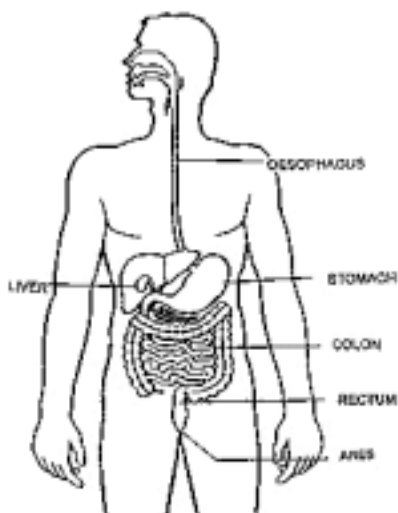


Bowel Cancer

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

Every year in Australia, more than 12,000 new cases of bowel cancer are diagnosed, and over 140 in the ACT. It is the second most common cause of death from cancer, after lung cancer, in Australian men and women.

The large bowel is part of the digestive tract, it consists of the colon and the rectum. The colon is a 1–1½m muscular tube that absorbs liquid from digested food. The rectum stores the remaining solid waste (faeces) until it passes out of the body through the anus.



What is Cancer?

Cancer is a disease of the body's cells. Normally the body's cells grow and divide in an orderly manner, repairing and replacing damaged cells. Cancer develops when cells grow and behave in an abnormal way. They multiply excessively and form a lump or mass called a tumour.

Tumours can be benign (non cancerous) or malignant (cancerous). Benign tumours do not spread to other parts of the body. Malignant tumours are made up of cancer cells. If they are untreated they may spread to surrounding tissues. Sometimes they can break away from the original (primary) cancer and spread to other organs and form a secondary cancer or metastasis.

Bowel Cancer

Bowel cancer is a malignant tumour that begins in the mucosa or inner lining of the colon or rectum. 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.

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 from the bowel. You may notice small amounts of blood in the toilet, on toilet paper or dark red 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.

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.

Age - As we get older our chances of developing bowel cancer increases, especially after the age of 50. This cancer is rare in people under 40.

Diet - A diet that is high in red meat, especially processed meat and low in vegetables has been linked to an increased risk of bowel cancer. There may also be an association with excessive alcohol intake and a diet low in fruit and fibre.

For further information call the Cancer Helpline on 13 11 20 or the Quitline on 13 7848

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Behavioural and lifestyle factors - An inactive lifestyle, obesity and smoking have been associated with an increased risk of developing bowel cancer.

Background

People in western countries such as Australia, America and New Zealand have a higher incidence of bowel cancer than people in Asian or African countries. This may partly be due to differences in diet.

Reducing your risk

- Eat 5 serves of vegetables and 2 serves of fruit every day.
- Eat only a moderate amount of red meat and limit consumption of processed meats such as salami, frankfurts, bacon and deli meats.
- Eat a variety of wholegrain breads and cereals.
- Limit or avoid alcohol consumption. For people who do drink alcohol, recommended amounts are no more than 2 standard drinks/day for men and 1 standard drink/day for women.
- Physical activity. Engage in moderate to vigorous physical activity for 30–60 min/day.
- Avoid obesity. Balance your energy intake and expenditure and remain within a healthy weight range.
- Do not smoke.

Risk Factors

A small percentage of Australians are at higher risk of bowel cancer because of their family history of cancer or genetic conditions. It is important for people at high risk to be identified so that cancer can be prevented or detected and treated early.

Those with a higher risk of bowel cancer are:

- Individuals with a family history of bowel cancer in a first degree relative eg. a parent, sister, brother or child. The risk would be greater if there are two or more affected first-degree relatives or if cancer was diagnosed at an earlier age.
- Members of families with an inherited predisposition to bowel cancers.
 - Familial Adenomatous Polyposis (FAP). People with FAP develop many adenomas in their bowel which if left untreated develop into cancer.
 - Hereditary Non-Polyposis Bowel Cancer (HNPCC). People with HNPCC are at an increased risk of developing bowel and other cancers at an early age.
- Members of families where more than two first degree relatives have had cancer.

- People who have already had bowel cancer or adenomas.
- People with long standing chronic inflammatory bowel disease, such as ulcerative colitis or Crohn's disease.

Diagnosis

If a person has symptoms, tests may be performed to enable doctors to make a diagnosis. Some of them 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 the last part of your bowel.
- 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. You will need a clean bowel for this test and you will be sedated 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 may be an alternative investigation usually with sigmoidoscopy. A tube in your rectum 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

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 your colon and surrounding organs for signs of disease.

In a small number of cases because of the position or size of the cancer, the bowel is brought to an opening on the outside of the abdomen. This is called a colostomy or 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.

In some cases chemotherapy or radiotherapy may be used in addition to surgery, depending on the position, stage and spread of the cancer. Sometimes patients may receive chemotherapy or radiotherapy before surgery so as to shrink the cancer in preparation for surgery. There are some side effects of these treatments. The doctor will talk to each patient about the individual treatment options for their cancer.

Screening

Screening refers to testing people without symptoms of bowel cancer. Screening tests for bowel cancer reduce your 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. People who have symptoms of bowel cancer should see their doctor for further investigation.

What types of tests are there?

The most appropriate screening test for you will depend on how high your risk of bowel cancer is. People at higher risk (described above) should discuss the appropriate screening method and how often it should be done with their doctor.

For the vast majority of Australians who are at average risk The Cancer Council ACT encourages testing for blood in bowel motions by Faecal Occult Blood Test (FOBT) every 2 years for people over 50 years of age.

This test looks for tiny amounts of blood in your bowel motion. Your doctor usually supplies the test for you to do at home. 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.

Is there a national screening program?

The Australian Government has launched a National Bowel Cancer Screening Program. Initially people turning 55 or 65 between 1 May 2006 and 30 June 2008 will be invited to take part and will receive a FOBT Kit in the mail.

People who have samples testing positive for blood will be encouraged to visit their GP for further investigation.

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

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

The Cancer Council ACT acknowledges The Cancer Council South Australia for the original preparation of this information sheet.

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