

# About Bowel Cancer

## A Quick Guide

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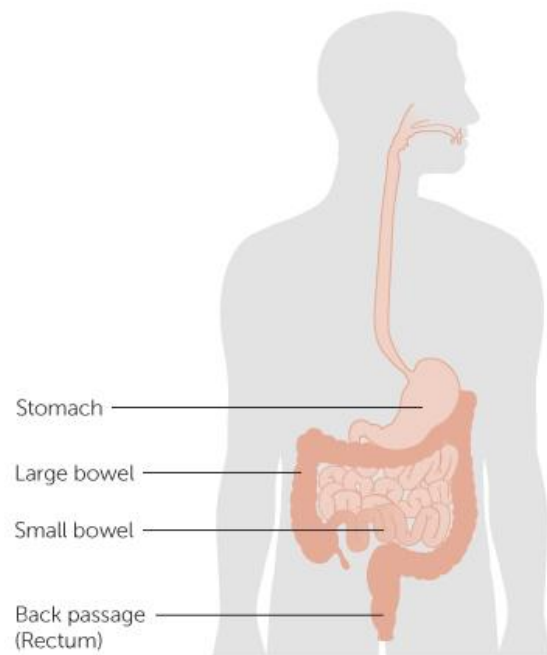
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You can view this information in a larger print on our website.

### The bowel

The bowel is part of the digestive system. This is called the gastrointestinal tract or GI tract for short. The digestive system processes all the food we eat and turns it into energy 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 (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.



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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 bowel (colorectal) cancer can include

- Bleeding from the back passage (rectum) or blood in your poo
- A change in normal bowel habits
- A lump in your abdomen (more commonly 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, which 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 conditions, including piles (haemorrhoids), infections or inflammatory bowel disease. If you are worried about any symptoms, you should see your GP. The combination of symptoms and your age is important and will alert your doctor if there is a possibility of bowel cancer.

### **High risk groups for bowel cancer**

Bowel (colorectal) cancer is the 4th most common cancer in the UK. Most bowel cancers are in the large bowel (the colon), with about 1 in 3 in the back passage (rectum). We don't know the exact cause of bowel cancer in most cases. More than 8 out of 10 bowel cancers (80%) 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 have a strong family history, see your GP. They may refer you to a specialist genetics service.

About 1 in 20 cases of bowel cancer (5%) are caused by inherited conditions called familial adenomatous polyposis (FAP) and hereditary non polyposis colorectal cancer (HNPCC or Lynch syndrome). People who have an Ashkenazi Jewish background 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 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 at higher risk of bowel cancer if you have had it before, or if you have had womb cancer, testicular cancer, or lymphoma.

### **What we know about diet and bowel cancer**

Researchers think that more than 4 out of 10 cancers (40%) could be prevented by lifestyle changes, such as eating a healthy balanced diet and keeping active. Diet is a difficult area of research because we all eat such a range of different foods in such different amounts.

No single diet 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 dietary 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** – we know from research that fibre (particularly cereals and whole grains) is likely to protect against bowel cancer

**Fruit and vegetables** – the large European Prospective Investigation into Cancer and Nutrition (EPIC) study has shown that people who eat a lot of fruit and vegetables may have a lower bowel cancer risk

**Meat** – eating a lot of red meat, particularly processed meat, increases bowel cancer risk

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

**Calcium and vitamin D** – high intakes of calcium and vitamin D may lower the risk of bowel cancer

**Dairy** - milk may reduce the risk of bowel cancer

**Body weight and exercise** – people who are overweight or obese have an increased risk of colon cancer, particularly men. Being physically active lowers colon cancer risk

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Alcohol and smoking also increase bowel cancer risk

### **Protecting against bowel cancer**

People who do more physical exercise have a lower risk of large bowel (colon) 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 (your metabolic rate). Or it may even change the length of time food stays in your bowel.

### **Aspirin and NSAIDs**

Aspirin and drugs called non steroidal anti inflammatory drugs (NSAIDs, such as ibuprofen or Nurofen) may help to 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. Research is looking into using medicines such as aspirin to prevent bowel cancer. But aspirin does have side effects. You should not take aspirin or other NSAIDs regularly without checking with your doctor first.

