 3D mammography, CT colonography and 3 Tesla MRI, with the medical knowledge and expertise of the XVIII Board Members, 15 of London's eminent consultant specialists. The sophisticated imaging technology available enables us to detect any abnormalities without the need for biopsies. A 3 Tesla MRI, for example, can pick-up raised levels of protein - PSA in the prostate - which is the screening test normally used for prostate cancer,' explains Professor Kirby.

XVIII is comprised of fifteen eminent clinicians, who believe passionately that early detection can save lives. They have come together to establish the very best, evidence-based approach to advanced screening while minimizing the problems of over-diagnosis. This is what sets XVIII apart from other screening centers, giving the highest level of quality assurance. The XVIII Advanced Screening Program will provide you with a complete picture of your health and will explain the significance of any findings and their implications for your future health. Your XVIII screening report can be used as a basis for discussion about your future health and any preventative action that can be taken. Don't live in hope; Live with the confidence of knowing. For further information please contact us on +44(0)20 72999 001 or visit www.xviii.co.uk



KLINA, Kosovo: A man jumps into the water at a waterfall near the town of Klina as temperatures reach 37 degrees Celsius and a new heat wave starts to hit Kosovo. —AFP

NATURAL DISASTERS FORCED 20 MILLION FROM THEIR HOMES

CLIMATE CHANGE EXPECTED TO AGGRAVATE PROBLEM

GENEVA: Nearly 20 million people were forced to flee their homes due to floods, storms and earthquakes last year, a problem likely to worsen due to climate change, but which could be eased by better construction, a report said yesterday. Asia is particularly prone to natural disasters, accounting for almost 90 percent of the 19.3 million displaced in 2014, led by typhoons in China and the Philippines, and floods in India, the Norwegian Refugee Council said.

'Disaster-related displacement is on the rise and threatens to get worse in coming decades,' Alfredo Zamudio, director of the NRC's Internal Displacement Monitoring Centre, told a news briefing. Since 2008, an average of 26.5 million people have been displaced every year by disasters, the report said, and although 2014 figures were lower than that, the NRC said there was a rising long-term trend. 'Our historical analysis reveals you are 60 percent more likely to be displaced by disasters today than you were in the 1970s,'

Zamudio said, adding: 'Climate change is expected to play a strong role in the future by increasing the frequency and intensity of such hazards.'

UN scientific experts say greenhouse gas emissions are stoking extremes such as heat waves and heavy rains. As well as extreme climate events, rapidly growing and poorly built settlements in areas vulnerable to natural disasters are putting more people at risk, Zamudio said, citing areas around cities such as Mexico City, Mumbai, Karachi and Port-au Prince. Extreme weather has struck Haiti and Cuba with different results. More than 300,000 people died in the 2010 quake in Haiti, where 60,000 still live in tents, said William Lacy Swing, director-general of the International Organization for Migration (IOM), which collected data for the report.

'Cuba is extremely well-prepared for disasters: hurricanes, typhoons, whatever happens. They have a shelter system, they have a public education system. Everyone knows what to do when

disaster strikes,' he said. Being uprooted by disaster is not limited to poor countries. 'The largest case we found is in Japan, where some 230,000 people are still displaced today following the Tohoku earthquake and the tsunami disaster in 2011, including thousands displaced from the area around the damaged Fukushima nuclear plant,' Zamudio said.

More than 50,000 people in the United States still need housing assistance following Hurricane Sandy in 2012, he said. The vast majority of people fleeing disasters remain within their own country, but may still face 'an emerging anti-migrant sentiment, particularly in the developed world', Swing said. 'This simply adds to the number of people who will be, in many cases, moving without proper papers and therefore subject to being criminalized, or sent home forcefully, deported or otherwise. 'This is simply a further complication and exacerbation of this global phenomenon of migration in our time.' —Reuters

MAIN HURDLES IN UN CLIMATE TALKS

PARIS: Following are the main obstacles in the UN climate talks, according to a background paper issued for a 45-nation meeting that began in Paris yesterday. The five-page document was prepared by France, which will host the year-end conference tasked with forging a global agreement on climate change.

Ambition

This is the term for agreeing the scale of curbs in greenhouse-gas emissions that drive warming. The UN Framework Convention on Climate Change (UNFCCC) has embraced a goal of capping the rise in Earth's mean temperatures at a maximum of 2.0 Celsius (3.6 Fahrenheit) over pre-industrial levels. Poor countries and low-lying small island states, which will be hit first and

hardest by climate change, say 2 C is not good enough, and favor a tougher UNFCCC goal of 1.5 C. Exactly how to reach a particular outcome—whether 2 C or 1.5 C—has also yet to be determined.

Review

The proposed Paris accord will depend on voluntary national pledges for reducing carbon emissions. China, the United States and the European Union (EU), which together account for more than half of global carbon dioxide (CO2) pollution, have already submitted theirs. But the sum of global commitments is unlikely to immediately meet the 2 C objective. As a result, some countries are insisting on a stringent review process to progressively ramp up ambition and monitor progress. Others object. —AFP

CLINIC PAGE



Kuwait Times

248 33 199

Dr. Fahad Al-Mukhaizeem
فهد علي المخيزيم

Consultant Pediatrician استشاري أطفال
M.B. Bch. FRCPC. FAAP. PEM

Al-Jabriya - Block 1A - St. 1 - Mazaya Building - 15th Floor - Clinic B - Tel.: 22269369 - Fax: 22269368