

Fact Sheet

COLORECTAL CANCER (ALSO KNOWN AS BOWEL CANCER)

Queensland^{1,2}

Latest figures from the Queensland Cancer Registry show that:

- ✦ In 2008 there were 2,869 people diagnosed with colorectal cancer (1,558 men and 1,311 women).
- ✦ In 2008, 892 people died from colorectal cancer (469 men and 423 women).
- ✦ The risk of being diagnosed with colorectal cancer by age 85 years is 1 in 11 (1 in 10 for men and 1 in 13 for women).
- ✦ Colorectal cancer was the third highest cause of cancer deaths in both Queensland men and women (behind lung and prostate in men and behind lung and breast in women).
- ✦ The approximate lifetime risk of dying from colorectal cancer by the age of 85 is 1 in 32 (1 in 26 for men and 1 in 40 for women) in Queensland.
- ✦ Compared to the general population, 66.8 per cent of people diagnosed with colorectal cancer will survive for at least five years.
- ✦ In 2008, about 77 per cent of colorectal cancer deaths occurred after the age of 65.

Trends in Queensland²

- ✦ Incidence rates are stable. Male colorectal cancer incidence rates increased by 1.5 per cent each year during 1982 to 1995, but have since plateaued. Female incidence rates have been comparatively stable since data collection began in 1982.
- ✦ Mortality rates are falling - the rate among males has decreased by 2.5 per cent each year since 1994, and the rate among females has decreased by 1.5 per cent each year between 1982 and 2008.

Australia³

- ✦ Colorectal cancer is the second most common cancer diagnosed in Australia.⁴
- ✦ In 2007, 14,234 Australians were diagnosed with colorectal cancer (7,804 men and 6,430 women).
- ✦ 4,047 people died from the disease in 2007, including 2,191 men and 1,856 women.
- ✦ One in 12 Australians will be diagnosed with colorectal cancer before the age of 85, with the disease affecting one in 10 men and one in 14 women.
- ✦ Colorectal cancer accounts for 13.1 per cent of all cancers diagnosed in Australia, and 10.1 per cent of all cancer deaths.

¹ Queensland Cancer Registry, 2011. *Cancer in Queensland, Incidence, Mortality, Survival and Prevalence 1982-2008*. Brisbane: Cancer Council Queensland, Queensland Health and QCR.

² Queensland Cancer Statistics On-Line, 2011. Viertel Centre for Research in Cancer Control, Cancer Council Queensland (www.cancerqld.org.au/research/qcsol). Based on data released by the Queensland Cancer Registry (1982-2008; released November 2011).

³ Australian Institute of Health & Welfare 2010. *ACIM (Australian Cancer Incidence and Mortality) books: Bowel cancer* (<http://www.aihw.gov.au/acim-books/>). Canberra: AIHW.

⁴ Australian Institute of Health and Welfare & Australasian Association of Cancer Registries, 2010. *Cancer in Australia: an overview, 2010*. Cancer series no. 60, Cat. No. CAN 56. Canberra: AIHW.

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Symptoms⁵

- ✦ Early detection is vital as it provides a better chance of cure. People should consult their general practitioner if they experience any of the following symptoms:
 - Blood mixed with mucus, either combined or separate from the bowel motion;
 - Changes in normal bowel habits;
 - Unexplained weight loss;
 - Persistent cramping or abdominal pain; and
 - General weakness, tiredness and breathlessness.

Prevention⁴

- ✦ Food, nutrition and physical activity all have a role to play in the prevention of colorectal cancer. People should attempt to:
 - Maintain a healthy body weight;
 - Eat a varied and nutritious diet including plenty of fruit and vegetables;
 - Maintain at least a moderate level of physical activity (For example, walking for 30 minutes on most days of the week);
 - Refrain from smoking; and
 - Reduce alcohol consumption.

Risk factors⁶

- ✦ Age – the older you are, the greater your chance of developing bowel cancer. (Sporadic polyps are very often found in the colons of people over the age of 45);
- ✦ Family history of cancer in close relatives (parents, siblings or children);
- ✦ Previous diagnosis of bowel cancer;
- ✦ People with a long history (10 years or more) of extensive ulcerative colitis.

