Trusted Information Creator
Patient Information Forum

GUTS UK!

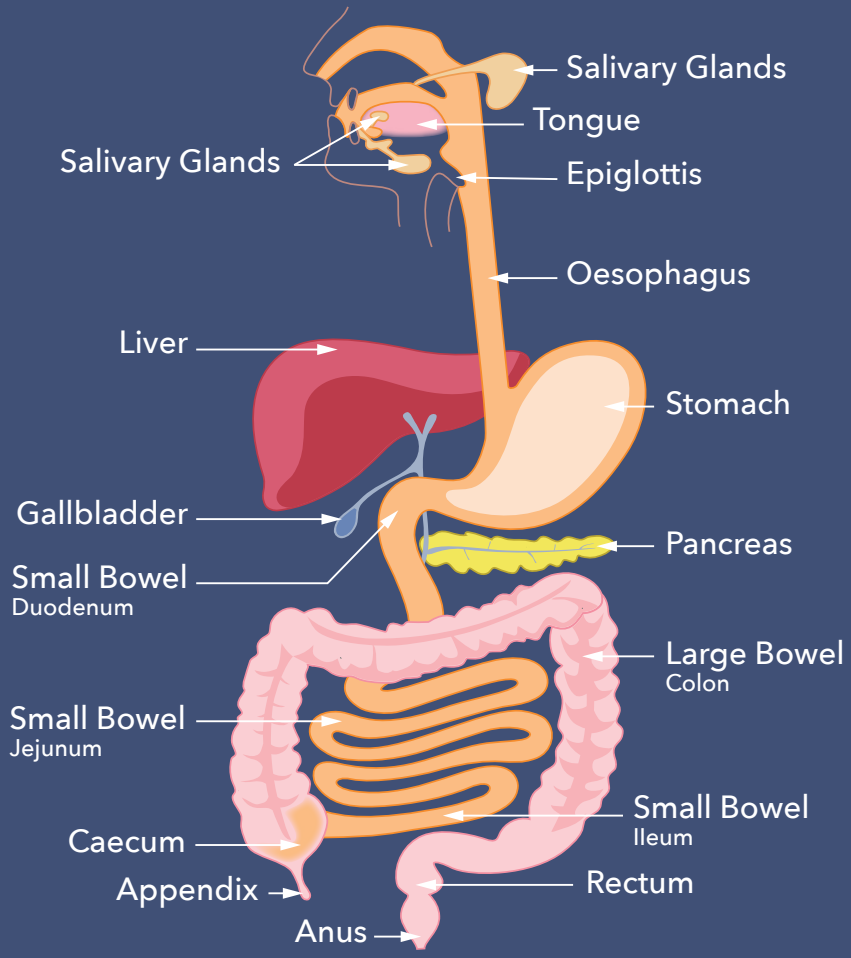
All you need to know about

BOWEL CANCER

BSG BRITISH SOCIETY OF GASTROENTEROLOGY

Our Digestive System

The Digestive System runs from the mouth to the anus and includes the stomach, the small and large bowels (intestines) and a number of accessory organs. The role of the digestive system is to turn food and liquid into the building blocks that the body needs to function effectively.



This booklet is about bowel cancer

Bowel cancer is one of the most common cancers in the UK. Almost 9 in 10 diagnoses are in people over 60. But, cases in younger individuals are increasing. If detected early, the cure rate exceeds 90%. In 2021, doctors diagnosed 49,385 people with bowel cancer in the UK.

