

Information about

Bowel Cancer

www.corecharity.org.uk

How is the diagnosis made?

What are the symptoms?

What is Bowel Cancer?

What happens after surgery?

What happens once cancer is diagnosed?

What research is going on?

Is there any screening for bowel cancer?



FIGHTING GUT AND LIVER DISEASE

Bowel Cancer explained

How common is bowel cancer?

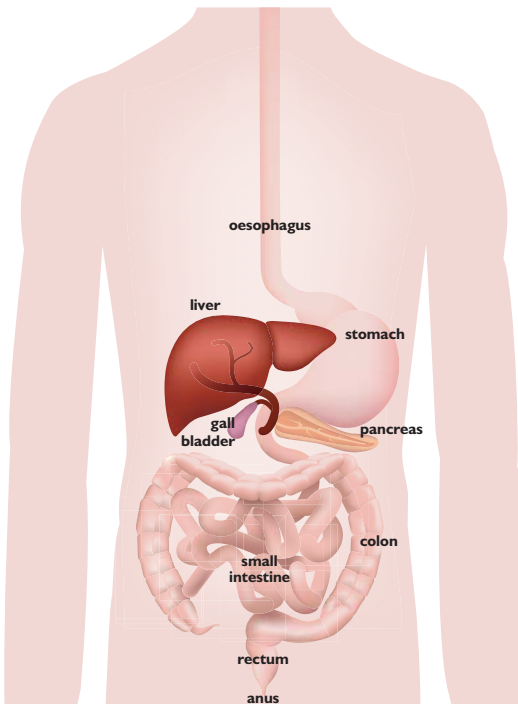
Each year, 35,000 people in Britain are diagnosed with cancer of the bowel, that is to say cancer of the colon and rectum. This makes it one of the commonest cancers. But unlike some malignant tumours, bowel cancer can often be cured by surgery and new treatments are being introduced to make survival even more likely. The earlier the bowel cancer is diagnosed, the greater the likelihood of cure.

How does bowel cancer start?

Throughout our lives, the lining of the bowel constantly renews itself. This lining contains many millions of tiny cells which grow, serve their purpose and then new cells take their place. Each one of these millions of cells contains genes which give instructions to the cell on how to behave. When genes behave in a faulty manner, this can cause the cells to grow too quickly which eventually leads to the formation of a growth that is known as a polyp. This is the first step on the road towards cancer.

What is a polyp?

A polyp, or more strictly a particular type of polyp called an adenoma, starts as a tiny bump on the inside of the bowel. At first, the genes give instructions for the polyp to grow in an orderly manner. Some polyps remain very small throughout their lives while others grow slowly larger. At this stage, the lump is still benign. Most polyps remain benign throughout life but about one in 10 will turn into a cancer. Broadly speaking, the larger a polyp, the more likely it is to become cancerous – although cancer is unusual if the polyp is less than 1cm in diameter. We believe that all malignancies of the bowel probably start off as benign polyps. We know that removing benign polyps can prevent cancer developing later.



Your body

How does a polyp turn to cancer?

In some polyps, the instructions that the genes give the cell on how to grow become increasingly disordered. When this happens, the cells grow so quickly and in such a strange way that they grow not just on the lining of the bowel but into the wall of the intestines. At that stage we would say the polyp is no longer benign but has become malignant – in other words, the polyp has become a cancer. As the tumour advances, it grows through the wall of the bowel to invade nearby tissues and can spread more widely throughout the body ~ particularly to the liver and the lungs. When cancer spreads far away from its primary site (in this case the bowel) to distant parts of the body, we call these ‘secondaries’, or more technically, ‘metastases’.

What protects against bowel cancer?

A diet rich in fresh vegetables and fruit and low in red meat seems to help protect against bowel cancer. A high calcium intake may be protective as may be the regular ingestion of some anti-inflammatory medicines such as aspirin although at the moment these are not used routinely.

Does early diagnosis make a difference?

Achieving a complete cure of bowel cancer depends on detecting it early on. The larger the growth and the more deeply and widely it has spread, the less likely it is to be curable. If people wait too long before reporting symptoms, the opportunity to remove the cancer completely may be lost. An early diagnosis can also be made in the absence of symptoms by the use of screening.

What are the symptoms of bowel cancer?

The development of a bowel cancer from a polyp may take between five and ten years and early on there may be no symptoms at all. The most common symptoms are bleeding from the bowel, a change in bowel habit, such as unusual episodes of diarrhoea or constipation, or an increase in the amount of mucus in the stool. A bowel cancer can enlarge so that it partially or completely blocks the bowel leading to abdominal pain, constipation and bloating.

Sometimes tiny amounts of bleeding may go unnoticed but result in the development of anaemia which may cause tiredness and a decreased ability to work and exercise.

