



YOUR GUIDE

introduction

Bowel cancer will affect 1 in 12 people, and is the second biggest cause of cancer deaths in Australia. Despite these shocking statistics, many people do not know the symptoms and causes of the disease. As a nation, we often shy away from talking about bowels and bottoms, even with our GP.

This booklet, published by the national charity Bowel Cancer Australia, aims to explain the facts about bowel cancer. We provide you with practical advice on its causes and preventative steps you can take to reduce your risk of the disease. We outline the symptoms you should be aware of, when you should discuss these with your GP and what sorts of investigations are available to you. Remember, whilst bowel cancer is a very common cancer, it is also one of the most treatable cancers if diagnosed early enough. We hope this booklet will help you to understand the symptoms and seek further help if you are worried.



This booklet has been produced by Bowel Cancer Australia with support from:



Bowel Cancer Australia maintains editorial control over content within this booklet.

Thank you to our UK charity partner, Beating Bowel Cancer, for permission to edit and reproduce this booklet and to Bowel Cancer Australia's Medical Advisory Board and 'Love My Family' Community members for their contributions.

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about bowel cancer

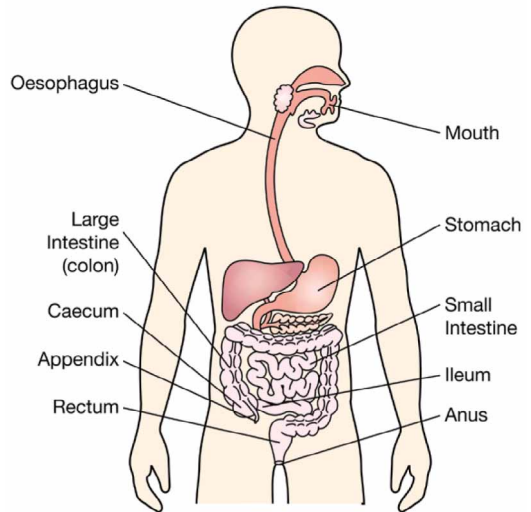
At some time in our lives most of us experience problems with our bowels and bottoms. Tummy upsets and bleeding from the bottom are very common. The vast majority of people with symptoms like these do not have cancer. However, it is important to discuss symptoms with your doctor to rule out a more serious condition such as bowel cancer.

What is the bowel and what does it do?

When we talk about the bowel, we mean the question mark shaped tube of muscle, about four feet long, also called the colon, which runs from the appendix to the rectum. When we eat, the nutrients are taken out of our food before it gets to the bowel. It is a sort of fermenting storage area, which holds onto our food waste until we are ready to go to the toilet. The colon gradually reduces the water content and turns our food waste into more solid stools.

What is bowel cancer?

Bowel cancer is cancer in any part of the colon or rectum. Untreated it will increase in size and may cause a blockage or can ulcerate leading to blood loss and anaemia. It is thought that most bowel cancers start as benign innocent growths on the wall of the bowel. These are called polyps. Polyps are like small spots or cherries on stalks and most do not produce symptoms.



Polyps are very common as we get older, and most polyps are not pre-cancerous. However, if potentially cancerous polyps can be found at an early stage they can be removed painlessly without the need for an operation. This is why it is important to be aware of symptoms and have these investigated early, or to take up bowel cancer screening if this is available to you (see page 8).

symptoms and causes

Knowing the symptoms to look out for is vital to ensure the early diagnosis of bowel cancer. If symptoms persist for six weeks or more, you should visit your GP. Remember most people with higher risk symptoms do not have cancer. But the only way to tell may be from special tests recommended by your GP.

Symptoms to look out for:

Change of bowel habit

- Recent, persistent change of bowel habit to looser, more diarrhoea-like motions.
- Going to the toilet more often or trying to go.
- Change of bowel habit is especially important if you also have bleeding.

Rectal bleeding

- Rectal bleeding that persists with no anal symptoms. Bleeding can be due to piles but if so, you will usually have other anal symptoms eg: straining with hard stools, a sore bottom, lumps and itching.

- If you are over 60 and suffering from rectal bleeding, it is important to go for further investigation. Piles in older people can hide more serious symptoms.

Other higher-risk symptoms and signs include:

- Unexplained anaemia.
- A lump in your stomach.
- Persistent, severe stomach pain, which has come on recently for the first time (especially in an older age group).