Overview

The bowel lining undergoes continuous renewal. It has millions of tiny cells that grow, do their job, and then die. Each cell has genes that control how it behaves. Sometimes, gene faults make cells grow too fast. Gene changes may or may not be as a result of hereditary causes. This can lead to growths called polyps, which could be the first step on the road to cancer.
gutscharity.org.uk/info/bowel-polyps

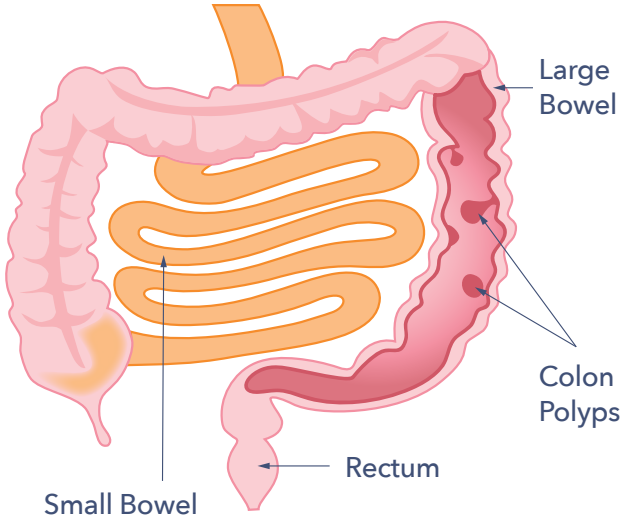
What causes the development of bowel cancer?

The causes of bowel cancer aren't completely clear. However, some risk factors can raise the chance of developing it. You can change some factors. These include an unhealthy lifestyle for example include low fibre intake, eating too much red or processed meat, a high unhealthy body weight, smoking, and excessive alcohol use. Others are unchangeable and can lead to bowel cancer by chance.

Unchangable risk factors include:

- Being over 50
- A strong family history of bowel cancer
- Type 2 diabetes
- Long-term inflammatory bowel disease (Crohn's or ulcerative colitis)
- Polyps in the bowel

These factors don’t mean you will definitely get cancer. Just as not having the risk factors and following a healthy lifestyle doesn’t mean you can’t get cancer.



How does bowel cancer develop?

Most bowel cancers start as benign non cancerous polyps. These polyps begin as small bumps of cells in the bowel. Some polyps stay small, but others grow bigger over time. They can do this without turning cancerous. In some polyps, the genetic instructions can become disordered. This leads to disorganised cell growth, which can make the polyp cancerous (malignant). They grow on the bowel wall and can then extend through the bowel lining.

Most polyps are harmless. However, about 1 in 10 can turn into cancer. Larger polyps have an even greater risk. Polyps smaller than 10mm are unlikely to be cancerous. Taking out benign polyps can help stop cancer from developing later.

How is bowel cancer diagnosed?

Doctors may find lumps during abdominal or rectal exams, but tests are necessary. Common tests include:

Flexible sigmoidoscopy

A doctor inserts a thin tube with a camera at the end through the anus after an enema clears the lower bowel. This is used to see the lower part of the bowel.

Colonoscopy

A flexible tube is inserted via the anus to examine the entire large bowel after laxatives are taken by mouth. The procedure can be uncomfortable so sedation may be used.

CT Colonography/CT Pneumocolon

Carbon dioxide fills the bowel after laxatives are used to clear it. Carbon dioxide lines the bowel and contrast dye can be used for clearer CT images. The dye is given by injection.

Colon capsule camera

A tiny camera the size of a vitamin pill gets swallowed and takes pictures as it moves through the bowel. It needs some bowel preparation, but it doesn't involve anal insertion of the camera. This test is part of an NHS study and isn't available everywhere.

Both sigmoidoscopy and colonoscopy can take tissue samples (biopises) during the test. Which test is used depends on the person's symptoms and the test availability

What is bowel cancer screening?

Polyps can bleed. This is why poo is tested for hidden blood during screening. A positive result means more bowel tests. Studies show screening tests find more early-stage cancers, which improves survival rates. You need to be registered with a GP to receive the test kit.

In the UK, mass bowel cancer screening includes:

- **England:** Everyone aged 54-74 gets a test every 2 years. Soon, this will expand to include those aged 50 and above.
- **Scotland and Wales:** Individuals aged 50-74 get a test every 2 years.
- **Northern Ireland:** Screening is for those aged 60-74 every 2 years.

If you don't have a permanent address in England, ask your GP to send your test kit to the surgery or another address. If you don't have a GP call the helpline:

In England **0800 707 60 60**.
In Wales **0800 294 3370**.
In Scotland **0800 0121 833**.
In Northern Ireland **0800 015 2514**.

