

# BOWEL CANCER – FACTS & STATS

## The bowel

The bowel is part of the digestive tract, and is made up of the small intestine (or bowel) and the large bowel (the colon and rectum). Bowel cancer affects the colon or rectum. Cancer of the small bowel is rare. Bowel cancer is medically referred to as colorectal cancer.

## Incidence and mortality (death) rates

- A total of 376 cases of bowel cancer were diagnosed in Tasmania in 2005 (the latest year for which statistics are available). This compares with 326 cases of breast cancer, and 485 cases of prostate cancer<sup>i</sup>
- A total of 198 Tasmanian men and 176 women were diagnosed with bowel cancer in 2005<sup>i</sup>
- More than 90% of new cases of bowel cancer diagnosed are in people aged over 50<sup>ii</sup>
- Bowel cancer was the second most common cause of cancer deaths in 2005 (after lung cancer), killing 142 Tasmanians.<sup>i</sup>
- A total of 85 men and 57 women died from bowel cancer in 2005<sup>i</sup>
- Bowel cancer was the leading cause of cancer death in Tasmania from 1980 until 2000; lung cancer took the lead in 2003<sup>iii</sup>
- Just under 60% of Australians diagnosed with bowel cancer are still alive five years later<sup>iv</sup>
- When detected and treated early – before it has spread beyond the bowel wall – bowel cancer has a cure rate of 90%<sup>v</sup>

## Trends

- The incidence of bowel cancer among Australian men and women is expected to decrease over coming years, primarily due to the introduction of the National Bowel Screening Campaign.

## Symptoms

People with any of the following symptoms should see their doctor:

- Bleeding from the back passage or any sign of blood in a bowel motion
- An unexplained and persistent change in bowel action. For example, looser or more frequent bowel motions, or severe constipation
- Unexplained tiredness
- Lower abdominal pain or a persistent feeling of fullness

## Risk factors

Anyone can get bowel cancer, but people may be at above-average greater risk if they:

- Have a strong family history of bowel cancer (but most people with relatives who have had the disease are not at increased risk)

- Have had bowel cancer or certain types of bowel polyp in the past
- Have inflammatory bowel disease such as ulcerative colitis

All people at above-average risk of bowel cancer should talk to their doctor about screening options.

There are also links between bowel cancer and unhealthy lifestyle habits:

- It is estimated that 11% of all cases of colon cancer can be attributed to obesity<sup>vi</sup>
- It is estimated that 14% of all cases of colon cancer can be attributed to physical inactivity<sup>vi</sup>

## **Prevention**

It is estimated that maintaining a healthy body weight through regular exercise and a healthy diet will prevent more than a quarter of all bowel cancers.<sup>vi</sup>

## **Nutrition**

People are likely to reduce their risk of bowel cancer by eating plenty of vegetables and fruit. Vegetables and fruit are high in nutrients that are potentially protective against cancer and play an important part in weight management. As obesity is a known risk factor for cancer of the colon and some other cancers, vegetables and fruit may offer protection indirectly by maintaining a healthy body weight.

The current weight of evidence also suggests a diet high in fibre could reduce bowel cancer risk.<sup>vii</sup>

### ***Cancer Council Tasmania recommends:***

- A diet high in vegetables and fruit (aim for two serves of fruit and five serves of vegetables each day) plus pulses (legumes) and wholegrain foods
- Choosing foods low in fat
- Not eating more than needed!

## **Physical activity**

Studies have shown a 40% reduction in risk of colon cancer with increasing levels of activity.<sup>vi</sup>

### ***Cancer Council Tasmania recommends:***

- At least 30 minutes a day of moderate intensity physical activity for good general health (it can be done in blocks of 10 minutes, rather than at once)
- One hour of moderate-intensity activity or 30 minutes of vigorous activity daily to reduce cancer risk

## **Body weight**

### ***Cancer Council Tasmania recommends:***

- A healthy body weight to reduce risk of a range of cancers. A healthy body weight is a Body Mass Index (BMI) of between 18.5 and 25 kg/m<sup>2</sup>.
- To achieve and maintain a healthy body weight, people should enjoy regular exercise and eat healthily, according to their energy needs (not in excess of their needs).

## Early detection

There are a number of tests available that can help detect cancer early. International trials have shown that population-wide screening using a simple test called the faecal occult blood test (FOBT) with people over 50 years can reduce deaths from bowel cancer by up to 40% among those who do the test.<sup>viii,ix</sup>

The FOBT looks for tiny amounts of blood in a bowel motion. It can be done at home, and involves taking samples from two or three bowel motions using a test kit. The samples are then sent to a lab for testing. If blood is detected, further investigation may be needed to determine the cause of the bleeding. Most commonly, those with positive FOBTs will be referred to have a colonoscopy, which allows a doctor to look inside the bowel.

The Federal Government has introduced a national bowel cancer screening program which sees those turning 50, 55 or 65 before December 2010 sent a free screening kit. More information about this screening program is available at [www.cancerscreening.gov.au/bowel](http://www.cancerscreening.gov.au/bowel)

In the meantime, it is recommended that all Australians over the age of 50 talk to their doctor about having an FOBT. The FOBT kits can be purchased by phoning 1800 55 65 75 for a cost of \$35.95. With a doctors referral to pathology some of this cost is now refundable through Medicare. A positive FOBT may lead to further investigation, which would be covered by Medicare.

**For further information about bowel cancer, please call the Cancer Council Helpline on 13 11 20.**

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Newman L, Venn A, Albion T, Blizzard L, Fryer J. *Cancer in Tasmania: Incidence and mortality 2005*. Menzies Research Institute, Hobart, 2006.

<sup>ii</sup> Australian Institute of Health and Welfare and Australasian Association of Cancer Registries. *Cancer in Australia 2005*. Canberra, 2008

<sup>iii</sup> Newman L, Venn A, Albion T, Blizzard L, Fryer J. *Cancer in Tasmania: Incidence and mortality 2001*. Menzies Research Institute, Hobart, 2004

<sup>iv</sup> Australian Institute of Health and Welfare and Australasian Association of Cancer Registries. *Cancer survival in Australia, 2001. Part 1: National summary statistics*. Canberra, 2004

<sup>v</sup> National Health and Medical Research Council, Clinical Oncological Society of Australia, Australian Cancer Network. *Guidelines for the prevention, early detection and management of colorectal cancer*. NHMRC, Canberra, 1999

<sup>vi</sup> International Agency for Research on Cancer (IARC). (2002). *Weight control and physical activity*. Lyon: World Health Organization

<sup>vii</sup> The World Cancer Research Fund and American Institute for Cancer Research. (1997). *Food, nutrition and the prevention of cancer: a global perspective*. New York: American Institute for Cancer Research.

<sup>viii</sup> Scholefield JH, Moss S, Sufi F, Mangham CM, Hardcastle JD. Effect of faecal occult blood screening on mortality from colorectal cancer: results from a randomized controlled trial. *Gut* 2002; 50(6):840-4

<sup>ix</sup> Jorgensen OD, Kronborg O, Fenger C. A randomized study of screening for colorectal cancer using faecal occult blood testing: results after 13 years and seven biennial screening rounds. *Gut* 2002; 50(1):29-32

The Cancer Council Australia. Position statement: Fruit, vegetables and cancer prevention. Available at <http://www.cancer.org.au/File/PolicyPublications/PSfruitvegetablesandcancerprevention.pdf>