

Bowel cancer

Bowel cancer is also called colorectal cancer. It is diagnosed in about 3,620 Victorians and over 12,500 Australians every year. It mostly affects people 50 years of age and over, but it can happen in younger people. It is a serious disease but if bowel cancer or its precursors (polyps) are diagnosed early, it is often curable.

Bowel cancer

The colon and rectum together are known as the large bowel. Bowel cancer usually affects the large bowel. Cancer of the large bowel is also known as colorectal cancer.

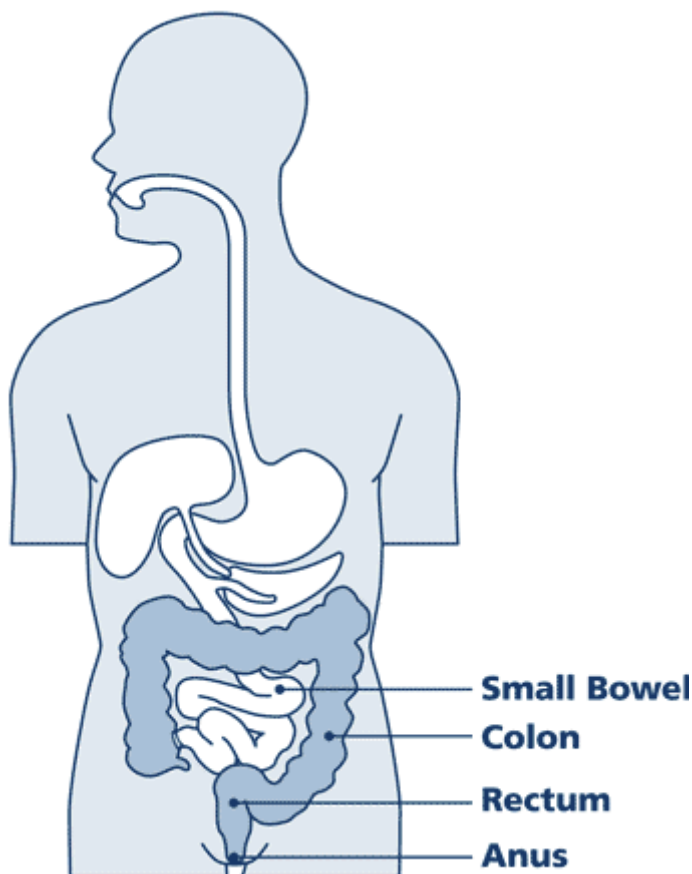


Illustration above adapted from original illustration, courtesy of The Cancer Council Victoria.

The bowel is the long 'tube' that absorbs water and nutrients from food and processes waste products into faeces. It includes the small bowel, colon and rectum.

As people get older, little lumps called polyps may grow inside the colon or rectum and can become cancerous. A polyp looks like small spots on the bowel lining or like cherries on stalks. Not all polyps become cancerous. If polyps are removed, the risk of bowel cancer is reduced.

The development of bowel cancer generally takes many years. It usually begins in the lining of the colon or rectum. Often very small amounts of blood, which may not be able to be seen, are leaked from these cancers long before any symptoms develop. This blood is then passed into the faeces.

If untreated, it spreads deeper into the wall of the bowel. From there, it can spread to lymph nodes in the area. Later, bowel cancer can spread to the liver or lungs.

Risk factors of bowel cancer

The causes of bowel cancer are not clearly understood. However, we know that some risk factors make it more likely that a person will develop bowel cancer. These include:

- Getting older – bowel cancer more commonly affects people aged 50 and over.
- Inheriting one of two uncommon genetic disorders – familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC).
- A personal or strong family history of bowel cancer.
- Having ulcerative colitis (inflamed colon lining) for more than eight to 10 years.
- There is also some evidence that having a diet high in red and processed meat, and drinking too much alcohol (more than 12.5 units a week) and smoking may increase your risk of developing bowel cancer. .
- Being overweight or obese (particularly for men) may increase your risk of bowel cancer.

People at relatively high risk of bowel cancer can arrange with their doctor to have regular tests to check that everything is OK.

Screening for bowel cancer

Ninety per cent of bowel cancer is curable if it is found early. Bowel cancer is generally very treatable when found early, before it has had a chance to spread.

Screening is checking for health problems before they cause symptoms. Bowel cancer screening is looking for early changes in the bowel lining, or signs of a bowel cancer, in healthy people who do not have symptoms.

Screening can find polyps so they can be removed before they turn into cancer. It is one of the most effective ways to prevent bowel cancer developing.

The screening test that is used is called the faecal occult blood test (FOBT). This involves taking tiny samples from two bowel motions (poo) using a test kit. The samples are then posted to a laboratory for testing.

Everyone 50 and over should talk with their doctor about the screening tests that might be best for them so that any signs of bowel cancer can be picked up early. The Cancer Council recommends doing a screening test every two years to protect yourself against bowel cancer.

Symptoms of bowel cancer

In the early stages bowel cancer often has no symptoms. This means that a person could have polyps or bowel cancer and not know it.

The most common symptoms of bowel cancer are:

- Blood or mucus in the faeces
- An unexpected change in bowel habit (for example, diarrhoea or constipation for no obvious reason)
- General discomfort in the abdomen (feelings of bloating, fullness, pain, cramps)
- Constant tiredness
- Weakness and paleness.

Having these symptoms does not mean that you have bowel cancer. People experiencing these symptoms should discuss them with their doctor.

