

CRC seminar wareed

تبیض

- Uc : most common, most malignant risk

- *Mc site : sigmoid

- Stool in urine

- *Mcc : diverticulosis complicated with fistula , cancer

- *Cap ct (chest abdomen pelvic) ;; for staging

- *Most predictive factor :lymph node

- Not grading or size

- *Liver mets : irregular multiple lesion : abdominal distension

- *MRI: for rectum ca staging only

- *Tubular adenoma : 10y

- *Neoadjuvant : before-surgery : down staging

- *Adjuvant : after surgery : control micromets , increase 5 y survival

- *Radiotherapy: control recurrence

- *Mc mets sites : liver , lung