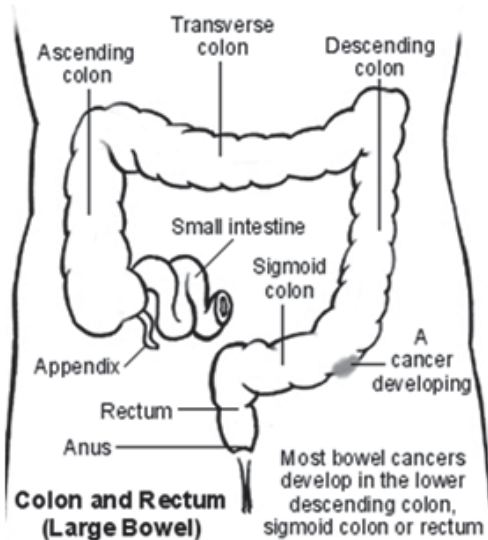


Bowel cancer is a disease of the colon (large bowel) or the rectum (back passage). It is sometimes called colorectal cancer. Around 1 in 17 people will get bowel cancer at some point in their lives, and it affects men and women almost equally. It is most common in people over the age of 60 years, although it does also affect younger people in much smaller numbers.



Bowel cancer is the second largest cause of cancer deaths in the UK. However, over 90% of those diagnosed can be treated successfully, if their cancer is spotted and treated early enough. Unfortunately, the symptoms of bowel cancer may not be obvious until the disease is at a more advanced stage.

We know that most bowel cancers start off as polyps, little growths on the bowel wall which often don't cause any symptoms. Some polyps are harmless and may be left but others, if left to grow for a few years, may develop into cancer.

Bowel screening programmes in the UK use a combination of tests to look for the early signs of cancer, so that it can be diagnosed promptly in the groups of people most likely to develop the disease.

What are the symptoms of bowel cancer?

The most common symptoms are:

- bleeding from your bottom without any obvious reason
- a persistent change in your normal bowel habit
- diarrhoea (looser poo), or feeling a need to go more often
- constipation, or a feeling of fullness or incomplete emptying of your back passage
- abdominal pain, especially if severe
- a lump in your abdomen
- unexplained weight loss and tiredness.

Most people with these symptoms won't have cancer. However, if you have one or more of these symptoms for more than three weeks you should go and see your GP.

Why should I take part in the bowel cancer screening programme?

Research has shown that bowel screening reduces the risk of dying from bowel cancer. Screening aims to detect bowel cancer at an early stage, before people are experiencing any symptoms and when treatment is more likely to be effective. Bowel screening can also detect polyps, which are not cancerous, but may develop into cancer in the future. The polyps can be removed, reducing the risk of bowel cancer developing.

Screening is targeted at the older age groups, when bowel cancer is most common. Younger people who have a strong family history of bowel cancer may need screening. Your GP can refer you to a family history clinic where your individual risk will be assessed and you can be referred for early screening or colonoscopy if appropriate.

Bowel Cancer Screening

There are two methods of screening for bowel cancer. The first method, regular FOBt (faecal occult blood testing), has been established for several years and is now available in all parts of the UK. The second method, flexible sigmoidoscopy or bowel scope, which is a one-off test, is currently being introduced in England and piloted in Scotland. Both methods are explained overleaf.



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THE FOBT (FAECAL OCCULT BLOOD TEST) The FOBT detects blood hidden in the faeces (poo). It does not diagnose bowel cancer, but can highlight a need for further investigations. Screening test kits are posted out to people in the target age group, to complete in the privacy of their own home. Over a few days, when using the toilet, the faeces (poo) from three separate bowel movements should be saved in a disposable container or onto toilet paper, and small samples are smeared on the test kit, using a piece of card. The faeces (poo) is flushed away as normal after the sample has been taken.

Once the test is completed, the card should then be promptly posted in the secure envelope provided to a laboratory, where a chemical is added to the samples on the card to check for blood. The results of the test are sent by post. If the test is positive, both you and your GP will be notified, and you will be invited to attend a clinic at the hospital and be offered further investigations to identify the cause of the bleeding.

- Around 98 in 100 people will test 'normal' and will be asked to repeat the test in two years if they are still within the eligible age range.
- Around 2 in 100 people will test 'abnormal' and will be referred for further investigations.
- Around 4 in 100 people may initially test 'unclear' which means a slight suggestion of blood in the test sample and will be asked to repeat the test. Most people who repeat the test receive a 'normal' result.

Points to bear in mind

- Like all screening tests, the FOBT is not 100% reliable.
- There is a chance that a polyp or cancer may be missed if it was not bleeding when you did the test.
- Bowel cancer may start to develop in the two years between screening tests, so be aware of the symptoms and see your GP if concerned.

National bowel cancer screening programmes You must be registered at your current address with a GP to be sent an invitation. People who are younger than the screening age may not request a kit. If you are worried about symptoms you should speak to your GP. Each country has a different programme:

England

The NHS Bowel Screening FOBT is currently offered every two years to everyone in England aged 60 to 74. If you are 75 and over you can request a kit to be sent to you.

Helpline: 0800 707 6060

www.cancerscreening.nhs.uk

Wales

The Bowel Screening Wales FOBT is offered every two years to everyone in Wales aged 60 to 74. The test is not available to people 75 and over.

Helpline: 0800 294 3370

www.wales.nhs.uk/bsw

Scotland

The Scottish Bowel Screening FOBT is offered every two years to everyone in Scotland between the ages of 50 to 74. If you are 75 and over you can request a kit to be sent to you.