### **Other possible protective factors**

Hormone replacement therapy (HRT) and the contraceptive pill may protect against bowel cancer. You may have a lower risk of bowel cancer 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 and yoghurt

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 find bowel cancer at an early stage in people with no symptoms. Early treatment is more likely to work. Bowel cancer screening can also find polyps. Polyps are not cancers, but may develop into cancers over time. They can easily be removed to reduce your risk of bowel cancer.

### **Screening in the UK**

There are separate bowel cancer screening programmes in England, Wales, Scotland and Northern Ireland.

In England, people aged between 60 and 74 years old are invited for bowel screening every 2 years. A one-off bowel scope screening test is also being introduced. In Northern Ireland and Wales, men and women aged between 60 and 74 are offered bowel screening. In Scotland the programme covers people aged between 50 and 74.

To get your screening invitations you need to be registered with a GP. Every 2 years, you get a testing kit through the post. It checks for hidden (occult) blood in your poo (stool or faeces). It is called an FOB test (faecal occult blood test). You do the test yourself at home. You smear a small sample of poo onto a piece of treated card. Then you send the card back in a hygienically sealed, prepaid envelope. You get the results through the post about 2 weeks later.

Only 2 out of every 100 people tested (2%) are likely to have a positive result, showing that there is bleeding somewhere in the bowel. This does not mean you have cancer. But it does mean you need further tests. Usually you have an examination of the inner lining of the bowel using a flexible tube with a light and camera on the end (a colonoscopy). Then a specialist can see inside your bowel and find out what is causing the bleeding.

### **Bowel scoping**

Bowel scope screening uses a thin flexible tube with a tiny camera on the end to check the inside of the lower bowel. The test is also called flexible sigmoidoscopy. It is being introduced as part of the NHS bowel cancer screening programme in England. You have this test once, at the age of 55. Parts of Scotland are now trialling bowel scope screening in men and women aged around 60. You continue with FOB testing as above.

### **People at high risk**

People in high risk groups for bowel cancer may have screening on the NHS at a younger age. This usually means having an examination of the whole of the inside of your bowel using a thin, flexible tube with a light and camera at the end. You can have early 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) – also called Lynch syndrome
- Several relatives on one side of the family diagnosed with bowel cancer, or relatives diagnosed at a particularly young age (a strong family history)
- Ulcerative colitis or Crohn's disease
- 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 out of every 100 colorectal cancers diagnosed (95%) are adenocarcinomas. This means the cancer 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 are rare types of adenocarcinoma and refer to how the cells look under the microscope.

### Squamous cell cancers

Squamous cells are the skin like cells that make up the bowel lining, together with the gland cells. This type of bowel cancer is rare. They are treated the same way as anal cancers.

**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.

**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 smooth muscle. Sarcomas are treated differently to adenocarcinomas of the bowel or rectum.

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

### 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 caused by something less serious than cancer.

## The NICE guidelines

The National Institute for Health and Care Excellence (NICE) has produced guidelines to help GPs decide which patients need to be seen urgently by a bowel specialist (gastroenterologist). This should happen within 2 weeks. You should see a specialist if

- You are aged 40 years or more with unexplained weight loss and tummy (abdominal) pain
- You are aged 50 or over with unexplained bleeding from your back passage (rectum)
- You are aged 60 or over with low blood iron levels (iron deficiency anaemia) or changes in your bowel habit
- Your test results show hidden blood in your poo (stools or faeces)

Your GP should consider referring you urgently to a bowel specialist if you have

- A lump or swelling in your abdomen or back passage

Your GP should also consider referring you urgently if you are

- Under 50 years old with bleeding from your back passage and have abdominal pain, a change in bowel habit, weight loss or iron deficiency anaemia

Your GP should offer you a test to check for hidden blood in your poo, if you are

- Aged 50 years or more with unexplained abdominal pain or weight loss
- Under 60 years old and have changes in bowel habit or have iron deficiency anaemia
- Aged 60 or more and have anaemia

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

## What to ask your doctor about bowel cancer

- How will I know if I have cancer of the large bowel or back passage?
- Am I more likely to get bowel cancer than anyone else?
- Should I be having bowel cancer screening?
- What are the screening tests for bowel cancer?
- Will changing my diet help to prevent bowel cancer?
- Is there anything else I can do to lower my risk of getting bowel cancer?

**For more information**, visit our website <http://www.cruk.org/about-cancer>

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 trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

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

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