Bowel Cancer

What you and your family need to know
About the GI Cancer Institute and the AGITG

The GI Cancer Institute is Australia’s only independent, non-profit organisation with the specific aim of raising awareness and funds to carry out clinical trials and research to test and improve treatments for gastro-intestinal (GI) cancers: a term for the group of cancers that affect the digestive system. This includes cancer of the oesophagus, stomach, liver, pancreas, gallbladder and biliary tract, large and small bowel, rectum and anus.

These trials are conducted by the Australasian Gastro-Intestinal Trials Group (AGITG), a multi-disciplinary collaborative group of medical and research professionals. Since 1991 this network of health professionals have been working to improve medical treatments for people with GI cancers.

Our vision is to create a world free from GI cancers.

We put patients with GI cancer at the centre of our research, saving and improving lives by accelerating the pace of discoveries that lead to cures. Our dedicated group of research and health professionals turn bold new ideas into life-saving clinical trials that help patients as quickly as possible.

Our clinical trials make a difference in three key ways:

- Providing access to the latest cutting-edge treatments for GI cancer patients
- Improving future treatments by delivering significant findings
- Providing information that influences the direction of best medical practice.
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The bowel and bowel cancer

Bowel cancer, also known as colorectal cancer, is when malignant cancer cells grow in the wall of the large bowel. This includes the large intestine, and rectum, which are all part of the lower digestive tract. Cancers that affect the small bowel (or small intestine) are very rare.

Bowel cancer occurs when the cells of the large bowel lining begin to grow uncontrollably and turn into a cell clump called a polyp or an adenoma. Most polyps are benign and are not malignant or cancerous. However, when polyps are undetected they can become cancerous. Most bowel cancers originate from cancerous polyps that spread to other organs.

The most common type of bowel cancer is called an adenocarcinoma, named after the glandular cells in the lining of the bowel where the cancer first develops. Other rarer types include hamartomas, mesenchymal tumours, neuroendocrine tumours, and lymphomas.

Males are 1.4 times as likely to be diagnosed with bowel cancer as females. The risk of bowel cancer increases with age.

If detected early, bowel cancer is one of the most curable types of cancer and responds well to treatment, especially if the cancer has not spread.

3rd most diagnosed cancer in Australia in 2019
69.9% 5-year survival rate
16,398 new cases were diagnosed in 2019 (estimated)
The symptoms of bowel cancer are usually vague and can also occur in other medical conditions. In the early stages, bowel cancers often do not cause any symptoms. For this reason, participating in screening programs to detect bowel cancer early is important to avoid diagnosis in the late stages of disease.

**Symptoms of bowel cancer can include:**
- Blood in stool or on the toilet paper
- Change in bowel habits. This includes more frequent bowel movements, constipation or diarrhoea
- Change in appearance and consistency of bowel movements
- Changes in bowel function, such as feeling bowel hasn’t emptied completely even after a bowel movement
- Feeling of bloating
- Unexplained weight loss
- Unexplained weakness or fatigue
- Rectal or anal pain
- A lump in the abdomen
- Pain, cramps or swelling in the abdomen
- Iron deficiency anaemia (low red blood cell count)

*Speak to your doctor if you experience any of these symptoms.*
Diagnosing bowel cancer

The Australian Government has a free bowel cancer screening program for people aged 50-74. The aim is to find cancers early when they are easier to treat and cure. Screening can also find polyps, which may develop into cancer over time.

A screening test called a faecal occult blood test (FOBT) is used to collect samples of bowel motions, which are then analysed to detect tiny traces of blood, invisible to the naked eye. The screening test cannot diagnose bowel cancer, but the results will indicate whether a further test (usually a colonoscopy) is needed to rule out bowel cancer.

When there is suspicion of a possible bowel cancer diagnosis, the medical practitioner will first conduct a physical examination to check the abdomen for swelling. A digital rectal exam may also be done where the doctor checks for swelling in the anus and rectum. Examinations also include blood tests to check for anaemia.

A colonoscopy also allows the doctor to examine the entire length of the large bowel. This can help detect polyps and any abnormal body tissue. This is done using a thin flexible tube with a camera, called a colonscope, inserted into the anus, rectum and colon. During the procedure, the doctor may also take a small sample of tissue, called a biopsy, for examination under a microscope to see if there are any cancer cells.

Other imaging technology may be used to get a clearer picture for doctors to see if there is any evidence of cancer. This may include computed tomography/positron emission tomography (CT/PET scans) or Magnetic Resonance Imaging (MRI).
Can bowel cancer be prevented?

The risk of bowel cancer increases with age – but it takes time to develop, so prevention and screening are important ways to reduce the risk.

