
INTRODUCTION

This book has been prepared for people with bowel cancer, their families and friends. The first section is for people with bowel cancer, and is intended to help you understand what bowel cancer is, and the various treatments and diagnostic tests available for bowel cancer. This information will help you become well informed about your illness, and should assist you as you make decisions about treatment.

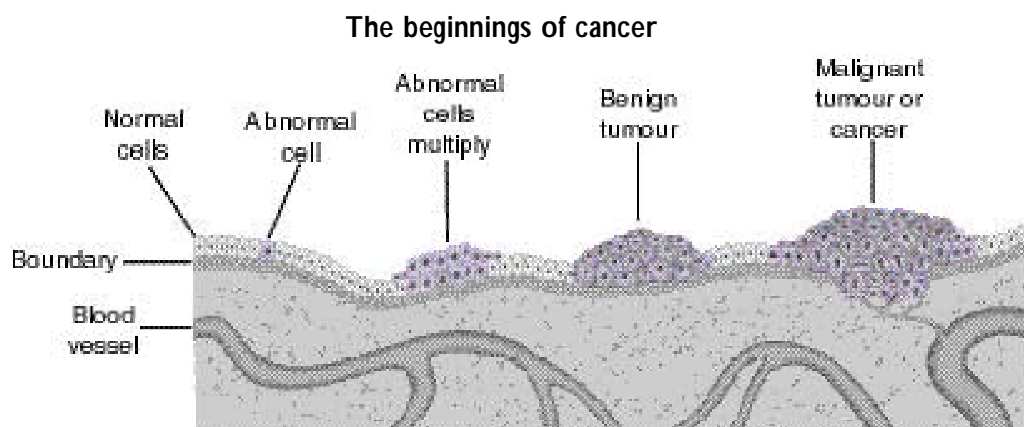
You may wish to refer to the first section of this book before you discuss important aspects of your treatment with your doctor. Your doctor should be familiar with the recommendations included. He or she should also be willing to discuss the pros and cons of different treatments, where more than one treatment is available.

The second section of the book is for the families and friends of people with bowel cancer. This section provides information on reducing your risk of bowel cancer through a healthy lifestyle, the importance of early detection, and bowel cancer in families.

The recommendations made throughout this book are by the National Health and Medical Research Council (NHMRC).

What is cancer?

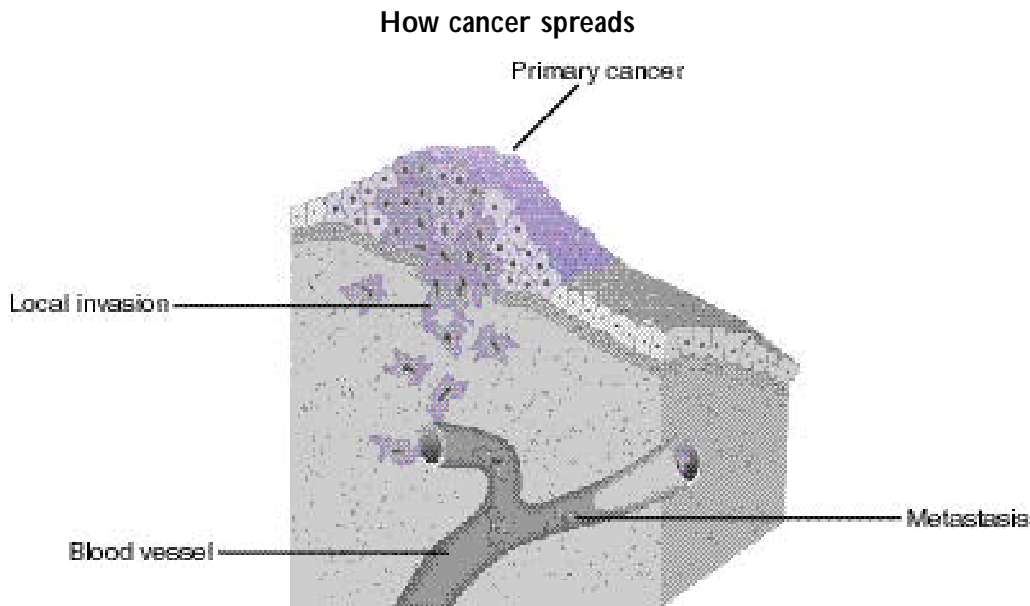
Cancer is a disease of the body's cells. Our bodies are constantly making new cells: to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Almost every cell in the body contains a complete set of genetic blueprints, which controls how our cells function. Normally cells grow and multiply in an orderly way. Occasionally however, if something causes a mistake to occur in these genetic blueprints, some cells behave abnormally. They multiply in an uncontrolled way, and may grow into a lump that is called a tumour.



Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

Tumours can be benign (not cancerous) or malignant (cancerous). Benign tumours do not spread outside their normal boundary to other parts of the body. A malignant tumour is made up of cancer cells. If these cells are not treated they may spread into surrounding tissues.

If cancer cells spread beyond their normal boundaries then the tumour is malignant, that is, it is a cancer.



Sometimes cells break away from the original (primary) cancer and spread to other organs. When these cells reach a new site they may continue to grow and form another tumour at the site. This is called a secondary cancer or metastasis.

What is bowel cancer?

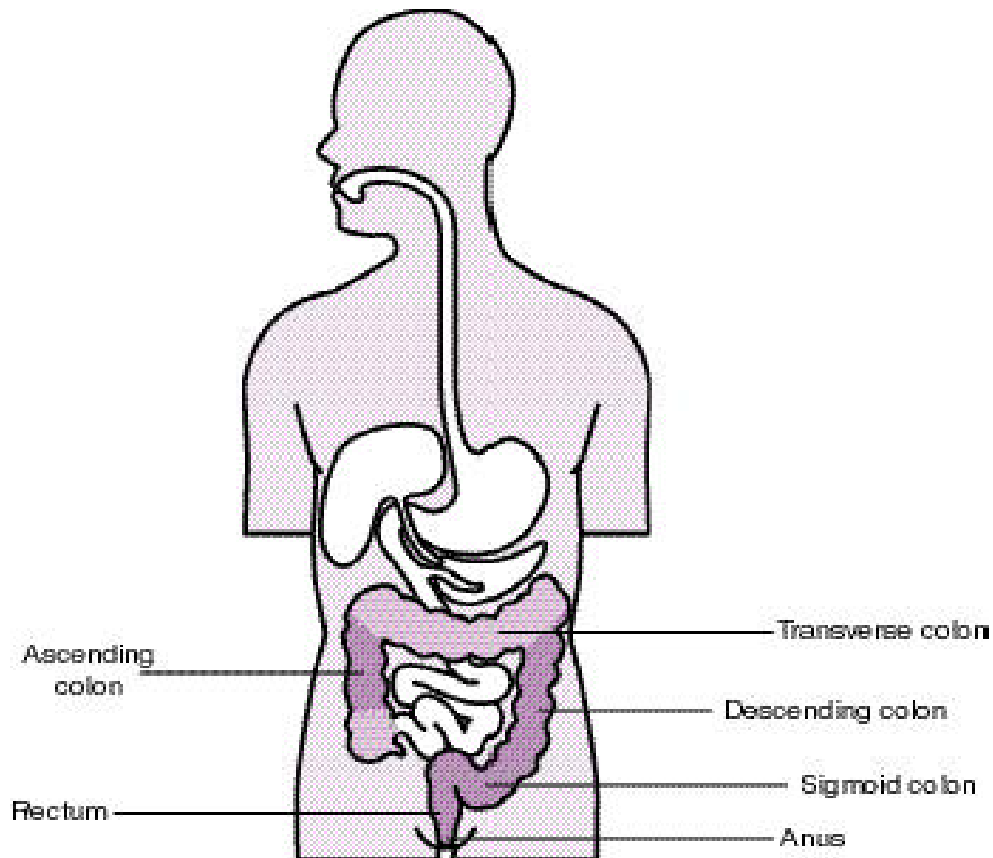
The bowel is part of the digestive tract which connects the stomach to the anus, the opening where waste materials (faeces) are passed out of the body. The function of the bowel is to finish digesting food by absorbing water and nutrients.

The bowel has three main parts:

- small bowel—this mainly absorbs nutrients from broken-down food
- colon—this mainly absorbs water
- rectum—this stores waste materials (faeces) until they are passed from the body through the anus.

The colon and rectum together are known as the large bowel. When we talk about bowel cancer, we are generally talking about cancer of the colon *or* rectum because cancer of the small bowel is rare. Bowel cancer is also known as colorectal cancer.

This booklet also contains references to colon cancer and rectal cancer when specifically distinguishing one form from the other.



How common is bowel cancer?

