

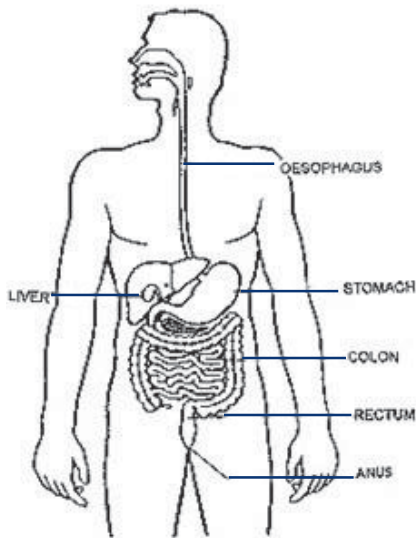
Bowel Cancer

Bowel cancer, also known as cancer of the large bowel (colon or rectum) or colorectal cancer, is the second most common internal cancer in Australia.

Every year in Australia, 13,000 new cases of bowel cancer are diagnosed, with over 160 in the ACT. It is the second most common cause of death from cancer, after lung cancer, in Australian men and women.

The Bowel

The large bowel is part of the digestive tract, with two major functions: to finish digesting food by absorbing water and nutrients; and to get rid of remaining wastes.



It consists of four main parts:

- Cecum — A pouch at the beginning of the large bowel that receives waste from the small bowel.
- Colon — The main working area of the large bowel, where water is removed. The colon is about 1.5 metres long and has four parts: the ascending colon, transverse colon, descending colon and sigmoid colon.
- Rectum — The last 15 to 20 centimetres of the large bowel. The rectum stores waste (stools) until they are expelled during a bowel movement.
- Anus — The opening at the end of the digestive tract.

What is Bowel Cancer?

Bowel cancer is a malignant tumour that begins in the mucosa or inner lining of the bowel, generally in the colon or rectum. Cancer of the small bowel is rare. It often develops from a small benign growth called an adenoma (polyp). Polyps are usually benign but some can become malignant (cancerous).

Australia has one of the highest rates of bowel cancer in the world. It becomes more common as people get older

and mainly affects people over 50. If it is diagnosed and treated at an early stage, before it has spread, there is a good chance of cure.

Causes

The causes of bowel cancer are not fully understood, it is likely that there are a number of factors involved. Some risk factors have been identified which may increase a person's chance of developing bowel cancer. Having one or even several of these characteristics does not mean that a person is certain or even likely to develop bowel cancer.

- ageing - bowel cancer is more common in people over the age of 50.
- a personal or family history of bowel cancer
- inheriting one of these uncommon genetic disorders familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC)
- presence of chronic inflammatory bowel disease, including Crohn's disease and extensive ulcerative colitis
- poor diet and lifestyle factors such as obesity and smoking

Symptoms

Many of the symptoms of bowel cancer can be due to other medical conditions. Not everyone will have them all. Early symptoms may include:

- changes in normal bowel pattern – using your bowels more or less often than is normal for you
- bleeding or mucus from the bowel. You may notice small amounts of blood or mucus in the toilet, on toilet paper or in the faeces
- anaemia (lack of iron in the blood) due to bleeding in the bowel. You may feel tired and weak
- abdominal cramps or pain
- bloating, weight loss, general feeling of being unwell

If you notice any of these changes, you should see your doctor straight away. Blood is especially important if it is accompanied by any of the other signs or symptoms mentioned above. Bleeding may be due to simple conditions such as haemorrhoids (piles) or fissures (splits in the skin inside the anus) but needs investigating by a doctor.

Diagnosis

If a person has symptoms, tests may be performed to enable doctors to make a diagnosis. Some of these can be uncomfortable. A specialist will do most of these tests, which will find most but not all cancers.