The earlier bowel cancer is diagnosed, the better the chance of successful treatment.

Some ways to reduce your risk of bowel cancer include:

- **Eating a healthy diet** with plenty of fruit, vegetables, wholegrain food and fish, and reducing your consumption of fatty foods, red meat and processed meats;
- **Reducing consumption of alcohol and not smoking**;
- **Participating in regular exercise** and maintaining a healthy weight;
- **Being aware of your medical conditions** that may increase your risk of developing GI cancers;
- **Understanding your gastro-intestinal health** and learning about the way your body naturally functions so that you can recognise any changes in bowel habits;
- **Participating in screening programs** after the age of 50.

A positive way of responding to a bowel cancer diagnosis might be to encourage your family to be aware of healthy choices. It’s important to remember, however, that even if someone “does all the right things”, they can still develop bowel cancer – even at a young age.

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Simple things you can do to decrease your risk of bowel cancer

- **Maintain a healthy diet**
- **Moderate your alcohol intake**
- **Give up smoking**
- **Maintain a normal weight**
Surgery is the most common type of treatment for bowel cancer. However, this depends on the location of the cancer and whether it has presented at an advanced stage. Treatment options include surgery, radiotherapy or chemotherapy. If the cancer is found at an early stage, the chance of a full recovery is high.

**Surgery**

In some cases, polyps can be removed during a colonoscopy, and if the biopsy confirms it is not cancerous, no further treatment is needed. However, regular check-ups are recommended. The most common form of surgery to remove cancer in the colon is called a colectomy. The amount of colon removed during surgery depends on the location and how extensive the cancerous area is. Lymph nodes near the colon and part of the bowel may also be removed. If the cancer is in the rectum, the specific location will determine how extensive and complex the surgery will be. If it is a small area and the cancer hasn’t spread, rectal cancer can be removed locally. In some cases, all of the colon and rectum are removed.

**Chemotherapy**

Chemotherapy is medication that kills or slows the growth of cancer cells. Chemotherapy can be given before surgery to help shrink a large tumour, or after surgery to decrease the risk of the cancer returning. Chemotherapy can also be used on its own to help control symptoms as a palliative treatment.

**Side effects of chemotherapy**

Chemotherapy can have side effects. Many side effects are temporary, but some may be serious and you may need medical attention.

Common side effects of chemotherapy include feeling very tired, feeling sick to your stomach, vomiting, sore mouth or mouth ulcers, difficulty swallowing, appetite changes, constipation or diarrhoea, and hair loss or thinning. You may also be more likely to catch infections.

If you have any side effects, talk to your treatment team.

**Radiotherapy**

Radiotherapy (also known as radiation therapy) uses x-rays to kill cancer cells. Radiation may be used in combination with chemotherapy or on its own. Radiotherapy may be used before or after surgery depending on the situation at the time of diagnosis. It can also be used to control symptoms including pain, bleeding or obstruction. Possible side effects of radiation therapy include skin changes (where the radiation is given), fatigue, nausea and vomiting and diarrhoea.
What happens if cure is not possible?

In some cases, the cancer may have spread to a point where cure is not possible. If this happens, your medical team may talk to you about palliative treatment.

Palliative treatment (also called palliative care) aims to improve your quality of life by relieving pain and helping to manage other symptoms.

Palliative treatment for bowel cancer may include surgery, radiotherapy, chemotherapy or other medicines. These treatments can help manage symptoms such as pain, bleeding, swallowing difficulty and nausea. They can also slow the spread of the cancer.

You may have thought about your preferences for being at home or at a palliative care centre when the cancer cannot be cured. Discuss this with your family and the palliative care team so that you have all the information needed to make this decision.

Clinical trials

You may be able to access new drugs and/or treatment protocols to treat bowel cancer through clinical trials.

Clinical trials are research studies that test new drugs or other treatments to see if they are better than current treatments. Participation in trials is voluntary and you will not be enrolled in a trial without your knowledge.

Over the years, clinical trials have improved treatments and led to better outcomes for people diagnosed with cancer. Talk with your doctor about whether there are any clinical trials that may be suitable for you.

Your treatment team

The treatment and care of people with bowel cancer usually involves a team of health professionals, and may include a:

General practitioner (GP): Your GP will generally be the one to arrange the first tests to assess your symptoms

Gastroenterologist: Doctor who specialises in diseases of the digestive system

Surgeon: Doctor who treats diseases with surgery

Medical oncologist: Doctor who treats cancer with medicines such as chemotherapy

Radiation oncologist: Doctor who treats cancer with radiotherapy

Cancer nurses: Administer drugs, including chemotherapy; provide care and support

Palliative care team: Specialise in pain and symptom control to maximise wellbeing and improve quality of life

Other health professionals: Dietitian, physiotherapist, occupational therapist, social worker or counsellor, genetic counsellor or clinical geneticist
Cancer can cause physical and emotional strain. It is therefore important to look after your general health and wellbeing as much as possible.