Medical advice

Aren't some of the symptoms similar to those of irritable bowel syndrome?

Yes they are and this can sometimes cause difficulty in making a diagnosis. A prolonged change in bowel habit lasting more than two or three months should always be investigated, and rectal bleeding is not a symptom of irritable bowel syndrome.

How is the diagnosis made?

Sometimes, the doctor will be able to detect a lump in the abdomen or on rectal examination but usually tests are needed. The most commonly used are:

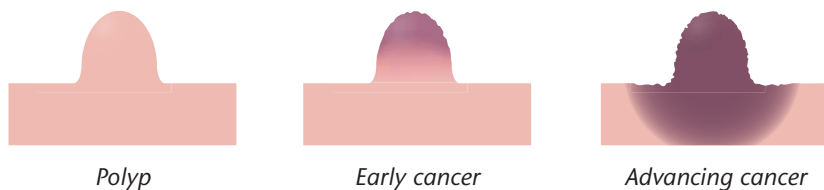
- Barium enema x-ray (after taking laxatives to empty the colon, it is filled with a combination of barium and air to outline its lining)
- Flexible sigmoidoscopy – after an enema a flexible telescope is passed through the anus, into the rectum and this can reach the lowest half of the colon
- Colonoscopy – like a barium enema, this requires laxatives to clear out the bowel. A flexible telescope is passed through the anus into the rectum but the tube is long enough to examine all of the large bowel. The procedure is a little uncomfortable and most patients are offered an injection to ease any discomfort.
- CT scanning – this x-ray procedure is a relative newcomer and obviously has the advantage, (which many people appreciate) of not involving a tube being

passed through the anus. It is not yet as reliable as colonoscopy but its quality is steadily improving and it seems likely to be used increasingly often.

Both flexible sigmoidoscopy and colonoscopy have the advantage that a small sample or biopsy can be taken to look at under the microscope. The above tests are used in slightly different situations depending upon the symptoms that patients may have and the availability of the investigations.

What happens once cancer is diagnosed?

If you are found to have bowel cancer, a team of specialists is there to help. You will be advised to have blood tests and scans to determine what is known as the stage (extent) of the cancer. Not only will the size of the primary tumour be assessed as fully as possible but the specialist will also want to know if there is any sign of secondary spread. Armed with all the relevant information they have gathered about the cancer, the specialists will decide how best to advise you on the most appropriate treatment.



How are cancers of the rectum treated?

Unless they are very small and can be removed by a local operation, most cancers of the rectum need to be very carefully checked pre-operatively by various scans. This will help decide whether or not the cancer should be shrunk down by radiotherapy. Cancers in the lower part of the rectum will be removed together with the immediately surrounding tissue which is called the mesorectum. This operation which aims to cure the cancer is called total mesorectal excision (often abbreviated to TME).

How are cancers of the colon treated?

Once a check has been made to see that there is no spread anywhere else most colon cancers are treated by surgery. This will usually involve removing the cancer together with the lymph glands alongside the blood vessels supplying that section of the bowel. In most cases, the two ends of the bowel are joined together again (anastomosis) but if the cancer has led to an emergency it may not be possible to join the bowel together straight away. Once the bowel cancer and surrounding tissue have been removed they will be examined under the microscope and only then will it be possible to determine fully the stage of the cancer. If the cancer is confined to the bowel wall then surgical removal alone may be all that is needed. If there is any sign of spread to the local lymph glands a course of chemotherapy post-operatively may well be advised. ►

Will a colostomy be necessary?

A cancer of the rectum very near the anal canal will be difficult to remove completely and in this situation it may be necessary to remove the rectum and the anus and make a permanent stoma or opening of the colon into the skin of the abdomen. This is called a colostomy. Fortunately, modern surgical techniques have made the need for a stoma to be much less likely nowadays than it used to be in the past.

What happens after surgery?

While you are recovering, the specialist team will meet to consider whether further treatment is advisable. Such decisions are based largely on the information we have about how advanced the primary cancer was. After the operation, the treatment options will be explained and if there is a need for further treatment ~ such as chemotherapy ~ this will be arranged. The specialist team will wish to see you again in the months and years after surgery to check on how you are doing. Very often, you will be offered blood tests, scans or follow-up colonoscopy to detect whether the cancer has come back. If it does recur, that is obviously bad news but there are still options for cure even if the tumour has come back.

What is advanced bowel cancer?

This is when the cancer has spread from the large bowel itself to other sites in the body. This may have already happened when the cancer is first diagnosed or may occur at a later date. The most common site for the cancer to spread is to the liver. Chemotherapy in this situation can be effective in controlling symptoms and prolonging life. Chemotherapy does not cure the disease and treatment is selected to provide a balance between the side effects and the benefits gained from treatment.

