



Dr Thomas Suhardja

MBBS, MS, FRACS, CSSANZ

Colorectal & General surgeon

Dr Thomas Suhardja's special interests include:

- Colorectal Cancer
- Inflammatory Bowel & Diverticular Disease
- Rectal Prolapse
- Faecal incontinence & Pelvic floor disorder
- Haemorrhoids
- Perianal abscess, anal fistula and anal fissure
- Pilonidal disease
- Gastroscopy & Colonoscopy – NBC Screening
- 3D Endoanal Ultrasonography & Anorectal physiology
- General Surgery – Appendicitis, benign soft tissue tumours

To arrange an appointment with Dr Thomas Suhardja, please contact:

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Young Colorectal Cancer

A Case Study by Dr Thomas Suhardja

A young patient presented to her General Practitioner with symptoms. The patient was referred to a Colorectal surgeon for further investigation.

Patient Profile:

- **Age/Gender:** 41-year-old woman
- **Main Symptoms:** Feeling bloated for the past 3 months and low iron levels
- **Other Info:** No stomach pain, no changes in bowel habits, no rectal bleeding
- **Family History:** No known bowel cancer; aunt had breast cancer
- **Physical Exam:** Normal

What Was Done:

Because of her symptoms and low iron (a sign that could mean blood loss inside the body), doctors decided to do a **colonoscopy** (a test to look inside the bowel with a camera).

Colonoscopy Findings:

- A **suspicious area (ulcerated lesion)** was found in the beginning of the large bowel (called the caecum).
- A sample (biopsy) was taken.

Test Results (Biopsy and Imaging):

- The lesion turned out to be a **moderately aggressive bowel cancer** (adenocarcinoma).
- Special tests on the sample showed a pattern (called **MMRd**) that could be linked to a **hereditary condition** called **Lynch syndrome**, or it may be a **sporadic (random) genetic change**.
- This result means a **referral to a genetic or familial cancer service** is recommended to assess risk for her and possibly her family.

Scans (PET and CT):

- The cancer seems to have spread to the **right ovary** (called a Krukenberg tumour).
- A small lump was also found in the **thyroid gland**, which will need further testing (**ultrasound and biopsy**).



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Team Review and Treatment Plan:

A group of specialists (Gastroenterologists, Colorectal surgeons, Gastrointestinal radiologists and pathologists) reviewed all her tests in a **multidisciplinary meeting (MDM)**.

Agreed Treatment Plan:

1. **Immunotherapy** (a type of medicine that helps the immune system fight cancer) **before surgery**
2. Followed by **surgery to remove part of the bowel and right ovary** (right hemicolectomy and oophorectomy)

Next Steps:

- Start immunotherapy
- Monitor response
- Plan for surgery
- Genetic counselling to check for Lynch syndrome
- Further tests for the thyroid nodule

Please note:

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