



**Bowel cancer or colorectal cancer occurs in the colon or rectum. It is the second most common cancer affecting men and women in Australia after non-melanoma skin cancer, with more than 14,000 people diagnosed each year.**

If detected early, the chance of successful treatment and long-term survival improves significantly.

### What are the symptoms?

Not all bowel cancers show symptoms and experiencing symptoms does not necessarily mean you have bowel cancer. However you should see your doctor if you notice:

- bleeding from the back passage or any sign of blood after a bowel motion
- a change in usual bowel habit, such as straining (constipation) to go to the toilet or loose motions (diarrhoea)
- abdominal pain or bloating
- weight loss for no obvious reason, or loss of appetite
- symptoms of anaemia – including unexplained tiredness, weakness or breathlessness.

### Who is at risk?

Everyone is at risk of developing bowel cancer, however the risk greatly increases with age, particularly from age 50. You are also at greater risk if you have:

- a previous history of polyps in the bowel
- a previous history of bowel cancer
- chronic inflammatory bowel disease (eg. Crohn's disease)
- a strong family history of bowel cancer
- increased insulin levels or type 2 diabetes.

If you are at increased risk, discuss surveillance options with your doctor.

### How is bowel cancer detected?

Bowel cancer can be detected using a variety of methods.

Faecal Occult Blood Test (FOBT) is a simple test that can be done at home and looks for hidden traces of blood in a bowel motion in people without symptoms. It can help detect bowel cancer in its early stages. You should have an FOBT every two years from age 50. If an FOBT finds blood, further investigation, usually a colonoscopy, is needed to establish the cause.

A population-based screening program for bowel cancer, the National Bowel Cancer Screening Program, began in 2006. Currently the program, using FOBT, is only offered to people turning 50, 55 or 65 years of age.

Colonoscopy involves a long, thin, flexible tube with a video camera lens on the end, enabling a specialist to look inside your bowel. If a polyp or bowel cancer is found, it can be removed during the procedure. Colonoscopy is usually performed under sedation as a day procedure. It is also used as a surveillance test for people at increased risk of developing bowel cancer.

Sigmoidoscopy is similar to colonoscopy, however only explores the lower part of the bowel, where cancer is more likely to develop. If a precancerous polyp is detected during the procedure a full bowel examination by colonoscopy is usually needed.

Other diagnostic tests for bowel cancer are available. Discuss these options with your doctor.

### What else can I do?

Bowel cancer is one of the most preventable cancers. Your most effective protection is to:

- do an FOBT every two years from age 50.
- get 30 to 60 minutes of moderate to vigorous exercise per day.
- maintain a healthy body weight.
- eat a well balanced diet.
- avoid processed and burnt meat; limit red meat intake to three to four times per week.
- limit or avoid alcohol.
- quit smoking.

Concerns or questions? Please contact your doctor.

### Where can I get reliable information?

#### Cancer Council Helpline 13 11 20

Information and support for you and your family for the cost of a local call anywhere in Australia.

#### Cancer Council Australia website

(with links to state and territory Cancer Councils)

[www.cancer.org.au](http://www.cancer.org.au)

#### National Bowel Cancer Screening Program

#### Information Line 1800 118 868

[www.cancerscreening.gov.au](http://www.cancerscreening.gov.au)