You should never be told that you are too young to have bowel cancer as it is increasingly affecting all age groups.

Causes of bowel cancer

Experts do not know precisely what causes most bowel cancers, and in many cases there are no obvious causes.

Diet, lifestyle and family history are the three things most likely to affect a person's chances of developing bowel cancer.

Your risk of bowel cancer also increases with age, but it does affect younger people. Around 7% of those diagnosed are under the age of 50.

Bowel cancer affects men and women almost equally, although slightly more men die from the disease.

There are some recommended preventative measures that you can take to reduce your chances of getting bowel cancer. Read more on pages 6 and 7.

bowel cancer in the family

Ask around in your family and you may well find someone who has had bowel cancer. But that does not mean you are going to get it. There are two major forms of family bowel cancer disposition.

If you have relatives with bowel cancer, you should discuss this with your GP.

Depending on the number of relatives, their relationship to you and the age at which they developed cancer, your own risk of developing bowel cancer may be above average.

In addition to a family history of bowel cancer, it is also possible to inherit a genetic susceptibility to the disease. The two most common inherited syndromes linked with bowel cancer are HNPCC and FAP. Together they represent the cause of between one and five per cent of all bowel cancer diagnoses.

HNPCC (Lynch syndrome)

Your family may be at risk of having HNPCC syndrome if any of the following features are present:

- At least three family members have had bowel cancer or one of the other associated cancers (eg. womb, renal pelvis, ureter, small bowel), and one person is a close relative of the other two (i.e. parent/child/sibling).
- At least two successive generations are affected.
- At least one person was diagnosed under 50 years of age.
- A person in the family with two or more bowel cancers, or bowel cancer and one of the other associated cancers.
- Familial Adenomatous Polyposis (FAP) has been excluded from the diagnosis.

Familial Adenomatous Polyposis (FAP)

The other form is familial adenomatous polyposis (FAP). A small percentage of people (FAP patients) with bowel cancer have this inherited condition that makes them more likely to develop hundreds of polyps at a very young age. If these pre-cancerous polyps are removed (surgery is normally advised at a young age) the risk of bowel cancer may be reduced.

What next?

If you have:

- **One close relative with bowel cancer, aged under 55 (brother, sister, parent or child):** talk to your GP about getting screened yourself. Screening is usually recommended around 10 years before the age at which your relative developed the disease.
- **Two or more older close relatives with bowel cancer, from the same side of the family:** the younger those relatives, the more need for you to discuss screening with your GP.
- **One grandparent, for example, who died from bowel cancer over the age of 70:** this would be considered a less-strong family history and you are probably at no increased risk. Do however talk to your GP if you are worried.

preventing bowel cancer

A healthy diet.

There is a lot of confusion around diet and which foods can 'cause' or 'reduce our risk' of bowel cancer. Overall it is important to eat a healthy, balanced diet including plenty of fresh fruit, vegetables, fish and wholegrains.

There have been a number of scientific studies that have discovered links between certain foods and bowel cancer. Some foods can increase bowel cancer risk, whilst others appear to reduce bowel cancer risk.

We've summarised the main recommendations below:

Red meat (beef, pork and lamb)

There is a link between red meat and bowel cancer. It is now recommended that we should eat less than 500g (cooked weight) of red meat a week. As a rough guideline:

- Pork chop = 75g
- Spaghetti bolognese with minced beef = 140g
- T-bone steak = 250g

Processed meat (eg: bacon, ham, salami, some sausages)

Processed meat is strongly linked with an increased risk of bowel cancer, and therefore should be avoided as much as possible.

Alcohol

Drinking alcohol raises the risk of several common cancers, including bowel cancer. It is therefore suggested that alcoholic drinks are limited to two for men and one for women a day. One drink is classed as:

- A bottle (375ml) of mid strength (3.5% ABV*) beer or one 285ml Middy/Pot of full strength beer (4.9% ABV)
- One 30ml measure of spirits (40% ABV*) such as vodka or whisky
- One small (100ml) glass of wine (12% ABV*)

*Alcohol by Volume

Fibre

Studies have found that the fibre and other nutrients in plant foods can lower the risk of bowel cancer. Fibre is indigestible plant material which is found in fruits, vegetables, wholegrain and pulses. Fibre provides bulk to our food, helps it pass easily through the gut, and also retains water (so making us feel full and therefore we eat less).

