

Circulating intestinal bacteria as a biological marker for colonic cancer

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To the Editor—We are most appreciative of the communication and comments by Ng et al¹ which draws our attention to the seminal works and landmark paper by Kwong et al² in which no less than seven bacteria are listed to have significant association with colon cancer, with *Clostridium septicum* (hazard ratio [HR]=17.1), *Gamella morbillorum* (HR=15.2), and *Streptococcus gallolyticus* or *Streptococcus bovis* (HR=5.73) high on the list. Others have reported cancer association with even seemingly benign organisms such as *Enterococcus faecalis* or *Escherichia coli*.³ Conceivably, and with further validation, circulating intestinal bacteria may eventually become a new biomarker for colonic cancer especially at a pre-symptomatic stage. But here we need a word of caution. With an early doubling time of over 30 months, the early growth of a colorectal cancer has been shown to be slow.⁴ Early detection of a slow-growing cancer warrants other considerations. In our ageing population it is not too uncommon to see a patient in advanced age with multiple co-morbidities and limited life expectancy. In such cases further extensive investigations may not be justified. To complete the story of the patient with *S gallolyticus* septicaemia we barely mentioned in an earlier communication,⁵ he was a 91-year-old Caucasian missionary, with advanced atherosclerotic disease, severe dementia, recurrent heart failure, deteriorating renal function, and an abdominal aneurysm for which interventional treatment was rejected. The question of colonoscopy was raised but vetoed by all parties concerned. His septicaemia was successfully controlled by penicillin and his constipation well relieved by judicious enemas instead of lactulose. He lived for another

9 months, and eventually died of heart failure. From the holistic perspective, if he had an occult colonic cancer, he probably died with it, rather than of it.

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