

## Symptoms of bowel cancer

Symptoms may include one or more of the following:

- Bleeding from your back passage or any sign of blood after a bowel motion
- A change in bowel habit: for example, straining to go to the toilet and/or looser bowel motions
- Abdominal pain and bloating
- Loss of weight for no obvious reason
- Loss of appetite
- Symptoms of anaemia - unexplained tiredness, weakness or breathlessness.

It is important to realise, these symptoms do not necessarily mean that you have bowel cancer. These symptoms may be caused by other conditions.

Many people with the symptoms of bowel cancer delay seeing their doctor because they are embarrassed. Unfortunately this embarrassment may put lives at risk. It is important to put embarrassment aside and discuss concerns in an open and frank manner.

Remember, the earlier a diagnosis is made the better the chances of successful treatment. As the cancer progresses, the chances of surviving the cancer decreases.

For more information about bowel cancer see our website at [www.cancerwa.asn.au/bowel-cancer/](http://www.cancerwa.asn.au/bowel-cancer/)

For information on treatment of bowel cancer, see our website at [www.cancerwa.asn.au/bowel-cancer/](http://www.cancerwa.asn.au/bowel-cancer/) or refer to our brochure *'Understanding Bowel Cancer, a guide for people with cancer, carers, family and friends.'* available from the Cancer Council Helpline.

## What you can do to reduce your chances of developing bowel cancer

- Be screened for bowel cancer using a Faecal Occult Blood Test (FOBT) every two years after the age of 50.
- If eligible take part in the National Bowel Cancer Screening Program.
- Achieve at least 30 to 60 minutes of moderate-intensity physical activity on most days of the week, the more the better.
- Achieve and maintain a healthy body weight.
- Eat a well-balanced and varied diet, including 5 serves of vegetables and 2 serves of fruit every day.
- Avoid processed meat.
- Moderate red meat intake to 3 or 4 times a week.
- Quit smoking.
- Avoid or limit alcohol intake.
- Consult a doctor promptly if you have any of the symptoms described in this brochure or if you have an increased risk.

For any other queries on bowel cancer contact the Cancer Council Helpline 13 11 20 statewide for the cost of a local call Weekdays 8 am - 6 pm

This brochure is supported by the Brigid Anne Milner and Cecilia Marie West Endowment Trust established by the generous bequest of the late George Henry Milner.

# Bowel Cancer:

A simple test could save your life



### For further information contact:

  
Cancer Council  
Helpline  
**13 11 20**

statewide for the cost of a local call  
Weekdays 8 am - 6 pm



15 Bedbrook Place, Shenton Park WA 6008  
P: (08) 9388 4333 F: (08) 9388 4399  
[www.cancerwa.asn.au](http://www.cancerwa.asn.au)

Cancer Council WA is a non-government, community supported organisation



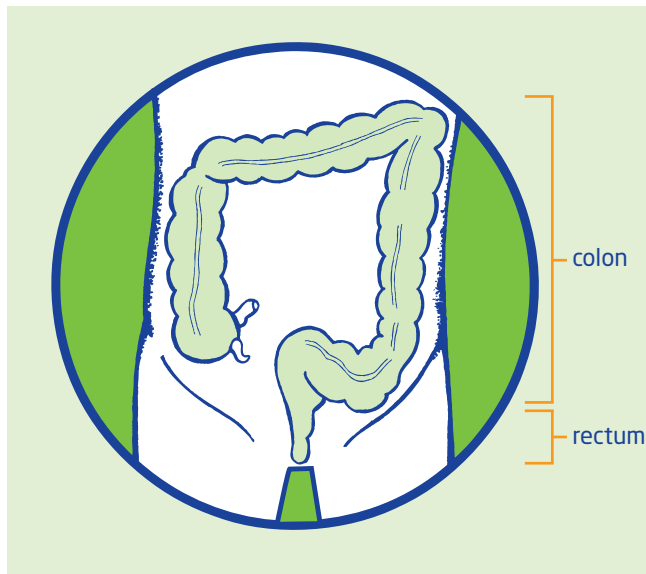
Bowel cancer (or colorectal cancer) is the most common internal cancer in Western Australia (WA) and, after lung cancer, is the second leading cause of cancer death in both men and women.