- **Vegetables and fruits** – eat raw with skin on for extra fibre, and aim for at least 2 serves of fruit and 5 serves of vegetables a day. Frozen vegetables count too, as does fruit juice!
- **Grains and cereals** – this includes foods such as rice, oats, pasta, bread, cous cous and breakfast cereals. Try to choose wholegrain varieties where possible, which contain more fibre (such as wholemeal pasta, wholegrain bread etc).
- **Pulses** – lentils, chickpeas and beans are tasty and filling. A jacket potato with baked beans and salad would be a delicious lunchtime meal.

preventing bowel cancer

Physical activity for a healthy lifestyle

There is now evidence that regular physical activity could cut the risk of developing bowel cancer by 30-40%. Physical activity also helps to control weight gain, which is important as obesity is linked to a higher risk of bowel cancer. Recommendations are that to help reduce the risk of cancer, people should aim to be physically active every day in any way for 30 minutes or more.

Ideas for building physical activity into your daily routine include:

- Washing and waxing your car
- Washing windows or floors
- Vacuuming
- Vigorous gardening or raking leaves
- Walking or jogging to work
- Cycling with the kids
- Swimming or water aerobics
- Aerobics or keep fit class
- Walking the dog
- Getting off the bus 2 stops early and walking home



bowel cancer screening

Bowel cancer screening aims to pick up bowel cancer at an early stage (in people without symptoms) when treatment is more likely to be effective.

Routine screening

People who have bowel cancer in their family, or a genetic predisposition to the disease, should be offered regular screening regardless of whether they are showing symptoms. Depending on your medical history and condition, you will usually be offered one of the standard investigative tests for bowel cancer, such as a colonoscopy. See pages 11 and 12 for more details.

National Bowel Cancer Screening Program (NBCSP)

The Australian Government is phasing in a National Bowel Cancer Screening Program across the country.

The screening program uses an immunochemical faecal occult blood test (iFOBT). Polyps and bowel cancers sometimes bleed, and the test works by detecting tiny amounts of blood which cannot normally be seen by the naked eye in bowel motions.

The test does not diagnose bowel cancer, but the results will indicate whether further investigation (usually a colonoscopy) is needed.

Men and women eligible for screening will automatically receive in the mail an invitation letter, test kit and an information leaflet explaining the Program. You use the test kit to collect small samples from your bowel motions. When you return the test (by post), it will be processed and the results sent back to you.

For further information regarding eligibility for the National Bowel Cancer Screening Program, please call **1800 118 868**.



Remember, if you are worried about bowel cancer it is best to make an appointment with your GP and discuss your screening options or your concerns with him or her.

bowel cancer screening

BowelScreen Australia®

If you are worried about bowel cancer, but not displaying symptoms or eligible to participate in the Government Program, you may like to consider annual screening through your local participating pharmacy or your GP.

BowelScreen Australia® is a pharmacy-based bowel cancer awareness, education and screening program for the Australian community using a clinically proven, sensitive and reliable immunochemical faecal occult blood test (iFOBT).

BowelScreen Australia® is a collaboration between Bowel Cancer Australia and the Pharmacy Guild of Australia, with the support of Enterix Australia (manufacturer and accredited pathology laboratory for the InSure® immunochemical test).

BowelScreen Australia® test kits come complete with full instructions, a dedicated customer helpline, as well as an annual reminder service.

The tests do not require faecal handling or changes to diet or medication.

A health fund or Medicare rebate may be available.

BowelScreen Australia® test kits can be obtained from your local participating pharmacy or by calling **1800 555 494**.

To locate your nearest pharmacy visit www.bowelscreenaustralia.org

Please note that Bowel Cancer Australia does not receive any benefit, financial or otherwise, from the promotion of BowelScreen Australia® test kits.



Screening for bowel cancer using a sensitive immunochemical faecal occult blood test (iFOBT) is recommended every 1 to 2 years for people aged 50 and over.

It is very important that negative tests are repeated every 1 to 2 years and positive tests are followed by colonoscopy.

visiting your GP

If you are experiencing any of the symptoms of bowel cancer, you should make an appointment to see your GP. Don't be embarrassed or scared. Your GP is used to discussing all sorts of conditions every day. He or she may ask you the following questions – be prepared and plan your answers in advance!

1. Has the frequency with which you go to the toilet to pass, or try to pass, motions increased? Have your motions become persistently looser over a few weeks, without going back to normal?

