

Bowel Cancer

Bowel (or colon) cancer is the popular term used to refer to colo-rectal cancer. Most of these cancers occur in the colon which forms part of the intestines and about one third of such cancers occur in the rectum where the large intestine joins the anus.

It is malignant tumours which are cancerous. Benign tumours (known as polyps) do not cause a problem and are easily removed when a colonoscopy is performed.

Who is at risk of colon cancer?

There are around 35,000 new cases of bowel cancer diagnosed in the UK every year, eight out of ten occurring in the over 60s. Certain factors are believed to raise or lower incidence levels.

Higher risk factors	Lower risk factors
<ul style="list-style-type: none">• Obesity• High alcohol intake• Red meat• Processed meat	<ul style="list-style-type: none">• Aspirin like painkillers• HRT• Low fat and high fibre diet

What are the symptoms of bowel cancer?

There are a number of worrying symptoms which may indicate bowel cancer however, these may be indicative of other conditions as well. It cannot be emphasised enough that the only way for a correct diagnosis to be made is for a surgeon to carry out an investigation. That said the following would be cause for someone to seek advise:

- a change in bowel habit (eg more frequent visits to the toilet)
- bleeding
- chronic tiredness
- abdominal pain
- unaccountable weight loss

Early on there may be no symptoms and checking for blood in the stool (FOB testing) may be a useful screening test. Once a cancer is identified assessment by CT scanning is usually required primarily to define if the disease has spread or not and to help tailor treatment accordingly.

How can it be treated?

Surgery is the usual method of treatment. The part of the affected bowel together with adjacent lymph nodes are surgically removed. This can very often be achieved by laparoscopic (keyhole) surgery which can dramatically speed recovery and discharge from hospital.

Occasionally the bowel may need to be brought on to the abdominal wall and faeces collect into a plastic bag (colostomy or ileostomy). This is often a temporary measure but it may be permanent if the tumour is in the lower rectum. Specially trained stoma nurses are there to help and support patients. After the operation radiotherapy or chemotherapy may be used to kill off any remaining cancer cells.

How effective is the treatment?

If diagnosed early before the cancer has spread from the bowel these treatments are very effective and as high as 90% of patients are still alive 5 years after treatment.