People over 75 in England and Scotland can ask for kits every 2 years. Just call the helplines above: There is no service for this age group in Wales or Northern Ireland. If you notice symptoms, consult your GP. Due to COVID-19 backlogs, there may be delays in receiving test kits. If your kit hasn't arrived on time, contact the helpline.

The screening uses the faecal immunochemical test (FIT). This test finds hidden blood in poo. It doesn't diagnose bowel cancer directly. However, it can indicate a higher risk of polyps or cancer. This might lead to a colonoscopy. If you have symptoms, see your GP, even if past tests were negative. A positive test doesn't always mean cancer. Blood in poo can come from other issues, like haemorrhoids or inflammatory bowel disease.

People at higher risk of bowel cancer might have a direct colonoscopy instead of a stool test. This includes people with:

- Lynch syndrome
- Familial adenomatous polyposis (FAP)
- A strong family history of bowel cancer. This means either: A close relative was diagnosed before age 50, or three or more close relatives have been diagnosed.
- Long-standing inflammatory bowel disease.
- A history of bowel cancer or polyps.

What are the symptoms of bowel cancer?

A polyp can take five to ten years to turn into bowel cancer. Often, there are no early symptoms. Common symptoms include:

- Bowel bleeding
- Blood in poo
- Dark poo
- Persistent unusual changes in bowel habits (diarrhoea/constipation)
- Belly (abdominal) pain
- Anaemia (which can cause tiredness)
- Unintentional weight loss
- A noticeable belly (abdominal) lump

Bowel cancer can grow and occasionally block the bowel. This can lead to pain, constipation, and bloating. If you notice any changes in your bowel habits that last four weeks or more, talk to a doctor. This is important even if you already have a bowel condition. It might not require an invasive test like a colonoscopy. If your family has a history of bowel cancer, talk to your doctor within a few weeks of any changes. Early detection is crucial for effective treatment. Waiting too long can hinder chances of cancer removal. The FIT test can help to detect cancer even without symptoms.

Can bowel cancer be hereditary?

If someone is diagnosed with bowel cancer before age 50, or has a strong family history, they might have an inherited genetic abnormality. This could be Lynch syndrome, which raises the risk of cancer. There are other rare inherited conditions, for example familial adenomatous polyposis (FAP). This condition leads to many bowel polyps and increases the risk of cancer. Where these conditions happen, brothers, sisters and children of the person identified can see a specialist for advice. Some may need regular colonoscopies. Families at risk may need referral to a specialist for blood testing to check for inherited conditions.

What happens if bowel cancer is diagnosed?

After diagnosis, the team reviews biopsies, blood tests, and scans in a Multi-Disciplinary Team (MDT) meeting. This results in a personalised management plan. The oncologist or bowel cancer surgeon will explain this decision to you and answer any questions. A clinical nurse specialist (colorectal nurse) will help you during your treatment journey. The colorectal nurse supports individuals with bowel cancer during this difficult time and is the primary contact throughout.

What treatment is available for bowel cancer?

For information on polyp treatment from Guts UK,
email **info@gutscharity.org.uk** or call **020 7486 0341.**

Cancer Evaluation & Treatment

Most cancers need a team of specialists to assess them. It is called an multidisciplinary team (MDT). It includes specialist doctors and other healthcare professionals specialised in bowel cancer.

Surgery

Bowel cancer usually gets treated with surgery. The surgeon takes out the affected part of the bowel and the lymph glands. Often, the two ends of the bowel are reconnected (anastomosis). The surgery is often done using key-hole techniques to speed up recovery time. You can live without some of your bowel. The effects of surgery can vary for each person. If the bowel can't be joined, or if it's an emergency, a colostomy might be needed.

For advanced and secondary cancer surgery might also be offered.

Colostomy (Stoma)

Stomas can be either temporary or permanent. This depends on different factors. Temporary stomas are made so the bowel can heal after joining it together. It can be reversed a few months later to restore normal bowel flow.

