



NEWSLETTER



Bowel Cancer Awareness Month

HELP BEAT BOWEL CANCER

Colorectal Cancer Awareness Month - June 2023

It is with great interest that we read the Wall Street Journal article titled "More Younger People Are Getting Colorectal Cancer and Doctors Don't Know Why"

(<https://www.wsj.com/articles/more-young-people-are-getting-colorectal-cancers-and-doctors-dont-know-why-e5b51ca9>).

The American Cancer Society recently pointed out that approximately 20% of new colorectal cancer diagnoses were in patients under 55 in 2019, compared with merely 11% in 1995. Actor Chadwick Boseman's death in 2020 from colon cancer at the age of 43 has further highlighted this troubling trend.

Australia has one of the highest rates of bowel cancer in the world; 1 in 15 Australians will develop the disease in their lifetime. Bowel cancer is Australia's second deadliest cancer. Research suggests that around 30% people who develop bowel cancer have either a hereditary contribution, family history, or a combination of both.

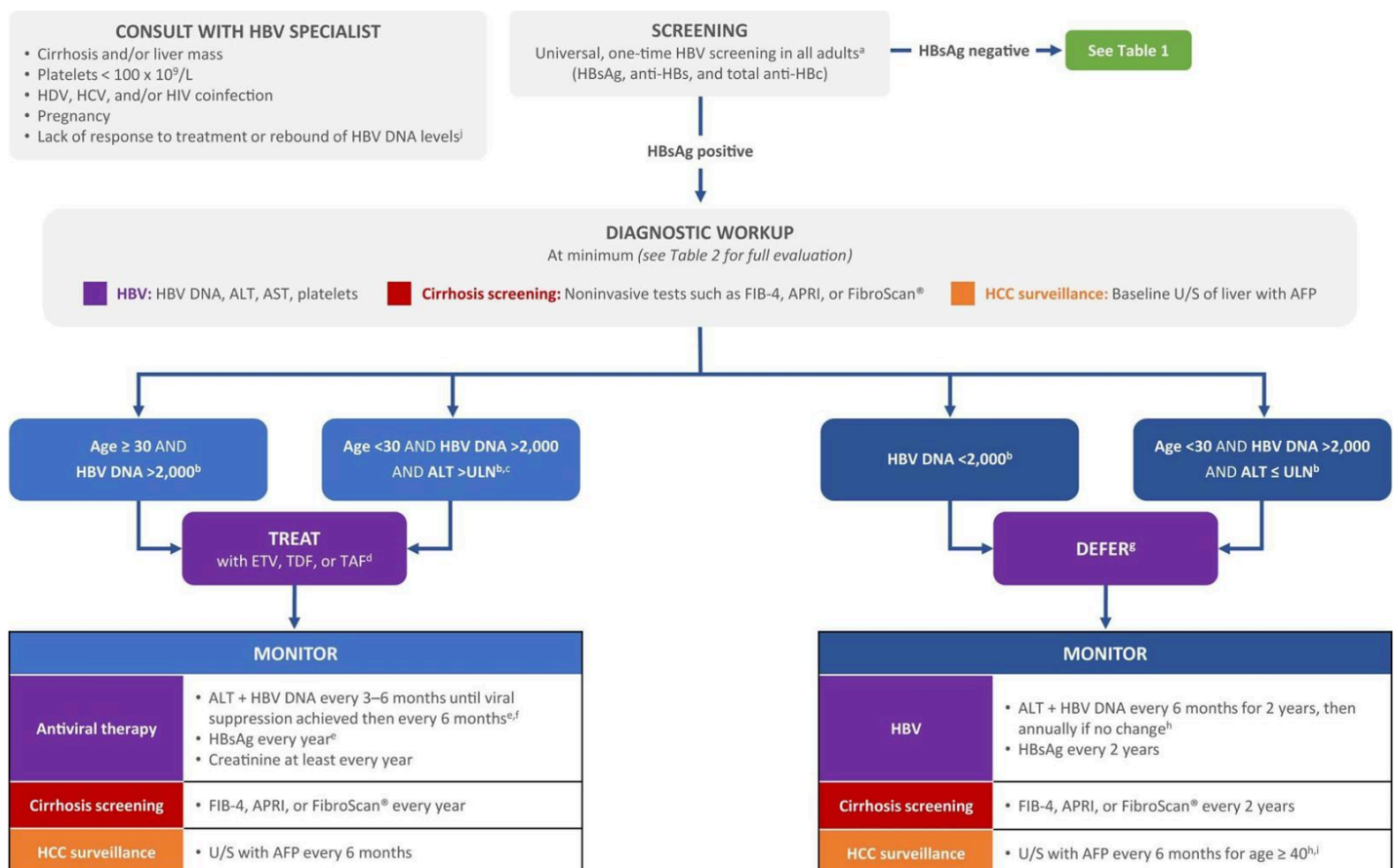
The risk of developing bowel cancer rises sharply and progressively from age 50, but the number of Australians under the age of 50 diagnosed with bowel cancer has been increasing steadily. Therefore it is important to know the symptoms of bowel cancer and have them investigated if they persist for more than two weeks.

