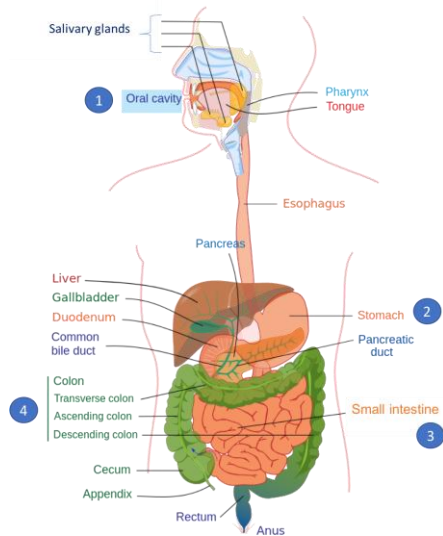


Colorectal Abstracting 101 2025 Training

Anatomy & Colon Cancer Intro

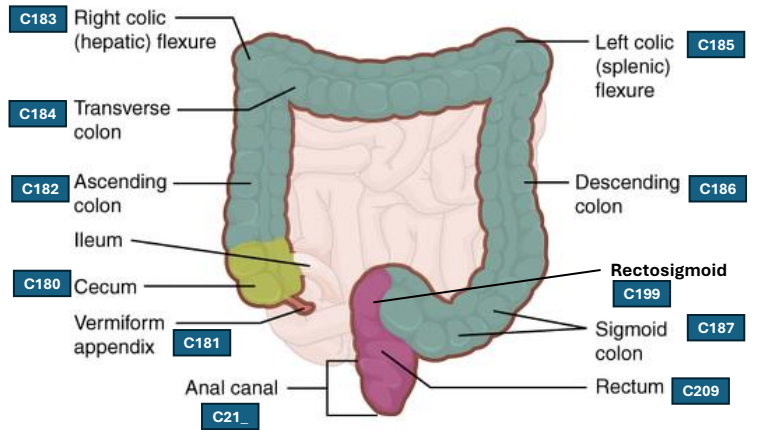
Presented by Melissa Riddle, ODS-C
ICR Video Training Series: Iowa Cancer Registry

Gastrointestinal Tract Anatomy



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Colorectal Anatomy

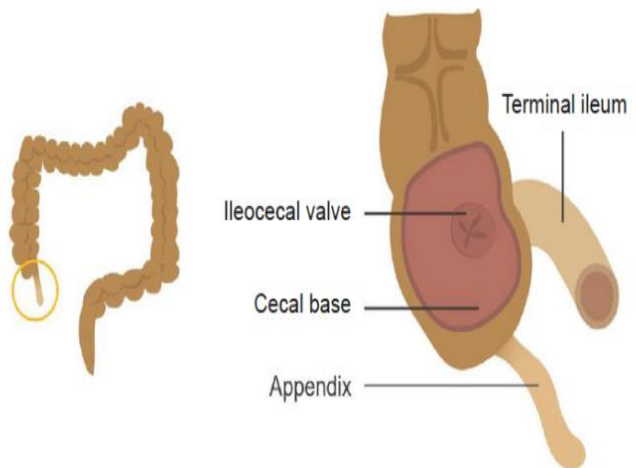


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Ileocecal Junction

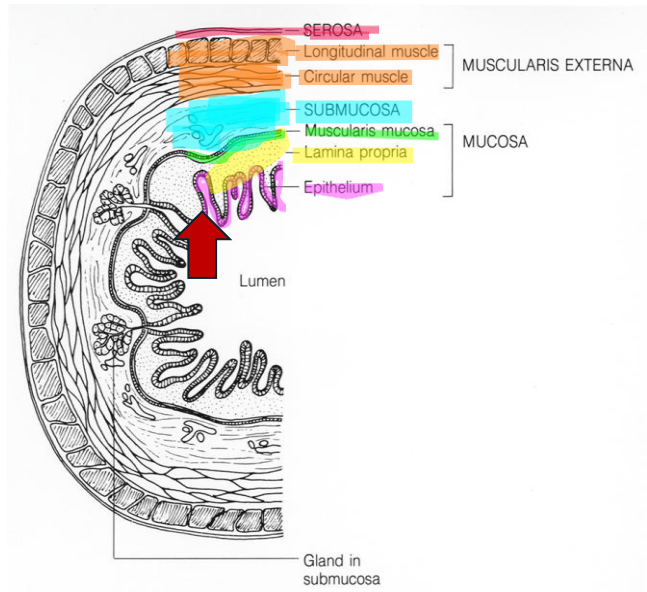


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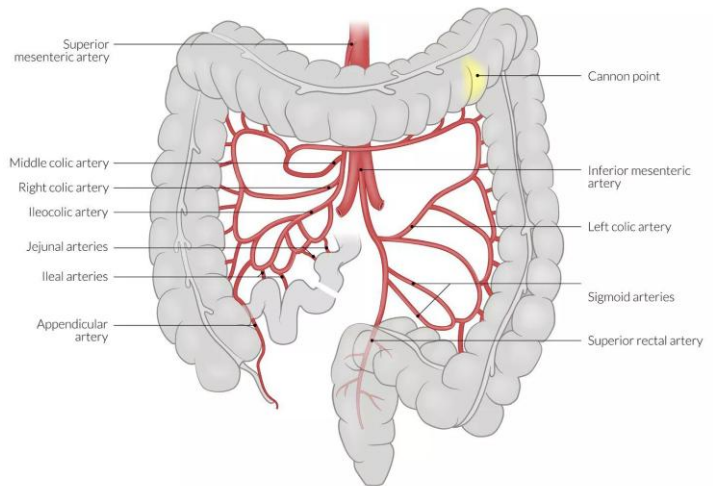
Colorectal Anatomy