In people where a rectal cancer is near the anal canal, a permanent stoma may be needed. The rectum and anus are taken out. The end of the bowel is then turned into a permanent opening in the abdomen. Poo is then collected in a bag attached to the skin. Permanent stomas may also be necessary for frail individuals, if cancer has spread, or if someone prefers a stoma. Permanent stomas are much rarer nowadays. A stoma nurse will provide guidance on stoma care.

Stenting

If bowel cancer causes a blockage, a stent may be placed during a colonoscopy to open the bowel. This allows poo to pass through. This procedure can provide time to plan surgery or relieve symptoms, if surgery isn't possible.

Chemotherapy or Radiotherapy

The MDT will decide if radiotherapy or chemotherapy can shrink the cancer before surgery. This can often improve the cancer outcome.

Chemotherapy is a drug treatment. It comes in tablets and infusions. People usually receive it in the hospital on an outpatient basis. Treatment will usually be given Monday to Friday for five weeks. Then, there will be a 12-week break. The person will then be rescanned. The colorectal MDT will then discuss it and decide on surgery.

Sometimes, the cancer shrinks and might even 'disappear' completely. Doctors will set up regular sigmoidoscopies for these people to ensure careful follow-up.

Chemotherapy can also be used after surgery to mop up any cells that may be in the bloodstream. This is called adjuvant chemotherapy.

Staging & post-surgery treatment (after surgery)

Doctors will check the tumour to determine the cancer stage. The cancer stage will impact future treatment choices and the likelihood of a cure. Bowel cancer caught early has a greater than 9 in 10 chance of a cure. The MDT will meet to decide the next steps. If more treatment like chemotherapy is needed, it will be arranged.

How will I be monitored over time?

Healthcare professionals will typically check in with people for 5 years if no more treatment is needed. The follow-up includes clinic appointments, blood tests, colonoscopies, and scans. The follow-up may be different for those with hereditary cancer, such as Lynch syndrome. If the cancer does come back, which is rare, there are still many ways to achieve a positive outcome.

How can I prevent the cancer coming back?

Living healthily can lower the chance of recurrence. This includes eating a healthy diet and exercising regularly. As does a positive attitude and attending follow-up appointments.

People with Lynch syndrome might be advised to take aspirin to prevent recurrence. Always consult your doctor about preventive measures. You can find a tool to help you decide here:

Decision aid on lynch syndrome and aspirin.
www.nice.org.uk/guidance/ng151/resources/lynch-syndrome-should-i-takeaspirin-to-reduce-my-chance-of-getting-bowel-cancer-pdf-8834927869

What is secondary bowel cancer?

Secondary bowel cancer occurs when a tumour spreads from the bowel to nearby tissues and other parts of the body. It spreads through the blood and lymph systems, often to the liver and lungs. This is called advanced cancer. It might have happened when the cancer is diagnosed, or it can happen later. These are called secondaries or 'metastasis.'

How is secondary bowel cancer treated?

Treatment options for secondary bowel cancer have improved a lot. Your cancer team can explain the benefits and side effects of treatments:

Chemotherapy

While it does not cure the disease, it helps control symptoms and can prolong life by shrinking secondary tumours.

Surgery

Surgery may be possible if the tumour blocks the bowel or if there are few small secondary tumours. Sometimes, doctors remove part of the liver to eliminate secondaries in a specific area. Radiofrequency ablation uses high-frequency waves to destroy cancer cells.

Radiotherapy

It uses high-energy waves to destroy cancer cells. It can also help manage symptoms, especially for rectal cancer.

Targeted Treatments

Monoclonal antibodies and angiogenic drugs focus on certain cancer cells. This treatment can also reduce the tumour's ability to develop a new blood supply.

Immunotherapy

Teaches the immune system to spot and eliminate cancer cells, working well in certain situations.

Ask your doctor if you would benefit from these treatments.

What developments are being made in the treatment of bowel cancer?

