

# The National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program (NBCSP) is part of the Commonwealth Government's Strengthening Cancer Care initiative. The program aims to reduce bowel cancer morbidity and mortality through population screening using FOBT.

Phase 1 of the program invited everyone who turned 55 or 65 between May 1, 2006 and June 30, 2008 to participate, along with those who were invited to participate in the 2002-2004 Bowel Cancer Screening Pilot Program.

Phase 2 of the program commenced on July 1, 2008 and will offer testing to people turning 50, 55 or 65 years of age between January 2008 and December 2010. Eligible participants will be sent an invitation and FOBT kit in the mail. Those who choose to complete the FOBT will then mail the completed test and relevant paperwork to a pathology laboratory.

Participants will be notified of the results of their FOBT by mail. If the test is positive, they will be advised to see their general practitioner within the next two weeks. Their GP, if nominated, will also be notified of the positive result. GPs will then decide on appropriate follow up tests for participants with positive FOBT results, such as assessment colonoscopy.

Remember, a positive FOBT result does not necessarily mean you have bowel cancer. Rather, a positive result indicates the need for further tests.

For more information visit [www.health.qld.gov.au/bowelcancer](http://www.health.qld.gov.au/bowelcancer) or contact the Queensland Bowel Cancer Screening Program on 1300 766 927 (local call).

## What if I do have bowel cancer?

Surgery is the usual treatment for bowel cancer. It involves removing the cancer, as well as nearby lymph glands to check if the cancer has spread outside the bowel. The two ends of the bowel above and below the cancer can usually be joined to restore normal function.

The earlier a tumour is found, the less likely additional forms of treatment will be required.



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Cancer Council Queensland

# Bowel Cancer

– prevention and early detection



The generosity of Queenslanders makes our vital work possible. Visit [www.cancerqld.org.au](http://www.cancerqld.org.au)

We are an independent, community-based charity and are not government funded

For information and support contact our Helpline on 13 11 20, Monday to Friday 8am to 8pm



## What is bowel cancer?

Bowel cancer (also known as colorectal cancer) is the most commonly diagnosed cancer in Queensland for both men and women combined, excluding non-melanoma skin cancer. Approximately one in 18 men and one in 26 women will be diagnosed with bowel cancer during their lifetime.

Bowel cancer usually develops from polyps (growths on the inner lining of the bowel). Many people have polyps, the majority of which are benign or non-cancerous. However, as polyps are an early warning sign for bowel cancer, they should be removed.

If left untreated, polyps may enlarge and become malignant or cancerous. A cancer can remain localised in the bowel for some time before spreading outside it, first to the lymph nodes or glands and then to other organs. The earlier the cancer is detected, the better the chance that it will not spread to other parts of the body (metastasise).

## Am I at risk?

The older you are, the greater your chance of developing bowel cancer. It affects mainly people aged 50 and over but can occur at any age. The risk of developing bowel cancer is greater if your family has a history of the disease.

If you have a family history of bowel cancer, you should discuss this with your doctor. You are considered to have significant family history of bowel cancer if a close relative developed bowel cancer at a young age (under 50 years) or if more than one relative on the same side of your family has had bowel cancer.

Remember that most people who develop bowel cancer have had no family members with the disease.

## What should I look for?

- Blood (either bright or dark red) mixed with mucus, either combined or separate from the bowel motion.
- Changes in normal bowel habits, especially recent.
- Unexplained loss of weight.
- Persistent cramping or abdominal pain, especially if recent onset.
- Feeling of incomplete emptying of the bowel.
- Symptoms of anaemia such as general weakness, tiredness and breathlessness.

See your doctor promptly if you notice any of these symptoms. They do not necessarily mean you have bowel cancer. These symptoms may be caused by other conditions.

Some people find discussing bowel symptoms with their doctor difficult, but it is important to talk about these problems in an open and frank manner.

Remember, early detection is vital as it provides a better chance of cure.

## Can I prevent bowel cancer?

A healthy lifestyle has an important role to play. A diet high in fibre and low in fat is recommended. Smoking and alcohol consumption have been shown to be associated with bowel cancer.

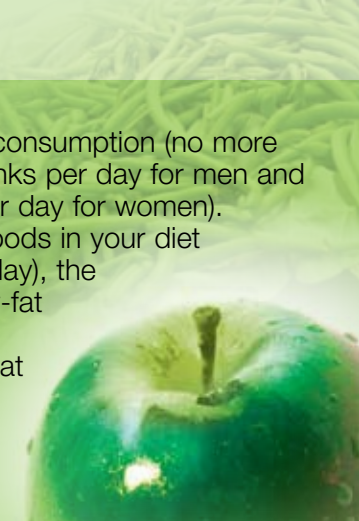


## What can I do?

- Control energy intake (for men, less than 2500 calories per day and for women, less than 2000 calories per day). Dietary fat should make up less than 25 percent of total energy intake.
- Eat a varied and nutritious diet including plenty of vegetables (five or more serves per day) and fruit (two serves per day).
- Maintain a healthy body weight.
- Participate in moderate to vigorous levels of physical activity for 30 to 60 minutes per day (such as walking for at least 30 minutes on most days of the week).
- Do not smoke. Current smokers

should quit smoking.

- Avoid or limit alcohol consumption (no more than two standard drinks per day for men and one standard drink per day for women).
- Include calcium rich foods in your diet (1000 - 1200mg per day), the best source being low-fat dairy products.
- Avoid charring red meat and limit consumption of processed meats.



## Can I be tested for bowel cancer?

There are a number of tests that can be used for the detection of bowel cancer. These include:

### Faecal Occult Blood Testing

The Faecal Occult Blood Test (FOBT) is used to detect blood in bowel motions. This requires the collection of a tiny amount of faeces done in the privacy of your own home, which is then sent to a laboratory for analysis. This is a simple procedure that can lead to the early diagnosis of bowel cancer and a better chance of a cure.

Blood in bowel motions may be from a number of sources, such as haemorrhoids (piles) and does not necessarily indicate bowel cancer. If this test is positive, further tests are necessary before a diagnosis can be made.

The National Health and Medical Research Council recommends everyone aged 50 and over should have an FOBT at least every two years. In addition, they are advised to consider having a flexible sigmoidoscopy every five years.

### Sigmoidoscopy

A lighted tube is inserted by the doctor into the lower part of the bowel, which allows the rectum and the lower part of the colon to be viewed.

### Colonoscopy

The doctor will give you a bowel preparation to clean out the bowel on the evening prior to your colonoscopy. Before the procedure you are given a sedative. A long, thin, flexible tube with a video camera lens on the end is inserted through the anus and rectum and into the colon, so the doctor can directly examine the surface of the colon. It has the extra benefit of being able to remove polyps and take samples of any suspected cancer found during the test.

If you have a positive faecal occult blood test or are considered at high risk for developing bowel cancer, it is likely your doctor will recommend a colonoscopy.

### Barium enema

This is a radiological (x-ray) examination. Like colonoscopy, thorough bowel cleansing is required and then a special fluid is inserted through the anus into the bowel before a series of x-rays are taken.

A barium enema can be used in combination with sigmoidoscopy as an alternative to colonoscopy.

If you are concerned about bowel cancer and wish to be tested, discuss this with your GP.