Helpline: 0800 0121 833

www.bowelscreening.scot.nhs.uk

Northern Ireland

The Northern Ireland Bowel Screening FOBT is offered every two years to men and women aged 60 to 74. The test is not available to people 75 and over.

Helpline: 0800 015 2514

www.cancerscreening.nscni.net

FLEXIBLE-SIGMOIDOSCOPY (FLEXI-SIG) OR BOWEL SCOPE SCREENING

Bowel scope screening is now being offered in certain parts of the UK, **in addition** to the FOBT programme.

The decision was made following the results of a long term study, funded by Cancer Research UK. The research found that a single flexi-sig test, in those aged 55 to 64 years, reduced the risk of individuals dying from bowel cancer by 43% and the risk of individuals developing bowel cancer by 33%.

Pilot programmes for bowel scope screening began in England in 2013 for people aged 55, and full roll-out should be completed by 2016.

A pilot scheme began in 2014 in some regions of Scotland, where people aged around 60 have been invited to take part.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy (or flexi-sig) uses a fine, flexible tube (a scope) with a light and a very small camera on the end, to examine the descending part of the large bowel (sigmoid colon) and rectum. It only looks at these parts of the bowel because this is where most polyps and cancers (around 60%) are likely to be found.

The scope is gently passed around the first part of the bowel, into the descending colon. The camera images can be seen by the operator on a monitor, and any abnormality in the bowel, such as polyps, inflammation, diverticular disease, or cancer can be seen clearly.

Small polyps can be removed via the scope, and biopsies can also be taken from suspicious areas of the bowel wall.

How is the procedure done?

Flexi-sig is performed by a specially trained doctor or nurse. It is generally carried out at an NHS bowel cancer screening centre.

The procedure usually takes about 5 -15 minutes, depending on whether or not they need to take any biopsies or remove any polyps. It is a relatively safe procedure for all patients, including those with other health issues, such as heart or breathing problems, because there is no need for any relaxation (sedation) medicine or anaesthetic. This also means that you can go home quickly afterwards and there are no restrictions on driving or operating machinery. Before you have the flexi-sig test, your doctor will go over everything that it involves, and explain all the risks for the test to you.

The NHS bowel screening centre will send you an enema pack with your invitation to attend. The pack contains a small amount of laxative medicine to be squeezed through the anus into the rectum (back passage) to make sure the lower bowel is empty and that the operator has a clear view of the bowel lining. The enema should be used on the day of your appointment. It usually works very quickly, and should not have any long lasting effects.

On arrival at the centre, a nurse or doctor will explain the procedure and answer any concerns. After changing into a gown, you'll be asked to lie on a trolley, usually on your left side. The lubricated scope is then put in through the anus and gently passed through the rectum and around the bowel up to the descending colon. Your position can be adjusted, if needed, during the test to make it easier to pass the scope through the natural loops of bowel. Carbon dioxide gas or air may be used to inflate the bowel a little, pushing the walls of the bowel apart so that they can be seen more clearly. If the operator finds and removes any polyps, you will be told straight away.

What are the risks / side effects?

It is not unusual to feel a bit bloated after this test, until the gas has been passed back out of the body. This normally happens quite quickly afterwards, and peppermint (tea, water, mints or gum) can help with this. If polyps are removed or biopsies are taken, a small amount of bleeding from the rectum (back passage) might be noticed, but should clear up in the next few days. Any pain, heavy blood loss or bleeding that lasts for more than 3-4 days should be discussed with the GP to rule out any unexpected complications.

There is a very small risk of perforation (making a hole in the bowel), and this will be discussed with you prior to the procedure. If the procedure is too difficult or painful, you should tell the operator immediately and your position should be changed, or the examination stopped, rather than risk damaging the bowel.

Please be aware that about 40% of all bowel cancers develop further up in the bowel (in the transverse or ascending colon) which cannot be seen during a flexi-sig investigation. If further investigation of the whole bowel was needed, then a colonoscopy would also be arranged for you.

What happens next?

The results will be sent to you and your GP within three weeks. For every 300 people tested, 285 will have a normal result. If you need follow up appointments or more tests these will be arranged for you (please see our 'Detect & Diagnose' booklet for more information).

What if I'm not eligible for screening?

Screening ages are set to reflect the fact that bowel cancer occurs most commonly in people over the age of 60, and it is usually a slow growing disease. If you are concerned about bowel cancer but **not experiencing symptoms** and don't qualify for the screening programme, you could order a screening kit online from several, reputable private laboratories for example POCT (www.pocl.co.uk) at an average cost of £25.00. You will be supplied with an FOBT kit, a return mailer envelope and full instructions. Samples are analysed in a dedicated laboratory and the results are returned to you within 10 days. If the private test gave a positive or unclear result, you would then have to consult your GP. We do not recommend other bowel screening kits where you test the sample yourself, as the results could be inaccurate even if you follow the instructions carefully.

Please remember that no screening test is 100% reliable. If you have symptoms of bowel cancer at any age, you should not wait for a screening invitation, but make an appointment with your GP.

Please see our 'Don't Sit On Your Symptoms' leaflet for more information on the symptoms of bowel cancer and other bowel diseases and for a list of questions that your GP might ask you.



If you have any questions or comments about this publication, or would like information on the evidence used to produce it, please write to us or email info@beatingbowelcancer.org.