This is the single most important clue and patients with this symptom persisting for a few weeks should be referred for hospital investigation at any age.

2. If you haven't had a change of bowel habit, but you do have bleeding from the bottom, have you got any other symptoms such as straining, lumps, soreness, pain or itchiness?

If you do have these other symptoms, it is highly likely that you have piles. If you only have bleeding and no piles or other perianal symptoms, as your doctor might describe them, you should be considered for further tests.

3. Does bowel cancer run in your family?

Your GP should ask you this as a matter of course, but remember to mention any family history of bowel cancer during your appointment and ask about screening options.

4. Can I give you a rectal examination and a blood test?

Again, your GP should offer you a rectal examination (a painless, internal check with a gloved finger) in order to feel for any lumps or masses, along with a blood test to check for anaemia – both are possible signs of bowel cancer.

5. How long have you been experiencing your symptoms?

Try to explain to your GP as precisely as possible when symptoms started, particularly if they are recent and persistent, to ensure that you are correctly diagnosed.

You should never be told that you are too young to have bowel cancer as it is increasingly affecting all age groups.

being referred for investigations

If your GP suggests that you are referred for further investigations, this does not mean you have bowel cancer. It means that further tests are needed to clarify what is causing your symptoms.

If you have several higher-risk symptoms which could be suspected bowel cancer, you should receive an urgent referral and be seen within two weeks. If symptoms are not considered higher-risk, you will receive a routine referral. The waiting list for routine referrals varies around the country.

Further investigations will usually take place at a clinic in your local hospital. The consultant will ask you questions about your symptoms (similar to questions asked by your GP), your general health and other medical conditions you might have.

The following investigations are used in the diagnosis of bowel cancer:

Colonoscopy

If the doctor wishes to look inside the whole bowel, he or she may want to do a colonoscopy, using a long, flexible tube that can pass around the whole bowel. You will need to empty your bowel completely before this test so you will be asked to stop eating some time the day before (liquids are allowed) and to take laxatives. The test will take around half an hour and you will be given sedation to help you relax. This may sometimes mean you are completely unaware of the procedure but even if you are still awake, it should not be painful. Because of the sedation, you should arrange for someone to collect you and take you home.

Barium enema

This is a special X-ray examination and will be done in the X-ray department. You will have to take laxatives the day before to clear out the bowel. The enema, a mixture of barium (a thick white liquid which shows up on X-ray) and air is passed into the back passage through a tube. Any abnormal areas show up in black against the white liquid.

Flexible sigmoidoscopy

This allows the doctor to look inside the first 60cm of the bowel, using a thin flexible tube, with a light and camera on the end. You may be asked to arrive an hour earlier at the hospital for 'prepping' - a treatment to clear the end of the bowel. The procedure may feel slightly uncomfortable but will not be painful.



being referred for investigations

Virtual colonoscopy (CT colonography)

Virtual colonoscopy (also called CT colonography or a computerised tomography colonography) is a new method that allows doctors to look at the large bowel (colon) to detect polyps and signs of cancer. The CT scanner uses X-rays to produce two-dimensional and three-dimensional images of the whole of the colon and rectum. Preparation for a virtual colonoscopy will be similar to that of a regular colonoscopy. If the doctors find any polyps and wish to perform a biopsy you will need to have a normal colonoscopy, to allow them to carry out this procedure.

You will sometimes be given the results from investigative tests immediately, or you will be called back to the hospital or doctor's rooms at a later date to receive the results. If the tests for bowel cancer are negative, you may be diagnosed with another gut condition and given appropriate treatment.

If you test positively for bowel cancer, you will meet with a specialist who will put together your treatment plan.



other common conditions

If bowel cancer has been ruled out, the symptoms you are experiencing could be caused by another common condition.

Piles or haemorrhoids

Piles or haemorrhoids are soft swellings, a bit like spongy varicose veins. They usually have other symptoms like pain and itching. Bright red bleeding on the toilet paper or sudden large amounts of blood is almost always caused by piles. Your GP or pharmacist will be able to recommend various over-the-counter products.

Irritable bowel syndrome (IBS)

Irritable bowel syndrome (IBS) has a collection of symptoms, such as pain and change in bowel habits as the gut becomes more sensitive. Changes to your diet may be recommended by your GP.

Polyps

Polyps are warty-like growths on the bowel lining, which sometimes cause bleeding. These can be removed painlessly without the need for an operation.