If I have had bowel cancer, what can I do to stop it coming back?

A healthy life-style, a diet rich in fresh fruit and vegetables and a positive mental attitude together with attendance at follow up programmes seem to be the best advice.

(continued)

Are there any implications for my family?

If a person is young (40-50 years of age) when bowel cancer is diagnosed or if cancer is very common in the family, it may be that there is an inherited genetic abnormality. In such circumstances, brothers, sisters and children may be referred to a specialist for advice. If the risk of inherited disease is high enough some relatives may be advised to undergo a regular colonoscopy.

There are uncommon and inherited conditions including familial adenomatous polyposis (FAP) in which numerous polyps develop throughout the bowel and the cancer risk is greatly increased. The family of these patients has to be carefully screened.



Is there any screening for bowel cancer?

Mass screening of the population for bowel cancer is not yet available but clinical trials are in progress. Because polyps may bleed, one of the screening methods involves testing the stools chemically for traces of blood, then carrying out further investigations of the bowel if the test is positive. Another technique of screening is to examine the lower part of the bowel with a flexible sigmoidoscope in persons between the ages of 55-65. Trials of using these techniques on individuals who have no bowel symptoms have shown that more early cancers are being diagnosed and that early detection improves your chance of survival. The government will introduce mass screening within the next few years.

What research is going on?

New surgical techniques are being used to try and reduce the size of the abdominal wound and even remove cancers from within the bowel. Chemotherapy has certainly been increasingly successful over the last few years as a number of new drugs has become available. Aspirin-like medicines are being studied for their effects on polyps and cancer. Vaccines against cancer and magic bullets to target treatment specifically against tumours are in the very earliest stages of development. Better tests for population screening are being investigated so that in the future it will be easier to identify cancer at an early stage.



FIGHTING GUT AND LIVER DISEASE

YES I want to support the work of Core and enclose my donation of

£250 £100 £50 £20 other £

NAME AND ADDRESS

Title: First name: Surname:

Address:

Postcode:

Tel:

Email:

Making a regular payment to Core helps us plan our research and patient information programme.

- Please tell me about making a regular donation
 Please send details of how I can leave a legacy in my Will to Core

METHOD OF PAYMENT

I enclose a cheque made payable to 'Core'

Please charge my Mastercard / Visa / CAF / Switch Card / AmEx *

*(delete as appropriate)

SWITCH ONLY

Card No

Issue Number: Expiry date: // Valid from: /

Amount £ Date //

Signature

giftaid it

Do you pay tax? Would you like the Government to give us £2.80 for every £10 you donate – at no extra cost to you?

YES I wish this donation and all donations I make until further notice to be treated as Gift Aid Donations. Date //

I understand that I must pay in the tax year an amount of income/capital gains tax at least equal to the tax Core reclaims on my donations.

If you are a higher rate tax payer you can reclaim, on your tax return to the Inland Revenue, the difference between basic rate and higher rate tax which is currently 18%. For example, if you donated £50 you would reclaim £11.54 in tax. Your donation will effectively cost you £38.46 and we would receive £64!

Core may contact you occasionally to inform you of its research, fundraising and other activities.

If you do not wish to receive these mailings, please tick this box

Please tick here if you do not want a receipt for your donation

**Please return your form, together with your donation to:
Core, FREEPOST LON4268, London NW1 0YT**

Core is the working name of the Digestive Disorders Foundation
Registered Charity Number 262762



You can help combat gut and liver disease by making a donation

Core needs your support

Quality of life may be seriously threatened when things go wrong with our insides. Diseases of the gut or liver cause pain and distress for many people in the UK and tragically account for around one in eight deaths. Core is here to help.

Core works to prevent, cure or treat gut and liver diseases by funding high quality medical research.

If you have found this leaflet useful, please use the attached form to make a donation to help Core's work. Core relies on charitable donations and urgently needs funds both to undertake more research and to continue its information programme. Send your completed form and donation to:

Core
FREEPOST LON4268
London NW1 0YT

tel: 020 7486 0341 fax: 020 7224 2012 email: info@corecharity.org.uk

All Core's leaflets can be downloaded from the website www.corecharity.org.uk

Your Legacy Can Help Cure Serious Gut Disease

Your Will can be an important tool in helping us to find cures and better treatments for serious gut and liver diseases. We need to know the funds are in place so we can continue to pay for the research that will save lives and help people. Mention Core in your Will and be a partner in our fight against gut and liver disease. For information on including Core in your Will, please contact us on 020 7486 0341, by email at info@corecharity.org.uk or by post to the address above.

Core gratefully acknowledges the support of the
***Sir Jules Thorn Charitable Trust* for this leaflet**