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Colon Blood Supply

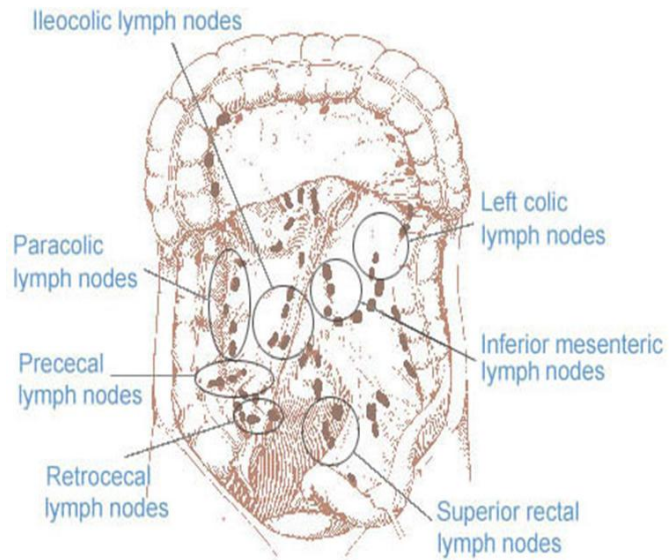


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Colorectal Regional Lymph Nodes

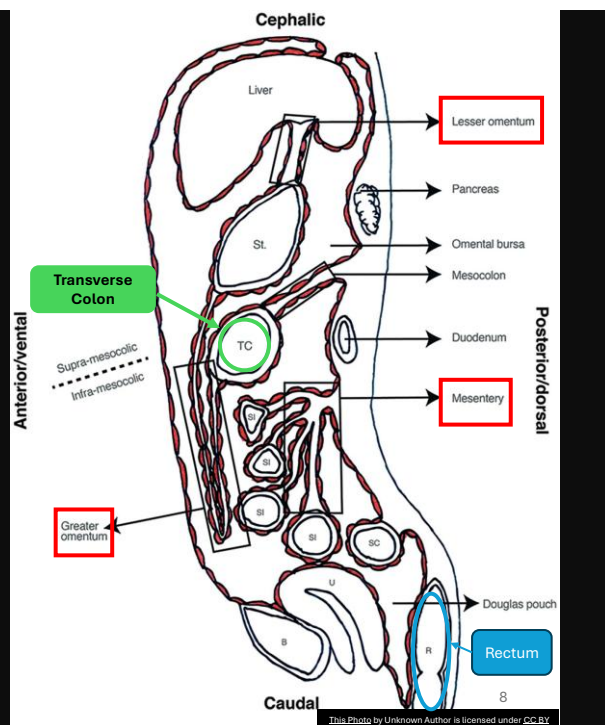


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Peritoneum

- Peritoneum
 - Serous membrane lining the interior of the abdominal cavity and covers the abdominal organs
- Rectum is “extraperitoneal”
 - Lies below the peritoneal reflection and outside of the peritoneal cavity



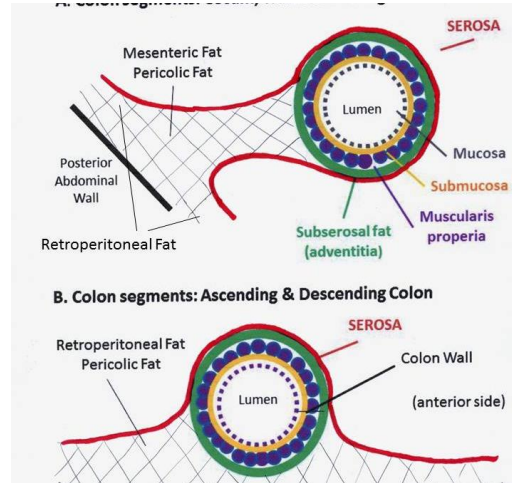
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Peritoneum

Mesentery (Mesenteries): folds of peritoneum- these attach the colon to the posterior abdominal wall.

