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Editorial

# "Colorectal cancer – So much to learn!"

Colorectal cancer is one of the most common tumours of the gastrointestinal tract. Newer and interesting aspects of behaviour of these tumours are being recognised. The article 'Influence of gross tumor morphology on clinicopathological profile of colorectal cancers' published in this issue of the journal shares the experience of treating 930 patients with colorectal cancer over a period of 5 years. The collection of data for such a large number of patients over 5 years is a difficult task, and the authors deserve praise for that. These data had the potential of providing many relevant messages that could alter and influence management of patients with colorectal cancers. It is disappointing that the authors have failed in this regard. The entire article talks only about the numbers and percentages of the various aspects of morphology of the tumours and patient characteristics. How does this information help us in improving diagnosis or changing management!

Thoughtful analysis of information, similar to the one presented in this article, could have given meaningful messages. What could have the authors told us from analysis of their data? Here are some examples.

It is becoming evident that a simple feature such as the anatomical location of the colonic tumour can determine the presentation, histopathological characteristics and prognosis. Tumours on the right side of the colon (right- sided colon cancer [RCC]) differ from those on the left side (left-sided colon cancer [LCC]), a story of two different tumours in the same organ. RCCs occur at an older age, are usually larger in size and have a poorer prognosis and response to treatment. Colonic cancers are classified following the new Consensus Molecular Subtype (CMS), and about 70% of RCCs are related to CMS1, which means they are poorly differentiated and have a poor prognosis. Response to chemotherapy is also dependent on whether the tumour is an RCC or LCC. Based on the Surveillance, Epidemiology, and End Results (SEER) program data, the median survival of RCCs was 78 months and that of LCCs was 89 months ($P < 0.05$).[1]

Rates of colorectal cancers have been dropping in adults since 1976, but there is a disturbing trend of the increasing incidence in young adults. Evidence of this comes from many population-based studies, as well as data from institution-based observations.[2] The diagnosis in younger patients is usually missed, which is responsible for poorer results. This has many implications, the leading one being the policy of lowering the age for surveillance and its possible benefits.

The number of tumours in the distal part of the colon, i.e., descending, sigmoid and rectum, is increasing. The study under discussion spans a period of 5 years, and the authors could have looked at these aspects of colorectal cancer. Patients who have synchronous tumours, as compared with those with solitary cancers, have a poorer outcome and are usually older and have a higher chance of having a signet cell type of cancer.

We would have liked to know about the incidence of liver metastases and lung metastases at presentation, how frequent is familial colorectal cancer and what is the time gap between symptoms and diagnosis.

These are some of the examples of how important information comes from critically analysing patient data. It is always not necessary to perform complicated molecular and genetic analysis to do meaningful research and convey information that helps to improve outcomes.

## Conflict of interest

No conflict of interest.

## References

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