Bowel cancer is a major problem in Australia. Apart from skin cancer, it is the most common cancer affecting both men and women, and there are about 10,600 new people diagnosed with bowel cancer each year. It is becoming a little more common, especially in men.

About one in 18 men and one in 26 women will develop bowel cancer before the age of 75. The older you are, the greater your chance of developing bowel cancer. It affects mainly people over 50, but can occur at any age. Occasionally, people develop bowel cancer while in their twenties and thirties, but this is very rare. Australia has one of the highest rates of bowel cancer in the world, along with North America and New Zealand.

What causes bowel cancer?

There are a few people who carry faulty or altered genes that increase their risk of bowel cancer. Genes carry the instructions that control how our bodies grow and develop. We inherit these genes from our parents. Sometimes an altered gene can permit a cancer to develop. If your mother or father had an altered gene like this, it can make your chance of developing the same cancer much more likely. It is important to note that there has never been a family where *everybody* gets bowel cancer. 'Bowel cancer in families' (p65) discusses the risk of bowel cancer in your family.

For most people, it is not the genes we were born with, but our age and diet that contribute to developing bowel cancer. Section 2 discusses the benefits of a healthy diet and exercise for reducing an individual's risk of bowel cancer.

SECTION 1

Information for patients

1: HOW DOES BOWEL CANCER START?

Bowel cancer seems to start in two different ways. It can grow from the inner bowel lining, or from a small raised area that looks like a mushroom, known as a polyp. These polyps, are usually benign (harmless), however some polyps can become cancerous (malignant) and capable of spreading.

Polyps are important for people who have already had bowel cancer because they increase your risk of developing a second cancer later on. After being treated for bowel cancer, your doctor will give you regular check-ups to look for either new signs of cancer, or for benign polyps. (See **p19** 'What procedures might I have?').

These check-ups can also be arranged for members of your family if, after discussion with your doctors, they are thought to be at a higher than average risk of developing bowel cancer. For more information, see **p65** 'Bowel cancer in families' and **p19** 'What procedures might I have?'.

1.1 DOES BOWEL CANCER SPREAD?

Bowel cancer spreads (metastasises) beyond the bowel if it is not treated. But it spreads fairly slowly, more slowly than some other cancers. It can stay in the bowel for many months or years before moving outside it, first to the lymph nodes, then to other organs. This gives doctors a chance to completely cure the cancer by surgery.

Lymph nodes are more commonly known as glands. We have them in many parts of our body—the lymph nodes in our neck, our groin and under our arms are the ones we can feel. But we also have them around our bowel.

Bowel cancer is highly treatable when it is detected in its earliest form, even if it has spread to regional (nearby) lymph nodes, but less so if it has spread to other organs such as the liver. When it has spread to other organs, there are many treatments that can help, but a cure is much harder to obtain. **That is what makes it so important to detect bowel cancer early, before it has spread to other organs.**

1.2 WHAT ARE THE DIFFERENT STAGES OF BOWEL CANCER?

Your chances of cure depend on the stage at which your cancer is diagnosed. There are a number of different ways to describe the different stages of bowel cancer, but one method uses the terms A, B, C and D.

- Stage A cancer is confined to the bowel wall.
- Stage B cancer has spread to the outer surface of the bowel wall and not beyond.
- Stage C cancer has spread to lymph nodes outside the bowel wall and not beyond.
- Stage D cancer is where there is known to be distant metastases.

According to figures collected in South Australia between 1977 and 1994, 88 per cent of people with Stage A bowel cancer are alive five years after they are diagnosed and treated. **Although it is not a hard and fast rule, bowel cancer is unlikely to come back in people who are well and have no signs of it after five years.** The figures for people at other stages are 70 per cent for Stage B, 43 per cent for Stage C and 7 per cent for Stage D.

Stage of cancer at diagnosis	Proportion of people alive five years after their diagnosis
A confined to the bowel wall	88%
B spread to the outer surface of the bowel wall and not beyond	70%
C spread to lymph nodes outside the bowel wall and not beyond	43%
D where there is known to be distant metastases	7%

Overall, about 56 per cent of people who have had their bowel cancer successfully removed are alive five years after their diagnosis. This figure seems to be improving slightly, both in Australia and in other parts of the world.

It is important to note that these survival statistics represent the *average* number of people alive five years after their diagnosis, and do not represent a single person's chance of survival. Many factors influence an *individual's* prognosis, so these figures can at best only serve as a guide to a person's chance of cure.