P? Ed? ASEM I got p? Íležitost closer insight into the work of one Laboratory? e AV? R. One of the p? Objects? T? the local research was colorectal carcinoma pathogenetic pathways and identification of its origin.When I m? L for? beginning of the fifth ro? exchanger choose his thesis topic, it seemed advisable to select

you n what related rights? with this cancer. Its preventive employees? Measurement then related to p? SPECIFICALLY with the whole concept of our theses, which are show? conclusions of part state? re? No preventive work of doctors? Community. Colorectal cancer is a typical civilized? Her disease? It. The incidence is significant? higher in our Western, rich Euro-American population than in poor t countries? St. etího? and that significant? related to our lifestyle. V?'s New disease? for the year due to the total? the population? R is our land? to first place? St? tových statistics. This is alarming and given the great potential for primary prevention (lifestyle modifications) as well as secondary prevention (In? Same time the detection of disease? Kurabilním stage it in an appropriate screening population), this ratio becomes a topic? rn? significant. In my work I try to give an introduction to the topic of this disease? her, the knowledge of its origin and risk factors. Thus I gradually? HE got the first? diverting the topic, namely the possibilities of primary prevention. The importance of secondary prevention com? Uses the p? SPECIFICALLY that the only

curative colorectal cancer is a radical resection. It is p? Itom at symptomatic patients may have only about one t? thirds? p? case?.

On the contrary, p? And disease detection? Her in the asymptomatic stage, respectively. to him

p? edcházejících lesions, it is true? similarity trip? measurements, respectively. absorbed? the development

substantially? higher. In the second? Text of part I therefore? Noval existing the possibilities of screening - the various methods, their U? activity, national Perfect measurements and factors that the correct implementation? affect the screening. I have at the outset but noted that about 20% of colorectal cancer created on the ground? n what prokarcinomového syndrome, eg?.familial adenomatous polyposis, Turcotova, Peutz-Jeghersova, and Lynch syndrome others rarely? jších. Of the remaining 80% of sporadic cancer?arises dále7? Part in connection with a specific st? Intestinal inflammation? TEM - ulcerative colitis? And Crohn's disease with disabilities at this location. Tactics follow-up t? These persons and the prevention of colon tumor development st? eva and horses? exchanger are they significant?

different from the b? harvest and population is beyond the scope of this work closer to their p? edstavování.