New surgical techniques and chemotherapy drugs are always being explored. Early research on cancer vaccines and targeted therapies seeks to enhance treatment results. Research is underway to improve population screening tests for earlier cancer detection.

The COLO-COHORT study, funded by Guts UK, aims to create a tool to spot people at higher risk of bowel cancer. It looks at age, lifestyle, genetic factors and the gut microbiome to take a complete view.

What to ask your doctor

People with bowel cancer should feel free to ask their team any questions about their diagnosis and treatment. It often helps to make a list of questions for your doctor or nurse. Bringing a friend or family member for support to the appointment can also be beneficial.

Support

For more information or if you would like a printed copy of any links provided contact Guts UK at **info@gutscharity.org.uk** or call **0207 4860341.**

The National Institute for Health and Care Excellence (NICE) provides guidelines and quality standards on bowel cancer treatment. **www.nice.org.uk**

You can find more help from:

MacMillan Cancer Support
www.macmillan.org.uk
or call **0800 808 00 00**

Cancer Research UK
www.cancerresearchuk.org
or call **0300 123 1022**

Bowel Cancer UK
www.bowelcanceruk.org.uk

Guts UK

is the national charity for the digestive system

Our three main areas of work are:

- Information and support
- Raising awareness and public education
- Research with patient and public involvement and engagement (PPIE)

Guts UK provides information and support to people affected by digestive conditions and symptoms. We raise vital awareness about our guts and fund life-changing research into the digestive system. Our mission is a world where digestive conditions are better understood, better treated and everyone who lives with one gets the support they need.

Get in touch

If you need information and support for digestive conditions or symptoms, please call our freephone Helpline on **0300 102 4887** (Monday to Friday, 10am to 2pm).

Alternatively you can use the online form on our website at **www.gutscharity.org.uk/helpline.**

For general enquiries about anything else, please call us on **0207 486 0341** or email **info@gutscharity.org.uk.** You can find out more about Guts UK at **www.gutscharity.org.uk.**

@GutsCharityUK

Far too many of us ignore or shrug off what our gut is telling us. 58% of people are embarrassed to talk about their digestive condition or symptoms.

Guts UK exists to change that. We empower people to seek help.

IT'S TIME THE UK GOT TO GRIPS WITH GUTS

Support Guts UK today

www.gutscharity.org.uk

guts UK!

Donation Form

I would like to make a donation to Guts UK.

Title | First name

Surname

Address

Postcode

Tel | Email

Guts UK Reference: 016

If you wish, please share with us your motivation for giving today. This will help us tailor our thank you:

Please tick here if you do not wish to receive a thank you letter to acknowledge your donation. ☐

I would like to support Guts UK with a donation of

£5 ☐ £10 ☐ £25 ☐ £50 ☐ £100 ☐ £500 ☐ Other £

I enclose a cheque payable to Guts UK ☐ **OR Please debit my credit/debit card** ☐

Card no. | Expiry | CVC / Security code

Address (if different from above)

OR
Please call me on **to take my details**

Signature(s) | Date

We are incredibly grateful for all donations made to Guts UK in support of our work. We will write to thank you for your donation but understand that sometimes, donors prefer not to receive this kind of communication. Please tick here if you do not wish to receive a thank you.

Please turn every £10 I donate into £12.50 at no extra cost to me, by adding gift aid to my donation. **Add Gift Aid** ☐

I am a UK taxpayer, please treat all donation I make or have made to Guts UK in the past 4 years as Gift Aid donations until further notice. For more information on Gift Aid please see below.

Signature(s) | Date

giftaid it

I am happy for all gifts of money that I have made to Guts UK charity (Core) in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that year that the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. If your circumstances, name or address change please do let us know.

Welcome to Guts UK

Information is power. Armed with information, patients can make informed decisions and take control. Choose how you can stay in touch with Guts UK and keep up to date with our latest information and research:

By post ☐
By email ☐
By telephone ☐

Please return this donation form to this FREEPOST address:
Freepost GUTS-UK-CHARITY

Alternatively, you can:
Call us on **020 7486 0341**
or go to **gutscharity.org.uk/donate**.