**Maintain a healthy diet and weight**

Eating right can be hard for anyone, and can be even harder during and after cancer treatment. This is especially true for cancers that affect the digestive tract like bowel cancer.

Bowel cancers and their treatments may affect what foods you can eat and how your body digests foods. You may find that some foods you had previously eaten may cause digestive problems. You may also find that you feel full more quickly, don’t feel like eating, or may have lost your sense of taste. Some patients with bowel cancer have problems with nausea, diarrhoea, sweating, and flushing after eating.

It’s important to make sure you eat and drink enough to maintain your weight and avoid malnutrition. If you are eating less than usual, it is often recommended to choose high energy, high protein foods. If you need help with your diet, ask your doctor for a referral to a dietitian with experience in cancer care.

**Stay active**

Physical activity may help to reduce tiredness and improve your mood. There is emerging data of the association of physical activity with lower risk of bowel cancer. Speak to your doctor about the amount and type of exercise that would be best for you.

**Complementary and alternative therapies**

Some people with cancer choose to use complementary or alternative treatments alongside their conventional cancer treatments. It is very important that you tell your doctor about any complementary medicines you are using or thinking about trying, as some may interact with or reduce the effectiveness of the cancer treatment your doctor has recommended. They may also have unwanted side effects.

**Relationships with others, sexuality and intimacy**

Having cancer can affect your relationships with family, friends and colleagues. Give yourself time to adjust to what’s happening and do the same for others.

Having bowel cancer and its treatment can also affect the way you feel about your body, your intimate relationships, the way you express yourself sexually and your sexual feelings (your ‘sexuality’). These changes can be very upsetting.

If you are able to have sex, your doctor may advise you to use contraception to protect your partner or to avoid pregnancy. Your doctor will talk to you about any precautions you may need to take. If having children is important to you, talk to your doctor before starting treatment.

*If you would like to discuss things further, ask your doctor for a referral to a counsellor.*
Helpful tips to maintaining a healthy weight:
• Eat what appeals to you
• Try different foods to see which ones you can tolerate best
• Snack often during the day (eat small meals every 2-3 hours, rather than 3 large ones)
• Eat slowly (this can help stop you from feeling full too quickly)
• Stay hydrated – drink liquids between meals
• Ask family and friends for help with cooking when you don’t feel well
• Speak to a dietitian for advice

Summer Smoothie Delight

This Smoothie provides a great source of antioxidants (berries), protein (milk and yogurt) and B vitamins (oats). Smoothies are a healthy quick and convenient option for breakfast or lunch on warm summer days. Smoothies also provide a good option for people who require a liquid diet during some treatments for cancer.

Ingredients
• ½ cup traditional rolled oats
• 2 ripe bananas
• 1/2 cup fresh or frozen blueberries or strawberries (fresh berries are cheap and accessible during the spring/summer months)
• 2 teaspoons LSA (grounded linseeds, sunflower seeds and almonds)-optional
• 1 cup reduced-fat milk (option to use full fat milk if needing to increase energy density of your meals)
• 1 cup reduced-fat plain Greek-style yoghurt
• 2 teaspoons honey

Method
Place all ingredients into a blender and blend until combine. Chill in fridge as desired.
Being diagnosed with cancer leads to a wide range of reactions in different people. Many people experience strong emotional responses to cancer and its treatment. There can be fear, sadness, anger, fatigue, anxiety and fear of the cancer returning. Sometimes these emotions last longer than the disease or the treatment.

After being diagnosed with cancer, a period of sadness is normal. If you continue to feel sad or overwhelmed, if you have trouble getting up in the morning or if you no longer want to do things that previously gave you pleasure, you may be experiencing depression. This is common among people who have cancer. You may need help to deal with this.

Ask your doctor for advice. Your doctor can also refer you to a psychologist or psychiatrists for help, or can provide you with helpful information.

*Some useful websites you can go to for information about depression and anxiety:*

**Beyond Blue**

**Black Dog Institute**

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<tr>
<th>Signs of anxiety</th>
<th>Signs of depression</th>
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<tbody>
<tr>
<td>• Constantly feeling agitated or angry</td>
<td>• Always feeling low or flat</td>
</tr>
<tr>
<td>• Having difficulty sleeping</td>
<td>• Losing interest in things that used to be enjoyable</td>
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<tr>
<td>• Having difficulty concentrating or making decisions</td>
<td>• Having difficulty sleeping</td>
</tr>
<tr>
<td>• Avoiding distressing issues and situations</td>
<td>• Poor appetite (although this may be due to cancer treatment)</td>
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<tr>
<td>• Feeling a constant need for reassurance</td>
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Managing financial stress
People diagnosed with cancer often worry about how they will manage the cost of treatment as well as being able to meet daily living expenses, especially if they are not able to work for a period of time during or after treatment. For some people, financial stress can lead to depression and anxiety.

