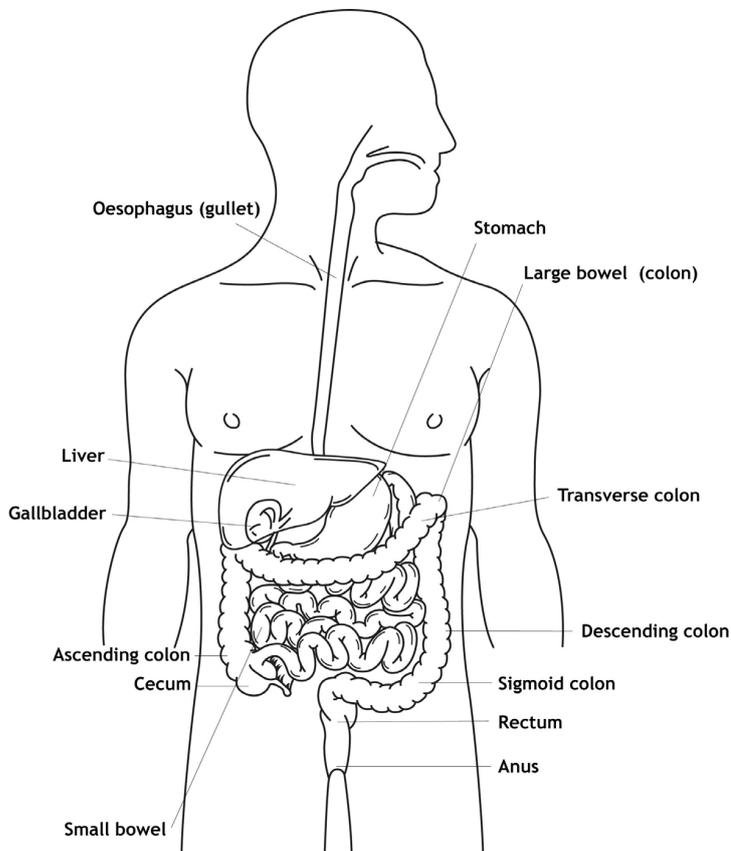




This information sheet will provide you with a brief summary about cancer of the bowel. It includes information about diagnosis, treatment and looking after yourself when you have cancer.

What is bowel cancer?

Bowel cancer is named according to where in the bowel it is found: for example, cancer of the colon or cancer of the rectum. This cancer occurs when the cells in some part of the bowel grow abnormally and form a lump or tumour. Most cancers are in the large bowel (see diagram below). Cancer in the small bowel is very rare and is not discussed in this information sheet.



He aha te matepukupuku puku hamuti?

I whakaritea tēnei puka hei whakarato pārongo mō te matepukupuku o te puku hamuti nui (kōpiro) me te tou. Mehemea kua pā te matepukupuku ki tō puku hamuti iti (ileum), ka whakataunaki mātou kia pānuitia e koe te rauemi ā-ipurangi a Macmillan, Cancer Support UK, Understanding Small Bowel Cancer. Ki te hiahia pānui koe, haere ki www.macmillan.org.uk

Ka puta te matepukupuku puku hamuti nui i ngā wā e tino rerekē ana te tipu o ngā pūtau, ā, ka puta he puku. Kitea ai te nuinga o ngā matepukupuku puku hamuti i roto i te kōpiro.

How common is bowel cancer?

Bowel cancer is the second most common cancer in New Zealand. 93 per cent of cases are found in people over the age of 50.

Symptoms of bowel cancer

Common signs and symptoms of bowel cancer include:

- blood in your bowel motions (this may look like red blood or black bowel motions)
- a change of bowel habit. Particularly a tendency to looser or more frequent bowel motions (diarrhoea), or feeling that your bowel does not empty completely
- general abdominal discomfort or pain (frequent gas pains, bloating or cramps)
- unexplained weight loss
- tiredness
- anaemia.

Most people who experience any of the above symptoms do not have bowel cancer. However, if you do experience any of these symptoms and they last for more than six weeks, you should see your doctor straight away.

Screening for bowel cancer

A bowel cancer screening programme is being rolled out throughout New Zealand. People between the ages of 60 - 74 years of age without any symptoms of bowel cancer are eligible to join the programme. For more information, talk to your doctor or visit the Ministry of Health's website: www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme.

Diagnosing bowel cancer

A number of tests can be performed to diagnose bowel cancer. You may have some or all of the following tests:

Abdominal examination

The doctor feels the surface of your abdomen to check for any lumps.

Rectal examination

The doctor inserts a gloved finger into your rectum to check for any lumps, swelling or bleeding.

A test for blood in the bowel motions (faecal occult blood)

This is most commonly used as a screening tool as part of a screening programme for bowel cancer. A normal faecal occult blood test does not exclude bowel cancer.

Blood count

A sample of your blood is taken to count the number of red cells in your blood. A low red blood cell level (anaemia) can be a sign of bowel cancer.

Carcinoembryonic antigen (CEA)

CEA is a blood test that measures a protein in your blood which is sometimes raised in people with bowel cancer.

Sigmoidoscopy

Your specialist examines your rectum and the lower part of your bowel using a short tube. They may take a biopsy (a small sample of tissue) during the procedure.