Types of bowel cancer

More than 95 per cent of colorectal cancers are adenocarcinomas. This means they started in the gland cells in the lining of the bowel. Other rare types include squamous cell cancers (in the skin like cells of the bowel lining), carcinoid tumours, sarcomas and lymphomas. Squamous cells are the skin like cells that make up the bowel lining together with the gland cells.

Diagnosis of bowel cancer

Several tests can be used to diagnose bowel cancer including:

- Rectal examination
- Colonoscopy and sigmoidoscopy
- Barium enema
- X-ray, ultrasound, rectal ultrasound, CT scan or MRI scan
- Blood tests, including a carcinoembryonic antigen (CEA) test – CEA is produced in high quantities by some cancer cells, especially in bowel cancer.

Test results can take a few days to come back. It is very natural to feel anxious waiting to get your results. It can help to talk to a close friend or relative about how you're feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

Bowel cancer stages

Knowing if and how far the cancer has spread is called 'staging' the disease. Staging helps your doctors to work out the best treatment for you. In Australia, the staging system for bowel cancer is the Australian Clinico-Pathological Staging (ACPS) System:

- Stage A – the cancer is confined to the bowel wall.
- Stage B – the cancer has spread to the outer surface of the bowel wall.
- Stage C – cancer is found in lymph nodes near the bowel.
- Stage D – cancer is found at distant sites, for example, in the liver or lungs.

You may also hear about the 'Dukes' system, which is like the ACPS. Dukes Stage A equals ACPS Stage A, and so on.

Another staging system being used more often is called the TNM system. It records how far the tumour (T) has spread through the bowel wall, if lymph nodes (N) are affected by the cancer and whether the cancer has spread (metastasised) to other parts of the body (M).

Ask your doctor to explain the stage of your cancer in a way you can understand. This will help you to choose the best treatment for your situation.

Treatment of bowel cancer

Surgery is the main treatment for bowel cancer. The surgeon removes the section of the bowel affected by cancer and then joins the two ends. A stoma (an opening of the bowel onto the abdomen) is sometimes made during the surgery. Your bowel motions will come through the stoma into a bag.

Stomas are usually temporary, while the bowel heals, but some people will need them permanently. Understandably, many people find this difficult to deal with. Before your surgery you will be given a lot of education and support about having a stoma. Chemotherapy or radiotherapy is nearly always used in addition to surgery. Your doctor will discuss your treatment in detail with you.

It's common for people with cancer to seek out complementary or alternative treatments. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. It is important to tell all your health care professionals about any complementary medicines you are taking and never stop taking your conventional treatment without consulting your doctor first. Details of the Cancer Council Victoria's booklet *Complementary and alternative cancer therapies* are in the **Where to get help** section.

All treatments have side effects. These will vary depending on the type of treatment you are having. Many side effects are temporary but some may be permanent. Your doctor will explain all the possible side effects before your treatment begins.

Living with a stoma

Most people find it takes time to come to terms with having a stoma. It is a big change in your life. People often worry about how they will care for their stoma. A stomal nurse will explain how to care for your stoma and tell you about support services.

You may also be very concerned about the effect it may have on your personal relationships, sexuality and lifestyle. You may find it difficult or embarrassing to talk about cancer and sexuality. However, most doctors and nurses are very understanding, and even if they're unable to help, they can refer you to a doctor or therapist who specialises in sexual problems.

Sometimes a cure is not possible

If the bowel cancer has spread to other parts of the body, it is not always possible to cure. However, in a lot of people, it is still likely that the cancer can be kept under control for quite a long time. This depends on:

- Where and how far the cancer has spread
- What treatment you have had in the past
- The type of bowel cancer you have.

Treatment for control of cancer may include chemotherapy, radiotherapy, surgery, immunotherapy or pain-relieving drugs (or both). You may hear your doctor call your treatment 'palliative'. This means treatment designed to relieve symptoms rather than cure.

Reducing your risk of bowel cancer

Researchers believe that eating a healthy diet may help prevent as many as one third of all cancers including bowel cancer. Although there is no one diet that can prevent bowel cancer, changing your diet could help reduce your risk of cancer in general. It will also improve your overall health.

You can help to reduce your risk of bowel cancer by:

- Eating a healthy diet, including plenty of vegetables and fruit and only small amounts of animal fat
- Eating moderate amounts of lean red meat as part of a mixed diet including carbohydrates (breads and cereals), vegetables and fruit, and dairy products
- Eating limited amounts of processed meats
- Maintaining a healthy body weight
- Exercising regularly
- Not smoking or drinking too much alcohol.

Following this advice doesn't mean that you will never get bowel cancer, but it can reduce your risk and has other health benefits too.

Caring for someone with cancer

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with bowel cancer they may find it helpful to download and read some of the Cancer Council Victoria information booklets.

Where to get help

- Your local doctor
- Colorectal specialist
- Multilingual Cancer Information Line, Victoria Tel. (03) 9209 0169
- Cancer Council Helpline Tel. 13 11 20
- Cancer Council Victoria's booklet *Complementary and alternative cancer therapies*..

Things to remember

- If you are 50 years of age or over talk to your doctor about bowel cancer and screening.
- Most bowel cancers diagnosed at an early stage are curable.
- If you are at risk of bowel cancer, discuss with your doctor whether you need to have regular tests.
- You can reduce your risk of bowel cancer by eating a healthy diet, maintaining a healthy body weight, exercising regularly and not smoking.

This page has been produced in consultation with, and approved by:

Cancer Council Victoria

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.