- A rectal examination with a gloved finger to check for anything unusual.
- A sigmoidoscopy where a tube is inserted into the rectum to examine the lower colon and rectum.
- A colonoscopy where even more of the colon (up to the small bowel) can be seen through a lens on the end of a long flexible tube. It takes about 30 minutes and is usually done in a hospital. A clean bowel is needed for this test and sedation is used to make it more comfortable. This is the most comprehensive of all tests and polyps can be removed and examined at the same time.
- A barium enema and xray. A tube is inserted into the rectum which lets fluid containing barium into your empty bowel to make the lining show up on X-ray.

If bowel cancer is diagnosed, other tests may be ordered to find out if the cancer has spread to other parts of the body. They may include blood tests and various types of imaging (eg X-rays, CT scans, ultrasound). These other tests are important as the results will help the doctors to plan the appropriate treatment. This process is referred to as staging of the disease.

Treatment

The main treatment for bowel cancer is surgery. Chemotherapy and radiotherapy may also be used.

Most people diagnosed with bowel cancer have surgery to remove the part of the colon with the cancer and the nearby lymph glands. In most cases the bowel is joined back together. The surgeon will also check all of the colon and surrounding organs for signs of disease.

If the bowel can't be rejoined, it is brought to an opening on the outside of the abdomen. This is called a stoma. Faeces are then collected in a disposable bag attached to the stoma. Sometimes they are only needed for a short time but in other cases they are permanent. Most people know whether they will be having a colostomy before their surgery.

Chemotherapy is the use of anti-cancer drugs and is often used to treat bowel cancer. It may be used before or after or instead of surgery depending on the position, stage and spread of the cancer.

Radiotherapy uses high-energy x-rays or electron beams to kill or damage cancer cells and is often used to treat rectal cancer either before or after surgery.

Screening

Screening refers to testing people without symptoms of the disease. Screening tests for bowel cancer reduce the chance of dying from bowel cancer by finding precancerous polyps and early cancers. Bowel cancer that is treated at an early stage can usually be cured.

Cancer Council ACT recommends all healthy people 50 and over have a Faecal Occult Blood Test (FOBT) every 2 years.

This test looks for tiny amounts of blood in your bowel motion. They are usually available from your GP or some chemists. Samples of several bowel motions are taken and are sent to the laboratory for testing.

If your FOBT finds blood your doctor will refer you for further tests, such as colonoscopy, to find out what is causing the bleeding. It is not always cancer.

People at higher risk (described above) should discuss the appropriate screening method and how often it should be done with their doctor.

People with symptoms of bowel cancer should see their doctor for further investigation.

National Bowel Cancer Screening Program

The Australian Government runs a National Bowel Cancer Screening Program. Australians turning 50 between January 2008 and December 2010, and those turning 55 or 65 between July 2008 and December 2010 who hold a medicare card or DVA gold card will be invited to take part and will receive a FOBT Kit in the mail. The test can then be completed at home and mailed to a pathology laboratory for analysis. There is no cost involved in completing the FOBT.

People who have samples testing positive for blood will be encouraged to visit their GP and will be referred for further investigation, usually a colonoscopy.

For more information contact the National Bowel Cancer Screening Program Information Line on 1800 118 868 or visit www.cancerscreening.gov.au/bowel.

Reducing your risk

Bowel cancer is one of the most preventable cancers and many lifestyle risk factors may contribute to it. The most effective protection against bowel cancer is to:

- be screened for bowel cancer every two years if over 50 years of age. If eligible, participate in the National Bowel Cancer Screening Program
- get 30 to 60 minutes of moderate to vigorous intensity exercise per day
- maintain a healthy body weight
- eat a well balanced diet
- avoid processed and burnt meat. Limit red meat intake to three to four times per week
- avoid or limit alcohol consumption. For people who do drink alcohol, recommended amounts are no more than 2 standard drinks/day for men and women
- do not smoke

For more information call the Cancer Council Helpline on 13 11 20.

This information sheet contains general information, for specific information regarding your cancer diagnosis or treatment, it is always best to talk to your doctor or health care team.