Almost 99% of bowel cancer cases can be treated successfully when detected early. As physicians, it is incumbent upon us to refer at the earliest patients with a history of altered bowel habits, PR bleed, weight loss, iron deficiency, intractable abdominal pain, and family history of bowel cancer for colonoscopy.

Hepatitis B and its management

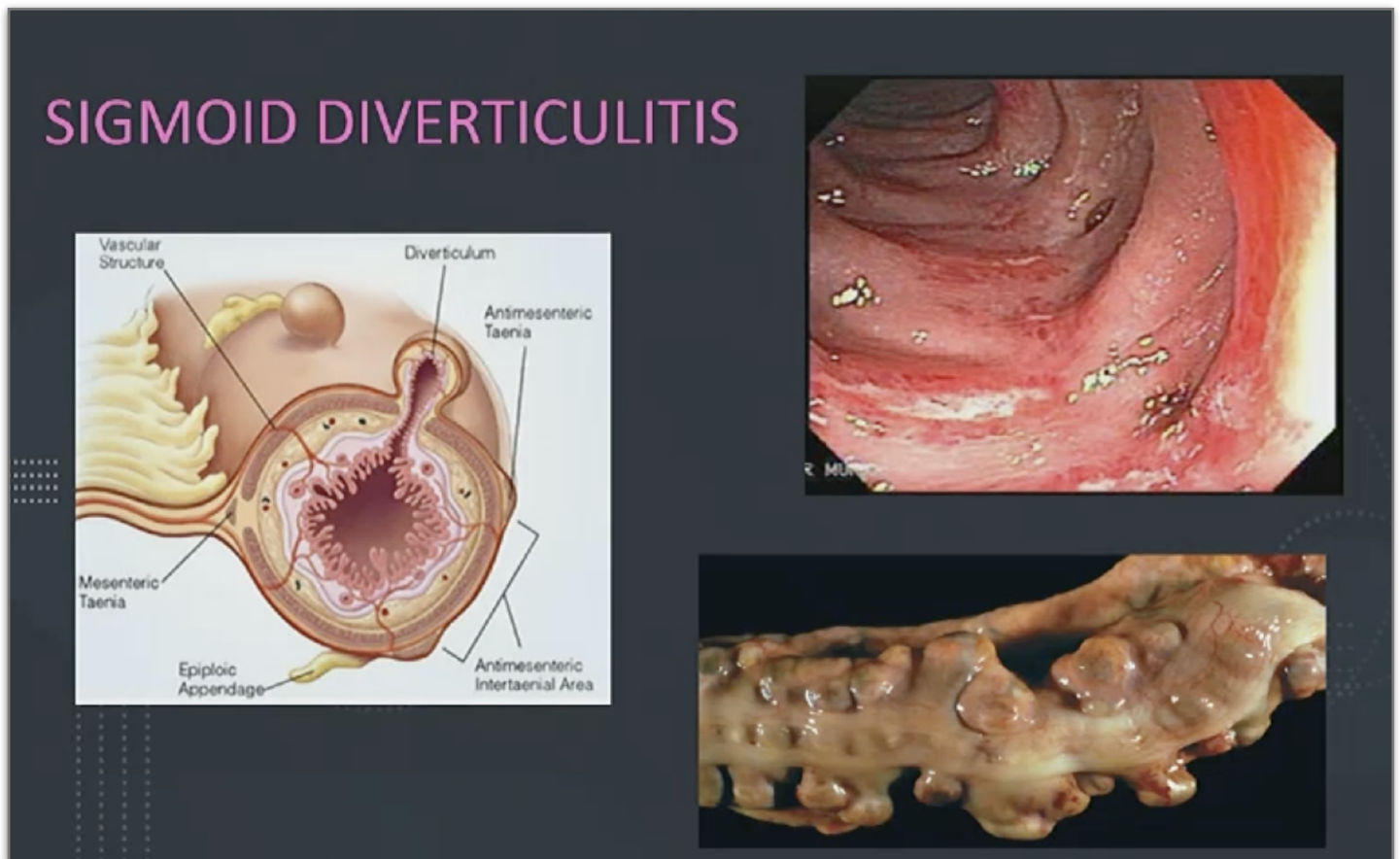
In Australia, it has been estimated there were 222,599 people living with chronic hepatitis B (CHB) in 2020, representing 0.9% of the population. However, only 73% of people living with CHB in Australia are estimated to have been clinically diagnosed. In Australia, the most common routes of transmission for newly acquired infection are injecting drug use and sexual contact. The risk of chronic infection is greatest in those exposed to HBV early in life, while exposure in adulthood leads to self-limiting acute infection in most cases (>95 %). Nearly half (46%) of all people living with CHB in Australia were born in the Asia-Pacific region, with the most common countries of origin being China, Vietnam and Philippines.

