



BOWEL CANCER

Cancer
information

Cancer Council Helpline

13 11 20

www.cancervic.org.au

What is bowel cancer?

Bowel cancer is the second most common cancer in both men and women in Australia¹ and is more common in people over the age of 50.

Bowel cancer, also known as colorectal cancer, develops from the inner lining of the bowel and is preceded by growths called polyps, which may become invasive cancer if undetected.

In 2012, 14,957 new cases of bowel cancer were diagnosed in Australia. The risk of being diagnosed by age 85 is 1 in 11 for men and 1 in 15 for women.

Bowel cancer symptoms

Symptoms of colorectal cancer include:

- change in bowel habit with diarrhoea, constipation or the feeling of incomplete emptying
 - thin bowel movements
 - blood in the stools
 - abdominal bloating or cramping
 - weight loss
 - fatigue
 - unexplained anaemia.
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Causes of bowel cancer

There are no known causes of bowel cancer, however there are some factors that increase the risk, including:

- inherited genetic risk and family history
 - inflammatory bowel disease
 - high red meat consumption, especially processed meats
 - being overweight or obese
 - high alcohol consumption
 - smoking.
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Screening for bowel cancer

Screening, using a non-invasive test for blood in the faeces, is available through the National Bowel Cancer Screening Program to Australians aged 50 and over. Through this program, many people at low-risk for bowel cancer can be sent a free faecal occult blood test (FOBT) kit to be used at home.

Diagnosis for bowel cancer

A number of tests are used to diagnose bowel cancer, including:

Colonoscopy

The best test for bowel cancer is a colonoscopy, which examines the length of the large bowel. Air is pumped into the colon through a flexible tube that is inserted into the anus. A camera on the end of the tube allows your doctor to look for abnormal tissue that is removed for further examination.

Flexible sigmoidoscopy is used to examine the rectum and left side of the lower colon. Any unusual tissue can be removed for further examination.

CT or MRI scan

CT scans produce three-dimensional pictures of several organs at the same time and can be used to examine the bowel. An MRI scan produces detailed cross-sectional pictures of the body and can show the extent of any tumours.

Barium enema

Using a white contrasting liquid (Barium), a barium enema is a type of x-ray that will show any swellings or lumps.

PET scan

In a positron emission tomography (PET) scan, a small amount of radioactive glucose is injected into the body. When scanned, cancer cells will appear brighter.

Ultrasound

This is a test using soundwaves that echo when something dense is encountered such as a tumour. An abdominal ultrasound is used to see if the cancer has spread to the liver whereas an endorectal ultrasound (ERUS) is done if other tests have shown cancer in the rectum or anus.

Treatment for bowel cancer

Staging

Tests that help show if you have cancer may also indicate how far the cancer has spread, which is known as staging.

Stage I is superficial, stage II is deeper and stage III is when the cancer has gone through the thickness of the wall or out into the tissues or lymph nodes beside the bowel. Stage 4 means the cancer has spread to other organs, commonly the liver.

A CT scan can be used to detect spread to the liver or lungs. A blood test to check if CEA (carcinoembryonic antigen) is elevated can be used to monitor the progress of the disease.

Types of treatment

Stage I and II disease can be treated with surgery alone to remove the bowel and surrounding lymph nodes. Stage III disease requires surgery and additional chemotherapy to try to prevent recurrence. Widespread disease is treated with chemotherapy. More recently targeted therapies are being trialled in addition to chemotherapy.

Treatment team

Your treatment team may be made up of a number of specialist staff such as:

- colorectal surgeon who diagnoses and operates on bowel cancer
- gastroenterologist who specialises in the digestive system
- medical and radiation oncologists who prescribe and coordinate the course of chemotherapy and radiotherapy
- cancer nurses
- other allied health professionals, such as a dietitian, social worker and occupational therapist.

Prognosis for bowel cancer

An individual's prognosis depends on the type and stage of cancer, as well as their age and general health at the time of diagnosis. With stage I bowel cancer, an estimated 93% of patients will still be alive at five years. This falls to 82% with stage II, 59% with stage III and 8% for widespread disease. Across all cases, the five year survival rate for Australians diagnosed with bowel cancer is 66%.

In 2012, there were 4,162 deaths caused by bowel cancer in Australia. This represents the second highest number of cancer deaths after lung cancer.

Preventing bowel cancer

The risk of bowel cancer can be reduced by not smoking, a healthy diet with plenty of fresh fruit and vegetables, and maintaining a healthy body weight.

Source

Understanding Bowel Cancer, Cancer Council Australia © 2013. Last medical review of this booklet: January 2013.

This online extract reviewed 24 September 2015.

Australian Institute of Health and Welfare 2015. ACIM (Australian Cancer Incidence and Mortality) Books. Canberra: AIHW.

- 1) Excluding non-melanoma skin cancer, which is the most commonly diagnosed cancer according to general practice and hospitals data, however there is no reporting of cases to cancer registries.



Cancer information in your language

For the cost of a local call (except from mobiles), you can talk confidentially to a Cancer Council nurse with the help of an interpreter.

Simply follow these steps:

- 1.** Call **13 14 50**, Monday to Friday, 9am to 5pm.
- 2.** Say the language you need.
- 3.** Wait on the line for an interpreter (may take up to 3 minutes).
- 4.** Ask the interpreter to contact Cancer Council Victoria Helpline **13 11 20**.
- 5.** You will be connected to the interpreter and a cancer nurse.

For further information and details please visit our website: **www.cancervic.org.au**