If you are struggling financially, help is available. The Financial Planning Association of Australia (FPA) offers a Pro Bono Financial Planning Service for individuals and families affected by cancer. If you need financial assistance and counselling, you can contact Financial Counselling Australia (FCA) for help.

Some useful websites you can go to for information about financial assistance:
Financial Planning Association of Australia (FPA)
fpa.com.au/fpa-community/pro-bono-service
Financial Counselling Australia
financialcounsellingaustralia.org.au

Concerns about discrimination
Many people with cancer worry that they will be discriminated against or sacked if they need time off work for treatment. Being discriminated against at work because you have cancer is against the law and Australian employers are required to take reasonable steps to accommodate an employee’s illness. If you feel that you are being unfairly treated or discriminated against because of your illness or treatment, you can contact the Fair Work Ombudsman for help.

More information about fairness in the workplace can be found on the following websites:
Fair Work Commission
fwc.gov.au
Fair Work Ombudsman
fairwork.gov.au
Caring for someone who has cancer can be a difficult and emotional time. It may be hard for the patient to take part in daily planning and decision-making because they’re dealing with the physical, emotional, and social effects of cancer and treatment. As a caregiver, you can have a significant influence on how the patient deals with their illness.

Caregivers may be partners, family members, or close friends. Caregivers are an important part of the patient’s care team. As a caregiver, you may find yourself working closely with the patient’s care team and assisting with medications, managing side effects and helping to co-ordinate the patient’s care. Your encouragement can help the patient stick with their treatment plan and take other steps to get well, like eating healthy meals or getting enough rest.

Here are some things you can do when caring for someone with cancer:

• Help with day-to-day tasks – Help with simple activities like, shopping and preparing food, cleaning the house, doing laundry, paying bills.

• Help with patient care – Help patients get to and from doctors’ appointments, know how to manage medical problems at home, and know when to seek medical help.

• Help the patient live as normal a life as possible.

• Provide emotional support – Let the patient know you’re available, and encourage the patient to share their feelings, but do not press the issue.

You might find that the person you’re caring for is angry, quiet and withdrawn, or just sad. If they keep acting very sad or withdrawn, you might want to talk to the cancer care team about what could be causing it and what can be done.

• Respect the patient's need to share, to remain quiet or to be alone – Take your cues from the person with cancer. Some people are very private while others will talk more about what they’re going through.

• Take care of yourself – Care giving is a hard job, and many caregivers are there for their loved ones 24 hours a day for months or even years. Give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

If you, or someone you know, is caring for someone with bowel cancer, there is support available. Speak to your doctor or local cancer centre about carers’ services and support groups in your area.
If you, or a family member or friend, have been recently diagnosed with bowel cancer, you may feel overwhelmed, scared, anxious and upset. These are all normal feelings.

Talking to someone who understands or who has had the same cancer or similar experiences to you can help. Sharing experiences, challenges and success with others who are in the same situation as you can reduce stress and feelings of isolation.

Contact with others may also provide reassurance that what you are experiencing is normal and usual as part of having cancer.

Ask for support from family and friends. Your doctor can also refer you to local services and relevant support groups.

Many useful resources are also available on the internet. The websites listed below are good sources of support and information.

**References:**


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Funding the gap

GI cancers are amongst the least funded in Australia, compared to their impact in lives lost. Pancreas, oesophagus, stomach and bowel cancer have all fared significantly worse in funding than other major cancers such as leukaemia, melanoma, breast and prostate cancers, when compared to the number of deaths they caused.²

"We need to raise community awareness of gastro-intestinal cancers and funding for research – to match their devastating burden of death and disease."

Russell Conley,
Chief Executive Officer,
GI Cancer Institute & AGITG

To make an online donation go to gicancer.org.au/Donate or phone 1300 666 769

Our Privacy Policy is available on our website www.gicancer.org.au and contains further details about: (i) how we obtain, store and use the personal information we collect; (ii) where we send it; (iii) how you can access and correct it; (iv) how you can lodge a privacy complaint; (v) how we handle those complaints. You may contact our privacy officer with any queries via email: info@gicancer.org.au, or mail: PO Box M250 Missenden Road NSW 2050 or telephone: 1300 666 769.