

About Bowel Cancer - A Quick Guide



Contents

This is a brief summary of the information on 'About bowel cancer' from CancerHelp UK. You will find more detailed information on the website.

In this information there are sections on

- The bowel
- Bowel cancer symptoms
- Seeing your GP
- High risk groups for bowel cancer
- Diet and bowel cancer
- Protecting against bowel cancer
- Screening and bowel cancer
- Types of bowel cancer
- Should I see a bowel cancer specialist?
- What to ask your doctor

The bowel

The bowel is part of the digestive system. Your doctor may call this the gastrointestinal tract, or GI tract for short. The digestive system processes all the food we eat and helps to turn it into energy and nutrients for the body to use.

The bowel is divided into the small bowel (small intestine) and the large bowel (colon and rectum). Food passes down the food pipe (gullet or oesophagus) into the stomach. The food is digested and passes

into the small bowel. Here the body absorbs nutrients from the food. The food then passes through the large bowel, which absorbs water and forms the waste matter into stool. The stool is stored in the back passage (rectum) until it is ready to be passed out of the body.

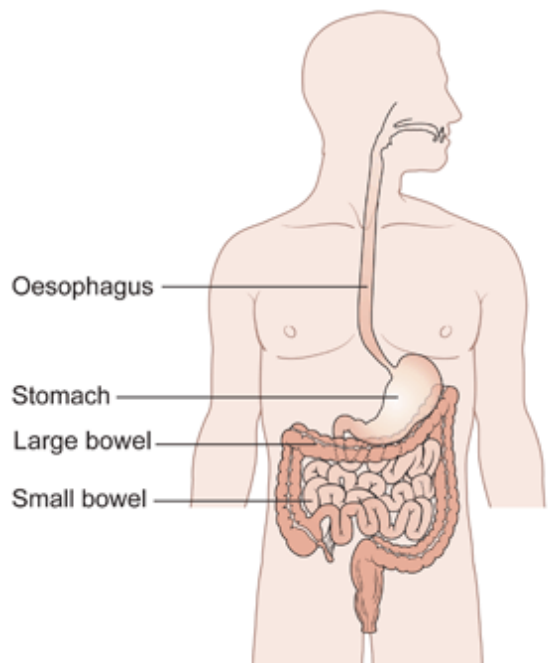


Diagram showing the position of the small bowel
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The small bowel

The small bowel is actually the longest part of the bowel. It is called 'small' because it is narrower than the large bowel. Cancer of the small bowel is rare.

The large bowel

The large bowel is made up of the colon and rectum. It has walls made of several layers. Bowel cancers start in the innermost layer - the lining of the bowel. If left untreated, it can grow into the muscle layers underneath, and then through the bowel wall. Most bowel cancers take 5 to 10 years to develop. Most begin as a small growth on the bowel wall called a polyp or adenoma.

Bowel cancer symptoms

The symptoms of large bowel cancer can be

- Bleeding from the back passage (rectum) or blood in your stools
- A lasting change in normal bowel habits towards diarrhoea or looser stools
- A lump in your abdomen (more common on the right side) or in your rectum
- A straining feeling in the rectum
- Losing weight
- Pain in your abdomen or rectum
- Anaemia (a low level of red blood cells) caused by the tumour bleeding. This can lead to tiredness and sometimes breathlessness

Cancer of the bowel may cause a blockage (a bowel obstruction). The symptoms of this are griping pains in the abdomen, feeling bloated, constipation and being sick.

Seeing your GP

All these symptoms can be caused by other diseases. These include piles (haemorrhoids), infections or inflammatory bowel disease. If you are worried about any symptoms you should see your GP. It is the combination of symptoms and your age that is important and will alert your doctor to the possibility of bowel cancer.

High risk groups for bowel cancer

How common is bowel cancer?

Bowel cancer is the 3rd most common cancer in the UK. Most large bowel cancers are in the large bowel (the colon), with just over 1 in 3 in the back passage (rectum). In most people, the exact cause of bowel cancer is unknown. More than 85 out of 100 bowel cancers (85%) are diagnosed in people aged 60 or over.

Family history and inherited conditions

A strong family history means you have several relatives on the same side of your family diagnosed with bowel cancer, or one or more relatives diagnosed at a young age. If you think you might have a strong family history, talk to your GP. They may refer you to a specialist genetics service.