Visceral peritoneum: = Serosa covering of colon (organs)

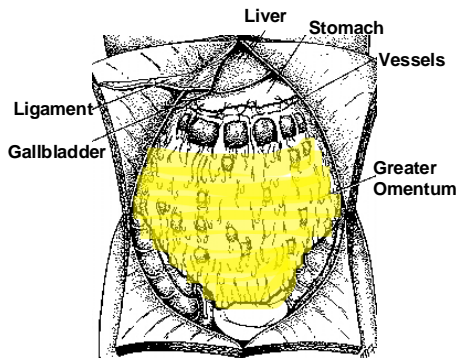
Parietal peritoneum: = Serosa covering of ABD cavity (body cavities)



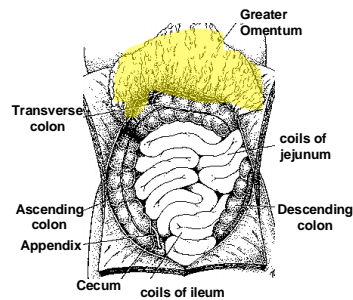
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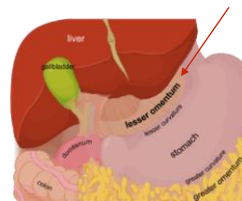
Greater Omentum



Greater Omentum: (reflected upward)



slide 10



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Omentum

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Colorectal Cancer Information

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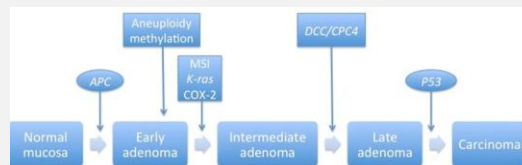
Development of CRC

- DNA mutations inherited

- MLH1
- MSH2
- PMS2
- APC (rare)

- DNA mutations acquired (sporadic) (somatic)

- DNA mismatch repair mutations
 - 2 main genetic pathways
 - Development of traditional adenoma (65-70% sporadic CRC)
 - First mutation within *APC* gene and then develop *KRAS* oncogene thus causing a loss of function of *p53* gene
 - Development of sessile serrated polyps
 - Begin with *BRAF* mutation or aberrant gene promoter region hypermethylation



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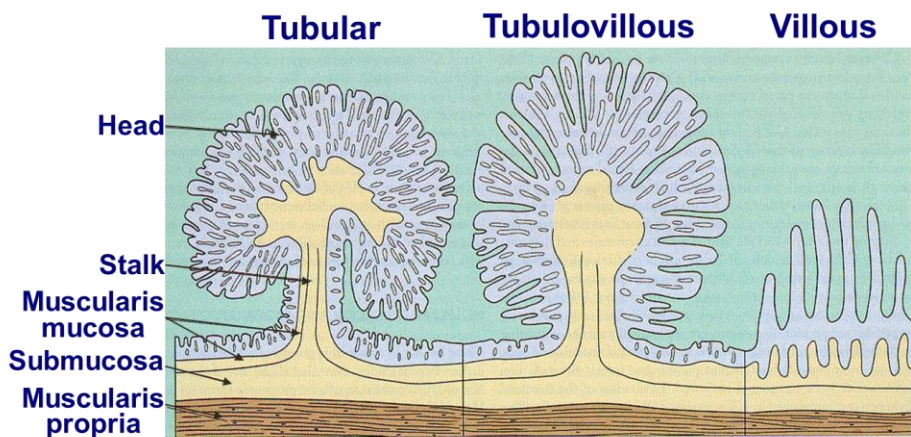
Development of CRC

- Develops in a multistep process
 - Series of histological, morphological, and genetic changes
- Allows for screening and early-stage detection
 - Begins from changes in a benign polyp
 - Find precancerous polyps and remove them
 - Slowly grows (7-10 years)
 - Once symptomatic it is often already cancerous

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Types of Polyps



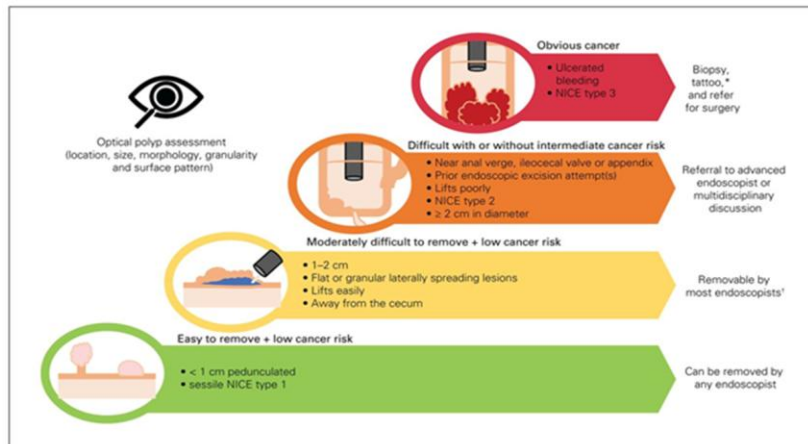
Source: A.T. Skarin, Atlas of Diagnostic Oncology, 2nd ed., Mosby Wolfe, 1996

- **Pedunculated polyp** = on a stalk
 - **Tubular**
 - Smooth appearance
 - **Tubulovillous**
 - Velvety appearing tumor on a stalk
- **Sessile** = flat
 - **Villous**
 - Flat velvety appearing tumor

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CRC Screening - Colonoscopy



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Questions?

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