CT colonography (also known as virtual colonoscopy)

Your colon is emptied with a laxative and air is gently pumped into your bowel via your anus (the entry to your rectum). CT scans are taken of your abdomen. If abnormalities are found, this usually leads to a colonoscopy.

Colonoscopy

Your specialist looks at the entire length of your large bowel by gently inserting a long, flexible tube through your anus and rectum into your colon. You may be offered medication to help you relax during the colonoscopy. They may take a biopsy or remove any polyps (small lumps in the lining of the bowel) for further testing.

Scans

CT (computerised tomography) scans are undertaken, in most patients with bowel cancer to see if the cancer has spread to other parts of the body. MRI scans are done to help the surgeon plan some operations, particularly for rectal cancer. Occasionally PET (positron emission tomography) scans are used if a CT or MRI scan is unclear, but most patients do not need this test.

Treating bowel cancer

There are a number of ways of treating bowel cancer.

These treatments include:

- surgery
- chemotherapy
- radiation treatment
- chemoradiation.

The treatment recommended for you will depend on the size of your cancer, where it is in your colon and whether it has spread to other parts of your body. Your general health and your wishes are also important in the decision making.

Surgery

The type of operation you have will depend on:

- where the cancer is in your bowel
- the type and size of your cancer
- whether your cancer has spread.

Staging bowel cancer

After your operation, the tumour and the tissue around it is sent to a laboratory where specialist doctors can measure the size of the tumour and see if the tumour has spread. This is called staging. The staging information is used to help your medical team decide if you need further treatment.

Chemotherapy

Chemotherapy is the treatment of cancer with anticancer (cytotoxic) medicine. The aim of chemotherapy is to kill cancer cells while doing the least possible damage to healthy cells. There are many types of chemotherapy treatment and different combinations can be used.

Chemotherapy may be given at different times:

- Before surgery to try and shrink the cancer and make the operation easier
- During radiation treatment (chemoradiation) to increase the effectiveness of the radiation treatment
- After surgery to reduce the chances of the cancer coming back
- As a palliative treatment to reduce symptoms of your bowel cancer and improve your quality of life if your cancer has spread beyond the bowel.

Radiation treatment

Radiation treatment is used to kill cancer cells by using X-ray beams that target the area affected by cancer.

Radiation treatment may be given on its own:

- as a palliative treatment to treat cancer that has spread to other organs beyond the bowel
- to reduce symptoms of your cancer and improve your quality of life.

Chemoradiation (chemotherapy and radiation treatment together)

Radiation treatment can be given in combination with chemotherapy to treat:

- cancer that has spread to areas close to the rectum (locally advanced rectal cancer) before surgery, to try to shrink the cancer and make surgery easier
- cancer that has spread to other distant parts of the body (metastatic cancer) to shrink the cancer and control symptoms such as pain and bleeding.

It may also be given with oral chemotherapy after surgery for rectal cancer to reduce the chances of your cancer coming back but this is less common.

Making decisions about treatment

If you are given a choice of treatments, including no treatment for now, you will need to think about your options. You may want to ask your doctor questions such as:

- what is the goal of the treatment?
- can I expect to live longer if I have treatment?
- if I have treatment, is there a risk that my quality of life will be affected by the treatment?
- are there other treatments for me?
- what is the chance of the treatment working?

Before you see your doctor, it may help to write down any questions you would like answered. We suggest that you take someone with you to your appointments to support you to get the information that you need.

A second opinion

Some people may want to ask another doctor about their cancer or treatment. You can ask your oncologist or family doctor to refer you to another cancer doctor if you would like a second opinion

Other treatments

People with cancer sometimes think about using complementary therapies, alternative therapies or traditional healing. Some people feel it gives them a greater sense of control over their illness, and that it is 'natural' and low risk. For others, it is their usual cultural practice (for example, rongoā). It is important to talk to your doctor about any other therapies you are using or thinking about, because they may be harmful if used at the same time as conventional treatments.

After treatment

After your treatment your doctor will let you know how often you need routine check-ups. Check-ups will gradually become less frequent if you have no further problems. If you have any questions talk to your cancer doctor or GP.

Looking after yourself

People react in different ways when they learn they have bowel cancer. Often hearing you have cancer is unexpected and your thoughts and feelings about this may be overwhelming. Talking about how you are feeling can be helpful. Eating well, gentle exercise and finding ways to relax during and after treatment, may help to reduce stress and improve your wellbeing.

For more information or support call our Cancer Information Helpline 0800 CANCER (226 237) to speak with our specialist information staff or visit your local Cancer Society office.

Recommended reading

You may find the following Cancer Society resources helpful. Find them online at www.cancernz

Bowel Cancer

Bowel Cancer and bowel function: Practical advice

Sex and Cancer

Cancer in the Family

Coping with Cancer

Chemotherapy

Radiation Treatment

Emotions and Cancer

Eating Well During Treatment

Suggested websites

The following websites also have information on bowel cancer:

Colorectal Surgical Society of Australia and New Zealand
www.cssa.org.au

Cancer Council Australia
www.cancer.org.au

Cancer Research UK
www.cancerresearchuk.org

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date or evidence-based medical information. We suggest you discuss any information you find with those involved in your care.