About 1 in 20 cases of bowel cancer are caused by the inherited conditions called familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC or Lynch syndrome). People who have Ashkenazi Jewish blood also have a higher risk of bowel cancer.

Medical conditions that increase risk

Growths in the bowel called polyps or adenomas can develop into cancer over a



long period of time. Adenomas are quite common, but only a small fraction of them become cancer. Having very severe ulcerative colitis or Crohn's disease for many years increases your risk of bowel cancer. Diabetes and some other medical conditions also increase the risk, though we don't know why. You are also at higher risk of bowel cancer if you have had it before, or if you have had a womb cancer, testicular cancer, or lymphoma.

What we know about diet and bowel cancer

Researchers think that between 15 and 35 out of every 100 cancers (15 to 35%) may be preventable by changing our diets. This area of research is difficult because we all eat such a range of different foods in such differing amounts.

There is no one diet that can guarantee you won't get bowel cancer. But changing your diet could help to reduce your risk of cancer in general as well as improving your overall health.

If you have been diagnosed with bowel cancer, your nutritional needs may be different because of your illness or treatment. If you have bowel cancer and are concerned about your diet, ask your doctor to refer you to a dietician.

Food types and bowel cancer

Fibre and bowel cancer – research has suggested that fibre (found mostly in fruit, vegetables and cereals) is likely to protect against bowel cancer.

Fruit, vegetables and bowel cancer – the large European Prospective Investigation

into Cancer and Nutrition (EPIC) study has shown that people who eat a lot of fruit and vegetables have a lower risk of bowel cancer.

Meat and bowel cancer – eating a lot of red meat, particularly processed meat, increases your risk of bowel cancer.

Fish and bowel cancer – eating more fish probably lowers your risk of bowel cancer.

Body weight and bowel cancer – people who are overweight or obese have an increased risk of colon cancer, particularly men.

Calcium and bowel cancer – calcium rich diets may lower the risk of bowel cancer.

Alcohol and bowel cancer – the risk of bowel cancer increases by 15% in people who drink 12.5 units of alcohol per week. The risk is higher for people who drink more than this.

Protecting against bowel cancer

Exercise

People who do more physical exercise have a lower risk of colon and rectal cancer. We don't know why exercise helps. It may affect your hormone levels. Or it may change the speed that your body ticks over. Or it may even change the time your food stays in your bowel.

Aspirin and NSAIDs

Aspirin and drugs called non steroidal anti inflammatory drugs (NSAIDs) like ibuprofen (Nurofen) may help prevent bowel and other digestive system cancers. A 2010 review of trials found that taking low dose aspirin for a few years reduced the risk of



colon cancer but not rectal cancer. But aspirin can cause side effects. Research is looking into using medicines such as aspirin to prevent bowel cancer. You should not take aspirin or other NSAIDs regularly without checking with your doctor first.

Other possible protective factors

Hormone replacement therapy and the contraceptive pill can protect against bowel cancer. You may have a lower risk if you have a higher than average level of vitamin D and if you don't smoke.

Diet tips for preventing bowel cancer

It may help to prevent bowel cancer if you eat

- Less cured and processed meat such as bacon, sausages and ham
- Less red meat and more fish
- More fibre from cereals, beans, fruit and vegetables
- More fruit
- More vegetables, especially green and leafy vegetables
- Calcium rich foods - such as milk, yoghurt, or cheese

Limiting alcohol may reduce the risk of bowel cancer.

A diet high in fat is generally thought of as unhealthy, but is not a particular factor for bowel cancer. For the sake of your general health, it is a good idea to cut down on fat, particularly animal fat. Try not to use too much fat or oil in cooking. If you do use oil, olive oil is best. Any polyunsaturated vegetable oil (for example, sunflower oil) is

much better than animal fat such as lard or butter.

About bowel cancer screening

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms). Early treatment is more likely to be effective. Bowel cancer screening can also detect polyps. Polyps are not cancers, but may develop into cancers over time. During screening they can easily be removed, reducing the risk of bowel cancer developing.

Screening in the UK

In England and Northern Ireland, men and women aged between 60 and 69 years old are screened every two years. The national bowel screening programme in Scotland screens men and women aged between 50 and 74 years. In Wales the screening programme is sending testing kits to people aged between 60 and 71 and aims to extend it to include people between the ages of 50 and 74 by 2015.

