Bowel cancer
Causes, prevention, diagnosis and management

What is bowel cancer?

- **Cancer of the large bowel** (colon and rectum) is the most common internal cancer in Australia, affecting approximately one in 25 Australians. It is referred to as bowel or colorectal cancer.

- **Cancer of the small bowel** (small intestine) is quite uncommon. The large bowel is a muscular tube one to two metres in length. The rectum is the last 15cm of the large intestine, and this leads to the anal canal, which is three centimetres long and leads to the outside of the body.

Bowel cancer is a malignant tumour, which generally begins in the lining of the bowel. Untreated, it will increase in size, protruding into the lumen of the bowel and may cause blockage or can ulcerate, leading to blood loss and anaemia.

It may also spread through the wall of the bowel to invade adjacent organs, and may also disseminate and spread via the blood stream, and another draining system referred to as the lymphatic system. In this way, secondary cancers can develop in other organs, such as the liver. When a bowel cancer is diagnosed early, there is an excellent chance of being completely cured. If the disease is widely spread throughout the body, it may be impossible to affect a cure, but the disease may still be controllable.

What causes bowel cancer?

The cause of bowel cancer is likely to be a combination of genetic or inherited factors, plus environmental influences. It is suggested that a high-animal-fat, high-animal-protein diet may be associated with an increased incidence of bowel cancer, and that if perhaps there was an increased amount of fibre, the incidence may be less. Research into the causes of bowel cancer is continuing.

Special risks

Most bowel cancers occur in people over the age of 50, but no age group is immune.

People with special risks include the following:

- **Lynch Syndrome (HNPCC – Hereditary Nonpolyposis Colorectal Cancer)** is a condition in which the propensity to develop colorectal cancer is inherited. ‘Nonpolyposis’ means that colorectal cancer can occur when a small number of polyps are present (or polyps are not present at all). In families with Lynch Syndrome, cancer often occurs at a younger age than colorectal cancer, which is not inherited and usually occurs on the right side of the colon.

- **Patients with previous bowel cancer or bowel polyp**
  – Polyps are benign (innocent) growths on the lining of the bowel, which may resemble a small mushroom. The polyps, which are a particular risk, are referred to as ‘adenomas’. It is currently believed that almost all bowel cancers start off as benign polyps. Most of these can be removed quite easily during a procedure referred to as colonoscopy. Any patient who has had a previous bowel cancer is much more likely than the remainder of the community to develop another unrelated bowel cancer.

- **Family history of Multiple Familial Polyposis** – Multiple Familial Polyposis is an inherited condition where the lining of the bowel contains hundreds of polyps. It is a rare condition, but people who are affected by the disease, if untreated, will develop bowel cancer.

- **Family history of bowel cancer** – The lifelong risk of bowel cancer for the average Australian is one in 25. This incidence will be doubled if a first-degree relative (parent, brother, sister or child) develops bowel cancer. There is also an increased risk if a first degree relative has had a bowel polyp.

- **Long-standing inflammation of the bowel** – Long-standing, chronic inflammation of the bowel (ulcerative colitis) may be associated with a markedly increased incidence of cancer after the condition has been present for eight to 10 years. Crohn’s diseases can also be associated with an increased risk of bowel cancer.
FACT SHEET

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What can be done to reduce the risk of developing bowel cancer?

Surveillance may mean regular faecal occult blood testing of the bowel actions for invisible blood. If positive, colonoscopy should be undertaken to detect the cause.

Many authorities believe that a colonoscopy every three to five years is the appropriate way to proceed for people with a higher-than-average risk for bowel cancer, such as those with a family history of the condition.

What symptoms may suggest bowel cancer?

- Bleeding or mucus at the time of having a bowel action
- Changes in the normal pattern of bowel activity
- Abdominal discomfort
- Weakness or unexplained weight loss.

It is wise to examine the faeces for blood after evacuation of the bowel, so it’s best to avoid using toilet-cleaning agents that colour the water, as they can make blood-detection difficult.

Treatment of bowel cancer

Very small and early bowel cancer can sometimes be removed using the colonoscope or other instruments via the anus.

In most instances however, a formal operation with removal of a segment of the bowel is required.

In some instances additional chemotherapy or radiotherapy may be required.

When a surgical procedure is performed, usually a segment of the bowel is removed in association with adjacent lymph glands. In the vast majority of cases, the bowel can be joined together, and there is no requirement for an artificial opening (stoma) where the faeces comes away into a bag or appliance.

In some instances, a temporary artificial opening may be necessary, but sometimes it may need to be permanent. If such a stoma is necessary, then a modern reliable appliance is worn which ensures an excellent quality of life for those who require them. Highly qualified nursing staff (stoma therapists) teach and supervise the management of stoma (artificial opening) appliances.

For further information please see Links for Patients at malvernp.com.au or visit letsbeatbowelcancer.com.au