Testing should be considered in all patients with elevated liver enzymes. Acute hepatitis B infection is defined as the presence of HBsAg and anti-HBc IgM in blood that persists for less than 6 months. Chronic hepatitis B infection is defined as persistence of infection (presence of HBsAg in blood) for longer than 6 months. Occult hepatitis B infection is defined as negative HBsAg and either positive or negative anti-HBc, with HBV DNA detectable in blood or liver tissue. Immunity through past infection is defined as positive anti-HBc and anti-HBs. All people being treated with antiviral therapy should undergo periodic review, including ALT, serum HBV DNA and, for tenofovir, renal function (eGFR)



Diverticulitis, management and its prevention

Diverticular disease is a very common condition in Australia with roughly 60% of 60 year olds found to have the condition. It is more common as you get older, but can also be found in younger population. Approximately 5% of people with diverticulosis may develop diverticulitis. Studies suggest that 17% will get a second attack five years later, and within this cohort 44% of these may get a third attack of diverticulitis at five years



Altered neuromusculature, genetics, poor diet (including diet rich in processed food and red meat), smoking, obesity, physical inactivity, medications like NSAIDs and altered microbiome can precipitate attacks of diverticulitis. A diet rich in fibres, regular exercise, avoiding NSAIDs/smoking and weight management can help prevent attacks.

We would recommend colonoscopy after the first episode of diverticulitis or complicated diverticulitis. However, it may be deferred if colonoscopy has been performed recently (<1 year). Surgery is rarely required in diverticulitis. We recommend watching for complications and performing a CT scan to confirm the diagnosis.

In most cases, bowel rest or clear fluid diet may help resolve attacks of diverticulitis. We suggest using antibiotic treatment selectively rather than routinely in immunocompetent patients with mild uncomplicated diverticulitis. Antibiotics can be considered if patient is frail, immunocompromised, has long segment of diverticulitis, refractory symptoms, CRP >140 mg/L or WCC >15.



Meet our Team



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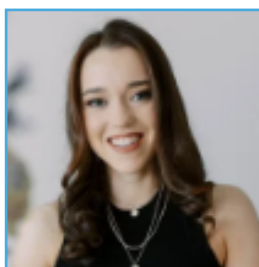
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