When you are offered screening you get a testing kit through the post. This test checks for hidden (occult) blood in your stool (faeces). It is called an FOB test (faecal occult blood test). You can do the test yourself at home. You smear a small sample of stool onto a piece of treated card. Then you send the card back in a hygienically sealed, prepaid envelope. Your results come by post too.

Only 2 out of every 100 people tested are likely to have a positive result. A positive FOB test does not mean you have cancer. But if the test is positive you need further tests. Usually you have a colonoscopy so that a specialist can see inside your bowel and find out what is causing the bleeding.



Who is screened for bowel cancer

The UK now has a bowel screening programme. In England and Northern Ireland, people between the ages of 60 and 69 are screened every 2 years and this is being extended to those between 70 and 75. In Scotland, the programme includes people between 50 and 74. In Wales screening is currently offered to people between 60 and 71, but is being extended to those between 50 and 74,

People in high risk groups for bowel cancer are offered screening on the NHS at a younger age than the bowel screening programme. You can have screening if you have

- An inherited condition called familial adenomatous polyposis (FAP) - also called familial multiple polyposis)
- An inherited condition called hereditary non polyposis colorectal cancer (HNPCC)
- A strong family history of bowel cancer (several relatives on one side of the family diagnosed with bowel cancer, or relatives diagnosed at a particularly young age)
- Had ulcerative colitis or Crohn's disease affecting your large bowel for more than 8 years
- Had polyps removed from your bowel in the past
- Had bowel cancer before

Types of bowel cancer

There are several different types of bowel cancer. They are named after the type of cell that they start from.

Adenocarcinomas

More than 95% of colorectal cancers are adenocarcinomas. This means they started in the gland cells in the lining of the bowel. You may hear your doctor talking about a mucinous tumour or a signet-ring tumour. These terms refer to the look of the cells under the microscope.

Squamous cell cancers

Squamous cells are the skin like cells that make up the bowel lining together with the gland cells. These cancers are treated in the same way as adenocarcinomas.

Other bowel tumours

Carcinoid is an unusual type of slow growing tumour called a neuroendocrine tumour. These tumours grow in hormone producing tissue and are treated differently to colorectal cancer. There is a section about carcinoid tumours on CancerHelp UK.

Sarcomas are cancers of the supporting cells of the body such as bone or muscle. Most sarcomas in the colon or rectum are leiomyosarcomas. This means they started in the smooth muscle. Sarcomas are treated differently to adenocarcinomas of the bowel or rectum. There is a separate CancerHelp UK section on soft tissue sarcomas.

Lymphomas are cancers of the lymphatic system. Only about 1 in 100 colorectal cancers are lymphomas. They are treated very differently to other colorectal cancers.



For more information about the treatment of lymphoma, look at the non Hodgkin's lymphoma section of CancerHelp UK.

Should I see a bowel cancer specialist?

It can be very difficult for GPs to decide who may have a suspected cancer and who may have something more minor. Bowel symptoms are usually related to something less serious than cancer.

The NICE guidelines

The National Institute for Health and Clinical Excellence (NICE) have produced guidelines to help GPs decide which patients need to be seen urgently by a specialist. The symptoms that may need urgent referral at any age are

- A lump in the abdomen in the area of the large bowel or a lump in your back passage (rectum)
- A type of anaemia called iron deficient anaemia without a known cause

Your GP should also consider urgent referral if you are

- Aged 60 years and older, with bleeding from the back passage for 6 weeks or more or with a change in bowel habit to looser or more frequent stools continuing for 6 weeks or more
- Aged 40 to 59 years and have bleeding from the back passage with either a change of bowel habit towards looser stools or increased stool frequency for 6 weeks or more

If you are concerned that your GP is not taking your symptoms as seriously as they should, you could print this page and talk it through with them at an appointment.

What to ask your doctor about bowel cancer

- How will I know if I have bowel cancer?
- Am I more likely to get bowel cancer than anyone else?
- Do you think I should be screened?
- What are the screening tests for bowel cancer?
- Is there anything I can do to lessen the risk of getting bowel cancer?



Notes

More information

For more information about bowel cancer, visit our website

<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).