This cancer becomes more common with increasing age. However, if detected early, bowel cancer can be treated and often cured.

## What is the bowel?

The bowel is a muscular tube made up of the colon and rectum (see diagram).

The bowel deals with all the waste products that remain after food has been digested and absorbed in the small intestine.



This picture shows where the bowel is inside your body

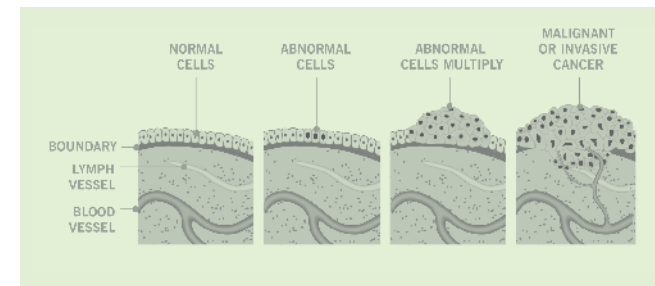
## How does bowel cancer develop?

Bowel cancer usually develops from a polyp, which is a growth of abnormal cells on the inside lining of the bowel.

Many people have polyps, most of which will be benign (non-cancerous).

As polyps can be an early warning sign for bowel cancer, they are removed when possible.

Some polyps may enlarge and become malignant (cancer). If not found and treated the cancer may spread through the bowel wall to surrounding blood vessels and lymph nodes, and to other organs in the body.



This picture shows the development of a bowel cancer on the inside lining of the bowel.

## Who is at risk?

Everyone is at risk of developing bowel cancer, but the risk increases with age.

Certain factors put people at more risk of developing bowel cancer. These include:

- Previous history of polyps in the bowel
- Previous history of bowel cancer

- Chronic inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- Family history of bowel cancer
- Familial Adenomatous Polyposis (FAP) and Hereditary Non-Polyposis Colorectal Cancer (HNPCC)
- Increased insulin levels and type 2 diabetes.

People in any of these high risk categories are strongly advised to contact their doctor about regular check-ups.

Most people who develop bowel cancer are not in these high risk categories above. Most people develop bowel cancer from being overweight, physically inactive or eating a poor diet.

## Screening for bowel cancer

Screening for cancer means finding cancer early or finding pre-cancerous changes before symptoms develop. Early detection significantly improves chances of successful treatment.

If you're over 50, speak to your doctor about regular bowel cancer screening (every two years). If you are eligible you will be invited to participate in the National Bowel Cancer Screening Program. You will be sent an invite along with a Faecal Occult Blood Test (FOBT) to complete at home and post to the nominated pathology laboratory for testing.

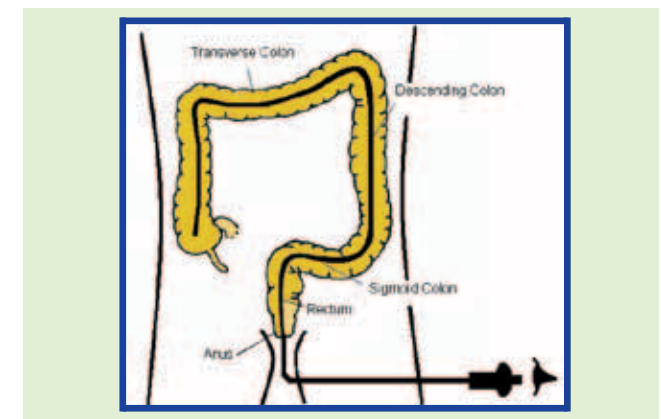
As bowel cancers have a tendency to bleed, an FOBT can be used to look for hidden traces of blood in bowel motions. There are different types of FOBTs available.



The FOBT kit used in the National Bowel Cancer Screening Program

FOBTs do not detect cancer, but are useful to determine if further tests (such as a colonoscopy) are needed. Participants with a positive FOBT result will be asked to visit their doctor for a referral for a colonoscopy.

A colonoscopy is usually done under sedation at a hospital. You will be asleep and a special instrument called a colonoscope is used to view your bowel.



Colonoscopy