

中文題目：第一期與第二期常見癌症的臨床分析－病例報告

英文題目：Clinical Presentation of Common Cancers, Stage I or II – Case Studies

作者：韓明榮 翁明義 謝明裕 許春輝

服務單位：明榮診所

Introduction

Cancer has been the leading cause of death since year 1982 in Taiwan. It is a real big threat for public health. How should we cope with the challenges of this deadly disease? The key is early detection of malignant tumors clinically, in addition to the prevention measures in the public health sector. This approach can hopefully be beneficial to patients, health providers, as well as the national health insurance budget.

We collected some stage I or stage II cancer cases from our clinic and would like to share our clinical experiences to help with the earlier detection of cancer patients in the future.

Materials and Methods

At our clinic, our perform history taking, physical examinations, lab biochemistry tests, X-rays, ultrasounds, and/or endoscopy examinations, etc. If we suspect patients of having cancer, we always refer them to medical centers. Medical centers then respond to us with the final diagnosis and treatment strategies.

We collected 10 cases of stage I or II cancer patients from years 2000 to 2020. We report here their clinical presentation, diagnostic procedure, and survival years.

Results

1. Case Study

Patient, female, aged 58, complained of bloody stool on and off for one month. Initially, she did not give much attention to it and thought it might just be due to hemorrhoid bleeding. However, because her bloody stool persisted, she visited our clinic for medical help.

Rectal examination: a firm mass was felt at the tip of the index finger. Stool FOBT test: positive. Blood CEA titer, 339 mg/dl, very high. We highly suspected her of having colon cancer and referred her to a medical center for further evaluation.

During hospitalization at the medical center, a solid tumor was found at 10 to 15 centimeters from the anus during a colonoscopy. An abdominal CT scan revealed the tumor mass was at the same location with local lymph nodes metastasis. Biopsy showed adenocarcinoma, stage IIB.

She received surgery and chemotherapy and was discharged under stable condition. For eight years now, she has lived a normal life without recurrence. She follows up at OPD regularly.

2. Series Case Study :

Clinical Analysis of 10 stage I or stage II cancer cases.

No	Sex	Age	Cancer	Stage	Symptoms	Diagnosis	Survival year
1	M	60	Colon Ca	IIb	Abd Fullness	X-Ray & Colonoscopy	12+
2	F	58	Colon Ca	II	Bloody Stool	Stool FOBT Colonoscopy	8+
3	F	82	Colon Ca	I	No S/S	Stool FOBT Colonoscopy	2+
4	F	70	Colon Ca	I	No S/S	Stool FOBT Colonoscopy	3+
5	M	79	HCC	I	No S/S	Ultrasound	4+
6	F	52	Ovarian Ca	IA	No S/S	X-Ray Ultrasound	12+
7	F	45	Lung Ca	I	Hemoptysis	X-Ray Bronchoscopy	17
8	M	63	Uri Blad Ca	I	Hematuria	Ultrasound Cystoscopy	7+
9	M	59	Lymphoma	I	Abd pain	Ultrasound Biopsy	8+
10	F	54	Endometrial Ca	I	Menorrhagia	Ultrasound Biopsy	3+

PS: S/S: Symptom and Sign. HCC: Hepatic Cell Carcinoma. 8+: 8 years and still survive now. FOBT: Fecal Occult Blood Test.

Among the 10 cases of early detected cancers, Male:Female ratio of 4:6; average age 62 years old (45-82); 4 Colon cancer patients; 1 hepatic cell cancer; 1 ovarian cancer; 1 lung cancer; 1 urinary bladder cancer; 1 lymphoma; 1 uterine endometrial cancer.

Discussion

1. According to the year 2016 report from American Cancer Association, for colon cancers localized at the colon or rectum, the 5-year survival rate is 91%; metastasized to regional organs or lymph nodes, 72%; metastasized to distant organs or lymph nodes, 14%.

2. Therefore, early detection of cancer is very important. The earlier detection, the better prognosis. Both patients and doctors should be alert of warning signs or symptoms and perform screening tests and/or examinations when necessary.

Examples as follows:

3. Early detection of colon cancer: Generally speaking, people, aged above 30, suffering from bloody stool, unexplained abdominal pain or diarrhea, bowel movement change, unexplained weight loss, iron deficiency anemia, etc., should receive the stool FOBT test. And for all people, aged between 50-74, should routinely receive a stool FOBT screening test every 2 years. Stage I colon cancer patients usually show no clinical symptoms. Colonoscopy is the most sensitive examination for early detection of colon cancer.

4. Early detection of Hepatic Cell Carcinoma (HCC): For chronic hepatitis B or C patients, liver function tests and ultrasounds should be performed every 3 to 4 months. For HBV or HCV carriers, the two screening examinations should be done every 6 months. (Fig. 1).

5. Early detection of lung cancer: Low dose chest CT scan is the most sensitive screening examination to detect early lung cancer. Chest X-ray cannot detect tumor masses less than 1 cm. So, chest X-ray is not the best screening tool for early-stage lung cancer.

6. Early detection of urinary bladder cancer: Urinalysis and ultrasound. Cystoscopy with biopsy can be done for final confirmation. (Fig. 2).

7. Early detection of uterine endometrial cancer: Ultrasound, Dilation and curettage (D&C).

8. Early detection of ovarian cancer: Physical examination and ultrasound.

9. Early detection of lymphoma: Physical examination to look for lymph node enlargement, especially at the neck, axilla, and groin regions, in addition to ultrasound and needle biopsy.



Fig 1. Case 5, HCC, Stage I. Early detection by ultrasound. Survival year, 4+.

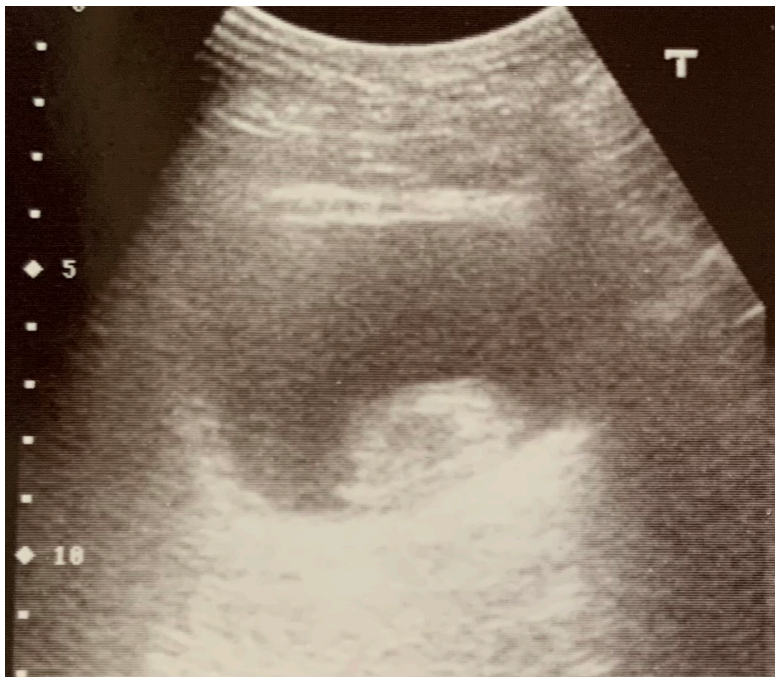


Fig 2. Case 8, Urinary bladder cancer, Stage I. Early detection by ultrasound. Survival year, 7+.