Testing

- ✦ A Faecal Occult Blood Test (FOBT) is a simple test that looks for tiny amounts of blood in the bowel motion. It involves taking a stool sample, smearing it onto a slide or card and sending it to the laboratory for testing.
- ✦ It is recommended people aged over 50 years, without symptoms and without a family history of bowel cancer have an FOBT every two years.
- ✦ If blood is found in an FOBT, further testing such as a colonoscopy is needed to determine the cause of the bleeding.

National Bowel Cancer Screening Program

⁵ Youlden DR, Cramb SM, Baade PD. *Current status of colorectal cancer in Queensland: 1982 to 2005*. Viertel Centre for Research in Cancer Control, Cancer Council Queensland. Brisbane, Queensland: 2008.

⁶ Queensland Cancer Fund 2002, *Understanding Cancer of the Colon and Rectum* [brochure], Queensland Cancer Fund.

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- ✦ The National Bowel Cancer Screening Program was announced in the 2005-06 Federal Budget, with an aim to reduce bowel cancer morbidity and mortality through population screening using the Faecal Occult Blood Test (FOBT).
- ✦ The second phase of the National Bowel Cancer Screening Program commenced on 1 July 2008 and offers testing to people turning 50, 55 or 65 between January 2008 and December 2010.
- ✦ In the 2011-2012 Federal Budget, the Australian Government decided to reinstate the National Bowel Cancer Screening Program with a commitment to permanent funding. This means we will never again have a situation where the future of the program is uncertain, as we did at the end of 2010.
- ✦ From 2011 and beyond, Australians turning 50, 55 and 65 years of age receive a FOBT kit under the National Bowel Cancer Screening Program.
- ✦ This means that significant numbers of Queenslanders are still at risk of a late diagnosis of bowel cancer, until the Federal Government decides to fund a comprehensive national bowel cancer screening program for everyone over the age of 50 years.
- ✦ Cancer Council Queensland, together with Cancer Council Australia and other State and Territory Cancer Councils, has called on the Federal Government to fund a program of population-wide two-yearly screening for those aged over 50.
- ✦ Without a population-wide program, people will continue to die from a disease that can be treated effectively if it is detected early.
- ✦ For more information about our advocacy campaign, go to <http://www.getbehindbowelscreening.com.au/>.

Research⁷

A comprehensive report on colorectal cancer in Queensland (available at www.cancerqld.org.au/pdf/colorectal_report.pdf) was published by the Viertel Centre for Research in Cancer Control in 2008.

Key findings included:

- ✦ The incidence of colorectal cancer is significantly lower for remote Queensland residents compared to people living in major cities.
- ✦ Overall five-year relative survival rates have improved significantly from 48 per cent in 1982-1987 to 65 per cent in 2000-2005.
- ✦ Survival rates for colorectal cancer are about 30 per cent lower for males and 20 per cent lower for females from regional areas compared to people living in South East Queensland.
- ✦ The likelihood of surviving colorectal cancer varies according to socio-economic status among females in Queensland. Compared to females from middle socio-economic groups, females from the most disadvantaged areas have poorer survival.

⁷ Lynch BM, Baade P, Fritschi L, Leggett B, Owen N, Pakenham K, Newman B, Aitken JF 2007, 'Modes of presentation and pathways to diagnosis of colorectal cancer in Queensland', *Medical Journal of Australia*, vol. 186, no. 6, pp. 282-87.

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A research study conducted by the Viertel Centre for Research in Cancer Control investigating the patterns of diagnoses and treatment, as well as predictors of quality of life up to five years post-diagnosis for colorectal cancer survivors found:

- ✦ Only two per cent of colorectal cancer patients were diagnosed by Faecal Occult Blood Test with 90 per cent diagnosed with symptoms. (NB This was prior to the introduction of the National Bowel Cancer Screening Program).
- ✦ The majority of people (90 per cent) experienced symptoms prior to being diagnosed with colorectal cancer.
- ✦ Patients who did not have private health insurance had a longer time to diagnosis, largely due to the waiting times associated with colonoscopy in the public system.
- ✦ Quality of life was higher in people who regularly exercised, and was highest amongst survivors who increased their physical activity over the period of the study.
- ✦ Quality of life decreased as the amount of time spent watching television increased.

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