Fissures

Fissures are splits or tears in the lining of the gut, sometimes caused by constipation, but that can be treated with special creams.

Crohn's disease

Crohn's disease is a painful inflammation of the gut, which can put you more at risk of bowel cancer and you should talk to your GP about being regularly monitored.

Ulcerative colitis

Ulcerative colitis often causes symptoms such as bleeding and mucus, as a result of the bowel becoming inflamed. This can put you more at risk of bowel cancer and you should talk to your GP about being regularly monitored.

Diverticulitis

Many people have small pouches (called diverticula) in their colons that bulge outward through weak spots. That condition is called diverticulosis and it becomes more common as people age. When the pouches become infected or inflamed, the condition is called diverticulitis.

Still worried?

If you have had tests for bowel cancer which have shown a negative result, but you are still worried, don't be afraid to ask for a second opinion. However, the diagnostic tests are reliable and a negative result should put your mind at rest.

If your GP has not suggested referring you for further investigations and you are still worried, say so! You know your body better than anyone else, and you must not be afraid to push for answers.

further support and useful contacts

About Bowel Cancer Australia

Bowel Cancer Australia is a national charity, dedicated to raising awareness of the disease and to providing support and information for those affected by bowel cancer. Being diagnosed with bowel cancer will come as a terrible shock to most people. Whilst you will receive all your medical help and support from your healthcare professionals, you may also like to contact the charity to talk to other patients in a similar situation, speak to a nurse or nutritionist adviser, or receive further information about any aspect of your disease.

Patients, and their families, contact us at every stage of their bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment, and are no longer having that day-to-day support from the hospital.

'Love My Family' Community

The charity runs a national patient-to-patient network for people with bowel cancer, or relatives of bowel cancer patients. We can put people in touch with each other, by phone or email, matching them by age, geographical region, bowel cancer stage, or treatment received. Talking to someone else who has been through a similar experience can be hugely reassuring, and many patients who initially contact the Community for support go onto become members, providing support to others.

Nurse & Nutritionist Advisory Services

You will have a number of contacts at your local hospital who can answer specific questions about your treatment, and you should not be afraid to ask for help if you are worried at any stage of your bowel cancer journey. The charity also provides a Nurse and Nutritionist Advisory Service, which you may wish to call if you can't get hold of your assigned nurse, or if you have any other questions or worries.

Information Resources

The charity publishes a range of patient information, all available to order free of charge from the charity.

Please call **1800 555 494** or visit www.bowelcanceraustralia.org for further information.



Bowel Cancer Australia

Love.

BOWEL CANCER AUSTRALIA

I would like to support the work of Bowel Cancer Australia.

Your donation will not only help us to save lives, but also improve the health and wellbeing of those living with bowel cancer.

Please accept my donation of \$ _____ (*donations over \$2 are tax-deductible*).

My cheque / money order is enclosed (payable to Bowel Cancer Australia).

Or please debit my: MasterCard Visa Amex Diners

Card number: _____ / _____ / _____ / _____

Name on card: _____ Expiry date: ____ / ____

Signature: _____

Please note, if you prefer to donate by phone or online,
please call **1800 555 494**
or visit **www.bowelcanceraustralia.org**

My contact details

Title: _____ First Name: _____ Surname: _____

Postal Address: _____

Suburb: _____

State: _____ Postcode: _____ Phone: _____

Email: _____

Preferred method of contact: Post Email

Thank you on behalf of Bowel Cancer Australia.

Privacy statement: Your name will be placed on our mailing list and, from time to time, we will send you information about Bowel Cancer Australia. If you do not wish to receive such information, please tick this box . Please call 1800 555 494 should you require any further information.

Bowel Cancer Australia is a national charity working to reduce the impact of bowel cancer in our society through awareness, education, support and research. We aim to help save lives from this common cancer, Australia's second biggest cancer killer.

Charity initiatives such as Bowel Cancer Awareness Week®, BowelScreen Australia®, and the Healthy Community Program raise awareness among health professionals and the community about the importance of early detection and intervention in the successful treatment of bowel cancer.

Through our 'Love My Family' Community, we provide support, resources and advocacy for bowel cancer patients, their carers, close relatives and friends.

To do all this we rely on public support. If you would like to get involved, or make a donation, please visit our website.

www.bowelcanceraustralia.org



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